I. <u>AUTHORITY</u>:

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. <u>APPLICATION</u>:

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

III. <u>DEFINITIONS</u>:

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 Useage: 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).

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

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

Attributes: 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

IV. CRITERIA:

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

Approved:

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Original Date: 10/01/2016
Reviewed Date(s):   04/17/2017, 04/01/2018, 06/01/2019, 06/30/2023, 03/01/2024
Revised Date(s):   04/01/2017, 04/01/2018, 06/01/2019, 06/30/2023, 03/01/2024
Effective Date: 04/01/2024

V. RESOURCES:

eAirway.01 - Indications for Invasive Airway

OC-MEDS Usage:	Optional

Reporting Condition:	None

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

Data Type:	Datetime	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

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

eAirway.02 - Date/Time Airway Device Placement Confirmation

OC-MEDS Usage:	Required

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

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

Data Type:	Datetime	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

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

eAirway.03 - Airway Device Being Confirmed	

OC-MEDS Usage:	Required

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

Definition:
The airway device in which placement is being confirmed.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Airway Device Being Confirmed

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

Is Nillable:	Yes	NOT Values:	Yes

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)

eAirway.04 - Airway Device Placement Confirmed Method

OC-MEDS Usage:	Required

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

Definition:
The method used to confirm the airway device placement.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Airway Device Placement Confirmed Method

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Correlation: eAirway.ConfirmationGroup

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

eAirway.05 - Tube Depth

OC-MEDS Usage:	Required

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

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

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Tube Depth

Data Type:	Number	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eAirway.ConfirmationGroup Constraints: minimum = 4; maximum = 32

Code List:
None

eAirway.06 - Type of Individual Confirming Airway Device Placement

OC-MEDS Usage:	Required

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

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

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

Is Nillable:	Yes	NOT Values:	Yes

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

eAirway.07 - Crew Member ID

OC-MEDS Usage:	Required

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

Definition:
The statewide assigned ID number of the EMS crew member confirming the airway placement.

Patient Identifiable:	Agency Identifiable:
No	Yes

NEMSIS Element:	Crew Member ID

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eAirway.ConfirmationGroup Constraints: character length = 2 to 50

Code List:
None

eAirway.08 - Airway Complications Encountered

OC-MEDS Usage:	Optional

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

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

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Airway Complications Encountered

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Correlation: eAirway.AirwayGroup

Code List:
Not Values:
7701001 Not Applicable
7701003 Not Recorded
7701005 Not Reporting
Select Resources:
4008001 Adverse Event from Facilitating Drugs
4008003 Bradycardia (<50)
4008005 Cardiac Arrest
4008007 Esophageal Intubation-Delayed Detection (After Tube Secured)
4008009 Esophageal Intubation-Detected in Emergency Department
4008011 Failed Intubation Effort
4008013 Injury or Trauma to Patient from Airway Management Effort
4008015 Other
4008017 Oxygen Desaturation (<90%)
4008019 Patient Vomiting/Aspiration
4008021 Tube Dislodged During Transport/Patient Care
4008023 Tube Was Not in Correct Position when EMS Crew/Team Assumed Care of the Patient

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:	Agency Identifiable:
No	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

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

Is Nillable:	No	NOT Values:	No

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

itAirway.003 - ETT Verification Comments

OC-MEDS Usage:	Recommended

Reporting Condition:	None

Definition:
ETT Verification 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: eAirway.ConfirmationGroup
Constraints: max length = 255

Code List:
None

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:	Agency Identifiable:
No	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

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:	Agency Identifiable:
No	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

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:	Agency Identifiable:
No	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

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:	Agency Identifiable:
No	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

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:	Agency Identifiable:
No	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

itAirway.009 - Esophageal Detector Device

OC-MEDS Usage:	Recommended

Reporting Condition:	None

Definition:
Esophageal Detector Device

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: 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

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:	Agency Identifiable:
No	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

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:	Agency Identifiable:
No	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

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

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eAirway.ConfirmationGroup

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

itAirway.015 - ETT Verification Findings

OC-MEDS Usage:	Recommended

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

Definition:
ETT Verification Findings

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:
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

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:		Agency Identifiable:	
No		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

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:	Agency Identifiable:
No	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

eArrest.01 - Cardiac Arrest

OC-MEDS Usage:	Required

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

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

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Cardiac Arrest

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:

Not Values:
7701001 Not Applicable
7701003 Not Recorded

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

eArrest.02 - Cardiac Arrest Etiology

OC-MEDS Usage:	Required

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

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

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Cardiac Arrest Etiology

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
No Comments

Code List:

Not Values:
7701001 Not Applicable
7701003 Not Recorded

Select Resources:
3002001 Cardiac (Presumed)
3002003 Drowning/Submersion
3002005 Drug Overdose
3002007 Electrocution
3002009 Exsanguination-Medical (Non-Traumatic)
3002011 Other
3002013 Respiratory/Asphyxia
3002015 Trauma

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:
No Comments

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

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:
No Comments

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

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:
No Comments

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

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:	Agency Identifiable:
No	No

NEMSIS Element:	Type of CPR Provided

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
No Comments

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

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:
No Comments

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

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:
No Comments

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

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

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

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

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:
No Comments

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)

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:
No Comments

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

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)

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:	Agency Identifiable:
No	No

NEMSIS Element:	End of EMS Cardiac Arrest Event

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
No Comments

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

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 for 3.5 Standard

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

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: New Element for 3.5 Standard

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

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: New Element for 3.5 Standard

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

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

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
Comment: New Values for 3.5 Standard

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)

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

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:	Agency Identifiable:
No	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

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:	Agency Identifiable:
No	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

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:	Agency Identifiable:
No	No

NEMSIS Element:	Medical Device Event Type

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

Is Nillable:	No	NOT Values:	No

Attributes:
No Comments

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

eDevice.04 - Medical Device Waveform Graphic Type

OC-MEDS Usage:	Required

Reporting Condition:	Complete and submit when petinent

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

Patient Identifiable:	Agency Identifiable:
No	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

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:
No Comments

Code List:
None

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:	Agency Identifiable:
No	No

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

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

Is Nillable:	No	NOT Values:	No

Attributes:
No Comments

Code List:
Select Resources: 4106001 Advisory 4106003 Automated 4106005 Demand 4106007 Manual 4106009 Mid-Stream 4106011 Sensing 4106013 Side-Stream

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:	Agency Identifiable:
No	No

NEMSIS Element:	Medical Device ECG Lead

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

Is Nillable:	No	NOT Values:	No

Attributes:
No Comments

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

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:	Agency Identifiable:
No	No

NEMSIS Element:	Medical Device ECG Interpretation

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: character length = 1 to 2000

Code List:
None

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:	Agency Identifiable:
No	No

NEMSIS Element:	Type of Shock

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

Is Nillable:	No	NOT Values:	No

Attributes:
No Comments

Code List:
Select Resources: 4109001 Biphasic 4109003 Monophasic

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:	Agency Identifiable:
No	No

NEMSIS Element:	Shock or Pacing Energy

Data Type:	Decimal	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

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

Code List:
None

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:	Agency Identifiable:
No	No

NEMSIS Element:	Total Number of Shocks Delivered

Data Type:	Number	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: minimum = 1; maximum = 100

Code List:
None

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:	Agency Identifiable:
No	No

NEMSIS Element:	Pacing Rate

Data Type:	Number	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: minimum = 1; maximum = 1000

Code List:
None

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:
No Comments

Code List:

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

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:
No Comments

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

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:	Agency Identifiable:
No	No

NEMSIS Element:	Complaint Reported by Dispatch

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

Is Nillable:	No	NOT Values:	No

Attributes:
Comment: New Usage and Values for 3.5 Standard

Code List:

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

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:	Agency Identifiable:
No	No

NEMSIS Element:	EMD Performed

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Comment: New Usage for 3.5 Standard

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

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

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

NEMSIS 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**

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

NEMSIS 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**

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

NEMSIS 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

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

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:	Agency Identifiable:
No	No

NEMSIS 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

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

NEMSIS 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**

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

NEMSIS 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

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

NEMSIS 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

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

NEMSIS 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:
See Attachment 2 –Facilities List

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

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: See Attachment 7 for more information and definitions and note the changes in sort order

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
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

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:
No Comments

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)

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: New Values for 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

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:	Agency Identifiable:
No	No

NEMSIS Element:	Additional Transport Mode Descriptors

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Comment: New Usage and Values for 3.5 Standard

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)

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:
Comment: New value labels match with Initial Patient Acuity (eSituation.13) and NHTSA standards. Definitions related to "Critical, Emergent, and Lower Acuity" can be found in the National EMS Core Content document from NHTSA EMS (DOT HS 809-898 July 2005) at http://www.nhtsa.gov/people/injury/ems/emscorecontent/images/EMSCoreContent.pdf

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

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:	Agency Identifiable:
No	No

NEMSIS Element:	Reason for Choosing Destination

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
No Comments

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>60min

it4220.111 Depart After 1hr

it4220.100 Dead On Scene / Coroner

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:	Agency Identifiable:
No	No

NEMSIS Element:	Type of Destination

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:	
No Comments	

Code List: note (OC-MEDS Labels)

Not Values:
7701001 Not Applicable
7701003 Not Recorded

Select Resources:

4221001 Home	4221013 Other
4221003 Hospital-Emergency Department	4221019 Police/Jail
4221005 Hospital-Non-Emergency Department Bed, (Hospital-Direct Admit)	4221021 Urgent Care
4221007 Clinic, (Medical Office/Clinic)	it4221.103 Behavioral In-Patient
4221009 Morgue/Mortuary, (Coroner / Morgue)	it4221.102 Behavioral Out-Patient
4221029 Assisted Living Facility	4221025 Dialysis Center
4221041 Skilled Nursing Facility	it4221.100 Hospice
4221015 Other EMS Responder (air)	4221043 Alternative Care Site
4221017 Other EMS Responder (ground)	4221039 Drug and/or Alcohol Rehabilitation Facility, (Drug/Alcohol Rehab)

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:	Agency Identifiable:
No	No

NEMSIS Element:	Hospital In-Patient Destination

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
No Comments

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)

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:	Agency Identifiable:
No	No

NEMSIS Element:	Hospital Capability

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Comments: Replaces OC-MEDS 3.4 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

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:		Agency Identifiable:	
No		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

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:	Agency Identifiable:
No	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

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:	Agency Identifiable:
No	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 in 3.5 Standard

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

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:	Agency Identifiable:
No	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 in 3.5 Standard

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

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:	Agency Identifiable:
No	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 in 3.5 Standard

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

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:	Agency Identifiable:
No	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 in 3.5 Standard

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

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:	Agency Identifiable:
No	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 in 3.5 Standard

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

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:	Agency Identifiable:
No	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 in 3.5 Standard

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

itDisposition.001 - Destination Directed To Code

OC-MEDS Usage:	Base Hospital Use Only

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

Attributes:
No Comments

Code List:
None

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:

No Comments

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

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

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:
No Comments

Code List:
None

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:	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

itDisposition.031 - First EMS Unit Arriving

OC-MEDS Usage:	Recommended

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

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: max length = 100

Code List:
None

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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

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

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

itDisposition.035 – Transferring Physician / Referring MD

OC-MEDS Usage:	Required

Reporting Condition:	Complete and submit if pertinent

Definition:
Transferring Physician / Referring MD

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 = 50

Code List:
None

itDisposition.036 – Receiving Physician / Accepting MD

OC-MEDS Usage:	Required

Reporting Condition:	Complete and submit if pertinent

Definition:
Receiving Physician / Accepting MD

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 = 50

Code List:
None

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

NEMSIS 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 3 – EMS Provider Agency List

itDisposition.047 - Base Hospital Contacted

OC-MEDS Usage:	Required

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

Definition:
Base Hospital Contacted

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:
No Comments

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.*

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

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

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

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 Comment: New Custom Value

Code List:
Pertinent Negatives: 8801005 Exam Finding Not Present

Select Resources:	3504037 Capillary Nail Bed Refill 2-4 seconds, (Capillary Refill 2-4 seconds)
3504021 Normal	3504039, Capillary Nail Bed Refill more than 4 seconds, (Capillary Refill more than 4 seconds)
it3504.121 Color - Normal	
it3504.130 Moisture - Normal	
it3504.152 Temperature - Normal	
3504033 Warm	3504017 Lividity
3504001 Clammy, (Clammy / Moist)	3504015 Jaundiced
it3504.146 Cool	3504019 Mottled
3504003 Cold	3504025 Pale
3504005 Cyanotic	it3504.137 Poor Skin Turgor
3504007 Diaphoretic	3504027 Poor Turgor
3504009 Dry	3504029 Red (Erythematous)
3504011 Flushed	it3504.138 Rash
3504013 Hot	3504031 Tenting
3504035 Capillary Nail Bed Refill less than 2 seconds, (Capillary Refill less than 2 seconds)	3504023 Not Done

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:	Agency Identifiable:
No	No

NEMSIS Element:	Head Assessment

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

Is Nillable:	Yes	NOT Values:	No

Attributes:
Correlation: eExam.AssessmentGroup

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

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:	Agency Identifiable:
No	No

NEMSIS Element:	Face Assessment

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

Is Nillable:	Yes	NOT Values:	No

Attributes:
Correlation: eExam.AssessmentGroup

Code List:	
Pertinent Negatives: 8801005 Exam Finding Not Present	
Select Resources: 3506001 Abrasion 3506003 Asymmetric Smile or Droop 3506005 Avulsion 3506007 Bleeding Controlled 3506009 Bleeding Uncontrolled 3506011 Burn-Blistering 3506013 Burn-Charring 3506015 Burn-Redness 3506017 Burn-White/Waxy 3506055 Contusion 3506049 Crush Injury 3506021 Deformity	3506023 Drainage 3506025 Foreign Body 3506047 Gunshot Wound 3506031 Laceration 3506033 Mass/Lesion 3506035 Normal 3506037 Not Indicated/Not Done 3506039 Pain 3506041 Puncture/Stab Wound 3506053 Swelling 3506051 Tenderness

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:	Agency Identifiable:
No	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	3507025 JVD
3507003 Avulsion	3507027 Laceration
3507005 Bleeding Controlled	3507029 Normal
3507007 Bleeding Uncontrolled	3507031 Not Indicated/Not Done
3507009 Burn-Blistering	3507033 Pain
3507011 Burn-Charring	3507035 Puncture/Stab Wound
3507013 Burn-Redness	it3507.001 Rash
3507015 Burn-White/Waxy	it3507.002 Stiffness
3507055 Contusion	3507037 Stridor
3507051 Crush Injury	3507039 Subcutaneous Air
3507017 Decapitation	3507053 Swelling
3507057 Deformity	3507059 Tenderness
3507019 Foreign Body	3507045 Tracheal Deviation-Left
3507049 Gunshot Wound	3507047 Tracheal Deviation-Right

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:	Agency Identifiable:
No	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

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:	Agency Identifiable:
No	No

NEMSIS Element:	Abdominal Assessment Finding Location

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

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eExam.AbdomenGroup

Code List:
Select Resources:
3510001 Generalized
3510003 Left Lower Quadrant
3510005 Left Upper Quadrant
3510007 Periumbilical
3510009 Right Lower Quadrant
3510011 Right Upper Quadrant
3510013 Epigastric

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:	Agency Identifiable:
No	No

NEMSIS Element:	Abdomen Assessment

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

Is Nillable:	Yes	NOT Values:	No

Attributes:
Correlation: eExam.AbdomenGroup

Code List:

Pertinent Negatives:
8801005 Exam Finding Not Present

Select Resources:	
3511001 Abrasion	3511023 Foreign Body
3511003 Avulsion	3511025 Guarding
3511005 Bleeding Controlled	3511053 Gunshot Wound
3511007 Bleeding Uncontrolled	3511031 Laceration
3511009 Bowel Sounds-Absent	3511033 Mass/Lesion
3511011 Bowel Sounds-Present	3511035 Mass-Pulsating
3511013 Burn-Blistering	3511037 Normal
3511015 Burn-Charring	3511039 Not Indicated/Not Done
3511017 Burn-Redness	3511041 Pain
3511019 Burn-White/Waxy	3511043 Pregnant-Palpable Uterus
3511059 Contusion	3511045 Puncture/Stab Wound
3511055 Crush Injury	it3511.001 Rash
3511061 Deformity	3511057 Swelling
3511021 Distention	3511051 Tenderness

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:	Agency Identifiable:
No	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:	3512025 Foreign body
3512001 Abrasion	3512027 Genital Injury
3512003 Avulsion	3512059 Gunshot Wound
3512005 Bleeding Controlled	it3512.112 Incontinent to Bowel
3512009 Bleeding-Rectal	it3512.111 Incontinent to Urine
3512007 Bleeding Uncontrolled	3512033 Laceration
3512011 Bleeding-Urethral	3512035 Mass/Lesion
3512013 Bleeding-Vaginal	3512037 Normal
3512015 Burn-Blistering	3512039 Not Indicated/Not Done
3512017 Burn-Charring	3512041 Pain
3512019 Burn-Redness	3512043 Pelvic Fracture
3512021 Burn-White/Waxy	3512045 Pelvic Instability
3512065 Contusion	3512047 Penile Priapism/Erection
3512061 Crush Injury	3512049 Pregnant-Crowning
3512023 Deformity	3512051 Puncture/Stab Wound
it3512.110 Discharge	3512063 Swelling
it3512.114 Foley Catheter	3512057 Tenderness

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:	Agency Identifiable:
No	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

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:	Agency Identifiable:
No	No

NEMSIS Element:	Back and Spine Assessment

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

Is Nillable:	Yes	NOT Values:	No

Attributes:
Correlation: eExam.SpineGroup

Code List:
Pertinent Negatives:
8801005 Exam Finding Not Present

Select Resources:

3514001 Abrasion	3514031 Pain
3514003 Avulsion	3514025 Laceration
3514005 Bleeding Controlled	3514027 Normal
3514007 Bleeding Uncontrolled	3514019 Foreign Body
3514009 Burn-Blistering	3514047 Gunshot Wound
3514011 Burn-Charring	3514033 Pain with Range of Motion
3514013 Burn-Redness	3514035 Puncture/Stab Wound
3514015 Burn-White/Waxy	3514051 Swelling
3514053 Contusion	3514055 Tenderness
3514049 Crush Injury	3514041 Tenderness Costovertebral Angle
3514017 Deformity	3514043 Tenderness Midline Spinous Process
3514029 Not Indicated/Not Done	3514045 Tenderness Paraspinous

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:	Agency Identifiable:
No	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

Code List:

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

3515037 Forearm-Left
3515039 Forearm-Right
3515041 Hand-Dorsal-Left
3515043 Hand-Dorsal-Right
3515045 Hand-Palm-Left
3515047 Hand-Palm-Right
3515049 Hip-Left
3515051 Hip-Right
3515053 Knee-Left
3515055 Knee-Right
3515057 Leg-Lower-Left
3515059 Leg-Lower-Right
3515061 Leg-Upper-Left
3515063 Leg-Upper-Right
3515065 Shoulder-Left
3515067 Shoulder-Right
3515069 Thumb-Left
3515071 Thumb-Right
3515073 Toe-1st (Big)-Left
3515075 Toe-1st (Big)-Right

3515077 Toe-2nd-Left
3515079 Toe-2nd-Right
3515081 Toe-3rd-Left
3515083 Toe-3rd-Right
3515085 Toe-4th-Left
3515087 Toe-4th-Right
3515089 Toe-5th (Smallest)-Left
3515091 Toe-5th (Smallest)-Right
3515093 Wrist-Left
3515095 Wrist-Right
3515097 Arm-Whole Arm and Hand-Left
3515099 Arm-Whole Arm and Hand-Right
3515101 Hand-Whole Hand-Left
3515103 Hand-Whole Hand-Right
3515105 Leg-Whole Leg-Left
3515107 Leg-Whole Leg-Right
3515109 Foot-Whole Foot-Left
3515111 Foot-Whole Foot-Right

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:	Agency Identifiable:
No	No

NEMSIS Element:	Extremities Assessment

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

Is Nillable:	Yes	NOT Values:	No

Attributes:
Correlation: eExam.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

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:	Agency Identifiable:
No	No

NEMSIS Element:	Eye Assessment Finding Location

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

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eExam.EyeGroup

Code List:
Select Resources:

Select Resources:
3517001 Bilateral
3517003 Left
3517005 Right

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:	Agency Identifiable:
No	No

NEMSIS Element:	Eye Assessment

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

Is Nillable:	Yes	NOT Values:	No

Attributes:
Correlation: eExam.EyeGroup

Code List:
Pertinent Negatives:
8801005 Exam Finding Not Present

Select Resources:	
3518001 1-mm	3518031 Hyphema
3518003 2-mm	3518033 Jaundiced Sclera
3518005 3-mm	3518035 Missing
3518007 4-mm	3518037 Non-Reactive
3518009 5-mm	3518041 Non-Reactive Prosthetic
3518011 6-mm	3518039 Not Indicated/Not Done
3518013 7-mm	3518043 Nystagmus Noted
3518015 8-mm or >	3518045 Open Globe
3518017 Blind	3518047 PERRL
3518019 Cataract Present	3518059 Puncture/Stab Wound
3518021 Clouded	3518049 Pupil-Irregular/Teardrop
3518057 Contusion	3518051 Reactive
3518023 Deformity	3518053 Sluggish
3518025 Dysconjugate Gaze3518027 Foreign Body	3518055 Swelling
3518029 Glaucoma Present	3518061 Dilated
	3518063 Pin Point

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:	Agency Identifiable:
No	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

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:	Agency Identifiable:
No	No

NEMSIS Element:	Neurological Assessment

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

Is Nillable:	Yes	NOT Values:	No

Attributes:
Correlation: eExam.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 Presence

3520047 Reported Stroke Symptoms Resolved Prior to EMS Arrival
3520025 Seizures
3520027 Speech Normal
3520029 Speech Slurring
3520031 Strength-Asymmetric
3520033 Strength-Normal
3520035 Strength-Symmetric
3520037 Tremors
3520039 Weakness-Facial Droop-Left
3520041 Weakness-Facial Droop-Right
3520043 Weakness-Left Sided
3520045 Weakness-Right Sided
3520051 Arm Drift-Left
3520053 Arm Drift-Right

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:	Agency Identifiable:
No	No

NEMSIS Element:	Stroke/CVA Symptoms Resolved

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
NOT Values:
7701001 Not Applicable
7701003 Not Recorded
7701005 Not Reporting
Pertinent Negatives:
8801023 Unable to Complete
Select Resources:
3521001 No
3521003 Yes-Resolved Prior to EMS Arrival
3521005 Yes-Resolved in EMS Presence

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:	Agency Identifiable:
No	No

NEMSIS Element:	Lung Assessment Finding Location

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

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eExam.LungGroup
Comments: New Element for 3.5 Standard, in part replaces eExam.08

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

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:	Agency Identifiable:
No	No

NEMSIS Element:	Lung Assessment

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

Is Nillable:	Yes	NOT Values:	No

Attributes:
Correlation: eExam.LungGroup
Comments: New Element for 3.5 Standard, 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

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:	Agency Identifiable:
No	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 for 3.5 Standard, in part replaces eExam.08

Code List:
Select Resources:

Select Resources:

3524001 Left - Anterior
3524003 Left - Posterior
3524005 Right - Anterior
3524007 Right - Posterior
3524009 General - Anterior
3524011 General - Posterior
3524013 Left - Side
3524015 Right - Side

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:	Agency Identifiable:
No	No

NEMSIS Element:	Chest Assessment

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

Is Nillable:	Yes	NOT Values:	No

Attributes:
Correlation: eExam.ChestGroup
Comments: New Element for 3.5 Standard, in part replaces eExam.08

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

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:
Correlation: eExam.AssessmentGroup

Code List:
None

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

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eExam.AssessmentGroup

Code List:
None

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:
Correlation: eExam.AssessmentGroup

Code List:
None

itExam.040 - Head Exam Details

OC-MEDS Usage:	Optional

Reporting Condition:	None

Definition:
Head 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:
Correlation: eExam.AssessmentGroup

Code List:
None

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:
Correlation: eExam.AssessmentGroup

Code List:
None

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:
Correlation: eExam.EyeGroup

Code List:
None

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

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eExam.AssessmentGroup

Code List:
None

itExam.044 - Extremity Exam Details

OC-MEDS Usage:	Optional

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

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eExam.ExtremityGroup

Code List:
None

itExam.045 – Chest/Lung Exam Details

OC-MEDS Usage:	Optional

Reporting Condition:	None

Definition:
Chest 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:
Correlation: eExam.AssessmentGroup

Code List:
None

itExam.046 - Heart Exam Details

OC-MEDS Usage:	Optional

Reporting Condition:	None

Definition:
Heart 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:
Correlation: eExam.AssessmentGroup

Code List:
None

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:
Correlation: eExam.AbdomenGroup

Code List:
None

itExam.048 - Pelvis Exam Details

OC-MEDS Usage:	Optional

Reporting Condition:	None

Definition:
Pelvis 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:
Correlation: eExam.AssessmentGroup

Code List:
None

itExam.049 - Spine Exam Details

OC-MEDS Usage:	Optional

Reporting Condition:	None

Definition:
Spine 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:
Correlation: eExam.SpineGroup

Code List:
None

itExam.090 – Crew Member

OC-MEDS Usage:	Optional

Reporting Condition:	None

Definition:
Crew Member Performing Exam

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 = 50
Correlation: eExam.AssessmentGroup
Comment: New Element

Code List:
None

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

itExam.106 – Lung Exam Details

OC-MEDS Usage:	Optional

Reporting Condition:	None

Definition:
Lung Exam Details

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: eExam.LungGroup
Comment: New Element

Code List:
None

itExam.107 – Chest Exclusive Exam Details

OC-MEDS Usage:	Optional

Reporting Condition:	None

Definition:
Chest Exclusive Exam Details

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: eExam.ChestGroup
Comment: New Element

Code List:
None

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:	Agency Identifiable:
No	No

NEMSIS Element:	Barriers to Patient Care

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
No Comments

Code List:	
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 3101001 Cultural, Custom, Religious 3101003 Developmentally Impaired 3101005 Hearing Impaired 3101007 Language 3101009 None Noted 3101011 Obesity 3101013 Physical Barrier (Unable to Access Patient) 3101015 Physically Impaired 3101017 Physically Restrained	 3101019 Psychologically Impaired 3101021 Sight Impaired 3101023 Speech Impaired 3101025 Unattended or Unsupervised (including minors) 3101027 Unconscious 3101029 Uncooperative 3101031 State of Emotional Distress 3101033 Alcohol Use, Suspected 3101035 Drug Use, Suspected

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.PractionerGroup
Constraints: character length = 1 to 60

Code List:
None

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	

NEMSIS Element:	Advance Directives

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
No Comments

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

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:	Agency Identifiable:
No	No

NEMSIS Element:	Medication Allergies

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
No Comments

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 NEMSIS specification may also be used.

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

Code list is represented in two separate UMLS datasets:
1) 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

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

NEMSIS Element:	Environmental/Food Allergies

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

Is Nillable:	No	NOT Values:	No

Attributes:
No Comments

Code List:
Code list is represented in SNOMEDCT. Reference the NEMSIS Suggested Lists at: https://nemsis.org/technical-resources/version-3/version-3-resource-repository/   At a minimum the values provided in **Attachment 12** shall be used. Additional values that conform to the NEMSIS specification may also be used.   SNOMEDCT   Website: http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html   Product: Product - UMLS Metathesaurus

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

NEMSIS Element:	Medical/Surgical History

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: pattern = ([A-QRSTZ][0-9][0-9A-Z])((\.[0-9A-Z]{1,3})?)|[0-9A-HJ-NP-Z]{3,7}

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

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

NEMSIS Element:	Medical History Obtained From

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

Is Nillable:	No	NOT Values:	No

Attributes:
No Comments

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

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

NEMSIS Element:	Current Medications

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

Is Nillable:	Yes	NOT Values:	Yes

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

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

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:	Agency Identifiable:
No	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

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

NEMSIS 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)
3114003 Grams (gms)
3114005 Drops (gtts)
3114007 Inches (in)
3114009 International Units (IU)
3114011 Keep Vein Open (kvo)
3114015 Liters (l)
3114013 Liters Per Minute (l/min [fluid])
3114017 Liters Per Minute (LPM [gas])
3114019 Micrograms (mcg)
3114021 Micrograms per Kilogram per Minute (mcg/kg/min)

3114023 Micrograms per Minute (mcg/min)
3114025 Milliequivalents (mEq)
3114027 Metered Dose (MDI)
3114029 Milligrams (mg)
3114031 Milligrams per Kilogram (mg/kg)
3114033 Milligrams per Kilogram Per Minute (mg/kg/min)
3114035 Milligrams per Minute (mg/min)
3114037 Milliliters (ml)
3114039 Milliliters per Hour (ml/hr)
3114041 Other
3114043 Puffs
3114045 Units per Hour (units/hr)

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:	Agency Identifiable:
No	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	9927031 Non-Rebreather Mask
9927003 Buccal	9927033 Ophthalmic
9927005 Endotracheal Tube (ET)	9927035 Oral
9927007 Gastrostomy Tube	9927037 Other/miscellaneous
9927009 Inhalation	9927039 Otic
9927011 Intraarterial	9927041 Re-breather mask
9927013 Intradermal	9927043 Rectal
9927015 Intramuscular (IM)	9927045 Subcutaneous
9927017 Intranasal	9927047 Sublingual
9927019 Intraocular	9927049 Topical
9927021 Intraosseous (IO)	9927051 Tracheostomy
9927023 Intravenous (IV)	9927053 Transdermal
9927025 Nasal Cannula	9927055 Urethral
9927027 Nasogastric	9927057 Ventimask
9927029 Nasotracheal Tube	9927059 Wound

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	

NEMSIS Element:	Alcohol/Drug Use Indicators

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
No Comments

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

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:
No Comments

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

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:	Agency Identifiable:
No	No

NEMSIS Element:	Current Medication Frequency

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

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eHistory.CurrentMedsGroup
No Comments

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

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

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:
No Comments

Code List:
None

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:
No Comments

Code List:
None

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:
No Comments

Code List:
None

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:
No Comments

Code List:
None

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** Note new burn values added.

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:
No Comments

Code List:
Not Values:
7701001 Not Applicable
7701003 Not Recorded
7701005 Not Reporting
Select Resources:
2902001 Blunt
2902003 Burn
2902005 Other
2902007 Penetrating

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 Triage Criteria (High Risk for Serious Injury)

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Comments: New Values to reflect changes in national trauma triage standards

Code List:	
Not Values: 7701001 Not Applicable 7701003 Not Recorded	Pertinent Negatives: 8801015 None Reported
Select Resources: ~~2903017 Respiratory Rate <12 OR >30 breaths per minute (Adult/Adolescent/Children)~~ 2903033 Respiratory distress or need for respiratory support 2903035 Room-air pulse oximetry < 90% ~~2903019 Systolic Blood Pressure <90 mmHg (Adult/Adolescent) or SBP< 80 (Child)~~ 2903025 Age >= 10 years: HR > SBP 2903029 Age 0-9 years: SBP < 70mm Hg + (2 x age in years)	2903005 Blunt chest injury w/ abnormal respiration (<12 or >30) it2903.119 Seat belt bruising or abrasion of neck, chest, or abdomen it2903.111 Blunt Abdominal injury w/ tenderness 2903021 Fracture of two or more long bones (femur, humerus) 2903013 Pelvic rim pain or deformity on palpation

2903031 Age 10-64 years: SBP < 90 mmHg

2903027 Age >= 65 years: SBP < 110 mmHg

it2903.107 Penetrating or Open Injury of the Head

2903009 Depressed skull fracture

it2903.112 Blunt/Penetrating Head Injury w/ LOC, focal deficit, asymetric pupils, or vomiting

2903015 Penetrating injuries to neck, chest, abdomen, back, or groin; or above elbow or knee

it2903.104 Extremity Injury w/ poor circulation or no pulse

2903011 Paralysis or numbness of arm or leg (due to injury)

2903039 Suspected spinal injury with new motor or sensory loss

2903001 Amputation (partial or complete) above the wrist or ankle

2903003 Crushed, degloved, or mangled extremity (excluding only fingers or toes)

it2903.109 Unmanageable Airway Resulting From Trauma

2903007 Failure to follow commands due to an acute decrease in usual mental status

2903041 Unable to follow commands (motor GCS < 6)

2903023 Active bleeding requiring a tourniquet or wound packing with continuous pressure

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 Triage Criteria (Moderate Risk for Serious Injury)

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Comments: New Values to reflect changes in national trauma triage standards

Code List:	
Not Values: 7701001 Not Applicable 7701003 Not Recorded	Pertinent Negatives: 8801005 Exam Finding Not Present
Select Resources: 2904021 Pregnancy w/ Blunt or Penetrating Abdominal Injury 2904019 Blunt Head Injury w/ bruising - Taking Anticoagulants (excluding ASA), Bleeding Disorders, or Dialysis ~~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~~ 2904031 Fall from height > 10 feet (all ages) or >2-3x height of child	it2904.004 Dive/shore break injury w/ poss. spinal injury it2904.018 Hanging 2904001 Auto v. Pedestrian/Bicyclist Thrown, Run Over, or > 20 MPH Impact ~~2904015 Unenclosed Motorized Vehicle Crash Crash > 20 MPH Including "laying bike down"~~ 2904035 Unenclosed Motorized Vehicle Crash >20mph (motorcycle, bicycle, scooter,

2904011 Passenger Space Intrusion: > 12 in. occupant site; > 18 in. any site 2904009 Ejection (partial or complete) from vehicle 2904007 Death of Other Person in Same Passenger Compartment	<mark>etc) incl. "laying bike down" and fall from galloping horse</mark> <mark>2904029 Auto Crash: Child (age 0-9 years) unrestrained or in unsecured child safety seat</mark> 2904023 EMS Provider Judgment

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:	Agency Identifiable:
No	No

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

Data Type:	Number	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: minimum = 1; maximum = 12

Code List:
None

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

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:	Agency Identifiable:
No	No

NEMSIS Element:	Use of Occupant Safety Equipment

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
No Comments

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

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:	Agency Identifiable:
No	No

NEMSIS Element:	Airbag Deployment

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

Is Nillable:	No	NOT Values:	No

Attributes:
No Comments

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

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

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

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

NEMSIS Element:	Medication Administered Prior to this Units EMS Care

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Correlation: eMedications.MedicationGroup

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

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**

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

Code List: note (OC-MEDS Labels)	
Select Resources: 9927001 Blow-By 9927005 Endotracheal Tube (ET) 9927009 Inhalation, (Inhalation/Nebulizer) 9927015 Intramuscular (IM) 9927017 Intranasal, (Intranasal (IN)) 9927021 Intraosseous (IO) 9927023 Intravenous (IV) 9927069 IV Pump, (Intravenous Pump) 9927025 Nasal Cannula	9927031 Non-Rebreather Mask 9927035 Oral 9927037 Other/miscellaneous 9927045 Subcutaneous 9927047 Sublingual 9927049 Topical 9927053 Transdermal 9927065 BVM, (Bag Valve Mask (BVM)) 9927057 Ventimask 9927059 Wound

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

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:	Agency Identifiable:
No	No

NEMSIS Element:	Medication Dosage Units

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Correlation: eMedications.DosageGroup

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)

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

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:	Agency Identifiable:
No	No

NEMSIS Element:	Medication Complication

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Correlation: eMedications.MedicationGroup

Code List:

Not Values:
7701001 Not Applicable
7701003 Not Recorded

Select Resources:

3708001 Altered Mental Status	3708023 Hypoxia
3708003 Apnea	3708025 Injury
3708005 Bleeding	3708027 Itching/Urticaria
3708007 Bradycardia	3708029 Nausea
3708009 Bradypnea	3708031 None
3708011 Diarrhea	3708033 Other
3708013 Extravasation	3708035 Respiratory Distress
3708015 Hypertension	3708037 Tachycardia
3708017 Hyperthermia	3708039 Tachypnea
3708019 Hypotension	3708041 Vomiting
3708021 Hypothermia	

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

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 for 3.5 Standard. 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

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)

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

NEMSIS 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

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

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

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:
No Comments

Code List:
Select Resources: **See Attachment 5**

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:
No Comments

Code List:
None

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:
No Comments

Code List:
None

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:
No Comments

Code List:

Select Resources:
itMedications.020.100 Grams
itMedications.020.101 gtts (Drops)
itMedications.020.102 Inches
itMedications.020.103 International Units
itMedications.020.104 Keep Vein Open (To Keep Open)
itMedications.020.105 Liters
itMedications.020.106 Liters Per Minute
itMedications.020.107 MDI Puffs
itMedications.020.108 Micrograms
itMedications.020.109 Micrograms per Kilogram per Minute
itMedications.020.110 Milliequivalents
itMedications.020.111 Milligrams
itMedications.020.112 Milligrams Per Kilogram Per Minute
itMedications.020.113 Milliliters
itMedications.020.114 Milliliters Per Hour
itMedications.020.115 Other
itMedications.020.116 Units Per Hour

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:
No Comments

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

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:
No Comments

Code List:
Select Resources: itMedications.022.100 Improved itMedications.022.101 Unchanged itMedications.022.102 Worse

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:
No Comments

Code List:
None

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:
No Comments

Code List:
None

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

NEMSIS Element:	Patient Care Report Narrative

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: character length = 1 to 10,000

Code List:

Ref. Attachment 15 – Approved Abbreviations

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

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

NEMSIS 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

eOther.04 - EMS Professional (Crew Member) ID

OC-MEDS Usage:	Optional

Reporting Condition:	Complete and submit if available

Definition:
The ID number of the EMS Crew Member associated with eOther.03, eOther.05, eOther.06.

Patient Identifiable:	Agency Identifiable:
No	Yes

NEMSIS Element:	EMS Professional (Crew Member) ID

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eOther.EMSCrewMemberGroup
Constraints: character length = 2 to 50

Code List:
None

eOther.05 - Suspected EMS Work Related Exposure, Injury, or Death

OC-MEDS Usage:	Required

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

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

eOther.06 - Type of Work-Related Injury, Death or Suspected Exposure

OC-MEDS Usage:	Recommended

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

eOther.08 - Crew Member Completing this Report

OC-MEDS Usage:	Required

Reporting Condition:	Every submitted incident.

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

Patient Identifiable:	Agency Identifiable:
No	Yes

NEMSIS Element:	Crew Member Completing this Report

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: character length = 2 to 50

Code List:
None

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:	Agency Identifiable:
No	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

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:	Agency Identifiable:
No	No

NEMSIS Element:	File Type

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eOther.FileGroup

Code List:

None

eOther.11 - File Attachment

OC-MEDS Usage:	Required

Reporting Condition:	Complete and submit if available

Definition:
The file that is attached electronically to the patient care report.

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMSIS Element:	File Attachment

Data Type:	Base64Binary	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eOther.FileGroup

Code List:
None

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:	Agency Identifiable:
No	No

NEMSIS Element:	Type of Person Signing

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

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eOther.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

eOther.13 - Signature Reason

OC-MEDS Usage:	Required

Reporting Condition:	Complete and submit if available

Definition:
The reason for the individuals signature.

Patient Identifiable:	Agency Identifiable:
No	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

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:	Agency Identifiable:
No	No

NEMSIS Element:	Type Of Patient Representative

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

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eOther.SignatureGroup

Code List:	
Select Resources:	
4514001 Aunt	4514031 Nurse Practitioner (NP)
4514003 Brother	4514029 Nurse (RN)
4514005 Daughter	4514035 Other
4514007 Discharge Planner	4514033 Other Care Provider (Home health, hospice, etc.)
4514009 Domestic Partner	
4514011 Father	4514037 Physician's Assistant (PA)
4514013 Friend	4514039 Power of Attorney
4514015 Grandfather	4514041 Other Relative
4514017 Grandmother	4514043 Self
4514019 Guardian	4514045 Sister
4514021 Husband	4514047 Son
4514023 Law Enforcement	4514049 Uncle
4514025 MD/DO	4514051 Wife
4514027 Mother	

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:	Agency Identifiable:
No	No

NEMSIS Element:	Signature Status

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

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eOther.SignatureGroup

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

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:	Agency Identifiable:
No	No

NEMSIS Element:	Signature File Name

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eOther.SignatureGroup Constraints: character length = 1 to 255

Code List:
None

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:	Agency Identifiable:
No	No

NEMSIS Element:	Signature File Type

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eOther.SignatureGroup
Constraints: character length = 1 to 255

Code List:
None

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

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:	Agency Identifiable:
No	No

NEMSIS Element:	Date/Time of Signature

Data Type:	Datetime	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

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

Code List:
None

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:	Agency Identifiable:
Yes	Yes

NEMSIS Element:	Signature Last Name

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eOther.SignatureGroup
Constraints: character length = 1 to 60

Code List:
None

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:	Agency Identifiable:
No	No

NEMSIS Element:	Signature First Name

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eOther.SignatureGroup Constraints: character length = 1 to 50

Code List:
None

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:	Agency Identifiable:
No	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

itOther.002 - Language

OC-MEDS Usage:	Recommended

Reporting Condition:	Complete and submit if available

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:
No Comments

Code List:
None

itOther.015 - AMA Type

OC-MEDS Usage:	Required

Reporting Condition:	Complete and submit when pertinent

Definition:
AMA 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:
No Comments

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.

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:	Agency Identifiable:
No	No

NEMSIS Element:	Custom Element

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

Is Nillable:	No	NOT Values:	No

Attributes:
No Comments

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

itOther.018 - Patient/DDM Alternative Plan

OC-MEDS Usage:	Required

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:
No Comments

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

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:	Agency Identifiable:
No	No

NEMSIS Element:	Custom Element

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

Is Nillable:	No	NOT Values:	No

Attributes:
No Comments

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)

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 & event

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:
No Comments

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

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:	Agency Identifiable:
No	No

NEMSIS Element:	Custom Element

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
No Comments

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

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:	Agency Identifiable:
No	No

NEMSIS Element:	Custom Element

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
No Comments

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

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:	Agency Identifiable:
No	No

NEMSIS Element:	Custom Element

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
No Comments

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

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:	Agency Identifiable:
No	No

NEMSIS Element:	Custom Element

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
No Comments

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

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:	Agency Identifiable:
No	No

NEMSIS Element:	Custom Element

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
No Comments

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

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:
No Comments

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

eOutcome.01 - Emergency Department Disposition

OC-MEDS Usage:	Required

Reporting Condition:	Required to be submitted by designated ERC's per policy 300.50.

Definition:
The known disposition of the patient from the Emergency Department (ED)

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Emergency Department Disposition

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Comments: Based on and in compliance with the Medicare Claims Processing Manual Chapter 25 Completing and Processing the Form CMS-1450 Data Set.

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.

eOutcome.02 - Hospital Disposition

OC-MEDS Usage:	Required

Reporting Condition:	Required to be submitted by designated ERC's per policy 300.50.

Definition:
The known disposition of the patient from the hospital, if admitted.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Hospital Disposition

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Comments: Based on and in compliance with the Medicare Claims Processing Manual Chapter 25 Completing and Processing the Form CMS-1450 Data Set.

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 20 Deceased/Expired (or did not recover - Religious Non Medical Health Care Patient) 01 Discharged to home or self care (routine discharge) 66 Discharged/transferred to a Critical Access Hospital (CAH). 43 Discharged/transferred to a Federal Health Care Facility (e.g., VA or federal health care facility) 62 Discharged/transferred to a inpatient rehabilitation facility including distinct part units of a hospital. 04 Discharged/transferred to an intermediate care facility (ICF) 02 Discharged/transferred to another short term general hospital for inpatient care 70 Discharged/transferred to another type of health care institution not defined elsewhere in the code list. Select Resources cont.: 05 Discharged/transferred to another type of institution not defined elsewhere in this

code list
64 Discharged/transferred to a nursing facility certified under Medicaid but not certified
under Medicare
65 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a
hospital.
03 Discharged/transferred to a skilled nursing facility (SNF)
21 Discharged/transferred to court/law enforcement
06 Discharged/transferred to home under care of organized home health service
organization in anticipation of covered skills care
50 Discharged/transferred to Hospice - home.
51 Discharged/transferred to Hospice - medical facility
63 Discharged/transferred to long term care hospitals
61 Discharged/transferred within this institution to a hospital based Medicare approved
swing bed.
07 Left against medical advice or discontinued care
30 Still a patient or expected to return for outpatient services.

eOutcome.03 - External Report ID/Number Type

OC-MEDS Usage:	Required

Reporting Condition:	Required for EMS for the purpose of enabling bi-directional data exchange.

Definition:
The Type of External Report or Record associated with the Report/ID Number.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	External Report ID/Number Type

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

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eOutcome.ExternalDataGroup

Code List:

Select Resources:

it4303.003 AHA Patient Identifier	4303013 Other Registry
4303001 Disaster Tag	4303015 Other Report
it4303.002 Encounter Number	4303017 Patient ID
4303003 Fire Incident Report	4303019 Prior EMS Patient Care Report
4303005 Hospital-Receiving	4303021 STEMI Registry
4303007 Hospital-Transferring	4303023 Stroke Registry
4303009 Law Enforcement Report	4303025 Trauma Registry
it4303.001 Medical Record Number	
4303011 Other	

eOutcome.04 - External Report ID/Number

OC-MEDS Usage:	Required

Reporting Condition:	Required for EMS for the purpose of enabling bi-directional data exchange.

Definition:
The ID or Number of the external report or record in eOutcome.03.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	External Report ID/Number

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eOutcome.ExternalDataGroup Constraints: character length = 2 to 100

Code List:
None

eOutcome.05 - Other Report Registry Type

OC-MEDS Usage:	Optional

Reporting Condition:	Complete and submit if pertinent

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

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Other Report Registry Type

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eOutcome.ExternalDataGroup
Constraints: character length = 2 to 50

Code List:
None

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	

NEMSIS Element:	Custom Element

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: character length = 2 to 100
Comments: Replaces eOutcome.06 which was deprecated by NEMSIS

Code List:
None

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

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: minimum = 0; maximum = 500
Comments: Replaces eOutcome.07 which was deprecated by NEMSIS

Code List:
None

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	

NEMSIS Element:	Custom Element

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

Is Nillable:	No	NOT Values:	No

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

Code List:

eOutcome.09 - Emergency Department Procedures

OC-MEDS Usage:	Required

Reporting Condition:	Required to be submitted by designated ERC's per policy 300.50.

Definition:
The procedures performed on the patient during the emergency department visit.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Emergency Department Procedures

Data Type:	ICD-10 value	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eOutcome.EmergencyDepartmentProceduresGroup Constraints: ICD-10-PCS, pattern = [0-9A-HJ-NP-Z]{3,7}

Code List:
Standardized list.

eOutcome.10 - Emergency Department Diagnosis

OC-MEDS Usage:	Required

Reporting Condition:	Required to be submitted by designated ERC's per policy 300.50.

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})?)

Code List:
Standardized list.

eOutcome.11 - Date/Time of Hospital Admission

OC-MEDS Usage:	Required

Reporting Condition:	Required to be submitted by designated ERC's per policy 300.50.

Definition:
The date and time the patient was admitted to the hospital.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Date/Time of Hospital Admission

Data Type:	Datetime	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

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

Code List:
None

eOutcome.12 - Hospital Procedures

OC-MEDS Usage:	Required

Reporting Condition:	Required to be submitted by designated ERC's per policy 300.50.

Definition:
Hospital Procedures performed on the patient during the hospital admission.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Hospital Procedures

Data Type:	ICD-10 value	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eOutcome.HospitalProceduresGroup
Constraints: ICD-10-PCS, pattern = [0-9A-HJ-NP-Z]{3,7}

Code List:
Standardized list.

eOutcome.13 - Hospital Diagnosis

OC-MEDS Usage:	Required

Reporting Condition:	Required to be submitted by designated ERC's per policy 300.50.

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})?)

Code List:
Standardized list.

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

itOutcome.115 - Total Ventilator Days

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 spend on a mechanical ventilator (excluding time in the operating room).

Patient Identifiable:		Agency Identifiable:	
No		No	

OC-MEDS Element:	Total Ventilator Days

Data Type:	Number	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: minimum = 1; maximum = 400
Comments: Replaces eOutcome.15 which was deprecated by NEMSIS

Code List:
None

eOutcome.16 - Date/Time of Hospital Discharge

OC-MEDS Usage:	Required

Reporting Condition:	Required to be submitted by designated ERC's per policy 300.50.

Definition:
The date the patient was discharged from the hospital.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Date/Time of Hospital Discharge

Data Type:	Datetime	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

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

Code List:
None

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

Data Type:	Datetime	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

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

eOutcome.18 - Date/Time of Emergency Department Admission

OC-MEDS Usage:	Required

Reporting Condition:	Required to be submitted by designated ERC's per policy 300.50.

Definition:
The date and time the patient was admitted to the emergency department.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Date/Time of Emergency Department Admission

Data Type:	Datetime	Pertinent Negatives (PN):	No

Is 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}

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

eOutcome.19 - Date/Time Emergency Department Procedure Performed

OC-MEDS Usage:	Required

Reporting Condition:	Required to be submitted by designated ERC's per policy 300.50.

Definition:
The date/time the emergency department procedure was performed on the patient.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Date/Time Emergency Department Procedure Performed

Data Type:	Datetime	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	Yes

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

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

eOutcome.20 - Date/Time Hospital Procedure Performed

OC-MEDS Usage:	Required

Reporting Condition:	Required to be submitted by designated ERC's per policy 300.50.

Definition:
The date/time the hospital procedure was performed on the patient.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS 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}

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

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

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

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

NEMSIS Element:	EMS Patient ID

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: ePatient.PatientNameGroup
Constraints: character length = 1 to 100

Code List:
None

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

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

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Correlation: ePatient.PatientNameGroup Constraints: character length = 1 to 50

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting Pertinent Negatives: 8801019 Refused 8801023 Unable to Complete

ePatient.04 - Middle Initial/Name

OC-MEDS Usage:	Optional

Reporting Condition:	Complete and submit if available

Definition:
The patient's middle name, if any

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMSIS Element:	Middle Initial/Name

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: ePatient.PatientNameGroup Constraints: character length = 1 to 50

Code List:
None

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

Is Nillable:	Yes	NOT Values:	No

Attributes:
Constraints: character length = 1 to 255

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

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

Is Nillable:	No	NOT Values:	No

Attributes:
No Comments

Code List:
None

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

Is Nillable:	Yes	NOT Values:	No

Attributes:
GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

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

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

NEMSIS Element:	Patient's Home County

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: pattern = [0-9]{5}
Comment: ==Value Deprecated==

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

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

NEMSIS Element:	Patient's Home State

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: character length = 2
Comment: The ANSI Code Selection by text but stored as ANSI code.
Comment: Value Deprecated

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

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

NEMSIS Element:	Patient's Home ZIP Code

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: pattern = [0-9]{5}|[0-9]{5}-[0-9]{4}|[0-9]{5}-[0-9]{5}|[A-Z][0-9][A-Z] [0-9][A-Z][0-9] Comment: <mark>Value Deprecated</mark>

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

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

NEMSIS Element:	Patient's Country of Residence

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

Is Nillable:	No	NOT Values:	No

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

Code List:
None

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

NEMSIS Element:	Social Security Number

Data Type:	Number	Pertinent Negatives (PN):	Yes

Is Nillable:	Yes	NOT Values:	No

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

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

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:	Agency Identifiable:
No	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)

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:	Agency Identifiable:
No	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

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

NEMSIS Element:	Age

Data Type:	Number	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: minimum = 1; maximum = 120

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

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

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:	Agency Identifiable:
Yes	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

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

NEMSIS 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

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

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

NEMSIS Element:	State Issuing Driver's License

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

Is Nillable:	No	NOT Values:	No

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

Code List:
Stored as the ANSI State Code. GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

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

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:	Agency Identifiable:
No	No

NEMSIS Element:	Alternate Home Residence

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Comments: New element for 3.5 Standard, replaces itPatient.025 "Is Patient Homeless" Comment: <mark>Value Deprecated</mark>

Code List:
Not Values: 7701001 Not Applicable ~~7701003 Not Recorded~~ Select Resources: 2522005 Foreign Visitor 2522001 Homeless 2522003 Migrant Worker

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:
No Comments

Code List:
None

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:
No Comments

Code List:
None

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:
No Comments

Code List:
None

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:
No Comments

Code List:
None

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: http://geonames.usgs.gov/domestic/download_data.htm

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

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

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: http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm

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:
No Comments

Code List:
None

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:
No Comments

Code List:
None

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:
No Comments

Code List:
None

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:
No Comments

Code List:
None

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:
No Comments

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

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

NEMSIS 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

itPatient.013 - Patient Alternate Address - Street Address

OC-MEDS Usage:	Optional

Reporting Condition:	None

Definition:
Patient Alternate Address - Street Address

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMSIS Element:	Custom Element

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
No Comments

Code List:
None

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:
No Comments

Code List:
None

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:
No Comments

Code List:
None

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: http://geonames.usgs.gov/domestic/download_data.htm

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

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

itPatient.019 - Patient Alternate Address - Country Code

OC-MEDS Usage:	Optional

Reporting Condition:	None

Definition:
Patient Alternate Address - Country Code

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: http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm

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:
No Comments

Code List:
None

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:	Agency Identifiable:
No	No

NEMSIS Element:	Primary Method of Payment

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
No Comments

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

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

NEMSIS 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

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

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.

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

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

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

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

NEMSIS Element:	Patient Resides in Service Area

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

Is Nillable:	No	NOT Values:	No

Attributes:
No Comments

Code List:
Select Resources: 2608003 Not a Resident Within EMS Service Area 2608001 Resident Within EMS Service Area

ePayment.09 - Insurance Company ID

OC-MEDS Usage:	Optional

Reporting Condition:	None

Definition:
The ID Number of the patient's insurance company.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Insurance Company ID

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: ePayment.InsuranceGroup
Constraints: character length = 2 to 60

Code List:
None

ePayment.10 - Insurance Company Name

OC-MEDS Usage:	Optional

Reporting Condition:	None

Definition:
The name of the patient's insurance company.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Insurance Company Name

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: ePayment.InsuranceGroup
Constraints: character length = 2 to 100

Code List:
None

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

NEMSIS 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:	Optional

Reporting Condition:	None

Definition:
The mailing address 2 of the Insurance Company

Patient Identifiable:	Agency Identifiable:
No	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

ePayment.12 - Insurance Company Address

OC-MEDS Usage:	Optional

Reporting Condition:	None

Definition:
The mailing address of the Insurance Company

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Insurance Company Address

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: ePayment.InsuranceGroup Constraints: character length = 1 to 255

Code List:
None

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

NEMSIS Element:	Insurance Company City

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: ePayment.InsuranceGroup
Constraints: character length = 2 to 30

Code List:
None

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

NEMSIS Element:	Insurance Company State

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

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: ePayment.InsuranceGroup The ANSI Code Selection by text but stored as ANSI code.

Code List:
None

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

ePayment.16 - Insurance Company Country

OC-MEDS Usage:	Optional

Reporting Condition:	None

Definition:
The insurance company's country

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Insurance Company Country

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

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: ePayment.InsuranceGroup
Constraints: character length = 2 / Based on the ISO Country Codes.

Code List:
ANSI Country Codes (ISO 3166) Website:
http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm

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

NEMSIS Element:	Insurance Group ID

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: ePayment.InsuranceGroup
Constraints: character length = 2 to 30

Code List:
None

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

NEMSIS Element:	Insurance Policy ID Number

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: ePayment.InsuranceGroup
Constraints: character length = 2 to 30

Code List:
None

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

NEMSIS Element:	Last Name of the Insured

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: ePayment.InsuranceGroup Constraints: character length = 1 to 60

Code List:
None

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

NEMSIS Element:	First Name of the Insured

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: ePayment.InsuranceGroup Constraints: character length = 1 to 50

Code List:
None

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

NEMSIS Element:	Middle Initial/Name of the Insured

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: ePayment.InsuranceGroup
Constraints: character length = 1 to 50

Code List:
None

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

NEMSIS 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

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

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

NEMSIS Element:	Closest Relative/ Guardian First Name

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: ePayment.ClosestRelativeGroup Constraints: character length = 1 to 50

Code List:
None

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

NEMSIS Element:	Closest Relative/ Guardian Middle Initial/Name

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: ePayment.ClosestRelativeGroup
Constraints: character length = 1 to 50

Code List:
None

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

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

NEMSIS Element:	Closest Relative/ Guardian City

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: ePayment.ClosestRelativeGroup
Constraints: character length = 2 to 30

Code List:
None

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

NEMSIS Element:	Closest Relative/ Guardian State

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

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: ePayment.ClosestRelativeGroup
Constraints: character length = 2 / The ANSI Code Selection by text but stored as ANSI code.

Code List:
None

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:	Agency Identifiable:
No	No

NEMSIS Element:	Closest Relative/ Guardian ZIP Code

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: ePayment.ClosestRelativeGroup
Constraints: pattern = [0-9]{5}|[0-9]{5}-[0-9]{4}|[0-9]{5}-[0-9]{5}|[A-Z][0-9][A-Z] [0-9][A-Z][0-9]

Code List:
None

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

NEMSIS Element:	Closest Relative/ Guardian Country

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

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: ePayment.ClosestRelativeGroup
Constraints: character length = 2 / Based on the ISO Country Codes.

Code List:
ANSI Country Codes (ISO 3166) Website:
http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm

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

NEMSIS Element:	Closest Relative/ Guardian Phone Number

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: ePayment.ClosestRelativeGroup
Constraints: pattern = [2-9][0-9][0-9]-[2-9][0-9][0-9]-[0-9][0-9][0-9][0-9]

Code List:
None

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

NEMSIS 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

ePayment.33 - Patient's Employer

OC-MEDS Usage:	Required

Reporting Condition:	Complete and submit when pertinent

Definition:
The patient's employers Name

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMSIS Element:	Patient's Employer

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: ePayment.EmployerGroup Constraints: character length = 2 to 60

Code List:
None

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

NEMSIS Element:	Patient's Employers Address

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: ePayment.EmployerGroup
Constraints: character length = 1 to 255
Comment: Allows two line documentation.

Code List:
None

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:	Agency Identifiable:
No	No

NEMSIS Element:	Patient Employers City

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: ePayment.EmployerGroup
Constraints: character length = 2 to 30

Code List:
None

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

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

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

NEMSIS Element:	Patient's Employers Country

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

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: ePayment.EmployerGroup
Constraints: character length = 2 / Based on the ISO Country Codes.

Code List:
ANSI Country Codes (ISO 3166) Website: http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm

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:	Agency Identifiable:
Yes	No

NEMSIS Element:	Patient's Employers Primary Phone Number

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: ePayment.EmployerGroup
Constraints: pattern = [2-9][0-9][0-9]-[2-9][0-9][0-9]-[0-9][0-9][0-9][0-9]

Code List:
None

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:
No Comments

Code List:
Select Resources: 2640001 Immediate 2640003 Non-Immediate

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:	Agency Identifiable:
No	No

NEMSIS Element:	Patient Transport Assessment

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

Is Nillable:	No	NOT Values:	No

Attributes:
No Comments

Code List:
Select Resources: 2641001 Unable to sit without assistance 2641003 Unable to stand without assistance 2641005 Unable to walk without assistance

ePayment.42 - Specialty Care Transport Care Provider

OC-MEDS Usage:	Optional

Reporting Condition:	None

Definition:
Documentation to show the patient care provided to the patient met the Specialty Care Transport Base Rate requirements.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Specialty Care Transport Care Provider

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

Is Nillable:	No	NOT Values:	No

Attributes:
Comment: New Values for 3.5 Standard. Simlar to changes in eCrew.02.

Code List:

Select Resources:

2642011 Emergency Medical Responder (EMR)	2642027 Other Healthcare Professional
2642013 Emergency Medical Technician (EMT)	2642029 Other Non-Healthcare Professional
2642015 Advanced Emergency Medical Technician (AEMT)	2642009 Physician Assistant
2642017 Paramedic	2642007 Physician (MD, DO)
2642037 Community Paramedicine	2642039 Registered Nurse (Nurse/MICN)
2642005 Nurse Practitioner	2642031 Respiratory Therapist
	2642033 Student

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:
No Comments

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

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

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

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:
No Comments

Code List:
Select Resources:

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

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

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:	Agency Identifiable:
No	No

NEMSIS Element:	ALS Assessment Performed and Warranted

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

Is Nillable:	No	NOT Values:	No

Attributes:
No Comments

Code List:
Select Resources: Code Description 9923001 No 9923003 Yes

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:	Agency Identifiable:
No	No

NEMSIS Element:	CMS Service Level

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
No Comments

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

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:	Agency Identifiable:
No	No

NEMSIS Element:	EMS Condition Code

Data Type:	ICD-10 value	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: pattern = [A-Z][0-9]{2}((\.[0-9A-Z]{1,3})?)

Code List:
Relevant ICD-10 Value

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:
No Comments

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

ePayment.53 - Transport Authorization Code

OC-MEDS Usage:	Optional

Reporting Condition:	None

Definition:
Prior authorization code provided by the insurance carrier/payer.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Transport Authorization Code

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: character length = 2 to 52

Code List:
None

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:	Agency Identifiable:
No	No

NEMSIS Element:	Prior Authorization Code Payer

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: character length = 1 to 255

Code List:
None

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

NEMSIS Element:	Supply Item Used Name

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: character length = 2 to 80
Comments: Added to track EMS supplies for billing. The list of supplies would be created by the EMS Agency.

Code List:
List to be created by EMS Provider Agency.

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

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	LM Liability Medical
BL Blue Cross/Blue Shield	MC Medicaid
CH Champus	MA Medicare Part A
CI Commercial Insurance Co.	MB Medicare Part B
17 Dental Maintenance Organization	ZZ Mutually Defined
DS Disability	OF Other Federal Program
14 Exclusive Provider Organization (EPO)	11 Other Non-Federal Programs
FI Federal Employees Program	13 Point of Service (POS)
HM Health Maintenance Organization	12 Preferred Provider Organization (PPO)
16 Health Maintenance Organization (HMO)	TV Title V
Medicare Risk	VA Veteran Affairs Plan
15 Indemnity Insurance	WC Workers' Compensation Health Claim

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

NEMSIS Element:	Insurance Group Name

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: ePayment.InsuranceGroup
Constraints: character length = 2 to 30

Code List:
None

ePayment.59 - Insurance Company Phone Number

OC-MEDS Usage:	Optional

Reporting Condition:	None

Definition:
The name of the patient's insurance group.

Patient Identifiable:	Agency Identifiable:
Yes	No

NEMSIS Element:	Insurance Company Phone Number

Data Type:	String	Pertinent Negatives (PN):	No

Is 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][0-9]

Code List:
PhoneNumberType: 9913001 – Fax, 9913003 – Home, 9913005 – Mobile, 9913007 – Pager, 9913009 - Work

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

NEMSIS 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

Code List:
None

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:
No Comments

Code List:
Select Resources: itPayment.001.100 No itPayment.001.101 Yes

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:
No Comments

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

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:
No Comments

Code List:
Select Resources: itPayment.003.100 No itPayment.003.101 Yes

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:
No Comments

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

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:
No Comments

Code List:
Select Resources: itPayment.005.100 No itPayment.005.101 Yes

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:
No Comments

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

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:
No Comments

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

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:
No Comments

Code List:
None

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:
No Comments

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)

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:
No Comments

Code List:
None

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:
No Comments

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

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:
No Comments

Code List:
Select Resources: itPayment.014.100 No itPayment.014.101 Yes

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:
No Comments

Code List:
Select Resources: itPayment.015.100 No itPayment.015.101 Yes

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:
No Comments

Code List:
Select Resources: itPayment.016.102 DRG Patient itPayment.016.103 Hospice patient itPayment.016.101 NH Bed itPayment.016.100 SNF Bed

itPayment.034 - Insured SSN

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:
Correlation: ePayment.InsuranceGroup
Constraints: Pattern: ^([0-9]{9})$ Min Value: 0 Max Value: 999999999

Code List:
None

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

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

NEMSIS Element:	Procedure Performed Prior to this Units EMS Care

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Correlation: eProcedures.ProcedureGroup

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

eProcedures.03 - Procedure

OC-MEDS Usage:	Required

Reporting Condition:	Complete and submit if procedure performed.

Definition:
The procedure performed on the patient.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Procedure

Data Type:	SnoMed value	Pertinent Negatives (PN):	Yes

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Correlation: eProcedures.ProcedureGroup

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**

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

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

NEMSIS Element:	Number of Procedure Attempts

Data Type:	Number	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Correlation: eProcedures.ProcedureGroup Constraints: minimum = 1; maximum = 10

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

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

NEMSIS 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

eProcedures.07 - Procedure Complication

OC-MEDS Usage:	Required

Reporting Condition:	Complete and submit if procedure performed.

Definition:
Any complication (abnormal effect on the patient) associated with the performance of the procedure on the patient

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Procedure Complication

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Correlation: eProcedures.ProcedureGroup

Code List:	
Not Values:	
7701001 Not Applicable	
7701003 Not Recorded	
Select Resources:	
3907001 Altered Mental Status	
3907003 Apnea	3907023 Hypothermia
3907005 Bleeding	3907025 Hypoxia
3907047 Bradycardia	3907027 Injury
3907007 Bradypnea	3907029 Itching/Urticaria
3907009 Diarrhea	3907031 Nausea
3907011 Esophageal Intubation-immediately	3907033 None
3907013 Esophageal Intubation-other	3907035 Other
3907015 Extravasation	3907039 Respiratory Distress
3907017 Hypertension	3907041 Tachycardia
3907019 Hyperthermia	3907043 Tachypnea
3907021 Hypotension	3907045 Vomiting

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

NEMSIS 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

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

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 for 3.5 Standard. 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

eProcedures.11 - Procedure 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:	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)

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

NEMSIS 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

eProcedures.13 - Vascular Access Location

OC-MEDS Usage:	Required

Reporting Condition:	Complete and submit if eProcedures.03 includes a "vascular access" value.

Definition:
The location of the vascular access site attempt on the patient, if applicable.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Vascular Access Location

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Correlation: eProcedures.ProcedureGroup

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

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

itProcedures.006 - Procedure Location

OC-MEDS Usage:	Recommended

Reporting Condition:	Complete and submit if available

Definition:
Procedure Location

Patient Identifiable:	Agency Identifiable:
No	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

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

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

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

itProcedures.047 - Motor Prior To Procedure

OC-MEDS Usage:	Required

Reporting Condition:	Complete and submit when pertinent

Definition:
Motor Prior To Procedure

Patient Identifiable:	Agency Identifiable:
No	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

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

itProcedures.049 - Sensation After Procedure

OC-MEDS Usage:	Required

Reporting Condition:	Complete and submit when pertinent

Definition:
Sensation After Procedure

Patient Identifiable:	Agency Identifiable:
No	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

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

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:
No Comments

Code List:
Select Resources: **See Attachment 4**

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:
No Comments

Code List:
None

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:
No Comments

Code List:
None

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:
No Comments

Code List:
None

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:
No Comments

Code List:
None

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:
No Comments

Code List:

Not Values:
itProcedures.060.161 Not Applicable
itProcedures.060.162 Not Recorded

Select Resources:
itProcedures.060.100 Abdomen
itProcedures.060.101 Antecubital-Left
itProcedures.060.102 Antecubital-Right
itProcedures.060.103 Anterior Axillary - Left
itProcedures.060.104 Anterior Axillary - Right
itProcedures.060.105 Arm-Left
itProcedures.060.106 Arm-Right
itProcedures.060.107 Assessment-Global
itProcedures.060.108 Back
itProcedures.060.109 Chest
itProcedures.060.110 Chest-Left
itProcedures.060.111 Chest-Right
itProcedures.060.112 Ear-Left
itProcedures.060.113 Ear-Right
itProcedures.060.114 Esophagus

itProcedures.060.115 External Jugular-Left
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

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

NEMSIS Element:	Procedure Ordered Response

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
No Comments

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

---

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:	Agency Identifiable:
No	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) |

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

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:	Agency Identifiable:
No	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

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:	Agency Identifiable:
Yes	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

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:	Agency Identifiable:
No	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

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:	Agency Identifiable:
No	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

eRecord.04 - Software Version

OC-MEDS Usage:	Mandatory

Reporting Condition:	Every submitted incident.

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

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

eResponse.01 - EMS Agency Number

OC-MEDS Usage:	Mandatory

Reporting Condition:	Every submitted incident.

Definition:
The provider number of the responding agency

Patient Identifiable:	Agency Identifiable:
No	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. 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

eResponse.02 - EMS Agency Name

OC-MEDS Usage:	Mandatory

Reporting Condition:	Every submitted incident.

Definition:
EMS Agency Name

Patient Identifiable:	Agency Identifiable:
No	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

eResponse.03 - Incident Number

OC-MEDS Usage:	Mandatory

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

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:	Agency Identifiable:
Yes	Yes

NEMSIS Element:	EMS Response Number

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: character length = 3 to 50

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

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:	Agency Identifiable:
No	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

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

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 standad 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

Is Nillable:	No	NOT Values:	No

Attributes:
Comment: Significant restructuring of this element for the 3.5 standard.

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

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:	Agency Identifiable:
No	No

NEMSIS Element:	Type of Dispatch Delay

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
No Comments

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.)

eResponse.09 - Type of Response Delay

OC-MEDS Usage:	Required

Reporting Condition:	Complete and submit when pertinent

Definition:
The response delays, if any, of the EMS unit associated with the EMS event.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Type of Response Delay

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
No Comments

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 Surfline 2209023 Traffic 2209025 Vehicle Crash Involving this Unit 2209027 Vehicle Failure of this Unit 2209029 Weather

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:	Agency Identifiable:
No	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	2210023 Safety-Crew/Staging
2210003 Awaiting Ground Unit	2210025 Safety-Patient
2210005 Crowd	2210027 Staff Delay
2210007 Directions/Unable to Locate	it2210.110 Surfline
2210009 Distance	2210029 Traffic
2210011 Extrication	2210031 Triage/Multiple Patients
2210013 HazMat	2210033 Vehicle Crash Involving this Unit
2210015 Language Barrier	2210035 Vehicle Failure of this Unit
2210039 Mechanical Issue-Unit, Equipment, etc.	2210037 Weather
2210017 None/No Delay	
2210019 Other	
2210021 Patient Access	

eResponse.11 - Type of Transport Delay	

OC-MEDS Usage:	Required

Reporting Condition:	Complete and submit when pertinent

Definition:	
The transport delays, if any, of the EMS unit associated with the EMS event.	

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Type of Transport Delay

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:	
None	

Code List:	
Not Values: 7701001 Not Applicable 7701003 Not Recorded	
Select Resources: 2211001 Crowd 2211003 Directions/Unable to Locate 2211005 Distance 2211007 Diversion 2211009 HazMat 2211011 None/No Delay 2211013 Other 2211031 Patient Condition Change (e.g., Unit Stopped)	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

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

eResponse.13 - EMS Vehicle (Unit) Number

OC-MEDS Usage:	Mandatory

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

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.

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:	Agency Identifiable:
No	Yes

NEMSIS Element:	EMS Unit Call Sign

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: character length = 1 to 50

Code List:
Unit list created by EMS provider agency.

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:		Agency Identifiable:	
No		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

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:		Agency Identifiable:	
No		No	

NEMSIS Element:	On-Scene Odometer Reading of Responding Vehicle

Data Type:	Decimal	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: format = ######.##
Comments: If a mileage counter is being used instead of an odometer, this value would be "0". In general, this is the starting odometer reading as documented by most EMS providers.

Code List:
None

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:	Agency Identifiable:
No	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, ths value would be the miles from the scene to the destination (if eResponse.20 is the starting point).

Code List:
None

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:	Agency Identifiable:
No	No

NEMSIS Element:	Ending Odometer Reading of Responding Vehicle

Data Type:	Decimal	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: format = ######.##
Comments: If the provider does not record this information, then the default value will be "0".

Code List:
None

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:	Agency Identifiable:
No	No

NEMSIS Element:	Response Mode to Scene

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

Is Nillable:	No	NOT Values:	No

Attributes:
Comment: 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

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:	Agency Identifiable:
No	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 for 3.5 Standard

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

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

NEMSIS Element:	Encounter Specific Patient Tracking Number

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
No Comments

Code List:
None

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:
No Comments

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

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

Code List:
See Attachment 3 - EMS Provider Agencies

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

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

NEMSIS Element:	Number of Patients at Scene

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
No Comments

Code List:
Not Values: 7701001 Not Applicable   7701003 Not Recorded   Select Resources: 2707001 Multiple   2707003 None   2707005 Single

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:
No Comments

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

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:
No Comments

Code List:

Not Values:
7701001 Not Applicable
7701003 Not Recorded

Select Resources:
2708009 Black - Deceased
2708005 Green - Minor
2708001 Red - Immediate
2708003 Yellow - Delayed

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:
See Attachment 10 – Incident Location Type (eScene.09)

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:	Agency Identifiable:
No	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**

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:	Agency Identifiable:
Yes	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

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

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

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:
No Comments

Code List:
None

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

NEMSIS Element:	Incident Apartment, Suite, or Room

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: character length = 1 to 15

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

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:
No Comments

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

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

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

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:
No Comments

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

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:
http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm

itScene.005 - Incident Area Classification

OC-MEDS Usage:	Required

Reporting Condition:	Complete and submit if pertinent.

Definition:
Incident Area Classification

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Incident Area Classification

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

Is Nillable:	No	NOT Values:	No

Attributes:
Comment: 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

itScene.025 - Zone Number (District Number)

OC-MEDS Usage:	Required

Reporting Condition:	Complete and submit when pertinent for 911 operations.

Definition:
The fire department incident district number.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	District Number

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

Is Nillable:	No	NOT Values:	No

Attributes:
No Comments

Code List:
See Attachment 10 - Orange County Fire District Numbers Data List

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:	Agency Identifiable:
No	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

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:	Agency Identifiable:
No	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

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:
No Comments

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 9922001 No 9922003 Unknown 9922005 Yes

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

NEMSIS 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

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

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

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

NEMSIS Element:	Time Units of Duration of Complaint

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Correlation: eSituation.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

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:	Agency Identifiable:
No	No

NEMSIS Element:	Chief Complaint Anatomic Location

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
No Comments

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

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:	Agency Identifiable:
No	No

NEMSIS Element:	Chief Complaint Organ System

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
No Comments

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

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:	Agency Identifiable:
No	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.**

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:	Agency Identifiable:
No	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.

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

NEMSIS 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.

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.

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:	Agency Identifiable:
No	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\.9)|(R99))|([A-QSTZ][0-9]{2})((\.[0-9A-Z]{1,4})?)
Comment: Definitions related to "Critical, Emergent, and Lower Acuity" can be found in the National EMS Core Content document from NHTSA EMS (DOT HS 809-898 July 2005) at http://www.nhtsa.gov/people/injury/ems/emscorecontent/images/EMSCoreContent.pdf

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

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

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:	Agency Identifiable:
No	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

eSituation.19 - Justification for Transfer or Encounter

OC-MEDS Usage:	Recommended

Reporting Condition:	None

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

NEMSIS Element:	Justification for Transfer or Encounter

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
None

eSituation.20 - Reason for Interfacility Transfer/Medical Transport

OC-MEDS Usage:	Required

Reporting Condition:	None

Definition:
Reason for Interfacility Transfer/Medical Transport

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Reason for Interfacility Transfer/Medical Transport

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Comments: New Values

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
2820009 Drug and/or Alcohol Rehabilitation Care
2820011 Extended Care
2820013 Maternal/Neonatal
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
2820025 Physical Rehabilitation Care
eSituation.20.100 Rehabilitation
2820027 Return to Home/Residence
2820029 Surgical Specialty Care (Other, Not Listed)
2820031 Trauma / Orthopedic Specialty Care
eSituation.20.102 Insurance Status

itSituation.001 - Patient Belongings

OC-MEDS Usage:	Optional

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

Code List:	
Select Resources: itSituation.001.115 Cane itSituation.001.111 Cell Phone itSituation.001.103 Clothing itSituation.001.114 Crutches itSituation.001.106 False Teeth itSituation.001.104 Glasses itSituation.001.105 ID Card/License itSituation.001.102 Insurance Card itSituation.001.107 Jewelry (Describe Below) itSituation.001.110 Keys	itSituation.001.118 Medication List itSituation.001.100 Medications itSituation.001.109 None itSituation.001.108 Other (Describe Below) itSituation.001.113 Suitcase itSituation.001.112 Walker/Cane itSituation.001.101 Wallet/Purse itSituation.001.117 Weapon itSituation.001.116 Wheelchair

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:	Agency Identifiable:
Yes	No

NEMSIS Element:	Contact Name

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation Group: itPatientFollowUp

Code List:
None

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:	Agency Identifiable:
Yes	No

NEMSIS Element:	Contact Phone

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation Group: itPatientFollowUp

Code List:
None

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:	Agency Identifiable:
No	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

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

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

eTimes.05 - Unit En Route Date/Time

OC-MEDS Usage:	Required

Reporting Condition:	Complete and submit if available

Definition:
The date/time the unit responded; that is, the time the vehicle started moving.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Unit En Route Date/Time

Data Type:	Datetime	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

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

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

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

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

eTimes.08 - Transfer of EMS Patient Care Date/Time

OC-MEDS Usage:	Required

Reporting Condition:	Complete and submit if available

Definition:
The date/time the patient was transferred from this EMS agency to another EMS agency for care.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Transfer of EMS Patient Care Date/Time

Data Type:	Datetime	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

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

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

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 (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

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

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 staff AND the patient was offloaded from the EMS gurney to a facility bed, chair, or other.

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Destination Patient Transfer of Care Date/Time

Data Type:	Datetime	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

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

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

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:	Agency Identifiable:
No	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

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:	Agency Identifiable:
No	No

NEMSIS Element:	Unit Canceled Date/Time

Data Type:	Datetime	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

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

Code List:
None

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} Correlation: eVitals.VitalGroup

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

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:
Correlation: eVitals.VitalGroup

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

eVitals.03 - Cardiac Rhythm / Electrocardiography (ECG)

OC-MEDS Usage:	Required

Reporting Condition:	Complete and submit if available

Definition:
The cardiac rhythm / ECG and other electrocardiography findings of the patient as interpreted by EMS personnel.

Patient Identifiable:	Agency Identifiable:
No	No

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 Rhythm 9901065 Unknown AED Shockable Rhythm 9901067 Ventricular Fibrillation (VF) 9901071 Ventricular Tachycardia (Pulseless) 9901069 Ventricular Tachycardia (With Pulse) 9901030 Non-STEMI Septal Ischemia 9901058 STEMI Septal Ischemia It9901.113 Course Ventricular Fibrillation It9901.114 Fine Ventricular Fibrillation

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:		Agency Identifiable:	
No		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)

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:	Agency Identifiable:
No	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

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

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

NEMSIS 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

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

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:
None

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

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

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
Correlation: eVitals.VitalGroup

Code List:
Not Values:
7701001 Not Applicable
7701003 Not Recorded
Pertinent Negatives:
8801005 Exam Finding Not Present
8801019 Refused
8801023 Unable to Complete

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

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eVitals.VitalGroup

Code List:
Select Resources: 3313001 Irregularly Irregular 3313003 Regular 3313005 Regularly Irregular

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
Correlation: eVitals.VitalGroup

Code List:
Not Values:
7701001 Not Applicable
7701003 Not Recorded
Pertinent Negatives:
8801005 Exam Finding Not Present
8801019 Refused
8801023 Unable to Complete

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:
Correlation: eVitals.VitalGroup

Code List:
Select Resources: 3315001 Apneic 3315003 Labored 3315005 Mechanically Assisted (BVM, CPAP, etc.) 3315007 Normal 3315009 Rapid 3315011 Shallow 3315013 Weak/Agonal

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
Correlation: eVitals.VitalGroup

Code List:
Not Values:
7701001 Not Applicable
7701003 Not Recorded
Pertinent Negatives:
8801019 Refused
8801023 Unable to Complete

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

NEMSIS Element:	Blood Glucose Level

Data Type:	Number	Pertinent Negatives (PN):	Yes

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: Pattern[2][0][0][0]|[1][0-9][0-9][0-9]|[1-9][0-9][0-9]|[1-9][0-9]|[0-9]|High|Low
Correlation: eVitals.VitalGroup

Code List:
Not Values:
7701001 Not Applicable
7701003 Not Recorded
Pertinent Negatives:
8801019 Refused
8801023 Unable to Complete

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:	Agency Identifiable:
No	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

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)

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

NEMSIS Element:	Glasgow Coma Score-Verbal

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Correlation: eVitals.GlasgowScoreGroup

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)

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

NEMSIS Element:	Glasgow Coma Score-Motor

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Correlation: eVitals.GlasgowScoreGroup

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)

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

NEMSIS 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

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

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:	Agency Identifiable:
No	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

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

NEMSIS Element:	Temperature Method

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

Is Nillable:	No	NOT Values:	No

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

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:
Correlation: eVitals.VitalGroup

Code List:
Not Values:
7701001 Not Applicable
7701003 Not Recorded
Select Resources:
3326001 Alert
3326003 Verbal
3326005 Painful
3326007 Unresponsive

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

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)

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

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

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)

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
Correlation: eVitals.VitalGroup

Code List:
Pertinent Negatives: 8801023 Unable to Complete

itVitals.001 - Pulse Oximetry Qualifier

OC-MEDS Usage:	Recommended

Reporting Condition:	Complete and submit if available

Definition:
Pulse Oximetry Qualifier

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Custom Element

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

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eVitals.VitalGroup

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)

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:
Correlation: eVitals.VitalGroup

Code List:
Select Resources: itVitals.002.108 Compromised itVitals.002.109 Obstructed itVitals.002.110 Other itVitals.002.111 Patent

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:
Correlation: eVitals.VitalGroup

Code List:
Select Resources: itVitals.003.102 Irregularly-Irregular itVitals.003.101 Regularly-Irregular itVitals.003.100 Regularly-Regular

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:
Correlation: eVitals.VitalGroup

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

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:
Correlation: eVitals.VitalGroup

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

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:	Agency Identifiable:
No	No

NEMSIS Element:	Custom Element

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

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eVitals.VitalGroup

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

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:	Agency Identifiable:
No	No

NEMSIS Element:	Custom Element

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

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eVitals.VitalGroup

Code List:	
Select Resources:	
itVitals.009.118 Non-radiating	itVitals.009.111 To Leg
itVitals.009.102 To Anterior	itVitals.009.117 To Lower Back
itVitals.009.110 To Arm	itVitals.009.109 To Neck
itVitals.009.107 To Back	itVitals.009.101 To R Ant Chst
itVitals.009.103 To Epigastric	itVitals.009.115 To Right Lower
itVitals.009.119 To Head	itVitals.009.113 To Right Upper
itVitals.009.108 To Jaw	itVitals.009.104 To Subcost L
itVitals.009.100 To L Ant Chst	itVitals.009.105 To Subcost R
itVitals.009.114 To Left Lower	itVitals.009.106 To Substernal
itVitals.009.112 To Left Upper	itVitals.009.116 To Upper Back

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:	Agency Identifiable:
No	No

NEMSIS Element:	Custom Element

Data Type:	Number	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eVitals.VitalGroup

Code List:
None

itVitals.011 - Duration Units

OC-MEDS Usage:	Recommended

Reporting Condition:	Complete and submit if available

Definition:
Duration Units.

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: eVitals.VitalGroup

Code List:
Select Resources: itVitals.011.102 Days itVitals.011.101 Hours itVitals.011.100 Minutes itVitals.011.103 Weeks

itVitals.017 - PQRST Narrative

OC-MEDS Usage:	Recommended

Reporting Condition:	Complete and submit if available

Definition:
PQRST Narrative

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 = 255
Correlation: eVitals.VitalGroup

Code List:
None

itVitals.019 - Circulation

OC-MEDS Usage:	Required

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

Definition:
Pulse Quality

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Custom Element

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

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eVitals.VitalGroup

Code List:
Select Resources:
itVitals.019.104 Absent
itVitals.019.101 Bounding
itVitals.019.103 Normal
itVitals.019.102 Rapid
itVitals.019.100 Weak

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
Correlation: eVitals.VitalGroup

Code List:
Select Resources: itVitals.025.102 Abnormal itVitals.025.101 Normal

itVitals.026 - Stroke Scale Facial Droop

OC-MEDS Usage:	Required

Reporting Condition:	Complete and submit if available

Definition:
Stroke Scale Facial Droop

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Custom Element

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

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eVitals.VitalGroup

Code List:
Select Resources: itVitals.026.102 Abnormal itVitals.026.103 Left itVitals.026.101 Normal itVitals.026.100 Right

itVitals.027 - Stroke Scale Arm Drift

OC-MEDS Usage:	Required

Reporting Condition:	Complete and submit if available

Definition:
Stroke Scale Arm Drift

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Custom Element

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

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: eVitals.VitalGroup

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

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:
Correlation: eVitals.VitalGroup

Code List:
Select Resources: itVitals.057.102 No Grip itVitals.057.100 Normal itVitals.057.101 Weak Grip

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
Correlation: eVitals.VitalGroup

Code List:
None

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:
Correlation: eVitals.VitalGroup

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

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:
Correlation: eVitals.VitalGroup

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

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:
Correlation: eVitals.VitalGroup

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

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:
Correlation: eVitals.VitalGroup

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

itVitals.054 - Respiration

OC-MEDS Usage:	Optional

Reporting Condition:	Complete and submit if available

Definition:
APGAR Respiration (breathing rate and effort)

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Custom Element

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

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Correlation: eVitals.VitalGroup

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

itControlledSubstances.003 - Broken Seal Number

OC-MEDS Usage:	Recommended

Reporting Condition:	Complete and submit when pertinent

Definition:
Broken Seal Number

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: itControlledSubstancesGroup

Code List:
None

itControlledSubstances.004 - New Seal Number

OC-MEDS Usage:	Recommended

Reporting Condition:	Complete and submit when pertinent

Definition:
New Seal Number

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: itControlledSubstancesGroup

Code List:
None

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:
Correlation: itControlledSubstancesGroup

Code List:
None

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:
Correlation: itControlledSubstancesGroup

Code List:
None

itControlledSubstances.007 - Crew Member #1 Licensure ID

OC-MEDS Usage:	Recommended

Reporting Condition:	Complete and submit when pertinent

Definition:
Crew Member #1 Licensure ID

Patient Identifiable:	Agency Identifiable:
No	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
Correlation: itControlledSubstancesGroup

Code List:
None

itControlledSubstances.008 - Crew Member #2 Licensure ID

OC-MEDS Usage:	Recommended

Reporting Condition:	Complete and submit when pertinent

Definition:
Crew Member #2 Licensure ID

Patient Identifiable:	Agency Identifiable:
No	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
Correlation: itControlledSubstancesGroup

Code List:
None

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:
Correlation: itControlledSubstancesGroup

Code List:
None

itControlledSubstances.011 - Controlled Substance Amount Administered

OC-MEDS Usage:	Recommended

Reporting Condition:	Complete and submit when pertinent

Definition:
Controlled Substance Amount Administered

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Custom Element

Data Type:	decimal	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: itControlledSubstancesGroup

Code List:
None

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:
Correlation: itControlledSubstancesGroup

Code List:
None

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:	Agency Identifiable:
No	No

NEMSIS Element:	Custom Element

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

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: itStemiGroup
Comments: Values' coding modified

Code List:
Select Resources:
itStemi.001.001 No
itStemi.001.002 Yes

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:	Agency Identifiable:
No	No

NEMSIS Element:	Custom Element

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

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: itStemiGroup
Comments: Values' coding modified

Code List:
Select Resources: itStemi.002.001 No   itStemi.002.002 Yes

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:
Correlation: itStemiGroup
Comments: Values' coding modified

Code List:
Select Resources:
itStemi.003.001 Inconclusive
itStemi.003.002 No
itStemi.003.003 Yes

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:	Agency Identifiable:
No	No

NEMSIS Element:	Custom Element

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

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: itStemiGroup

Code List:
Select Resources:
itStemi.004.4 Cardiac Monitor Program
itStemi.004.1 EMT-Basic
itStemi.004.3 EMT-Paramedic
itStemi.004.7 Nurse Practioner
itStemi.004.5 Physician
itStemi.004.8 Physician Assistant
itStemi.004.6 Registered Nurse

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:
Correlation: itStemiGroup

Code List:
Select Resources: itStemi.005.001 No itStemi.005.002 Yes

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:
Correlation: itVentilator.VentilatorSettingGroup

Code List:
None

itVentilator.002 - Ventilator Setting Crew Member

OC-MEDS Usage:	Required

Reporting Condition:	Complete and submit when pertinent

Definition:
Ventilator Setting Crew Member

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: itVentilator.VentilatorSettingGroup

Code List:
None

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:
Correlation: itVentilator.VentilatorSettingGroup

Code List:
Select Resources: itVentilator.003.101 No itVentilator.003.100 Yes

itVentilator.005 - Ventilator Mode

OC-MEDS Usage:	Required

Reporting Condition:	Complete and submit if pertinent

Definition:
Ventilator Mode

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: itVentilator.VentilatorSettingGroup

Code List:
Select Resources: itVentilator.005.108 AC-V (or VACV) itVentilator.005.100 APV/SIMV itVentilator.005.111 Other

itVentilator.010 - VT (Tidal Volume)

OC-MEDS Usage:	Required

Reporting Condition:	Complete and submit if pertinent

Definition:
VT (Tidal Volume)

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Custom Element

Data Type:	Number	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: itVentilator.VentilatorSettingGroup

Code List:
None

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:	Agency Identifiable:
No	No

NEMSIS Element:	Custom Element

Data Type:	Number	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: itVentilator.VentilatorSettingGroup

Code List:
None

itVentilator.014 - FiO2 - Percentage

OC-MEDS Usage:	Required

Reporting Condition:	Complete and submit when pertinent

Definition:
FiO2 - Percentage

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Custom Element

Data Type:	Number	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Correlation: itVentilator.VentilatorSettingGroup

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:
Correlation: itVentilator.VentilatorSettingGroup

Code List:
None

itVentilator.035 - Date/Time of Ventilator Measurement

OC-MEDS Usage:	Required

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:
Correlation: itVentilator.VentilatorMeasurementGroup

Code List:
None

itVentilator.038 - Ventilator RR (Respiratory Rate)

OC-MEDS Usage:	Required

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:
Correlation: itVentilator.VentilatorMeasurementGroup

Code List:
None

itVentilator.039 - PIP (Peak Inspiratory Pressure)

OC-MEDS Usage:	Required

Reporting Condition:	Complete and submit when pertinent

Definition:
PIP (Peak Inspiratory Pressure)

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Custom Element

Data Type:	Decimal	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Units – cmH20
Correlation: itVentilator.VentilatorMeasurementGroup

Code List:
None

itVentilator.043 - I:E Ratio

OC-MEDS Usage:	Required

Reporting Condition:	Complete and submit when pertinent

Definition:
I:E Ratio

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: itVentilator.VentilatorMeasurementGroup

Code List:
None

itVentilator.048 – Plateau Pressure

OC-MEDS Usage:	Required

Reporting Condition:	Complete and submit when pertinent

Definition:
I:E Ratio

Patient Identifiable:	Agency Identifiable:
No	No

NEMSIS Element:	Custom Element

Data Type:	decimal	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Units – cmH20
Correlation: itVentilator.VentilatorMeasurementGroup

Code List:
None