



#### I. AUTHORITY:

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

#### II. APPLICATION:

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

#### III. DEFINITIONS:

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

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

**OC-MEDS 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).

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

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

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

Is 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 (elnjury.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

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#### IV. CRITERIA:

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

Approved:

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Tammi McConnell, MSN, RN **OCEMS** Administrator

Effective Date: 04/01/2024

Original Date:

10/01/2016

Reviewed Date(s): Revised Date(s):

04/17/2017, 04/01/2018, 06/01/2019, 06/30/2023, 03/01/2024 04/01/2017, 04/01/2018, 06/01/2019, 06/30/2023, 03/01/2024

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04/01/2024





### V. RESOURCES:

	eAirway.01 - Indic	ations for Invasive Airway			
OC-MEDS Usage:	Optional				
Reporting Condition:	None				
Definition:					
The date and time the a	airway device placement	was confirmed.			
Patient Identifiable:		Agency Identifiable:			
No	No				
	'				
NEMSIS Element:	Date/Time Airway Dev	rice Placement Confirmation			
·					
Data Type:	Datatima	Pertinent Negatives	No		
Data Type:	Datetime	(PN):			
, <u>,</u>					

#### Attributes:

Is Nillable:

Correlation: eAirway.ConfirmationGroup

Yes

Constraints:between 1/1/1950 and 1/1/2050; pattern =  $[0-9]\{4\}-[0-9]\{2\}-[0-9]\{2\}T[0-9]\{2\}:[0-9]\{2\}:[0-9]\{2\}:[0-9]\{2\}$ 

NOT Values:

Yes

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### 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

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eAirv	eAirway.02 - Date/Time Airway Device Placement Confirmation				
OC-MEDS Usage:	Required				
Reporting Condition:	eProcedures.03 contain Yes.	ns an Advanced Airway and o	eProcedures.06 is equal to		
Definition:					
The date and time the a	irway device placement	was confirmed.			
Patient Identifiable:		Agency Identifiable:			
No		No			
NEMSIS Element:	Date/Time Airway Devi	ice Placement Confirmation			
Data Type:	Datetime Pertinent Negatives No (PN):				
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

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eAirway.03 - Airway Device Being Confirmed				
OC-MEDS Usage:	Required			
Reporting Condition:	eProcedures.03 contain	ns an Advanced Airway and o	eProcedures.06 is equal to	
	Yes.			
Definition:				
The airway device in wh	nich placement is being c	onfirmed.		
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Airway Device Being Co	onfirmed		
Data Type:	Single-select Pertinent Negatives No (PN):			
Is Nillable:	Yes NOT Values: Yes			
Attributes:				

Code List: note (OC-MEDS Label)

Correlation: eAirway.ConfirmationGroup

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)

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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

Definition:

The method used to confirm the airway device placement.

NEMSIS Element: Airway Device Placement Confirmed Method

Data Type:

Multi-select

Pertinent Negatives (PN):

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 conta	ins an Advanced Airway and	eProcedures.06 is equal to		
	Yes.				
Definition:					
	e patient's teeth/lip of	the tube depth in centimeter	s (cm) of the		
invasive airway placed.					
Patient Identifiable:		Agangy Idantifiable			
No		Agency Identifiable: No			
INO		INU			
NEMSIS Element:	Tube Depth				
WEIWISIS Element.	Tube beptii				
		Pertinent Negatives	No		
Data Type:	Number	(PN):			
			<u>.                                    </u>		
Is Nillable:	No	NOT Values:	No		
Attributes:					
Correlation: eAirway.Co					
Constraints: minimum =	Constraints: minimum = 4; maximum = 32				
Code List:					
None					
None					





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# 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.

NEMSIS Element: Type of Individual Confirming Airway Device Placement

Data Type:

Single-select

Pertinent Negatives (PN):

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			
	T			
Reporting Condition:		ins an Advanced Airway and	eProcedures.06 is equal to	
	Yes.			
Definition:				
	ID number of the EMS	crew member confirming the	airway placamont	
The statewide assigned	ib number of the Eivis	trew member commining the	e airway piacement.	
Patient Identifiable:		Agency Identifiable:		
No		Yes		
NEMSIS Element:	Crew Member ID			
Data Type:	String	Pertinent Negatives	No	
Data Type.	String	(PN):		
	Ι		Ι	
Is Nillable:	No	NOT Values:	No	
Attributes:				
	anfirmation Croup			
Correlation: eAirway.Co				
Constraints. Character is	ength = 2 to 30			
Code List:				
None				





eAirway	y <b>.</b> 08	Airway (	Compl	licat	ions l	Encoun	tered
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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.

NEMSIS Element: Airway Complications Encountered

Data Type:

Multi-select

Pertinent Negatives (PN):

Is Nillable: Yes NOT Values: Yes

Attributes:

Correlation: eAirway.AirwayGroup

### Code List:

Not Values:

7701001 Not Applicable

7701003 Not Recorded

7701005 Not Reporting

Select Resources:

4008001 Adverse Event from Facilitating Drugs

4008003 Bradycardia (<50)

4008005 Cardiac Arrest

4008007 Esophageal Intubation-Delayed Detection (After Tube Secured)

4008009 Esophageal Intubation-Detected in Emergency Department

4008011 Failed Intubation Effort

4008013 Injury or Trauma to Patient from Airway Management Effort

4008015 Other

4008017 Oxygen Desaturation (<90%)

4008019 Patient Vomiting/Aspiration

4008021 Tube Dislodged During Transport/Patient Care

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

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eAirway.09 - S	Suspected	Reasons fo	r Failed A	irway F	Procedure
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OC-MEDS Usage: Optional

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

Reporting Conditions apply.

Definition:

The type of individual who confirmed the airway device placement.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Suspected Reasons for Failed Airway Procedure

Data Type:

Multi-select

Pertinent Negatives (PN):

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

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itAirway.002 - ETT Placement Verification			
OC-MEDS Usage:	Required		
Reporting Condition:	eProcedures.03 conta Yes.	ins an Advanced Airway and	eProcedures.06 is equal to
Definition:			
ETT Placement Verificat	tion		
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Custom Element		
L Data Type: L 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

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itAirway.003 - ETT Verification Comments				
OC-MEDS Usage:	Recommended			
Reporting Condition:	None			
- •				
Definition:				
ETT Verification Comme	ents			
Patient Identifiable:		Agency Identifiable:		
No		No		
NO		110		
NEMSIS Element:	Custom Element			
Data Type:	String	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: eAirway.Co	onfirmationGroup			
Constraints: max length = 255				
Carla Liate				
Code List:				
None				





itAirway.004 - Breath Sounds-Left				
	Τ			
OC-MEDS Usage:	Required			
Reporting Condition:	eProcedures.03 conta Yes.	ins an Advanced Airway and	eProcedures.06 is equal to	
Definition:				
Breath Sounds-Left				
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Custom Element			
Data Type:	Single-select Pertinent Negatives No (PN):			
Is Nillable:	No	NOT Values:	No	
Attributes:	w firms a bio o Cura va			
Correlation: eAirway.Co	mirmationGroup			
Code List:				
Select Resources:				
itAirway.004.100 No itAirway.004.101 Yes				





itAirway.005 - Airway Measured At				
	T			
OC-MEDS Usage:	Required			
Reporting Condition:	eProcedures.03 contai Yes.	ns an Advanced Airway and o	eProcedures.06 is equal to	
Definition:				
Airway Measured At				
Patient Identifiable:		Agency Identifiable:		
No		No		
NENACIC Flaments	Contain Flament		1	
NEMSIS Element:	Custom Element			
Data Type:	Single-select	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: eAirway.Co	onfirmationGroup			
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			
	I			
Reporting Condition:		ins an Advanced Airway and	eProcedures.06 is equal to	
	Yes.			
Definition:				
Breath Sounds-Right				
U				
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Custom Element			
	<u> </u>			
Data Type:	Single-select	Pertinent Negatives (PN):	No	
		(FIN).		
Is Nillable:	No	NOT Values:	No	
	•			
Attributes:				
Correlation: eAirway.Co	onfirmationGroup			
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 conta	ins an Advanced Airway and	eProcedures.06 is equal to		
	Yes.				
Definition:					
Chest Rise-Left					
Dark and the artificial		A			
Patient Identifiable:		Agency Identifiable:			
No		No			
NEMSIS Element:	Custom Element				
NEIVISIS Element.	Custom Element				
		Pertinent Negatives	No		
Data Type:	Single-select	(PN):	140		
		[ (· · · · · · · ·			
Is Nillable:	No	NOT Values:	No		
Attributes:					
Correlation: eAirway.Co	onfirmationGroup				
Code List:					
-					
itAirway.007.101 Yes					
Code List:  Select Resources: itAirway.007.100 No itAirway.007.101 Yes					





	itAirway.00	08 - Chest Rise-Right	
_			
OC-MEDS Usage:	Required		
	I		
Reporting Condition:		ins an Advanced Airway and	eProcedures.06 is equal to
	Yes.		
Definition:			
Chest Rise-Right			
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Custom Element		
	T		T
Data Type:	Single-select	Pertinent Negatives (PN):	No
		(114).	
Is Nillable:	No	NOT Values:	No
		•	
Attributes:			
Correlation: eAirway.Co	onfirmationGroup		
Code List:			
Select Resources:			
itAirway.008.100 No			
itAirway.008.101 Yes			
13.11.11.11.11.11.11.11.11.11.11.11.11.1			





itAirway.009 - Esophageal Detector Device				
OC-MEDS Usage:	Recommended			
Reporting Condition:	None			
Definition:				
Esophageal Detector De	evice			
		1		
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Custom Element			
	Т	T	T	
Data Type:	Single-select	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: eAirway.Co	onfirmationGroup			
Code List:				
Select Resources:				
itAirway.009.100 Free P				
itAirway.009.101 Resist				
itAirway.009.102 Unabl				
itAirway.009.104 Bulb r				
itAirway.009.105 Bulb stays compressed				

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itAirway.010 - Gastric Sounds				
OC-MEDS Usage:	Required			
	T			
Reporting Condition:		ins an Advanced Airway and	eProcedures.06 is equal to	
	Yes.			
Definition:				
Gastric Sounds				
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Custom Element			
	T			
Data Type:	Single-select	Pertinent Negatives	No	
		(PN):		
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: eAirway.Co	onfirmationGroup			
Code List:				
Colort Decourses				
Select Resources:				
itAirway.010.100 No itAirway.010.101 Yes				
ILAII Way.U1U.1U1 185				





	itAirway.0	011 - Tube Misting			
OC-MEDS Usage:	Required				
	T				
Reporting Condition:		ins an Advanced Airway and	eProcedures.06 is equal to		
	Yes.				
Definition:					
Tube Misting					
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:	6 6				
Correlation: eAirway.Co	onfirmationGroup				
Code List:					
Code List:					
Select Resources:					
itAirway.011.100 No					
itAirway.011.101 Yes					





itAirway.013 - Preoxygenation Done				
_				
OC-MEDS Usage:	Required			
Reporting Condition:		ins an Advanced Airway and	eProcedures.06 is equal to	
	Yes.			
Definition:				
Preoxygenation Done				
,,,				
Patient Identifiable:		Agency Identifiable:		
No		No		
	1			
NEMSIS Element:	Custom Element			
	<u> </u>	Doubin out Monatives	No	
Data Type:	Single-select	Pertinent Negatives (PN):	No	
		(114).		
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: eAirway.Co	onfirmationGroup			
0 1 11 1				
Code List:				
Select Resources:				
itAirway.013.100 No				
itAirway.013.101 Yes				
,				





	itAirway.015 - E	ETT Verification Findings		
OC MEDCHA	I Bereite de de			
OC-MEDS Usage:	Recommended			
Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.			
Definition:				
ETT Verification Finding	gs			
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

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itAirway	/.017 - A	irway Comp	lications	Encountered
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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.

NEMSIS Element: Custom Element

Data Type:

Multi-select

Pertinent Negatives (PN):

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.

NEMSIS Element: Custom Element

Data Type: Pertinent Negatives No (PN):

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

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eArrest.01 - Cardiac Arrest				
OC-MEDS Usage:	Required			
Reporting Condition:		Cardiac Arrest, Traumatic Ca	ordiac Arrest, Respiratory	
	Arrest, or Unconscious			
_				
Definition:				
Indication of the preser	nce of a cardiac arrest at	any time during this EMS ev	ent.	
5		A		
Patient Identifiable:		Agency Identifiable:		
No		No		
NENACIC Flament	Caudia a Auraat			
NEMSIS Element:	Cardiac Arrest			
		Dortinget Negatives	No	
Data Type:	Single-select	Pertinent Negatives (PN):	INO	
		(FIV).		
Is Nillable:	Yes	NOT Values:	Yes	
10 1411140161	1.00	TTO T VAIACO.	100	
Attributes:				
None				
Code List:				
Not Values:				
7701001 Not Applicable	9			
7701003 Not Recorded				
Select Resources:				
3001001 No				
3001005 Yes, After EMS				
3001003 Yes, Prior to EMS Arrival				





Effective Date: 04/01/2024

	eArrest.02 - Cardiac Arrest Etiology				
OC-MEDS Usage:	Required				
Reporting Condition:	eArrest.01 includes a	"Yes" value.			
Definition:					
Indication of the etiolog	gy or cause of the cardia	ac arrest (classified as cardiac	, non-cardiac, etc.)		
Patient Identifiable:	Patient Identifiable: Agency Identifiable:				
No		No			
NEMSIS Element:	Cardiac Arrest Etiolog	У			
Data Type:	Single-select	Pertinent Negatives	No		
Data Type.	Single select	(PN):			
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





Effective Date: 04/01/2024

eArrest.03	- Resuscit	ation At	tempted	I BY FIVIS

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

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

OCEMS Policy #300.31





eArrest.04 - Arrest Witnessed By				
OC-MEDS Usage:	Required			
Reporting Condition:	eArrest.01 includes a '	'Yes" value.		
- C				
Definition:				
indication of who the ca	ardiac arrest was witnes	ssea by		
Patient Identifiable:		Agency Identifiable:		
No		No		
140		110		
NEMSIS Element:	Arrest Witnessed By			
	,			
Data Type:	Multi-select	Pertinent Negatives (PN):	No	
Is Nillable:	Yes	NOT Values:	Yes	
Attributes:				
No Comments				
Carla Liate				
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				

OCEMS Policy #300.31 Effective Date: **04/01/2024** 



3007001 No

it3007.001 Unknown

3007003 Yes, Applied without Defibrillation

3007005 Yes, With Defibrillation

### OC-MEDS - DATA DICTIONARY



eArrest.07 - AED Use Prior to EMS Arrival				
	,			
OC-MEDS Usage:	Required			
Reporting Condition:	eArrest.01 includes a	"Yes" value.		
D C :::				
Definition:	Duinnts FNAC Austra	<u> </u>		
Documentation of AED	use Prior to EIVIS Arriva	<u> </u>		
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	No Comments			
Code List:				
0000 2.00				
Not Values:				
7701001 Not Applicable				
7701003 Not Recorded				
Select Resources:				

OCEMS Policy #300.31 Effective Date: **04/01/2024** 



3009017 Ventilation-Mouth to Mouth 3009019 Ventilation-Pocket Mask



eArrest.09 - Type of CPR Provided			
	T		
OC-MEDS Usage:	Required		
Reporting Condition:	eArrest.01 includes a	n "Voc" valuo	
Reporting Condition.	eArrest.01 includes a	tes value.	
Definition:			
Documentation of the	type/technique of CPR	used by EMS.	
Patient Identifiable:		Agency Identifiable:	
No		No	
NIENACIO EL	T (CDD D 14.	.1	
NEMSIS Element:	Type of CPR Provided	0	
Data Type:	Multi-select	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
No Comments			
Code List:			
Code List.			
Not Values:			
7701001 Not Applicabl			
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			





eArrest.11 - First Monitored Arrest Rhythm of the Patient					
OC-MEDS Usage:	Required				
Reporting Condition:	eArrest.01 includes a	"Yes" value.			
Definition:					
Documentation of wha	t the first monitored arr	est rhythm which was noted			
Patient Identifiable:		Agency Identifiable:			
No	No				
NEMSIS Element:	NEMSIS Element: First Monitored Arrest Rhythm of the Patient				
	ı		ı		
Data Type:	Single-select	Pertinent Negatives	No		
<i>'</i> '		(PN):			
L. APH. L.L.		NOTAGE			
Is Nillable:	Yes	NOT Values:	Yes		
A + + wilb + o o .					
Attributes:					
No Comments					
Cada Liata					
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

OCEMS Policy #300.31





eArrest.12 - Any Return of Spontaneous Circulation			
	T		
OC-MEDS Usage:	Required		
Bernaltin Condition		No. all and a	
Reporting Condition:	eArrest.01 includes a "	Yes" value.	
Definition:			
	ot there was any return	of spontaneous circulation.	
maleación whether of h	ot there was any retain	or sportuneous en ediation.	
Patient Identifiable:		Agency Identifiable:	
No		No	
	<u>.</u>		
NEMSIS Element:	Any Return of Spontar	eous Circulation	
	ı		1
Data Type:	Multi-select	Pertinent Negatives (PN):	No
		(FIN).	
Is Nillable:	Yes	NOT Values:	Yes
			l
Attributes:			
No Comments			
Code List:			
Not Values:			
7701001 Not Applicable			
7701001 Not Applicable			
Select Resources:			
3012001 No			
3012003 Yes, At Arrival at the ED			
3012005 Yes, Prior to Arrival at the ED			

OCEMS Policy #300.31 Effective Date: **04/01/2024** 



7701003 Not Recorded



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 ca	ordiac arrest (if not know	n, please estimate).	
Barrier and the confirmation		A Laboratoria de la companyone de la com	
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Data/Time of Cardias		
NEWISIS Element.	Date/Time of Cardiac	Arrest	
		Pertinent Negatives	No
Data Type:	Datetime	(PN):	140
		(111)	
Is Nillable:	Yes	NOT Values:	Yes
	1		1
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			
9]{2}(\.\d+)?(\+ -)[0-9]{2}:[0-9]{2}			
Code List:			
Alst Maluage			
Not Values:	_		
7701001 Not Applicable			

OCEMS Policy #300.31 Effective Date: **04/01/2024** 





eArrest.15 - Date/Time Resuscitation Discontinued			
OC-MEDS Usage:	Required		
Reporting Condition:	eArrest.01 includes a '	"Yes" value.	
Definition:			
The date/time resuscita	ntion was discontinued.		
Patient Identifiable:	Agency Identifiable:		
No		No	
	T		
NEMSIS Element:	Date/Time Resuscitati	on 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]			
9]{2}(\.\d+)?(\+ -)[0-9]{2}:[0-9]{2}			
Code List:			
Not Values:			
7701001 Not Applicable	2		

OCEMS Policy #300.31

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 effort	s were discontinued.		
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Reason CPR/Resuscita	ition Discontinued		
Data Type:	Single-select	Pertinent Negatives (PN):	No	
		1 . ,		
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)

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	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 rh	ythm upon delivery or t	ransfer to the destination				
Patient Identifiable:		Agency Identifiable:				
No		No				
NEMSIS Element:						
Data Type:	Multi-select	Pertinent Negatives	No			
Data Type.	(PN):					
Is Nillable:	Yes NOT Values: Yes					
Attributes:						

#### Code List:

No Comments

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)

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3018005 Ongoing Resuscitation in ED

3018009 ROSC in the ED 3018007 ROSC in the Field



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 e	vent.			
Patient Identifiable:		Agency Identifiable:			
No		No			
	· · · · · · · · · · · · · · · · · · ·				
NEMSIS Element:	End of EMS Cardiac A	rest Event			
	T	T			
Data Type:	Multi-select	Pertinent Negatives	No		
,,,		(PN):			
to Millold o	Vac	NOT Value	V		
Is Nillable:	Yes	NOT Values:	Yes		
Attributes:					
No Comments					
No comments					
Code List:					
0000 2.00					
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					



3020005 Lay Person Medical Provider 3020013 Responding EMS Personnel



eArrest.20 - Who First Initiated CPR					
	1				
OC-MEDS Usage:	Required				
Reporting Condition:	eArrest.01 includes a '	'Yes" value.			
- 6 W					
Definition:	C 50.4C .				
Who first initiated CPR	for this EMS event.				
Patient Identifiable:		Agency Identifiable:			
No		No			
NO		110			
NEMSIS Element:	Who First Initiated CP	 R			
Data Type:	Single colect	Pertinent Negatives	No		
Data Type:	Single-select	(PN):			
Is Nillable:	Yes	NOT Values:	Yes		
Attributes:					
Comment: New Elemer	nt for 3.5 Standard				
Code List:					
Code List.					
Not Values:					
7701001 Not Applicable					
Select Resources:					
3020007 First Responder					
3020011 First Responder (Non EMS Fire)					
3020009 Law Enforcem					
3020001 Lay Person					
3020003 Lay Person Family Member					





	eArrest.21 - Wh	no First Applied the AED	
OC-MEDS Usage:	Required		
Reporting Condition:	eArrest.01 includes a '	"Yes" value.	
Definition:			
Documentation of who	first applied the AED fo	r this EMS event	
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Who First Applied the	AED	
Data Type:	Single-select	Pertinent Negatives	No
Data Type:	Single select	(PN):	
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Comment: New Elemen	t 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

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

OCEMS Policy #300.31

Effective Date: 04/01/2024





eCrew.01 - Crew Member ID					
OC-MEDS Usage:	Required				
	T				
Reporting Condition:	Every submitted incide	ent.			
Definition:					
The state certification/I	icensure ID number assi	gned to the crew member.			
Patient Identifiable:		Agency Identifiable:			
No		Yes			
	L				
NEMSIS Element:	Crew Member ID				
Data Type:	String Pertinent Negatives No (PN):				
Is Nillable:	No NOT Values: No				
Attributes:					
Correlation: eCrew.Crev					
Constraints: character l	ength = 2 to 50				
Carla Liat.					
Code List:					
None					





eCrew.	02 -	Crew I	V	lem	ber i	Level

OC-MEDS Usage: Required

Reporting Condition: Every submitted incident.

Definition:

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

NEMSIS Element: Crew Member Level

Data Type:

Single-select

Pertinent Negatives (PN):

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)





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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:

No Agency Identifiable:

No

NEMSIS Element: Crew Member Response Role

Data Type:

Multi-select

Pertinent Negatives (PN):

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

OCEMS Policy #300.31





eDevice.01 - Medical Device Serial Number						
OC-MEDS Usage:	Required					
Reporting Condition:	Complete and submit	when pertinent				
Definition:						
The unique manufactur	er's serial number assoc	ciated with a medical device.				
Patient Identifiable:		Agency Identifiable:				
No		No				
	Т					
NEMSIS Element:	Medical Device Serial	Number				
	T					
Data Type:	String	Pertinent Negatives	No			
		(PN):				
Is Nillable:	No	NOT Values:	No			
15 Miliable.	INO	NOT values.	INO			
Attributes:						
	Constraints: Min Length: 2, Max Length: 50					
Constraints. With Length. 2, Wax Length. 30						
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 re	ecorded by the device's	internal clock				
Patient Identifiable:		Agency Identifiable:				
No		No				
1151 1010 5l	- · /=· · · ·					
NEMSIS Element:	Date/Time of Event (p	er Medical Device)				
	<u> </u>	D. C. and Marcelline	T			
Data Type:	Datetime	ime Pertinent Negatives No (PN):				
Is Nillable:	Yes	NOT Values:	Yes			
Attributes:						
Constraints: between $1/1/1950$ and $1/1/2050$ ; pattern = $[0-9]\{4\}-[0-9]\{2\}-[0-9]\{2\}T[0-9]\{2\}:[0-9]\{2\}:[0-9]\{2\},(\lambda,d+)?(\lambda+ -)[0-9]\{2\}:[0-9]\{2\}$						
Code List:						
Not Values:						
7701001 Not Applicable	<b>a</b>					
7701003 Not Recorded						



4103013 Heart Rate

4103023 Other

4103015 Invasive Pressure 1

4103017 Invasive Pressure 2

4103021 Non-Invasive BP 4103019 No Shock Advised

#### OC-MEDS - DATA DICTIONARY



eDevice.03 - Medical Device Event Type					
00115011	1				
OC-MEDS Usage:	Required				
Reporting Condition:	Complete and submi	it when r	pertinent		
reporting condition.	Complete and sabin	it writer p	oci tiliciti		
Definition:					
The type of event docu	umented by the medica	l device.			
Patient Identifiable:		Agend	y Identifiable:		
No		No			
NEN ACIO EL					
NEMSIS Element:	Medical Device Even	it Type			
		Port	inent Negatives	No	
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 Transmi			4103031 Patient Connected		
it4103.109 Cardioversi			4103033 Power On		
4103009 Defibrillation			4103035 Pulse Oximetry		
4103011 ECG-Monitor			4103037 Pulse Rate		

4103039 Respiratory Rate

4103041 Shock Advised

4103047 Temperature 1

4103049 Temperature 2

4103043 Sync Off 4103045 Sync On





eDevice.04 - Medical Device Waveform Graphic Type				
OC-MEDS Usage:	Required			
Reporting Condition:	Complete and submit	when petinent		
Definition:	<u> </u>		\_\	
The description of the v	waveform file stored in '	Waveform Graphic (eDevice.0	)5).	
Patient Identifiable:		Agency Identifiable:		
No		No		
140		110		
NEMSIS Element:	Medical Device Wave	form Graphic Type		
Data Type:	String	Pertinent Negatives (PN):	No	
	1		1	
Is Nillable:	No	NOT Values:	No	
Att the trans				
Attributes:	on ath - 1 to 255			
Constraints: character length = 1 to 255				
Code List:				
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		
	I			
NEMSIS Element:	Medical Device Wavef	orm Graphic		
	T		Ι	
Data Type:	Base64Binary	Pertinent Negatives	No	
	,	(PN):		
Is Nillable:	No	NOT Values:	No	
is Milable.	INO	NOT values.	NO	
Attributes:				
No Comments				
140 Comments				
Code List:				
None				



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



eDevice.06 - Medical Device Mode (Manual, AED, Pacing, CO2, O2, etc)				
OC-MEDS Usage:	Required			
Reporting Condition:	Complete and submit	when pertinent		
Definition:				
1		n during the defibrillation, p	acing, or rhythm	
analysis by the device (i	f appropriate for the ev	ent)		
Patient Identifiable:		Agency Identifiable:		
No		No		
	T			
NEMSIS Element:	Medical Device Mode	(Manual, AED, Pacing, CO2, (	O2, etc)	
Data Type:	Single-select	Pertinent Negatives	No	
2000 1760	08.0 00.000	(PN):		
	T		T	
Is Nillable:	No	NOT Values:	No	
Attributes:				
No Comments				
Code List:				
Select Resources:				
4106001 Advisory				





eDevice.07 - Medical Device ECG Lead			
OC-MEDS Usage:	Required		
Reporting Condition:	Complete and submit v	vhen pertinent	
- C			
Definition:	Problem and the plate	· · · · · · · · · · · · · · · · /:f o o o o o o o o o o	· (· · 1  4)
The lead which the med	lical device used to obtain	in the rhythm (if appropriate	e for the event)
Patient Identifiable:		Agency Identifiable:	
No		No	
INO		110	
NEMSIS Element:	Medical Device ECG Lea	 ad	
		<u> </u>	
Data Type:	Multi-select	Pertinent Negatives	No
Data Type:	Multi-Select	(PN):	
	_		
Is Nillable:	No	NOT Values:	No
Attributes:			
No Comments			
Conda Link			
Code List:		4407024 \/2	
Select Resources: 4107011 AVF		4107021 V3 4107023 V3r	
4107011 AVF 4107009 AVL		4107025 V4	
4107009 AVE 4107007 AVR		4107023 V4 4107027 V4r	
4107001 AVIX		4107027 V41 4107029 V5	
4107003 II		4107023 V5r	
4107005 III 4107031 VSI 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 th	e rhythm by the device	(if appropriate for the event)		
Patient Identifiable:		Agency Identifiable:		
No		No		
NENACIO EL	14 1: 15 : 5001			
NEMSIS Element:	Medical Device ECG In	terpretation		
		De discol Novelino	AL.	
Data Type:	String	Pertinent Negatives	No	
		(PN):		
Is Nillable:	No	NOT Values:	No	
13 TVIIIdbic.	110	TVOT Values.	110	
Attributes:				
Constraints: character l	ength = 1 to 2000			
Code List:				
None				





eDevice.09 - Type of Shock				
OC-MEDS Usage:	Required			
	T			
Reporting Condition:	Complete and submit	when pertinent		
- 6 W				
Definition:		50 .00 .00		
The type of shock used	by the device for the de	fibrillation (if appropriate for	the event)	
Patient Identifiable:		Agency Identifiable:		
No		No		
140		110		
NEMSIS Element:	Type of Shock			
	71			
Data Type:	Single-select	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
Attributes:				
No Comments				
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) u	sed for the shock or page	cing (if appropriate for the ev	rent)		
Patient Identifiable:		Agency Identifiable:			
No		No			
	T				
NEMSIS Element:	Shock or Pacing Energ	<u>S</u> Y			
	<del></del>		,		
Data Type:	Decimal	Pertinent Negatives (PN):	No		
Is Nillable:	No	NOT Values:	No		
Attributes:					
Constraints: minimum = 1; maximum = 9000; format = ####.#					
Code List:	Code List:				
None					





eDevice.11 - Total Number of Shocks Delivered				
OC-MEDS Usage:	Required			
Reporting Condition:	Complete and submit	when pertinent		
Definition:				
	e patient was defibrilla	ted, if the patient was defibr	illated during the	
patient encounter.				
Patient Identifiable:		Agangy Idantifiable		
No		Agency Identifiable: No		
INO		INO		
NEMSIS Element:	Total Number of Shoo	ks Delivered		
TVEIVIOIO ETCITICITE.	Total Namber of Shoc	no Delivered		
		Pertinent Negatives	No	
Data Type:	Number	(PN):		
Is Nillable:	No	NOT Values:	No	
Attributes:				
Constraints: minimum = 1; maximum = 100				
Code List:				
None				
I				





eDevice.12 - Pacing Rate				
OC-MEDS Usage:	Required			
Reporting Condition:	Complete and submit	when pertinent		
Definition:				
The rate the device was	calibrated to pace duri	ing the event, if appropriate.		
Patient Identifiable:		Agency Identifiable:		
No		No		
	T			
NEMSIS Element:	Pacing Rate			
	1	T	T.,	
Data Type:	Number	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
Attributes:				
Constraints: minimum = 1; maximum = 1000				
Code List:				
None				



itDevice.006.112 Multifocal PVC's

itDevice.006.107 No Ectopy Noted

itDevice.006.131 No Elevation Noted



itDevice.006 - EKG Ectopy				
OC-MEDS Usage:	Recommended			
0011120000801				
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:	Attributes:			
No Comments				
Code List:		T		
Select Resources:		itDevice.006.109 P > 6	005.440.5	
itDevice.006.100 12 Lead		itDevice.006.108 P < 6 itDevice		
itDevice.006.101 12 Lead itDevice.006.102 12 Lead		itDevice.006.121 Pacemaker: A itDevice.006.120 Pacemaker: \	•	
itDevice.006.102 12 Lead		itDevice.006.134 PAC - Premature Atrial Contractions		
itDevice.006.111 12 Lead		itDevice.006.135 PJC - Premature Junctional Contractions		
itDevice.006.117 Anterio	•	itDevice.006.118 Posterior Hei		
itDevice.006.103 Artifact		itDevice.006.136 PVC - Premat		
itDevice.006.104 AV Bloc	itDevice.006.104 AV Block-1st Degree			
itDevice.006.116 Bifascicular Block		itDevice.006.110 Q wave itDevice.006.106 Right Bundle Branch Block		
itDevice.006.132 Bigemir	itDevice.006.132 Bigeminy		itDevice.006.126 STEMI Anterior Ischemia / Injury (12 Lead)	
itDevice.006.113 Bi/Trige	•	itDevice.006.127 STEMI Inferior Ischemia / Injury (12 Lead)		
itDevice.006.122 Delta W		itDevice.006.128 STEMI Latera		
itDevice.006.115 Fascicu		itDevice.006.129 STEMI Poster		
itDevice.006.125 Isolated		itDevice.006.130 STEMI Septal		
itDevice.006.123 J Wave		itDevice.006.137 S-T Segment	·	
itDevice.006.105 Left Bundle Branch Block itDevice.006.138 S-T Segment Elevation		Elevation		

itDevice.006.133 Trigeminy

itDevice.006.124 T Wave Inversion



itDevice.008.101 Yes



itDevice.008 - Medical Device Administered Prior to EMS Care				
OC-MEDS Usage:	Recommended			
Reporting Condition:	None			
Definition:				
	cal device administratio	n which is documented was a	administered prior	
to this EMS units care				
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Custom Element			
		T,	Τ	
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				



Comment: New Usage and Values for 3.5 Standard

2301043 Heat/Cold Exposure



	eDispatch.01 - Comp	plaint Reported by Dispatch	
OC-MEDS Usage:	Mandatory		
Reporting Condition:	Every submitted incide	ent.	
Definition:			
The complaint dispatch	reported to the respond	ding unit.	
Patient Identifiable:	Patient Identifiable: Agency Identifiable:		
No	No		
NEMSIS Element:	Complaint Reported by	y Dispatch	
Data Type:	Single-select	Pertinent Negatives	No
Data Type.	Siligle-Select	(PN):	
Is Nillable:	No	NOT Values:	No
	·		
Attributes:			

Code List:	
Select Resources:	2301045 Hemorrhage/Laceration
2301001 Abdominal Pain/Problems	2301047 Industrial Accident/Inaccessible Incident/Other
2301083 Airmedical Transport	Entrapments (Non-Vehicle)
2301003 Allergic Reaction/Stings	2301049 Medical Alarm
2301005 Animal Bite	2301051 No Other Appropriate Choice
2301007 Assault	2301053 Overdose/Poisoning/Ingestion
2301009 Automated Crash Notification	2301055 Pandemic/Epidemic/Outbreak
2301011 Back Pain (Non-Traumatic)	2301057 Pregnancy/Childbirth/Miscarriage
2301013 Breathing Problem	2301059 Psychiatric Problem/Abnormal Behavior/Suicide
2301015 Burns/Explosion	Attempt
2301017 Carbon Monoxide/Hazmat/Inhalation/CBRN	2301061 Sick Person
2301019 Cardiac Arrest/Death	2301063 Stab/Gunshot Wound/Penetrating Trauma
2301021 Chest Pain (Non-Traumatic)	2301065 Standby
2301023 Choking	2301067 Stroke/CVA
2301025 Convulsions/Seizure	2301069 Traffic/Transportation Incident
2301027 Diabetic Problem	2301071 Transfer/Interfacility/Palliative Care
2301081 Drowning/Diving/SCUBA Accident	2301073 Traumatic Injury
2301029 Electrocution/Lightning	2301077 Unconscious/Fainting/Near-Fainting
2301031 Eye Problem/Injury	2301079 Unknown Problem/Person Down
2301033 Falls	2301075 Well Person Check
2301035 Fire	2301085 Altered Mental Status
2301037 Headache	2301087 Intercept
2301039 Healthcare Professional/Admission	2301089 Nausea
2301041 Heart Problems/AICD	2301091 Vomiting





eDispatch.02 - EMD Performed			
OC-MEDS Usage:	Required		
Reporting Condition:	Complete and submit	if available	
Definition:			
Indication of whether E	mergency Medical Disp	atch was performed for this	EMS event.
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	EMD Performed		
	T		
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:			

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

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eDispatch.03 - EMD Card Number			
OC-MEDS Usage:	Optional		
Reporting Condition:	Complete and submit	if available	
Definition:			
	reported by dispatch, co	onsisting of the card number,	dispatch level, and
dispatch mode			
Patient Identifiable:		A car ay Idontifiable	
		Agency Identifiable:	
No		No	
NEMSIS Element:	EMD Card Number		
NEIVISIS Element.	EIVID Card Number		
_		Pertinent Negatives	No
Data Type:	String	(PN):	
		,	
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character l	ength = 1 to 10		
Code List:			
None			





eDisposition.01 - Destination/Transferred To, Name			
OC-MEDS Usage:	Required		
	_		
Reporting Condition:	itDisposition.112 inclu	ides a "Transport" value.	
Definition:			
The destination the pat	ient was delivered or tr	ansferred to.	
Patient Identifiable: Agency Identifiable:			
No		Yes	
NEMSIS Element:	Destination/Transferr	ed 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			
	ebisposition.uz - bes	tiliation, fransierieu 10, cou	ie
OC-MEDS Usage:	Required		
Reporting Condition:	itDisposition.112 inclu	ides a "Transport" value.	
<u> </u>		·	
Definition:			
The code of the destina	tion the patient was de	livered or transferred to.	
Patient Identifiable:	able: Agency Identifiable:		
No		Yes	
NEMSIS Element:	Destination/Transferre	ed To, Code	
Data Tuno:	Ctring	Pertinent Negatives	No
Data Type:	String	(PN):	
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Correlation: eDispositio	n.DestinationGroup		

### Code List:

**NOT Values:** 

7701001 Not Applicable 7701003 Not Recorded

Constraints: character length = 2 to 50

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 inclu	des a "Transport" value.	
Definition:			
The street address of th	ne destination the patier	nt was delivered or transferre	ed to.
Patient Identifiable:		Agency Identifiable:	
No		Yes	
NEMSIS Element:	Destination Street Add	Iress	
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Correlation: eDispositio	-		
Constraints: character le	ength = 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 inclu	udes a "Transport" value.		
Definition:				
None				
Patient Identifiable:		Agency Identifiable:		
No		Yes		
110		100		
NEMSIS Element:	Destination Street Ad	dress 2		
Data Type:	String	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: eDispositio				
Constraints: character l	engtn = 1 to 255			
Code List:				
COUC LIST.				
None	None			





eDisposition.04 - Destination City			
OC-MEDS Usage:	Required		
Reporting Condition:	itDisposition.112 inclu	des a "Transport" value.	
Definition:			
The city of the destinati	ion the patient was deliv	vered or transferred to (phys	ical 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: eDispositio	· ·		
Constraints: GNIS Codes	S		
Code List:			
See Attachment 2 – Facilities List			



See Attachment 2 – Facilities List



eDisposition.05 - Destination State			
OC-MEDS Usage:	Required		
Reporting Condition:	itDisposition.112 inclu	udes a "Transport" value.	
Definition:			
The state of the destina	tion the patient was de	livered or transferred to.	
Patient Identifiable:		Agency Identifiable:	
No		No	
NES ACIC Flores and	D. Marking Chats		
NEMSIS Element:	Destination State		
	Γ	Partinent Negatives	No
Data Type:	String	Pertinent Negatives (PN):	No
		(114).	
Is Nillable:	Yes	NOT Values:	Yes
	1		1
Attributes:			
Correlation: eDispositio	n.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 inclu	ides a "Transport" value.	
Definition:			
The destination county	in which the patient wa	s delivered or transferred to	
Patient Identifiable:		Agency Identifiable:	
No		No	
	т		
NEMSIS Element:	Destination County		
	Т	T	Т
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Correlation: eDispositio	· ·		
Constraints: [0-9]{5}, ANSI Codes			
Code List:			
Not Values: 7701001 Not Applicable			





eDisposition.07 - Destination ZIP Code			
OC-MEDS Usage:	Required		
Reporting Condition:	itDisposition.112 inclu	des a "Transport" value.	
Definition:			
The destination ZIP cod	e in which the patient w	as delivered or transferred t	0.
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			
<b>-</b>			
OC-MEDS Usage:	Optional		
	I		
Reporting Condition:	itDisposition.112 inclu	ides a "Transport" value.	
Definition:			
The country of the dest	ination		
The country of the dest	mation.		
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:	- Dealisation Consu		
Constraints: character l	•		
Constraints: character le	eligili – 2, Alvoi 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 EM	S crew and unit.		
	Г			
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Number of Patients Tr	ansported 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				





itDi	sposit	tion.112	2 - Incic	lent/Pati	ient Dis	sposition
------	--------	----------	-----------	-----------	----------	-----------

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	No
Data Type.	Single-select	(PN):	

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)

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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

4216003 Air Medical-Rotor Craft, (Air Medical – Helicopter)

4216011 Ground-Other Not Listed, (Other (Not Listed)



## OC-MEDS - DATA DICTIONARY



eDisposition.16 - EMS Transport Method				
OC-MEDS Usage:	Required			
Reporting Condition:	itDisposition.112 inclu	ides a "Transport" value.		
Definition:				
Transport method by th	nis EMS Unit.			
Dell'ant Identificable.		A		
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	EMS Transport Metho			
INEIVISIS EIGITICIT.	EIVIS Hallsport Metho	iu		
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:				

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4216005 Ground-Ambulance

Effective Date: 04/01/2024





eDisposition.17 - Transport Mode from Scene				
OC-MEDS Usage:	Required			
Reporting Condition:	itDisposition.112 inclu	des a "Transport" value.		
Definition:				
Indication whether the	transport was emergen	t or non-emergent.		
Patient Identifiable:		Agency Identifiable:		
No No				
NEMSIS Element:	Transport Mode from Scene			
Data Type:	ata Type:   Single-select		No	
		(PN):		
Is Nillahlar	Vac	NOT Values	Vac	
Is Nillable:	Yes	NOT Values:	Yes	
All the Lea				
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

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Effective Date: 04/01/2024





e	eDisposition.18 - Additional Transport Mode Descriptors			
OC-MEDS Usage:	Required			
Reporting Condition:	itDisposition.112 inclu	des a "Transport" value.		
Definition:				
The documentation of t	ransport mode techniqu	ues for this EMS response.		
Patient Identifiable:		Agency Identifiable:		
No No				
NEMSIS Element:	Additional Transport Mode Descriptors			
Data Turas	Multi calcat	Pertinent Negatives	No	
Data Type: Multi-select		(PN):		
Is Nillable:	Yes	NOT Values:	Yes	
Attributes:				

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

Comment: New Usage and Values for 3.5 Standard

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)





Effective Date: 04/01/2024

eDispos	ition.19 -	Final Pat	ient Acuity
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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:

No Agency Identifiable:

No

NEMSIS Element: Final Patient Acuity

Data Type:

Single-select

Pertinent Negatives (PN):

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

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	eDisposition.20 - Rea	son for Choosing Destination	1
OC-MEDS Usage:	Required		
Reporting Condition:	itDisposition.112 inclu	des a "Transport" value.	
Definition:			
The reason the unit cho	se to deliver or transfer	the patient to the destinatio	n
Patient Identifiable:	5 /		
No No			
NEMSIS Element: Reason for Choosing Destination			
Data Type:	Multi-select	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
	<u> </u>		
Attributes:			

## Code List:

Not Values:

No Comments

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 inclu	des a "Transport" value.		
Definition:				
The type of destination	the patient was delivered	ed or transferred to		
Patient Identifiable:		Agency Identifiable:		
No		No		
	T			
NEMSIS Element:	Type of Destination			
Data Type:	Single-select	Pertinent Negatives	No	
/	8	(PN):		
Is Nillable:	Yes	NOT Values:	Yes	
Attributes:				

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

Not Values:

No Comments

7701001 Not Applicable 7701003 Not Recorded

Select Resources:

4221001 Home

4221003 Hospital-Emergency Department

4221005 Hospital-Non-Emergency Department

Bed, (Hospital-Direct Admit)

4221007 Clinic, (Medical Office/Clinic)

4221009 Morgue/Mortuary, (Coroner / Morgue)

4221029 Assisted Living Facility

4221041 Skilled Nursing Facility

4221015 Other EMS Responder (air)

4221017 Other EMS Responder (ground)

4221013 Other

4221019 Police/Jail

4221021 Urgent Care

it4221.103 Behavioral In-Patient

it4221.102 Behavioral Out-Patient

4221025 Dialysis Center

it4221.100 Hospice

4221043 Alternative Care Site

4221039 Drug and/or Alcohol Rehabilitation

Effective Date: 04/01/2024

Facility, (Drug/Alcohol Rehab)





eDisposition.22 - Hospital In-Patient Destination				
OC-MEDS Usage:	Required			
OC-MEDS Osage.	Required			
Reporting Condition:	itDisposition.112 includes a "Transport" value.			
Definition:				
The location within the	hospital that the patien	t was taken directly by EMS (	(e.g., CCU, ICU, etc.)	
Patient Identifiable: Agency Identifiable:				
No	No No			
NEMSIS Element:	Hospital In-Patient De	stination		
Data Tunos	Cingle coloct	Pertinent Negatives	No	
Data Type:	Single-select	(PN):		
Is Nillable:	Yes	NOT Values:	Yes	
Attributes:				

Code List: note (OC-MEDS Label)	
Not Values:	4222031 Hospital-OR, (OR)
7701001 Not Applicable	4222033 Hospital-Orthopedic, (Orthopedic)
7701003 Not Recorded	4222035 Hospital-Other, (Other)
	4222037 Hospital-Out-Patient Bed, (Out-
Select Resources:	Patient Bed)
4222001 Hospital-Burn, (Burn)	4222027 Hospital-Peds (General), (Peds
4222003 Hospital-Cath Lab, (Cath Lab)	(General))
4222005 Hospital-CCU, (CCU)	4222029 Hospital-Peds ICU, (Peds ICU)
4222007 Hospital-Endoscopy, (Endoscopy)	4222045 Hospital-Radiation, (Radiation)
4222009 Hospital-Hospice, (Hospice)	4222041 Hospital-Radiology Services -
4222011 Hospital-Hyperbaric Oxygen Treatment,	CT/PET, (Radiology Services - CT/PET)
(Hyperbaric Oxygen Treatment)	4222039 Hospital-Radiology Services – MRI,
4222013 Hospital-ICU, (ICU)	(Radiology Services – MRI)
4222015 Hospital-Labor and Delivery, (Labor &	4222043 Hospital-Radiology Services - X-Ray,
Delivery)	(Radiology Services - X-Ray)
4222017 Hospital-Med/Surg, (Med/Surg)	4222047 Hospital-Rehab, (Rehab)
4222019 Hospital-Mental Health, (Mental Health)	4222049 Hospital-SICU, (SICU)
4222021 Hospital-MICU, (MICU)	4222051 Hospital-Oncology, (Oncology)
4222023 Hospital-NICU, (NICU)	24222053 Hospital-Outpatient Surgery,
4222025 Hospital-Nursery, (Nursery)	(Outpatient Surgery)

OCEMS Policy #300.31

No Comments

Effective Date: 04/01/2024





## 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):

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):

Is Nillable: Yes NOT Values: Yes

## Attributes:

Correlation: eDisposition. Hospital Team Activation Group

#### 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: eD is position. Hospital Team Activation Group

 $Constraints: [0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}: [0-9]{2}: [0-9]{2}( \. \d+)?( \+ \ \ \ \ \ \ ) = (0-9){2}: [0-9]{2} = (0-9){2} =$ 

Min Date: 01/01/1950, Max Date: 01/01/2050

## Code List:

Not Values:

7701001 Not Applicable 7701003 Not Recorded





OC-MEDS 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

eDisposition.27 - Unit Disposition

NEMSIS Element: Unit Disposition

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

Is Nillable:	Yes	NOT Values:	Yes
10 1111010101		110111000	

## 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





el	Di	isposi	Ü	ion.2	28	-	Pat	ient	E	va	luat	ion/	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):

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):

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





a Diamonit	: a b 20 '	Tuenene	+ Dia	
<b>eDisposit</b>	10n.3U -	Transpor	t DIS	position

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.

NEMSIS Element: Transport Disposition

Data Type:

Single-select

Pertinent Negatives (PN):

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





Effective Date: 04/01/2024

## 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):

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





Effective Date: 04/01/2024

## 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	No
	ambre server	(PN):	

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		
D		A	
Patient Identifiable:		Agency Identifiable:	
No		Yes	
NEMSIS Element:	Custom Element		
NEIVISIS Element:	Custom Element		
		Pertinent Negatives	No
Data Type:	String	(PN):	INO
		(1.11)	
Is Nillable:	No	NOT Values:	No
Attributes:			
No Comments			
Code List:			
None			





itDisposition.002 - Destination Directed To Reason				
OC-MEDS Usage:	Base Hospital Use Onl	У		
Reporting Condition:	Complete and submit	if available		
Definition:				
The reason the Base Ho	spital directed the EMS	Unit to the Destination.		
Patient Identifiable:		Agency Identifiable:		
No		No		
	1			
NEMSIS Element:	Custom Element			
	T		1	
Data Type:	Single-select	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
Attributes:				
No Comments				
Code List:				
Select Resources:				
1 1 2 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2		(0.4.4.1==)		

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

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Effective Date: 04/01/2024





itDisposition.007 - Base Hospital Contact Date			
OC-MEDS Usage:	Required		
Reporting Condition:	itDisposition.112 inclu	udes a Base Hospital value.	
Definition:			
Base Hospital Contact D	Pate		
Barra and the artificial a		La contrata	
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Custom Element		
NEMSIS Element.	Custom Element		
		Pertinent Negatives	No
Data Type:	Datetime	(PN):	I 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 Onl	Base Hospital Use Only			
Reporting Condition:	Complete and report	when pertinent			
Definition:					
Base Hospital Clear Con	nmunications Date/Tim	e			
Patient Identifiable:		Agency Identifiable:			
No		No			
NEN 4010 EL	la . =ı .				
NEMSIS Element:	Custom Element				
		Douting at Nagatives	No		
Data Type:	Datetime	Pertinent Negatives (PN):	No		
		(FIN).			
Is Nillable:	No	NOT Values:	No		
15 Timable.	110	NOT Values.	110		
Attributes:					
No Comments					
Code List:					
None					





itDisposition.017 - Transfer Rig Number (Transporting Unit Number)				
OC-MEDS Usage:	Required			
	T			
Reporting Condition:	itDisposition.112 inclu	udes a "Transport" value.		
- c				
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	
			1	
Attributes:				
Constraints: max length	Constraints: max length = 50			
Code List:				
None				





itDisposition.031 - First EMS Unit Arriving				
OC-MEDS Usage:	Recommended			
Reporting Condition:	Complete and submit i	f available		
Definition:				
First EMS Unit Arriving				
- · · · · · · · · · · · · · · · · · · ·				
Patient Identifiable:		Agency Identifiable:		
No		No		
NIENACIC EL	C			
NEWISIS Element:	Custom Element			
	1	Doubling at Nogatives	No	
Data Type:	String	(PN):	NO	
Is Nillable:	No	NOT Values:	No	
Attributes:				
Constraints: max length	ı = 100			
Code List:				
None				
none				
Is Nillable: Attributes:	Custom Element String No		No	





	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	
	T		
NEMSIS Element:	Custom Element		
	T		1
Data Type:	String	Pertinent Negatives	No
,,		(PN):	
L. APH. L.L.	l NI.	NOTAGE	AL.
Is Nillable:	No	NOT Values:	No
Attributes:			
	OS DCRS usars this field	is auto-populated upon tran	sfor in the field
Constraints: max length		ns auto-populated upon tran	ster in the neid.
Constraints. max icrigit	1 – 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:		A sousy I doubtifie bloc		
No		Agency Identifiable:  No		
INO		INO		
NEMSIS Element:	Custom Element			
TTEITIOIS Element	odstom Element			
S . T	G	Pertinent Negatives	No	
Data Type:	String	(PN):		
Is Nillable:	No	NOT Values:	No	
Attributes:				
		d is auto-populated upon tran	sfer in the field.	
Constraints: max length	n = 100			
Code List:				
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		
D 6: 11:				
Definition:	Defermine MD			
Transferring Physician /	Referring MD			
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Custom Element			
Data Type:	String	Pertinent Negatives (PN):	No	
			<u>.                                    </u>	
Is Nillable:	No	NOT Values:	No	
Attributes:				
Constraints: max length = 50				
Code List:				
None				
_				





itDisposition.036 – Receiving Physician / Accepting MD			
OC-MEDS Usage:	Required		
	ı		
Reporting Condition:	Complete and submit	if pertinent	
- 6 W			
Definition:	· · · · · · · · · · · · · · · · · · ·		
Receiving Physician / Ac	ccepting MD		
Patient Identifiable:		Agency Identifiable:	
No		No	
140		110	
NEMSIS Element:	Custom Element		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
			7
Attributes:			
Constraints: max length	ı = 50		
Code List:			
Code List.			
None			





itDisposition.038 - Transporting Agency			
<b>-</b>			
OC-MEDS Usage:	Required		
	I		
Reporting Condition:	itDisposition.112 inclu	ides a "Transport" value.	
Definition:			
Transporting Agency			
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			





Effective Date: 04/01/2024

itDisposition.047 - Base Hospital Contacted				
OC-MEDS Usage:	Required			
Reporting Condition:	itDisposition.112 inclu	itDisposition.112 includes a Base Hospital value.		
Definition:				
Base Hospital Contacte	d			
Patient Identifiable:		Agency Identifiable:		
No	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.

OCEMS Policy #300.31





eExam.01 - Estimated Body Weight in Kilograms				
OC-MEDS Usage:	Required			
Reporting Condition:	itDisposition.112 does	s not include a Canceled or N	o Patient Contact value.	
Definition:				
The patient's body weig	ght in kilograms either n	neasured or estimated		
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Estimated Body Weigl	ht in Kilograms		
	1	T		
Data Type:	Decimal	Pertinent Negatives	Yes	
Data : , pc.	Decima	(PN):		
	<del>,</del>	<u> </u>	<del>,</del>	
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				



3502011 Purple, (Purple (10-11 kg))

3502017 Yellow, (Yellow (12-14 kg))

3502015 White, (White (15-18 kg))

3502007 Orange, (Orange (23-29 kg))

it3502.002 Black - Too Tall (37-49 kg)

3502003 Green, (Green (30-36 kg))

3502001 Blue, (Blue (19-22 kg))

it3502.003 Preemie / 2kg GREY

it3502.004 Newborn / 4kg GREY

it3502.005 4 Month / 6kg PINK

it3502.006 6 Month / 8kg RED



eExam.02 - Length Based Tape Measure				
OC-MEDS Usage:	Required			
Reporting Condition:	Complete and submit	when p	ertinent.	
Definition:				
The length-based color	as taken from the tape.	•		
Patient Identifiable:		Agenc	y Identifiable:	
No		No		
	ı			
NEMSIS Element:	Length Based Tape M	easure		
	T			
Data Type:	Single-select		nent Negatives	Yes
71	(PN			
	I.,			Γ.,
Is Nillable:	Yes NOT Values:		Values:	Yes
A				
Attributes:			· · · · · · · · · · · · · · · · · · ·	
Comment: custom values do not need to be used unless pertinent for agency specific needs				y specific needs
Code Para Code AGE	DC Labally			
Code List: note (OC-MEDS Label)			Double out No cotices	
Not Values:			Pertinent Negatives: 8801019 Refused	
7701001 Not Applicable			8801019 Refused 8801023 Unable to Complete	
7701003 Not Recorded			8801023 Onable to (	Complete
7701005 Not Reporting				
Select Resources: 3502005 Grey, (Grey (3 kg, 4 kg, and 5 kg))			it3502.007 1YR / 10k	γσ DI IRDI F
3502005 Grey, (Grey (5 kg, 4 kg, and 5 kg)) 3502009 Pink, (Pink (6-7 kg))			it3502.007 17K / 10kg POKPLE	
3502003 Filik, (Filik (0-7 kg)) 3502013 Red, (Red (8-9 kg))			it3502.009 3YR / 15kg WHITE	
3302013 NEW, (NEW (0-3 NB))		5 5 7 151	·o ······-	

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		
<u> </u>			
Reporting Condition:	itDisposition.112 does	s not include a Canceled or No	o Patient Contact value.
Definition:			
The date/time of the as	sessment		
Patient Identifiable:		A care a Idontifiable	
		Agency Identifiable:	
No		No	
NEMSIS Element:	Date/Time of Assessm		
INCINISIS Element.	Date/ Time of Assessing	ient	
Data Type:	Datetime	Pertinent Negatives	No
Data Type.	Datetine	(PN):	
			1
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Correlation: eExam.AssessmentGroup			
Constraints: between $1/1/1950$ and $1/1/2050$ ; pattern = $[0-9]\{4\}-[0-9]\{2\}-[0-9]\{2\}T[0-9]\{2\}:[0-9]\{2\}:[0-9]\{2\}-[0-9][2]-[0-9]-$			
9]{2}(\.\d+)?(\+ -)[0-9]{2}:[0-9]{2}			
Code List:			
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.

NEMSIS Element: Skin Assessment

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

Is Nillable: Yes NOT Values: No

Attributes:

 ${\tt Correlation: eExam. Assessment Group}$ 

Comment: New Custom Value

## Code List:

**Pertinent Negatives:** 

8801005 Exam Finding Not Present

Select Resources: 3504037 Capillary Nail Bed Refill 2-4 seconds,

3504021 Normal (Capillary Refill 2-4 seconds)

it3504.121 Color - Normal 3504039, Capillary Nail Bed Refill more than 4 seconds, (Capillary Refill more than 4

it3504.152 Temperature - Normal seconds)

3504033 Warm 3504017 Lividity

3504001 Clammy, (Clammy / Moist) 3504015 Jaundiced it3504.146 Cool 3504019 Mottled

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.		
- 6				
Definition:				
The assessment finding	gs associated with the pa	atient's head.		
Dationt Identifiable		Agency Identifiable:		
	Patient Identifiable:			
No		No		
NEMSIS Element:	Head Assessment			
IVEIVISIS EICHICHE.	ricaa Assessinent			
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				
Colort Decourage				

8801005 Exam Finding Not Present			
6801005 Examinimating Not Fresent			
Select Resources:			
3505001 Abrasion	3505021 Drainage		
3505003 Avulsion	3505023 Foreign Body		
3505005 Bleeding Controlled	3505045 Gunshot Wound		
3505007 Bleeding Uncontrolled	3505029 Laceration		
3505009 Burn-Blistering	3505031 Mass/Lesion		
3505011 Burn-Charring	3505033 Normal		
3505013 Burn-Redness	3505035 Not Indicated/Not Done		
3505015 Burn-White/Waxy	3505037 Pain		
3505051 Contusion	3505039 Puncture/Stab Wound		
3505047 Crush Injury	it3505.001 Rash		
3505017 Decapitation	3505049 Swelling		
3505019 Deformity	3505053 Tenderness		





	eExam.06 - Face Assessment				
OC-MEDS Usage:	Required				
Reporting Condition:	Complete and submit	when pe	ertinent.		
_					
Definition:					
The assessment finding	s associated with the pa	tient's f	ace.		
D .:					
Patient Identifiable:			Identifiable:		
No		No			
NENACIC Flore onto	Face Assessment				
NEMSIS Element:	Face Assessment				
Data Type:	Multi-select	Pertinent Negatives		Yes	
		(PN):			
Is Nillable:	Yes	NOT	/alues:	No	
	1			1.1.5	
Attributes:					
Correlation: eExam.Ass	essmentGroup				
Code List:	Code List:				
Pertinent Negatives:					
8801005 Exam Finding	Not Present				

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

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	eExam.07	- Neck A	ssessment	
OC MEDS Heager	Doguirod			
OC-MEDS Usage:	Required			
Reporting Condition:	Complete and submit	when pe	ertinent.	
0				
Definition:				
The assessment finding	s associated with the pa	atient's r	neck.	
				1
Patient Identifiable:			Identifiable:	
No		No		
NEMSIS Element:	Neck Assessment			1
NEWSIS Element.	Neck Assessment			
		Pertir	nent Negatives	Yes
Data Type:	Multi-select	(PN):	ŭ	
Is Nillable:	Yes	NOT	Values:	No
Attributes:				
Correlation: eExam.Ass	essmentGroup			
Code List:				
Code List.				
Pertinent Negatives:				
8801005 Exam Finding	Not Present			
Select Resources:				
3507001 Abrasion			3507025 JVD	
3507003 Avulsion			3507027 Laceration	
3507005 Bleeding Cont	rolled		3507029 Normal	
3507007 Bleeding Unco	ontrolled		3507031 Not Indicated/Not Done	
3507009 Burn-Blisterin	g		3507033 Pain	
3507011 Burn-Charring		3507035 Puncture/Stab Wound		
3507013 Burn-Redness		it3507.001 Rash		
3507015 Burn-White/Waxy		it3507.002 Stiffness	5	
3507055 Contusion			3507037 Stridor	
3507051 Crush Injury			3507039 Subcutane	eous Air
3507017 Decapitation			3507053 Swelling	
3507057 Deformity			3507059 Tendernes	SS
3507019 Foreign Body			3507045 Tracheal Deviation-Left	
3507049 Gunshot Wou	nd		3507047 Tracheal D	eviation-Right

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eExam.09 - Heart Assessment			
OC-MEDS Usage:	Required		
Reporting Condition:	Complete and submit	when pertinent.	
Definition:			
The assessment finding	s associated with the pa	tient's heart.	
Patient Identifiable:		Agency Identifiable:	
No		No	
	_		
NEMSIS Element:	Heart Assessment		
Data Type:	Multi-select	Pertinent Negatives (PN):	Yes
		(1.11)	
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



3510009 Right Lower Quadrant 3510011 Right Upper Quadrant

3510013 Epigastric



eExam.10 - Abdominal Assessment Finding Location				
OC-MEDS Usage:	Required			
Reporting Condition:	Complete and submi	it when pertinent.		
Definition:				
The location of the pat	ient's abdomen assessı	ment findings.		
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Abdominal Assessme	ent Finding Location		
	1			
Data Type:	Single-select	Pertinent Negatives	No	
,,		(PN):		
La Nilla la la c	N.	NOTValuan	No	
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: eExam.Ab	domonCroup			
Correlation, ecxam.Ab	domendroup			
Code List:				
Select Resources:				
3510001 Generalized				
3510003 Left Lower Quadrant				
3510005 Left Upper Qu				
3510007 Periumbilical				

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	eExam.1	1 - Abdome	n Assessment	
OC MEDC Hagge	OCAMEDON D			
OC-MEDS Usage:	Required			
Reporting Condition	: Complete and sub	mit when p	ertinent.	
	'	<u>'</u>		
Definition:				
The assessment find	ings associated with th	ne patient's a	abdomen.	
Patient Identifiable:		Agency	/ Identifiable:	
No		No		
NENACIC El	A b d a m = A =			
NEMSIS Element:	Abdomen Assessr	nent		
		Perti	nent Negatives	Yes
Data Type:	Multi-select	(PN):		103
		(114).		
Is Nillable:	Yes	NOT	Values:	No
Attributes:				
Correlation: eExam.	AbdomenGroup			
Code List:				
Pertinent Negatives:	:			
8801005 Exam Findi				
Select Resources:			1	
3511001 Abrasion			3511023 Foreign Bo	ndv
3511001 / Nordsion			3511025 Guarding	
3511005 Reeding Co	ontrolled		3511053 Gunshot Wound	
3511007 Bleeding U			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 Indica	ited/Not Done	
3511017 Burn-Redn	ess		3511041 Pain	
3511019 Burn-White	e/Waxy		3511043 Pregnant-	•
3511059 Contusion			3511045 Puncture/	Stab Wound
3511055 Crush Injur	У		it3511.001 Rash	
3511061 Deformity			3511057 Swelling	
3511021 Distention			3511051 Tenderne	SS



3512019 Burn-Redness

3512065 Contusion

3512023 Deformity

3512061 Crush Injury

it3512.110 Discharge it3512.114 Foley Catheter

3512021 Burn-White/Waxy



eExam.12 - Pelvis/Genitourinary Assessment				
OC-MEDS Usage:	Required			
Reporting Condition:	Complete and submit	when pe	rtinent.	
- •				
Definition:		4: 4l	alada /aaadhaaadaa	
The assessment finding	s associated with the pa	tient's pe	eivis/genitourinary.	
Patient Identifiable:		Agency	Identifiable:	
No		No		
	1			
NEMSIS Element:	Pelvis/Genitourinary A	ssessme	nt	
Data Type:	Multi-select	Pertinent Negatives		Yes
,,		(PN):		
Is Nillable:	Yes	NOT V	alues:	No
	1		u.u.u.u.	1
Attributes:				
Correlation: eExam.Ass	essment Group			
Code List:				
Pertinent Negative:	Not Drocont			
8801005 Exam Finding Select Resources:	NOT Present		3512025 Foreign b	oody
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 Unco			3512033 Laceration	
3512011 Bleeding-Uret			3512035 Mass/Lesion	
3512013 Bleeding-Vagir 3512015 Burn-Blistering			3512037 Normal 3512039 Not Indicated/Not Done	
3512017 Burn-Charring			3512041 Pain	
	3312017 Barri Charring			

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3512043 Pelvic Fracture

3512063 Swelling

3512057 Tenderness

3512045 Pelvic Instability

3512049 Pregnant-Crowning

3512051 Puncture/Stab Wound

3512047 Penile Priapism/Erection





e	eExam.13 - Back and Spine Assessment Finding Location			
OC-MEDS Usage:	Required			
Reporting Condition:	Complete and submit	when pertinent.		
Definition:				
The location of the patie	ent's back and spine ass	sessment findings.		
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Back and Spine Assess	ment Finding Location		
Data Type:	Single-select	Pertinent Negatives	No	
Data Type.	Siligie-select	(PN):		
Is Nillable:	No	NOT Values:	No	
Attributes:				

### Code List:

Select Resources:

3513001 Back-General

Correlation: eExam.SpineGroup

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

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eExam.14 -	Back and	d Spine A	Assessment
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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	Yes
Data Type.	Multi-Select	(PN):	

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

#### Attributes:

Correlation: eExam.SpineGroup

### Code List:

Pertinent Negatives:

8801005 Exam Finding Not Present

C -		D	
se	lect	Resources:	

3514001 Abrasion 3514031 Pain

3514003 Avulsion 3514025 Laceration 3514005 Bleeding Controlled 3514027 Normal

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
Required

Reporting Condition: Complete and submit when pertinent.

Definition:

OC-MEDS Usage:

The location of the patient's extremity assessment findings.

Patient Identifiable:

No Agency Identifiable:

No

NEMSIS Element: Extremity Assessment Finding Location

Data Type:

Single-select

Pertinent Negatives (PN):

Is Nillable: No NOT Values: No

3515075 Toe-1st (Big)-Right

Attributes:

Correlation: eExam.ExtremityGroup

### Code List:

3515037 Forearm-Left Select Resources: 3515039 Forearm-Right 3515001 Ankle-Left 3515041 Hand-Dorsal-Left 3515003 Ankle-Right 3515043 Hand-Dorsal-Right 3515005 Arm-Upper-Left 3515045 Hand-Palm-Left 3515007 Arm-Upper-Right 3515047 Hand-Palm-Right 3515009 Elbow-Left 3515049 Hip-Left 3515011 Elbow-Right 3515051 Hip-Right 3515013 Finger-2nd (Index)-Left 3515053 Knee-Left 3515015 Finger-2nd (Index)-Right 3515055 Knee-Right 3515017 Finger-3rd (Middle)-Left 3515057 Leg-Lower-Left 3515019 Finger-3rd (Middle)-Right 3515059 Leg-Lower-Right 3515021 Finger-4th (Ring)-Left 3515061 Leg-Upper-Left 3515023 Finger-4th (Ring)-Right 3515063 Leg-Upper-Right 3515025 Finger-5th (Smallest)-Left 3515065 Shoulder-Left 3515027 Finger-5th (Smallest)-Right 3515067 Shoulder-Right 3515029 Foot-Dorsal-Left 3515069 Thumb-Left 3515031 Foot-Dorsal-Right 3515071 Thumb-Right 3515033 Foot-Plantar-Left 3515073 Toe-1st (Big)-Left 3515035 Foot-Plantar-Right

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

3515109 Foot-Whole Foot-Left

3515111 Foot-Whole Foot-Right

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eExam.16 - Extremities Assessment				
OC-MEDS Usage:	Required			
Reporting Condition:	Complete and submit	when per	tinent.	
	•			
Definition:				
The assessment finding	s associated with the n	ationt's ovi	ramitias	
The assessment infame.	3 d330clated with the p	aticiti 3 CXI	i cilitics.	
Dationt Idontifiable.		Acceptable	ا م مه: ۲: م اما م	
Patient Identifiable:		,	dentifiable:	
No		No		
	1			
NEMSIS Element:	Extremities Assessme	ent		
5		Pertine	nt Negatives	Yes
Data Type:	Multi-select	(PN):	· ·	
		, ,		
Is Nillable:	Yes	NOT Va	lues.	No
13 Willabic.	103	1401 40	ides.	140
A + + u · la · · · + a a ·				
Attributes:				
Correlation: eExam.Extr	remityGroup			
Code List:				
Pertinent Negatives:				
8801005 Exam Finding I	Not Present			
Select Resources:			3516033 Fracture-Clo	
3516001 Abrasion			3516035 Fracture-Op 3516077 Gunshot Wo	
3516003 Amputation-Acute 3516005 Amputation-Previou	ue		3516047 Gunshot Would 3516041 Laceration	
3516083 Arm Drift	us		3516043 Motor Function-Abnormal/Weakness	
3516007 Avulsion			3516045 Motor Function Abnormal, Weakings	
3516007 Avaision 3516009 Bleeding Controlled	I		3516047 Motor Function-Normal	
3516011 Bleeding Uncontrol			3516049 Normal	
3516013 Burn-Blistering			3516051 Not Indicated/Not Done	
3516015 Burn-Charring			3516053 Pain	
3516017 Burn-Redness		3516055 Paralysis		
3516019 Burn-White/Waxy		3516057 Pulse-Abnormal		
3516021 Clubbing (of fingers)		3516059 Pulse-Absent		
it3516.001 Cold Extremity	•		3516061 Pulse-Normal	
3516081 Contusion			3516063 Puncture/Sta	ab Wound
3516023 Crush Injury			it3516.002 Rigor Mortis	
3516025 Deformity			3516065 Sensation-A	
3516027 Dislocation			3516067 Sensation-A	osent
3516029 Edema			3516069 Sensation-N	ormal
3516031 Foreign Body		3516079 Swelling		

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3516075 Tenderness





eExam.17 - Eye Assessment Finding Location				
OC-MEDS Usage:	Required			
Reporting Condition:	Complete and submit	when pertinent.		
Definition:				
The location of the pati	ient's eye assessment fir	ndings.		
		·		
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Eye Assessment Findir	ng Location		
Data Type:	Single-select	Pertinent Negatives	No	
, ,		(PN):		
L. Al'Halala.	I AL.	NOTValuan	T. 1.	
Is Nillable:	No	NOT Values:	No	
A++:b-u+oci				
Attributes:	Cuarra			
Correlation: eExam.Eye	Group			
Code List:				
Code List:				
Select Resources:				
3517001 Bilateral				
3517003 Left				
3517005 Right				



3518029 Glaucoma Present



eExam.18 - Eye Assessment					
		•			
OC-MEDS Usage:	Required				
	•				
Reporting Condition:	Complete and subn	nit when pe	ertinent.		
Definition:					
The assessment findir	ngs of the patient's eye	examinati	on.		
Patient Identifiable:			Identifiable:		
No		No			
NEDACIC EL	F A				
NEMSIS Element:	Eye Assessment				
		Dortin	ant Nagativas	Yes	
Data Type:	Multi-select	(PN):	nent Negatives	163	
		(114).			
Is Nillable:	Yes	NOT	Values:	No	
io i illiadici		1101		1	
Attributes:					
Correlation: eExam.Ey	yeGroup				
Code List:					
Pertinent Negatives:					
8801005 Exam Findin	g Not Present				
Select Resources:			3518031 Hyphem	a	
3518001 1-mm			3518033 Jaundiced Sclera		
3518003 2-mm			3518035 Missing		
3518005 3-mm			3518037 Non-Reactive		
3518007 4-mm			3518041 Non-Reactive Prosthetic		
3518009 5-mm			3518039 Not Indicated/Not Done		
3518011 6-mm			3518043 Nystagm	3518043 Nystagmus Noted	
3518013 7-mm			3518045 Open Globe		
3518015 8-mm or >			3518047 PERRL		
3518017 Blind			3518059 Puncture	· ·	
3518019 Cataract Pre	sent		3518049 Pupil-Irre	= -	
3518021 Clouded				3518051 Reactive	
3518057 Contusion			3518053 Sluggish		
3518023 Deformity		D - d	_	3518055 Swelling	
3518025 Dysconjugat	3518025 Dysconjugate Gaze3518027 Foreign Body			3518061 Dilated	

3518063 Pin Point





eExam.19 ·	- N	lental	Status A	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

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

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 - Neu	rological Assessment		
OC MEDCILL	Dec. 11		1	
OC-MEDS Usage:	Required			
Reporting Condition:	Complete and submit v	hen pertinent.		
Definition:				
	gs of the patient's neurolo	gical examination.		
	,	<u> </u>		
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Neurological Assessme	nt		
Data Type:	Multi-select	Pertinent Negatives	Yes	
		(PN):		
Is Nillable:	Yes	NOT Values:	No	
Attributes:				
Correlation: eExam.Ass	sessmentGroup			
Code List:				
Pertinent Negatives:				
8801005 Exam Finding	Not Present			
Select Resources:		2520247.5		
3520001 Aphagia 3520003 Aphasia			3520047 Reported Stroke Symptoms Resolved Prior to EMS Arrival	
3520005 Aprilasia	nction-Ahnormal	3520025 Seizures		
3520003 Cerebellar Fu		3520027 Speech Normal		
3520009 Decerebrate		3520029 Speech Slurrin		
3520011 Decorticate P	_	3520031 Strength-Asymmetric		
3520013 Gait-Abnorma	_	3520033 Strength-Normal		
3520015 Gait-Normal		3520035 Strength-Symmetric		
3520017 Hemiplegia-Left		3520037 Tremors	,	
3520019 Hemiplegia-Right		3520039 Weakness-Fac	3520039 Weakness-Facial Droop-Left	
3520021 Normal Baseline for Patient		3520041 Weakness-Fac	cial Droop-Right	
3520023 Not Indicated/Not Done		3520043 Weakness-Let	ft Sided	
it3520.001 Postictal		3520045 Weakness-Rig	3520045 Weakness-Right Sided	
3520049 Reported Stro	oke Symptoms Resolved in		3520051 Arm Drift-Left	
EMS Presence		3520053 Arm Drift-Rigl	nt	





	eExam.21 - Stroke	/CVA Symptoms Resolved			
OC-MEDS Usage:	Required				
Reporting Condition:	Complete and submit	when pertinent.			
D 6: 11:					
Definition:	/C)/A Symptoms resolve	d and whon			
indication if the Stroke/	CVA Symptoms resolved	u anu when.			
Patient Identifiable:		Agency Identifiable:			
No		No			
NEMSIS Element:	Stroke/CVA Symptoms	s Resolved			
Data Type:	Single-select	Pertinent Negatives (PN):	Yes		
Is Nillable:	Yes	NOT Values:	Yes		
Atticles					
Attributes:					
None					
Code List:					
NOT Values:					
7701001 Not Applicable	ē				
7701003 Not Recorded					
7701005 Not Reporting					
Pertinent Negatives:					
8801023 Unable to Complete					
Select Resources:	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 pati	ent's lung assessment fi	indings		
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Lung Assessment Find	ling Location		
	т		T	
Data Type:	Single-select	Pertinent Negatives	No	
,,		(PN):		
la Nillahla.	l Na	NOT Values	No	
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: eExam.Lun	gGroup			
Comments: New Eleme	· .	nart renlaces eEvam 08		
comments. New Liene	110 3.3 Standard, 111 p	vare replaces et xami.oo		
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 finding	s associated with the pa	atient'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	3523019 Pain with Inspiration/Expiration
3523005 Breath Sounds-Equal	3523021 Rales
3523007 Breath Sounds-Normal	3523023 Rhonchi
3523009 Foreign Body	3523025 Rhonchi/Wheezing
3523011 Increased Respiratory Effort	3523027 Stridor
3523013 Normal	3523031 Wheezing-Inspiratory
3523015 Not Done	3523029 Wheezing-Expiratory
3523017 Pain	

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eExam.24 - Chest Assessment Finding Location			
OC-MEDS Usage:	Required		
Reporting Condition:	Complete and submit	when pertinent.	
Definition:			
The location of the pati	ent's chest assessment f	indings	
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Chest Assessment Find	ling Location	
Data Type:	Single-select	Pertinent Negatives	No
2000 1760	58.0 00.000	(PN):	
	1		1
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:

3524001 Left - Anterior

3524003 Left - Posterior

3524005 Right - Anterior

3524007 Right - Posterior

3524009 General - Anterior

3524011 General - Posterior

3524013 Left - Side

3524015 Right - Side

OCEMS Policy #300.31

Effective Date: 04/01/2024





Required	

Reporting Condition: Complete and submit when pertinent.

Definition:

OC-MEDS Usage:

The assessment findings associated with the patient's chest

Patient Identifiable:	Agency Identifiable:
No	No

eExam.25 - Chest Assessment

NEMSIS Element: Chest Assessment

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

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 – Con	nments Field		
Detient Idoutifiable.		A	
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Custom Element		
NEWS Element.	Custom Element		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Correlation: eExam.Ass	<u>essmentGroup</u>		
Code List:			
Code List.			
None			





itExam.038 - Mental Exam Details			
OC-MEDS Usage:	Optional		
Reporting Condition:	None		
Definition:			
Mental Exam Details – 0	Comments Field		
Patient Identifiable:		Aganay Idantifiable:	
No		Agency Identifiable:  No	
INO		INO	
NEMSIS Element:	Custom Element		
112111010 2.0	0.000		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:	10		
Correlation: eExam.Ass	essmentGroup		
Code List:			
Code List.			
None			





itExam.039 - Neurological Exam Details			
OC-MEDS Usage:	Optional		
	,		
Reporting Condition:	None		
- •			
Definition:			
Neurological Exam Deta	ails – Comments Field		
Patient Identifiable:		Agency Identifiable:	
No		No	
140		NO	
NEMSIS Element:	Custom Element		
Data Type:	String	Pertinent Negatives (PN):	No
	T		
Is Nillable:	No	NOT Values:	No
Att the Land			
Attributes:			
Correlation: eExam.Ass	essmentGroup		
Code List:			
Code List.			
None			





itExam.040 - Head Exam Details			
OC-MEDS Usage:	Optional		
Reporting Condition:	None		
Definition:			
Head Exam Details – Co	mments Field		
Detient Idoutifiable.		A , , lalo matifica la lo .	
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Custom Element		
NEWSIS Element.	Custom Element		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
- A - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
Attributes:			
Correlation: eExam.Ass	essmentGroup		
Code List:			
Code List.			
None			





itExam.041 - Face Exam Details			
OC-MEDS Usage:	Optional		
Reporting Condition:	None		
- a			
Definition:	. 5: 11		
Face Exam Details – Cor	mments Field		
Patient Identifiable:		Agency Identifiable:	
No		No	
140		INO	
NEMSIS Element:	Custom Element		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Correlation: eExam.Ass	essmentGroup		
Code List:			
Code List:			
None			





itExam.042 - Eye Exam Details			
OC-MEDS Usage:	Optional		
	T		
Reporting Condition:	None		
Deficitions			
Definition:	monts Field		
Eye Exam Details – Com	illients rielu		
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Custom Element		
Data Type:	String	Pertinent Negatives (PN):	No
	T		
Is Nillable:	No	NOT Values:	No
Attributes:			
Correlation: eExam.Eye	Group		
COTTCIACION: CEXAMILEYC	Group		
Code List:			
None			
NOTIC			





itExam.043 - Neck Exam Details			
OC-MEDS Usage:	Optional		
Reporting Condition:	None		
Definition:			
Neck Exam Details – Co	mments Field		
Patient Identifiable:		A consuldantifiable:	
No		Agency Identifiable:  No	
INO		INO	
NEMSIS Element:	Custom Element		
TVEIVISIS EIGHIGHG	custom Element		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:	10		
Correlation: eExam.Ass	essmentGroup		
Code List:			
Code List.			
None			





itExam.044 - Extremity Exam Details			
OC-MEDS Usage:	Optional		
	-		
Reporting Condition:	None		
Definition:			
Extremity Exam Details	– Comments Field		
Section 11 and 12 feet late			
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Custom Element		
NEWS Element.	Custom Element		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Correlation: eExam.Extr	<u>emityGroup</u>		
Carla Links			
Code List:			
None			





itExam.045 – Chest/Lung Exam Details			
OC-MEDS Usage:	Optional		
	_		
Reporting Condition:	None		
Definition:			
Chest Exam Details – Co	mments Field		
Patient Identifiable:		Agangy Idantifiable:	
No		Agency Identifiable:  No	
INO		INO	
NEMSIS Element:	Custom Element		
TVEIVISIS EIGITICITE	edstorii Element		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Correlation: eExam.Ass	<u>essmentGroup</u>		
Code List:			
Code List.			
None			





itExam.046 - Heart Exam Details			
OC-MEDS Usage:	Optional		
Reporting Condition:	None		
- C			
Definition:	. =: 1.1		
Heart Exam Details – Co	omments Field		
Patient Identifiable:		Agency Identifiable:	
No		No	
110			
NEMSIS Element:	Custom Element		
Data Type:	String	Pertinent Negatives (PN):	No
	,		
Is Nillable:	No	NOT Values:	No
A			
Attributes:			
Correlation: eExam.Ass	essmentGroup		
Code List:			
Code List.			
None			
None			





itExam.047 - Abdomen Exam Details			
OC-MEDS Usage:	Optional		
Reporting Condition:	None		
Definition:			
Abdomen Exam Details	– Comments Field		
Patient Identifiable:		Agangy Idontifiable:	
No		Agency Identifiable:  No	
INO		NO	
NEMSIS Element:	Custom Element		
TVEIVIOIO ETCTTICITA	custom Element		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:	L. Carrier		
Correlation: eExam.AbdomenGroup			
Codo Lieta			
Code List:			
None			





itExam.048 - Pelvis Exam Details			
OC-MEDS Usage:	Optional		
Reporting Condition:	None		
_			
Definition:			
Pelvis Exam Details – Co	mments Field		
Patient Identifiable:		Aganguldantifiabla	
No		Agency Identifiable:  No	
INO		INO	
NEMSIS Element:	Custom Element		
TVEIVIOIO EICHICHE	custom Element		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
All Charles			
Attributes:	antCraun		
Correlation: eExam.AssessmentGroup			
Code List:			
Code List.			
None			





itExam.049 - Spine Exam Details				
OC-MEDS Usage:	Optional			
	,			
Reporting Condition:	None			
- •				
Definition:	11			
Spine Exam Details – Co	omments Field			
Patient Identifiable:		Agangy Idontifiables		
No		Agency Identifiable: No		
INO		INU		
NEMSIS Element:	Custom Element			
TVEIVISIS EICHICHT.	custom Element			
Data Type:	String	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
	Attributes:			
Correlation: eExam.SpineGroup				
Code List:				
None				



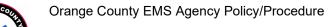


itExam.090 - Crew Member			
OC-MEDS Usage:	Optional		
	Ι		
Reporting Condition:	None		
Definition:			
Crew Member Perform	ing Evam		
Crew Member renorm	ing Lain		
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Custom Element		
Data Type:	String	Pertinent Negatives (PN):	No
	T		
Is Nillable:	No	NOT Values:	No
A + + + + + + + + + + + + + + + + + + +			
Attributes: Constraints: max length	- FO		
_			
Correlation: eExam.AssessmentGroup  Comment: New Element			
Comment. New Element			
Code List:			
None			





itExam.091 – Estimated Height (Patient)			
OC-MEDS Usage:	Optional		
	1		
Reporting Condition:	None		
D. C. W.			
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:			
Code List.			
None			







itExam.106 – Lung Exam Details				
OC-MEDS Usage:	Optional			
Reporting Condition:	None			
_				
Definition:				
Lung Exam Details				
Patient Identifiable:		A same a dela matifica la la c		
		Agency Identifiable: No		
No		NO		
NEMSIS Element:	Custom Element			
TVEIVIOIO ETCTTETTE.	edstorr Element			
Data Type:	String	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
Attributes:				
	Correlation: eExam.LungGroup			
Comment: New Element				
Code List:				
None				



# Orange County EMS Agency Policy/Procedure



itExam.107 – Chest Exclusive Exam Details			
OC-MEDS Usage:	Optional		
Reporting Condition:	None		
Definition:			
Chest Exclusive Exam D	etails		
Patient Identifiable:		Agency Identifiable:	
No		No	
110		110	
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 <sup>•</sup>	to Pat	ient (	Care
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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

NEMSIS Element: Barriers to Patient Care

Data Type:

Multi-select

Pertinent Negatives (PN):

Is Nillable: Yes NOT Values: Yes

Attributes:

No Comments

Code List:
Not Values:

7701001 Not Applicable

7701003 Not Recorded

Select Resources: 3101019 Psychologically Impaired

3101001 Cultural, Custom, Religious 3101021 Sight Impaired 3101003 Developmentally Impaired 3101023 Speech Impaired

3101005 Hearing Impaired 3101025 Unattended or Unsupervised

3101007 Language (including minors)
3101009 None Noted 3101027 Unconscious

3101011 Obesity 3101029 Uncooperative

3101013 Physical Barrier (Unable to Access Patient)
3101015 Physically Impaired
3101031 State of Emotional Distress
3101033 Alcohol Use, Suspected

3101017 Physically Restrained 3101035 Drug Use, Suspected





eHistory.02 - Last Name of Patient's Practitioner						
OC-MEDS Usage:	Recommended					
	1					
Reporting Condition:	Complete and submit	when pertinent.				
Definition:	,.,.					
The last name of the pa	tient's practitioner					
Patient Identifiable:		Agency Identifiable:				
No		Yes				
INO		162				
NEMSIS Element:	Last Name of Patient's	s Practitioner				
1121113.3 2.33	2000					
Data Type:	String	Pertinent Negatives (PN):	No			
Is Nillable:	No	NOT Values:	No			
Attributes:						
Correlation: eHistory.Pr	•					
Constraints: character le	ength = 1 to 60					
C. J. Link.						
Code List:						
None						





el	Hist	tory	<b>.</b> 0.	5 - 1	Αď	van	ce	Di	rec	tiv	es
----	------	------	-------------	-------	----	-----	----	----	-----	-----	----

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

able: 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
I INLIVISIS LICITICITE.	Miculcation Ancigics

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 all	ergies to food or enviro	nmental agents.					
Patient Identifiable:		Agency Identifiable:					
No		No					
NEMSIS Element:	Environmental/Food /	Allergies					
Data Type:	SnoMed value	Pertinent Negatives	No				
71.		(PN):					
	T						
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

OCEMS Policy #300.31

Effective Date: 04/01/2024





	eHistory.08 - Medical/Surgical History							
OC-MEDS Usage:	Required							
Reporting Condition:	itDisposition.112 does	not include a Canceled or No	o Patient Contact value.					
Definition:								
The patient's pre-existing	ng medical and surgery h	nistory of the patient						
Patient Identifiable:		Agency Identifiable:						
No		No						
NEMSIS Element:	Medical/Surgical Histo	ry						
Data Type:	ICD-10 value	Pertinent Negatives (PN):	Yes					
Is Nillable:	Yes	NOT Values:	Yes					

### Code List:

Attributes:

At a minimum the values provided in **Attachment 13** shall be used. Additional values that conform to the NEMSIS specification may also be used.

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

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 Obtain	ned From		
	1			
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 Alei	it3109.103 Medical Alert / Vial			
it3109.100 Patient Char	rt / Medical Records			
3109007 Patient				
it3109.101 Repeat Patient Record				





Effective Date: 04/01/2024

eHistory.12 - Current Medications				
OC-MEDS Usage:	Required			
Reporting Condition:	itDisposition.112 does	not include a Canceled or No	o Patient Contact value.	
Definition:				
The medications the pa	tient currently takes			
Patient Identifiable: Agency Identifiable:				
No No				
NEMSIS Element:	Current Medications			
Data Type:	RxNorm value	Pertinent Negatives	Yes	
Data Type:	TIXIVOTTI Value	(PN):		
Is Nillable:	Yes	NOT Values:	Yes	
Attributes:				
Correlation: eHistory.Cu	Correlation: eHistory.CurrentMedsGroup			

### 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

Constraints: character length = 2 to 7

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 an	nount of the patient's cu	urrent medication	
Patient Identifiable:		Agency Identifiable:	
No		No	
NENACIC Flaments	Comment Mandinstins D		
NEMSIS Element:	Current Medication Do	ose	
		Pertinent Negatives	No
Data Type:	Decimal	(PN):	NO
Is Nillable:	No	NOT Values:	No
Attributes:			
Correlation: eHistory.CurrentMedsGroup			
Constraints: format = #	Constraints: format = ###################################		
Code List:			
None			
None			



3114013 Liters Per Minute (I/min [fluid])

3114021 Micrograms per Kilogram per Minute

3114017 Liters Per Minute (LPM [gas])

3114019 Micrograms (mcg)

(mcg/kg/min)



eHistory.14 - Current Medication Dosage Unit				
OC-MEDS Usage:	Recommended			
Reporting Condition:	eporting Condition: Complete and submit when pertinent.			
D. C. W.				
Definition:	nationals surrent ma	dication		
The dosage unit of the	patient's current me	edication		
Patient Identifiable:		Agency Identifiable:		
No		No	No	
	_	•		
NEMSIS Element:	Current Medicatio	n Dosage Unit		
Data Type:	Single-select	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: eHistory.C	CurrentMedsGroup			
·				
Code List:				
Select Resources:		2114022 Micrograms no	or Minute (mcg/min)	
3114001 Centimeters (cm)		3114023 Micrograms per Minute (mcg/min) 3114025 Milliequivalents (mEq)		
3114003 Grams (gms)		·	3114027 Metered Dose (MDI)	
3114005 Drops (gtts)		3114029 Milligrams (mg	` '	
3114007 Inches (in)		3114031 Milligrams per	•	
3114009 International	` '	3114033 Milligrams per		
3114011 Keep Vein Op	en (kvo)	(mg/kg/min)	, ,	
3114015 Liters (I)	/1/ [[[] + 1]]	, 5. 5.	3114035 Milligrams per Minute (mg/min)	
3114013 Liters Per Minute (I/min [fluid])				

3114037 Milliliters (ml)

3114041 Other

3114043 Puffs

3114039 Milliliters per Hour (ml/hr)

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 rout	The administration route (po, SQ, etc.) of the patient's current medication		
Patient Identifiable:		Agency Identifiable:	
o No			
NEMSIS Element:	Current Medication A	dministration Route	

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

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



3118007 Yes, Confirmed Greater Than 20 Weeks 3118009 Yes, Confirmed Less Than 12 Weeks

3118011 Yes, Weeks Unknown



eHistory.18 - Pregnancy				
OC-MEDS Usage:	Recommended			
Reporting Condition:	Complete and submit	when pertinent.		
Definition:				
Indication of the possib	ility by the patient's hist	cory of current pregnancy.		
Dark and a seffection		Access to the self-to-		
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Pregnancy			
INLIVISIS LICITICIT.	rregnancy			
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				



No Comments

# OC-MEDS - DATA DICTIONARY



	eHistory.20 - Curr	ent Medication Frequency		
OC-MEDS Usage:	Recommended			
	1			
Reporting Condition:	Complete and submit	when pertinent.		
D 6: 111				
Definition:	data da da a da a da a da a da a da a d	la constant de la la constant de la		
The frequency of admir	nistration of the patient	's current medication.		
Patient Identifiable:		Agency Identifiable:		
No No				
NEMSIS Element:	Current Medication Fi	requency		
Data Type:	Single-select	Pertinent Negatives	No	
Data Type.	Single select	(PN):		
	T			
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: enistory.Cl	Correlation: eHistory.CurrentMedsGroup			

Code List:	
Select Resources:	
3120015 After Meals	3120027 Every other day
3120029 As needed	3120005 Every 3 hours
3120025 At bedtime	3120003 Every 2 hours
3120013 Before Meals	3120009 Four times a day
3120019 Once a day	it3120.101 Other
3120007 Every 4 to 6 hours	3120011 Three times a day
3120023 Every day in the evening	3120017 Twice a day
3120021 Every day in the morning	it3120.100 Weekly
3120001 Every hour	





itHistory.007 - Current Medication Comments			
OC-MEDS Usage:	Recommended		
Reporting Condition:	Complete and submit	when pertinent.	
Definition:			
Current Medication Cor	nments		
- · · · · · · · · · · · · · · · · · · ·			
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Custom Floreset		
NEWISIS Element:	Custom Element		
		Pertinent Negatives	No
Data Type:	String	(PN):	INO
		(114).	
Is Nillable:	No	NOT Values:	No
Attributes:			
Correlation: eHistory.C	urrent Meds Group		
Code List:			
None			





itHistory.008 - Environment Allergy Comments			
OC-MEDS Usage:	Recommended		
Reporting Condition:	Complete and submit	when pertinent.	
Definition:			
Environment Allergy Co	mments		
Darland Library Collins		Access to the Control of	
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Custom Element		
NEWISIS Element.	Custom Element		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
No Comments			
0 1 11 1			
Code List:			
None			





itHistory.009 - Medication Allergy Comments			
OC-MEDS Usage:	Recommended		
Reporting Condition:	Complete and submit	when pertinent.	
Definition:			
Medication Allergy Con	nments		
- · · · · · · · · · · · · · · · · · · ·			
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Custom Floreset		
NEIVISIS Element:	Custom Element		
		Pertinent Negatives	No
Data Type:	String	(PN):	INO
		(114).	
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 Hist	tory		
Patient Identifiable:		Agency Identifiable:	
No		No	
AUEN ACIO EL	0 . 51 .		
NEMSIS Element:	Custom Element		
		Dantin ant Northine	LNI
Data Type:	String	Pertinent Negatives	No
		(PN):	
Is Nillable:	No	NOT Values:	No
15 Timable.	110	TTO T VAIACS.	110
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 (Allergie	es Notes)		
Patient Identifiable:		Agency Identifiable:	
No		No	
1151 1010 51	l a		
NEMSIS Element:	Custom Element		
		De discost Noveli es	NI.
Data Type:	String	Pertinent Negatives	No
		(PN):	
Is Nillable:	No	NOT Values:	No
13 TVIIIdbic.	110	1401 Values.	140
Attributes:			
No Comments			
Code List:			
None			





	elnjury.01 - Cause of Injury			
OC-MEDS Usage:	Required			
	_			
Reporting Condition:	eSituation.02 includes	a "Yes" value.		
Definition:	,			
The category of the rep	orted/suspected externa	al cause of the injury.		
Patient Identifiable:		Agency Identifiable:		
No		No		
NES ACIC Flores and	C. va aftinium.			
NEMSIS Element:	Cause of Injury			
	1	Deutinant Nagativas	AI -	
Data Type:	ICD-10 value	Pertinent Negatives (PN):	No	
		(PN).		
Is Nillable:	Yes	NOT Values:	Yes	
13 Milabic.	163	NOT values.	103	
Attributes:				
	[TV-Y][0-9]{2})((\.[0-9A-Z	<u>'</u> ]{1,7})?)		
Code List:				
Select Resources:				
See Attachment 6				
Note new burn values a	<mark>idded.</mark>			





elnjury.02 - Mechanism of Injury				
OC-MEDS Usage:	Required			
	T			
Reporting Condition:	eSituation.02 includes	a "Yes" value.		
- 6 W				
Definition:	. 1.1	<u> </u>		
The mechanism of the	event which caused the	injury		
Patient Identifiable:		Agency Identifiable:		
No		No		
140		110		
NEMSIS Element:	Mechanism of Injury			
	, ,		-	
Data Type:	Multi-select	Pertinent Negatives (PN):	No	
Is Nillable:	Yes	NOT Values:	Yes	
Attributes:				
No Comments				
0 1 11 1				
Code List:				
Not Values:	_			
7701001 Not Applicable				
7701003 Not Recorded 7701005 Not Reporting	7701003 Not Recorded			
7701005 Not Reporting				
Select Resources:				
2902001 Blunt				
2902003 Burn				
2902005 Other				
2902007 Penetrating				





# elnjury.03 - Trauma Center Criteria (Steps 1 and 2 - High Risk for Serious Injury)

OC-MEDS Usage:	Required
OC WILDS OSUBC.	i negarica

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

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

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

#### Attributes:

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

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





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





## elnjury.04 - Trauma Center Criteria (Steps 3 and 4 - Moderate Risk for Serious Injury)

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

Reporting Condition: elnjury.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 Injur	·y)
---	-----

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

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

#### Attributes:

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

Code List:	
Not Values:	Pertinent Negatives:
7701001 Not Applicable	8801005 Exam Finding Not Present
7701003 Not Recorded	
Select Resources:	
2904021 Pregnancy w/ Blunt or Penetrating Abdominal	it2904.004 Dive/shore break injury w/ poss.
Injury	spinal injury
2904019 Blunt Head Injury w/ bruising - Taking	it2904.018 Hanging
Anticoagulants (excluding ASA), Bleeding	
Disorders, or Dialysis	2904001 Auto v. Pedestrian/Bicyclist
	Thrown, Run Over, or > 20 MPH Impact
2904003 Fall - Adults: > 15 ft. (one story is equal to 10	
ft.); or Fall from a galloping horse	<del>2904015 Unenclosed Motorized Vehicle</del>
	Crash Crash > 20 MPH Including "laying bike
2904005 Fall - Children: > 10 ft. or 2-3 times the height	<del>down"</del>
of the child	
	2904035 Unenclosed Motorized Vehicle
2904031 Fall from height > 10 feet (all ages) or >2-3x	Crash >20mph (motorcycle, bicycle, scooter,
height of child	





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

etc) incl. "laying bike down" and fall from galloping horse

2904029 Auto Crash: Child (age 0-9 years) unrestrained or in unsecured child safety seat

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 veh	icle based on 12-point clock	diagram.	
F				
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	NEMSIS Element: Main Area of the Vehicle Impacted by the Collision			
Data Type:	Number	Pertinent Negatives	No	
(PN):				
	Τ		Γ	
Is Nillable:	No	NOT Values:	No	
Attributes:	4			
Constraints: minimum =	= 1; maximum = 12			
Code List:				
Code List:				
None				
None				





elnjury.06 - Location of Patient in Vehicle				
OC-MEDS Usage:	Required			
Reporting Condition:	elnjury.01 includes a "	motor vehicle" or "bicycle" b	ased 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:				

#### Code List:

None

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





elnjury.07 - Use of Occupant Safety Equipment			
OC-MEDS Usage:	Required		
Reporting Condition:	elnjury.01 includes a "	motor vehicle" or "bicycle" b	ased 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

**NOT Values:** 

Yes

### Code List:

Is Nillable:

Attributes:
No Comments

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

Yes

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





elnjury.08 - Airbag Deployment			
OC-MEDS Usage:	Required		
Reporting Condition:	elnjury.01 includes a "	motor vehicle" or "bicycle" b	ased value.
Definition:			
Indication of Airbag De	ployment		
Dationt Idontifiable		A sound thousand the block	
Patient Identifiable:		Agency Identifiable:	
No	No No		
NEMSIS Element:	Airbag Deployment		
The state of the s			
Data Type:	Multi-select	Pertinent Negatives (PN):	No
		(114).	
Is Nillable:	No	NOT Values:	No
	•		
Attributes:			
No Comments			
Code List:			
Select Resources:			
2908001 Airbag Deploy			
	ed Other (knee, air belt,	etc.)	
2908003 Airbag Deploy	red Side		

OCEMS Policy #300.31

2908007 No Airbag Deployed 2908009 No Airbag Present

Effective Date: 04/01/2024



# Orange County EMS Agency Policy/Procedure



elnjury.09 - Height of Fall (feet)				
OC-MEDS Usage:	Required			
	T			
Reporting Condition:	elnjury.01 includes a "	fall" based value.		
Definition:				
The distance in feet the ground	patient fell, measured	from the lowest point of the	patient to the	
Patient Identifiable:		Agency Identifiable:		
No		No		
	I			
NEMSIS Element:	Height of Fall (feet)			
		Dartinant Nagativas	No	
Data Type:	Number Pertinent Negatives No (PN):			
Is Nillable:	No	NOT Values:	No	
Attributes:				
Constraints: minimum = 0; maximum = 10000				
Code List:				
None				



7701005 Not Reporting



eMedications.01 - Date/Time Medication Administered				
OC-MEDS Usage:	Required			
Reporting Condition:	Complete and submi	t if medication administered.		
Definition:				
The date/time medicati	ion administered to the	e patient		
D				
Patient Identifiable:		Agency Identifiable:		
No		No		
NEN ACIC El	Data /Than Markhark	- Advisional		
NEMSIS Element:	Date/Time Medication	on Administered		
	T	Double out No gotives	Ne	
Data Type:	Datetime	Pertinent Negatives (PN):	No	
		(114).		
Is Nillable:	Yes	NOT Values:	Yes	
Attributes:				
Correlation: eMedicatio	ons.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	Δ			
7701001 Not Recorded				





eMedications.02 - Medication Admir	istered Prior	to this Ur	nits 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:

No Agency Identifiable:

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

OCEMS Policy #300.31

Effective Date: 04/01/2024





eMedications.03 - Medication Given					
OC-MEDS Usage:	Required				
	T				
Reporting Condition:	Complete and submit	if medication administered.			
Definition:					
The medication given to	o the patient				
Dationt Idontifiable.		Agonov Idontifichlo			
Patient Identifiable:		Agency Identifiable:			
No		No			
NEMSIS Element:	Medication Given				
NEWISIS Element.	Wedication diven				
Data Type:	RxNorm value	RxNorm value Pertinent Negatives Yes (PN):			
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 v	vas administered to the	patient				
Patient Identifiable:		Agency Identifiable:				
No	No No					
NEMSIS Element:	Medication Administered Route					
Data Type:	Single-select	Pertinent Negatives No (PN):				
Is Nillable:	No	No NOT Values: No				
Attributes:						
Correlation: eMedications.MedicationGroup						

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





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		
	T ,, ., -			
NEMSIS Element:	Medication Dosage			
		De dinant Nanctions	A1.	
Data Type:	Decimal	Pertinent Negatives (PN):	No	
Is Nillable:	Yes	NOT Values:	Yes	
Attributes:				
Correlation: eMedication				
Constraints: format = ###################################				
Code List:				
No. Well and				
Not Values:				
7701001 Not Applicable 7701003 Not Recorded				
7701003 NOT RECORDED				



3706007 Keep Vein Open (kvo)

3706015 mcg (Micrograms)

3706021 mg (Milligrams)

3706019 mEq (Milliequivalents)

3706035 L/min (Liters Per Minute)

3706017 mcg/kg/min (Micrograms per Kilogram per

3706009 L (Liters)

3706013 Puffs

Minute)



eMedications.06 - Medication Dosage Units					
OC-MEDS Usage:	Required				
Reporting Condition:	Reporting Condition: Complete and submit if medication administered.				
Definition:					
	dosage given to patient				
	B- B.: -:: -:   F.:::				
Patient Identifiable:		Agency Id	dentifiable:		
No		No			
NEMSIS Element:	Medication Dosage Units				
		Dantina	nt Nanations	Na	
Data Type:	Single-select	Pertinent Negatives (PN):		No	
		(1 14).			
Is Nillable:	Yes	NOT Values: Yes		Yes	
		•			
Attributes:					
Correlation: eMedication	ons.DosageGroup				
Code List:					
Code List.					
Not Values:					
7701001 Not Applicable	2				
7701003 Not Recorded					
Select Resources: 2706022 mg/kg/min /N4:lligroms Dor					
3706001 gm (Grams)				nin (Milligrams Per	
3706033 gtts (Drops)			Kilogram Per Minu 3706025 ml (Millil		

3706027 ml/hr (Milliliters Per Hour)

3706051 Units per Kilogram per Hour

3706055 Milligrams per Hour (mg/hr)

it3706.109 Milliequivalents per Hour

it3706.108 Micrograms per Hour (mcg/hr)

3706045 Units per Hour (units/hr)

3706029 Other

(units/kg/hr)

(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	on	
Data Type:	Single-select	Pertinent Negatives	No
Buta Type.	Single select	(PN):	
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Correlation: eMedication	ns.MedicationGroup		
Code List:			
Not Values:			
7701001 Not Applicable			
7701003 Not Recorded			
Select Resources:			
9916001 Improved			
9916003 Unchanged			
9916005 Worse			





eMedica	tions.08 -	Medicat	ion Comp	lication
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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

NEMSIS Element: Medication Complication

Data Type:

Multi-select

Pertinent Negatives (PN):

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 Hypertension3708037 Tachycardia3708017 Hyperthermia3708039 Tachypnea3708019 Hypotension3708041 Vomiting

3708019 Hypothermia 3708041 Vornitir





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 trea	tment to the patient	
Patient Identifiable:		Agency Identifiable:		
No		Yes		
AUEN ACIO EL	1 O /!!			
NEMSIS Element:	Medication Crew (Hea	althcare Professionals) ID		
		Dortingent Negatives	No	
Data Type:	String	Pertinent Negatives (PN):	INO	
		1		
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: eMedication	•			
Constraints: character l	ength = 2 to 50			
Code List:				
None				
None				





Effective Date: 04/01/2024

## 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.

NEMSIS Element: Role/Type of Person Administering Medication

Data Type:

Single-select

Pertinent Negatives (PN):

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

OCEMS Policy #300.31





eMedications.11 - Medication Authorization					
OC-MEDS Usage:	Required				
Reporting Condition:	Complete and submit	if available			
Definition:					
The type of treatment a	authorization obtained				
Patient Identifiable:		Agency Identifiable:			
No		No			
NET ACIC EL	A Charles A thanks				
NEMSIS Element:	Medication Authoriza	tion			
	1	Portinant Nagativas	No		
Data Type:	Single-select	Pertinent Negatives (PN):	INO		
	<u> </u>	(I IV).			
Is Nillable:	No	NOT Values:	No		
Attributes:					
Correlation: eMedication	ons.MedicationGroup				
Code List:					
Select Resources:					
9918001 Base Hospital	Order				
9918003 On-Scene Phys					
9918005 Standing Orde					
9918007 Written Order	9918007 Written Orders (Patient Specific)				





eMedications.12 - Medication Authorizing Physician					
OC-MEDS Usage:	Recommended				
Reporting Condition:	Complete and submit	if available			
_					
Definition:					
	J. ,	the medication administrati			
provided by any manne	r other than protocol (s	tanding order) in eMedicatio	ns.11		
Patient Identifiable:		Agency Identifiable:			
No		No			
NO		NO			
NEMSIS Element:	Medication Authorizin	g Physician			
TVEIVIOIO ETCTTETTE.	Wedleation / tathonzii	5 Trysician			
Data Type:	String	Pertinent Negatives No (PN):			
Is Nillable:	No	NOT Values:	No		
Attributes:					
Correlation: eMedicatio	•				
Constraints: Min Length	n: 1 Max Length: 255				
Code List:					
Code List:					
None					





	itMedications.002 - Medication Comments				
OC-MEDS Usage:	Recommended				
Reporting Condition:	Complete and submit	when pertinent.			
Definition:					
Medication Comments					
Patient Identifiable:		A same a delematificable.			
		Agency Identifiable:			
No		No			
NEMSIS Element:	Custom Element				
WEIWISIS Element.	Custom Element				
Data Type:	String	Pertinent Negatives	No		
,,		(PN):			
Is Nillable:	l NI-	NOT Values	N.		
is Nillable:	No NOT Values: No				
Attributes:					
Correlation: eMedication	ons MedicationGroup				
Constraints: max length	•				
constraints max length	. 300				
Code List:					
None					



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



	itiviedications	s.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	No	
,,	J	(PN):		
Is Nillable:	No	NOT Values	No	
is miliable:	No	NOT Values:	No	
Attributes:				
Correlation: eMedication	ns MedicationGroup			
Correlation: civicalcation	2113.IVICalcation Group			
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.017 - Medication Ordered				
OC-MEDS Usage:	Base Hospital Use Onl	у		
Reporting Condition:	Complete and submit	if available.		
Definition:				
Medication Ordered				
Patient Identifiable:		Agency Identifiable:		
No		No		
NICHACIC Flomonts	Custom Element		1	
NEMSIS Element:	Custom Element			
Data Type:	Single-select	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
Attributes:				
No Comments				
Code List:				
Code List:				
Select Resources: See Attachment 5				





	itMedications.018	- Medication Ordered By	
OC-MEDS Usage:	Base Hospital Use Only	1	
Reporting Condition:	Complete and submit i	f available.	
Definition:			
The ID number of the M	1ICN or Base Physician w	ho ordered the medication.	
Patient Identifiable:		Agency Identifiable:	
No		Yes	
	T,		
NEMSIS Element:	Custom Element		
			T
Data Type:	Single-select	Pertinent Negatives	No
		(PN):	
Is Nillable:	No	NOT Values:	No
is Milable.	110	NOT values.	140
Attributes:			
No Comments			
Code List:			
None			





itMedications.019 - Medication Ordered Dosage				
OC-MEDS Usage:	Base Hospital Use Only	1		
	•			
Reporting Condition:	Complete and submit i	f available.		
Definition:				
The dosage of the medi	cation ordered by the ba	ase hospital.		
Patient Identifiable:		Agency Identifiable:		
No		No		
NIENACIC EL	C			
NEMSIS Element:	Custom Element			
		Partinant Nagativas	No	
Data Type:	Decimal	Pertinent Negatives (PN):	INO	
		(114).		
Is Nillable:	No	NOT Values:	No	
	1.10		1.10	
Attributes:				
No Comments				
Code List:				
None				





	itMedications.020 - Me	dication Ordered Dosage Un	nits			
OC-MEDS Usage:	Base Hospital Use Only	/				
Reporting Condition:	Complete and submit	if available.				
Definition:						
The dose units of the m	edication ordered by th	e 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			

## Code List:

Attributes:
No Comments

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.021.105 Intraarterial

itMedications.021.106 Intradermal

itMedications.021.107 Intramuscular (IM)



	itMedications.021 -	Medicatio	on Ordered Route	
OC-MEDS Usage:	Base Hospital Use Onl	у		
Reporting Condition:	Complete and submit	if available	).	
Definition:				
The route of the medic	cation ordered by the bas	se hospital	•	
Patient Identifiable:			lentifiable:	
No		No		
NEMSIS Element:	Custom Element			
		Dantina	at Nia satius a	NI.
Data Type:	Single-select	(PN):	nt Negatives	No
		(PIN).		
Is Nillable:	No	NOT Val	lues.	No
13 IVIIIabie.	110	NOT values.		
Attributes:				
No Comments				
Code List:				
Select Resources:				
itMedications.021.100	Blow-By		itMedications.021.117 Ophthalmic	
itMedications.021.101			itMedications.02	
	Endotracheal Tube (ET)		itMedications.02	
itMedications.021.103	•		Other/miscellane	
itMedications.021.104	itMedications.021.104 Inhalation		itMedications.021.120 Otic	

itMedications.021.108 Intranasal itMedications.021.124 Sublingual itMedications.021.109 Intraocular itMedications.021.125 Topical itMedications.021.110 Intraosseous (IO) itMedications.021.126 Tracheostomy itMedications.021.111 Intravenous (IV) itMedications.021.127 Transdermal itMedications.021.112 Intravenous Pump itMedications.021.128 Urethral itMedications.021.113 Nasal Cannula itMedications.021.129 Ventimask itMedications.021.114 Nasogastric itMedications.021.130 Wound itMedications.021.115 Nasotracheal Tube itMedications.021.116 Non-Rebreather Mask

itMedications.021.121 Re-breather mask

itMedications.021.123 Subcutaneous

itMedications.021.122 Rectal





itMedications.022 - Medication Ordered Response				
OC-MEDS Usage:	Base Hospital Use Only	У		
Reporting Condition:	Complete and submit i	if available.		
Definition:				
The response of the pat	tient to the ordered med	dication as reported to the M	IICN or Physician.	
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Custom Element			
	T	T	<u></u>	
Data Type:	Single-select	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
Attributes:				
No Comments				
Code List:				
Select Resources: itMedications.022.100 l itMedications.022.101 l itMedications.022.102 l	Unchanged			





itMedications.023 - Medication Ordered Date/Time				
OC-MEDS Usage:	Base Hospital Use Onl	У		
Reporting Condition:	Complete and submit	if available.		
Definition:				
The date/time the med	ication was ordered by	the base hospital.		
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Custom Element			
NEIVISIS 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 Onl	У				
Reporting Condition:	Complete and submit	if available.				
- C						
Definition:	and the second s	the been been to a				
Comments regarding th	ie medication ordered b	y the base nospital.				
Patient Identifiable:		Agency Identifiable:				
No		No				
NEMSIS Element:	Custom Element					
Data Type:	String	Pertinent Negatives	No			
butu Type.	String	(PN):				
	Τ		Г			
Is Nillable:	No	NOT Values:	No			
Attributes:						
No Comments						
No comments						
Code List:						
None						





	eNarrative.01 - Pat	tient Care Report Narrative		
OC-MEDS None:	Required			
OC-IVIEDS NOTICE.	Required			
Reporting Condition:	eTimes.07 - Patient Co blank.	ontact Time is documented a	nd itDisposition.112 is not	
Definition:				
The narrative of the pa	tient care report (PCR).			
Patient Identifiable:		Agency Identifiable:		
Yes		No		
NEMSIS Element:	Patient Care Report Narrative			
	ı			
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

OCEMS Policy #300.31

Effective Date: 04/01/2024





eOther.03	- Persona	Protective E	quipment L	Jsed
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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.

NEMSIS Element: Personal Protective Equipment Used

Data Type:

Multi-select

Pertinent Negatives (PN):

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

OCEMS Policy #300.31

Effective Date: 04/01/2024





eOther.04 - EMS Professional (Crew Member) ID						
OC-MEDS Usage:	Optional					
Reporting Condition:	Complete and submit	if available				
Definition:						
The ID number of the E	MS Crew Member assoc	ciated with eOther.03, eOthe	r.05, eOther.06.			
Patient Identifiable:		Agency Identifiable:				
No		Yes				
	T					
NEMSIS Element:	EMS Professional (Cre	w Member) ID				
	Γ		<u> </u>			
Data Type:	String	Pertinent Negatives (PN):	No			
Is Nillable:	No	NOT Values:	No			
Attributes:						
Correlation: eOther.EM	•					
Constraints: character l	ength = 2 to 50					
Code List:						
None	Mana					
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 we	ork related exposure, in	jury, or death associated wit	h this EMS event.		
Patient Identifiable:		Agency Identifiable:			
No		No			
NEMSIS Element:					
	<u> </u>				
Data Type:	Single-select	Pertinent Negatives	No		
		(PN):			
Is Nillable:	Yes	NOT Values:	Yes		
13 Willable.	163	NOT Values.	103		
Attributes:					
Correlation: eOther.EM	ISCrewMemberGroup				
	·				
Code List:					
Not Values:					
7701001 Not Applicable					
7701003 Not Recorded					
Select Resources:					
9923001 No					
9923003 Yes					



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



eOther.06 - Type of Work-Related Injury, Death or Suspected Exposure				
00 MEDGII				
OC-MEDS Usage:	Recommended			
Reporting Condition:	Complete and submit	when pertinen	t	
maparamy administra	T complete and cachine	регентен		
Definition:				
The type of exposure or	unprotected contact w	ith blood or bo	ody fluids	
Patient Identifiable:		Agency Identi	fiable:	
No		No		
NEMSIS Element:	The Type of Work-Rela	ated Injury De	ath or Suspect	
INCINISIS Element.	The type of work-held	ited injury, Dec	atif of Suspect	ed Exposure
Data Turas	NA. Jaki and and	Pertinent Negatives No		No
Data Type:	Multi-select	(PN):		
	T	1		
Is Nillable:	Yes	NOT Values: Yes		Yes
Attributes:				
Correlation: eOther.EM	SCrewMemberGroup			
COTTCIONICITE CONTINUE TO CONT	3erewiwierinber Group			
Code List:				
Not Values:				
7701001 Not Applicable	9			
7701003 Not Recorded				
7701005 Not Reporting				
Select Resources:				
4506001 Death-Cardiac Arrest				
4506003 Death-Injury Related				
4506005 Death-Other			4506021 Exp	osure-
4506007 Exposure-Airb	orne		Toxin/Chemi	cal/Hazmat
Respiratory/Biological/Aerosolized Secretions			4506023 Inju	•
4506009 Exposure-Body Fluid Contact to Broken Skin			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 incid	ent.		
Definition:				
_	ID number of the EMS	crew member which complet	ed this patient care	
report				
Patient Identifiable:		A consuldantifiable		
No		Agency Identifiable: Yes		
INO		res		
NEMSIS Element:	Crew Member Compl	ating this Papart		
INLIVISIS LIEMENT.	Crew Member Compr	eting this report		
- · -		Pertinent Negatives	No	
Data Type:	String	(PN):		
		•		
Is Nillable:	No	NOT Values:	No	
Attributes:				
Constraints: character length = 2 to 50				
Code List:				
None				
None				





Effective Date: 04/01/2024

eOther.09 - External Electronic Document Type					
OC-MEDS Usage:	Required				
Reporting Condition:	Complete and submit i	f available			
Definition:					
Document type which h	as been electronically st	ored with PCR.			
Patient Identifiable:		Agency Identifiable:			
No		No			
NEMSIS Element:	External Electronic Doc	cument Type			
Data Tunas	Cinalo coloct	Pertinent Negatives	No		
Data Type:	Single-select	(PN):			
Is Nillable:	No	NOT Values:	No		
·		·			

## Code List:

Attributes:

Select Resources:

4509001 Other Audio Recording

Correlation: eOther.FileGroup

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

OCEMS Policy #300.31





eOther.10 - File Type				
OC-MEDS Usage:	Required			
Reporting Condition:	Complete and submit	if available		
Definition:				
· ·		n File Attachment Image (eOt	•	
defined as the extensio	n of the file type. Examլ	oles of file name extensions in	nclude "doc", "jpeg", "tiff",	
etc.				
Patient Identifiable:		Agency Identifiable:		
No		No		
	T			
NEMSIS Element:	File Type			
Data Type:	String	Pertinent Negatives	No	
2000 1700		(PN):		
	T		T	
Is Nillable:	No	NOT Values:	No	
Attributes:	_			
Correlation: eOther.File	:Group			
Code List:				
None				
INOTIE				





eOther.11 - File Attachment				
OC-MEDS Usage:	Required			
Reporting Condition:	Complete and submit	if available		
Definition:				
The file that is attached	electronically to the pa	tient care report.		
Darland Library Collins		A		
Patient Identifiable:		Agency Identifiable:		
Yes		No		
NEMSIS Element:	File Attachment			
INLIVISIS LIEITIETIL.	The Attachment			
Data Type:	Base64Binary	Pertinent Negatives (PN):	No	
		•		
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: eOther.File	Group			
Code List:				
None				





eOther.12 - Type of Person Signing				
OC-MEDS Usage:	Required			
Reporting Condition:	Complete and submit	if available		
Definition:				
The individual's signatu	re associated with eOth	er.15 (Signature Status).		
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Type of Person Signing			
Data Typo:	Cingle colect	Pertinent Negatives	No	
Data Type:	Single-select	(PN):		
Is Nillable:	No	NOT Values:	No	
Attributes:				

## Code List:

Select Resources:

4512001 EMS Crew Member (Other)

Correlation: eOther.SignatureGroup

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

OCEMS Policy #300.31

Effective Date: 04/01/2024





	eOther.13	- Signature Reason	
OC-MEDS Usage:	Required		
Reporting Condition:	Complete and submit	if available	
Definition:			
The reason for the indiv	riduals signature.		
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Signature Reason		
Data Typo:	Multi-select	Pertinent Negatives	No
Data Type:	iviuiti-select	(PN):	
Is Nillable:	No	NOT Values:	No
	·		
Attributes:			

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

Correlation: eOther.SignatureGroup

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 - 1	ype (	Of Pat	ient R	lepresen <sup>a</sup>	tati	ive
---------------	-------	--------	--------	-----------------------	------	-----

OC-MEDS Usage: Required

Reporting Condition: Complete and submit if available

Definition:

If Patient Representative is chosen as the owner of the signature, this documents the relationship of the individual signing to the patient.

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Type Of Patient Representative

Data Type:

Single-select

Pertinent Negatives (PN):

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,
4514009 Domestic Partner	hospice, etc.)
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	No
Data Type.	Sirigie-select	(PN):	

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

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- 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 graphi	c file for the signature.			
Patient Identifiable:		Agency Identifiable:		
No		No		
NED ACIC EL	C: . E'! N			
NEMSIS Element:	Signature File Name			
	T	Double out Negatives	I No.	
Data Type:	String	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: eOther.Sign				
Constraints: character l	Constraints: character length = 1 to 255			
Code List:				
None				
INOTIC				





	eOther.17 -	Signature File Type	
OC-MEDS Usage:	Required		
	T		
Reporting Condition:	Complete and submit	if available	
Definition:			-1
The description of the f	ile attachment stored ir	n Signature Graphic (eOther.1	.8).
Patient Identifiable:		A compartido matificables	
		Agency Identifiable:	
No		No	
NEMSIS Element:	Signature File Type		
NEIVISIS Element.	Signature The Type		
Data Type:	String	Pertinent Negatives	No
		(PN):	
Is Nillable:	No	NOT Values:	No
15 Timable.	110	NOT Values.	110
Attributes:			
Correlation: eOther.Sign	natureGroup		
Constraints: character le	-		
Code List:			
None			





eOther.18 - Signature Graphic				
OC-MEDS Usage:	Required			
<b>-</b>				
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				
Cada Liate				
Code List:				
None				





eOther.19 - Date/Time of Signature				
	T			
OC-MEDS USage:	Required			
Danastina Canditian	Camadaka and submik	:f:! - - -		
Reporting Condition:	Complete and submit	if available		
Definition:				
The date and time the s	signature was captured.			
	<u> </u>			
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Date/Time of Signatur	re		
	Г		Γ	
Data Type:	Datetime	Pertinent Negatives	No	
		(PN):		
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: eOther.Sign	•			
		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}			
Codella				
Code List:				
None				





eOther.20 - Signature Last Name				
OC-MEDS Usage:	Required			
	T			
Reporting Condition:	Complete and submit	if available		
Definition				
Definition: The last name of the inc	dividual who signed the	accociated cignature		
The last hame of the lift	aividuai wilo 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 le	ength = 1 to 60			
Code List:				
None				





eOther.21 - Signature First Name					
OC-MEDS Usage:	Required				
	T				
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	Required			
Reporting Condition:	Complete and submit if available				
Definition:					
The name of the attached file.					
Dationt Identifichie.					
Patient Identifiable:		Agency Identifiable:			
No		No			
NEMSIS Element:	File Attachment Name				
NEIVISIS Element.	File Attachment Name	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:	<u> </u>		
Used to select the langu	uage text on the signatu	ire page.	
Dationt Identifiable.		۸ ا -ا +: ۴: - ا - ا	
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Custom Element		
INLIVISIS LICITICIT.	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	
		(114).		
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 sub-	mit when pertinent		
Definition:				
Patient/DDM Reason F	or AMA			
Delient Identification		A . a . a I ala		
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Custom Element			
INEIVISIS EIEITIETIL.	Custom Element			
Data Type:	Single-select	Pertinent Negatives	No	
Data Type.	Jiligic Sciect	(PN):		
Is Nillable:	No	NOT Values:	No	
A				
Attributes:				
No Comments				
Code List:				
Select Resources:				
itOther.017.100 Chief (	Complaint resolved			
itOther.017.101 Feels a		not necessary		
itOther.017.103 Other		THOC TICCCSSUT y		
itOther.017.102 Private		available		





itOther.018 - Patient/DDM Alternative Plan					
OC-MEDS Usage:	Required				
Reporting Condition:	Complete and submit	t when pertinent			
Definition:					
AMA - Patient/DDM Alt	ernative 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.019.105 Other

itOther.019.104 Responsible Adult (i.e. School Nurse)



itOther.019 - Who (family/friends) with patient now					
OC-MEDS Usage:	Required				
Reporting Condition:	Complete and submit	when pertinent			
Definition:					
AMA - Who (family/frie	nds) with patient now				
Patient Identifiable:		Agency Identifiable:			
No		No			
NEMSIS Element:	Custom Element				
Data Type:	Multi-select	Pertinent Negatives	No		
,,,,,		(PN):			
	r	1=	Т		
Is Nillable:	No	NOT Values:	No		
A					
Attributes:					
No Comments					
0 1 111					
Code List:					
Select Resources:					
itOther.019.100 Family	itOther.019.100 Family				
itOther.019.101 Friends					
itOther.019.102 Legal Guardian/DDM					





itOther.020 - Is Patient (or DDM) oriented to person, place, time & event					
OC-MEDS Usage:	Required				
Reporting Condition:	Complete and submit v	when pertinent			
Definition:					
AMA - Is Patient (or DD	M) oriented to person, p	place, time & event			
Patient Identifiable:		Agency Identifiable:			
No		No			
	_				
NEMSIS Element:	Custom Element				
		<b>1</b>			
Data Type:	Single-select	Pertinent Negatives	No		
71-		(PN):			
	т	T	Т		
Is Nillable:	Yes	NOT Values:	Yes		
A ++ ···! b · · · + o o ·					
Attributes:					
No Comments					
Code List:					
Not Values:					
	t Annlicahla				
itOther.020.NV.100 Not Applicable					
Select Resources:	Select Resources:				
itOther.020.101 No					
itOther.020.101 No					
itOther.020.103 Not Av	ailable				
itOther.020.102 Unknow					



itOther.021.102 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 DD	M) Unimpaired by drug	s or alcohol		
Butter of the official a				
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Custom Element			
INEIVISIS Element.	Custom Element			
		Pertinent Negatives	No	
Data Type:	Single-select	(PN):		
Is Nillable:	Yes	NOT Values:	Yes	
Attributes:				
No Comments				
Code List:				
Not Values:				
itOther.021.NV.100 Not Applicable				
Calant Deserves				
	Select Resources:			
itOther.021.101 No	itOther.021.101 No			
itOther.021.103 Not Available				





itOther.022 - Is Patient (or DDM) competent to refuse care				
OC-MEDS Usage:	Required			
	_			
Reporting Condition:	Complete and submit	when pertinent		
Definition:	2.5			
AMA - Is Patient (or DD)	M) competent to refuse	care		
Patient Identifiable:		A can ay Idontifiable		
No		Agency Identifiable: No		
INO	<u> </u>	NO		
NEMSIS Element:	Custom Element			
TTELTION ETC	Custom Element			
Data Turan	Circle colect	Pertinent Negatives	No	
Data Type:	Single-select	(PN):		
Is Nillable:	Yes	NOT Values:	Yes	
Attributes:				
No Comments				
Code List:				
Not Values:				
	itOther.022.NV.100 Not Applicable			
itother.022.NV.100 Not Applicable				
Select Resources:	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 D	DDM) been advised that	911 can be reassessed			
Patient Identifiable:		Agency Identifiable:			
No		No			
NIENACIC Elements	Contain Flament				
NEMSIS Element:	Custom Element				
	T	Partinant Magatives	No		
Data Type:	Single-select	Pertinent Negatives (PN):	NO		
		(FIV).			
Is Nillable:	Yes	NOT Values:	Yes		
10 111112121			1.00		
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 023 103 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 ar	nd complications of refus	sal been discussed		
Patient Identifiable:		Agency Identifiable:		
No		No		
140		140		
NEMSIS Element:	Custom Element			
Data Type:	Single-select	Pertinent Negatives	No	
Data Type.	Siligie-Select	(PN):		
	Τ		T	
Is Nillable:	Yes	NOT Values:	Yes	
Attributos				
Attributes: No Comments				
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 eman	cipated		
Patient Identifiable:		Agency Identifiable:		
No		No		
	T			
NEMSIS Element:	Custom Element			
	т		T	
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	واطوا:م			
itOther.025.103 Not Av itOther.025.102 Unknow				
ILOTHEL.025.102 OHKHOWH				



itOther.029.100 Patient Refused Exam itOther.029.102 Patient Refused Transport itOther.029.101 Patient Refused Treatment



itOther.029 - AMA Initial Disposition				
OC-MEDS Usage:	Required			
Reporting Condition:	Complete and submit	t when pertinent		
Definition:				
AMA Initial Disposition	l			
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Custom Element			
Data Type:	Multi-select	Pertinent Negatives	No	
	1	(PN):		
	T			
Is Nillable:	No	NOT Values:	No	
A				
Attributes:				
No Comments				
Code List:				
Select Resources:				
	urizad Dacician Makar (A	IDM) Pofusod Evam		
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			





eOutcome.u1 -	Emergency Dep	artment 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	No
Bata Type.	Single select	(PN):	

Is Nillable:	Yes	NOT Values:	Yes
is iviliable.	163	TTO T Values.	103

#### 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.





Effective Date: 04/01/2024

#### 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.

OCEMS Policy #300.31





#### 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 - Exter	nal Report ID/Number Type	
OC-MEDS Usage:	Required		
Reporting Condition:	Required for EMS for t	he purpose of enabling bi-di	rectional data exchange.
Definition:			
The Type of External Re	port or Record associate	ed with the Report/ID Numb	er.
Patient Identifiable:		Agency Identifiable:	
No	No No		
NEMSIS Element:	External Report ID/Nu	mber 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 t	he purpose of enabling bi-di	rectional data exchange.	
Definition:				
The ID or Number of the	e external report or reco	ord in eOutcome.03.		
Patient Identifiable:		Agency Identifiable:		
No		No		
	T			
NEMSIS Element:	External Report ID/Nu	mber		
Data Type:	String	Pertinent Negatives	No	
2000 1700		(PN):		
	Τ		T	
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: eOutcome.	•			
Constraints: character le	ength = 2 to 100			
Code List:				
Code List.				
None				





eOutcome.05 - Other Report Registry Type				
OC-MEDS Usage:	Optional			
Reporting Condition:	Complete and submit	if pertinent		
			7	
Definition:				
The type of external rep	port/registry that was de	ocumented as "other" in eOu	tcome.03	
Darland Library Collins		A Lile a L'Calala		
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Other Depart Degistry	Tuno		
NEIVISIS Element.	Other Report Registry	туре		
		Pertinent Negatives	No	
Data Type:	String	(PN):	140	
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: eOutcome.	ExternalDataGroup			
Constraints: character le	Constraints: character length = 2 to 50			
Code List:				
Nana				
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 those used by the patie	•	ion, expressed in the terms as nant.	s close as possible to	
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Custom Element			
Data Type:	String	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
<b>-</b>				
Attributes:				
Constraints: character le	•			
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:		if available; Component of ar		
		or through Health Information	on Exchange (HIE)	
	Network.			
Definition:				
The first recorded Emer	gency Department Syst	colic Blood Pressure.		
	80			
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Custom Element			
	T		Ι	
Data Type:	Number	Pertinent Negatives	No	
		(PN):		
Is Nillable:	No	NOT Values:	No	
10 1 11110101	1	11011000	1.10	
Attributes:				
Constraints: minimum =	= 0; maximum = 500			
Comments: Replaces et	Outcome.07 which was	deprecated by NEMSIS		
Code List:				
None				
T T T T T T T T T T T T T T T T T T T				





itOuto	come.108 - Emergency	Department Recorded Cause	of Injury
OC-MEDS Usage:	Optional		
Reporting Condition:	· ·	if available; Component of a	•
		or through Health Information	on Exchange (HIE)
	Network.		
D. C. W.			
Definition:	office of the contract of		
The documented cause	of injury from the eme	rgency department record.	
Patient Identifiable:		Agency Identifiable:	
No		No	
110		NO	
NEMSIS Element:	Custom Element		
TVEIVIOIO ETCITICITEI	oustoni Lieniene		
		Pertinent Negatives	No
Data Type:	Multi-select	(PN):	
Is Nillable:	No	NOT Values:	No
		•	
Attributes:			
Constraints: pattern = (	[TV-Y][0-9]{2})((\.[0-9A-	Z]{1,7})?)	
Comments: Replaces et	Outcome.08 which was	deprecated by NEMSIS	
Code List:			





	eOutcome.09 - Emergency Department Procedures			
OC-MEDS Usage:	Required			
Reporting Condition:	Required to be submit	tted by designated ERC's per	policy 300.50.	
B C				
Definition:	and an the metions during		atiait	
The procedures perforn	ned on the patient durir	ng the emergency departmen	nt visit.	
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Emergency Departme	nt Procedures		
	-			
Data Type:	ICD-10 value	Pertinent Negatives	No	
Data Type.	ICD-10 value	(PN):		
	T			
Is Nillable:	No	NOT Values:	No	
All de La				
Attributes:		Due ee dewee Coesse		
Correlation: eOutcome. Constraints: ICD-10-PCS	- , ,	•		
Constraints. ICD-10-PCS	o, pattern – [0-9A-nj-NP	-2]{3,7}		
Code List:				
Standardized list.				





	eOutcome.10 - Emergency Department Diagnosis			
OC-MEDS Usage:	Required			
Reporting Condition:	Required to be submi	tted by designated ERC's per	policy 300.50.	
Definition:				
·	•	or problem for which Emerge	ncy Department	
services were provided.				
		Г		
Patient Identifiable:		Agency Identifiable:		
No		No		
	Τ		1	
NEMSIS Element:	Emergency Departme	nt Diagnosis		
	T	T	T	
Data Type:	ICD-10 value	Pertinent Negatives	No	
,,		(PN):		
Is Nillable:	No	NOT Values:	No	
IS Miliable.	INO	NOT values.	INO	
Attributes:				
	nattern = [A-7][0-9][0-	-9A-Z]((\.[0-9A-Z]{1,3})?)		
Constituints. Teb 10 c	, pattern – [, , 2][0 3][0	JA 2]((\.[O 3/\ 2](\.)3]].]		
Code List:				
Standardized list.				





eOutcome.11 - Date/Time of Hospital Admission				
OC-MEDS Usage:	Required			
Reporting Condition:	Required to be submit	ted by designated ERC's per	policy 300.50.	
Definition:				
The date and time the p	patient was admitted to	the hospital.		
Patient Identifiable:		Agency Identifiable:		
No		No		
	I			
NEMSIS Element:	Date/Time of Hospital	Admission		
Data Type:	Datetime	Pertinent Negatives	No	
		(PN):		
Is Nillable:	No	NOT Values:	No	
is Milable.	INO	NOT values.	INO	
Attributes:				
Constraints:				
	1/1/2050: pattern = $[0.9]$	9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2	·}·[0-9]{2}·[0-	
9]{2}(\.\d+)?(\+ -)[0-9]{	- · · · · · · · · · · · · · · · · · · ·	5][.] [0 5][2] [0 5][2].[0 5][2	-,,,[0 0](=),[0	
	,			
Code List:				
None				





eOutcome.12 - Hospital Procedures				
OC-MEDS Usage:	Required			
Reporting Condition:	Required to be submit	ted by designated ERC's per	policy 300.50.	
Definition:				
Hospital Procedures pe	rformed on the patient	during the hospital admission	n.	
Patient Identifiable:		Aconordalontificable		
		Agency Identifiable: No		
No		INU		
NEMSIS Element:	Hospital Procedures			
TTEITION ETCHTETTE	Trospitar Frocedures			
Data Tomas	ICD 10l	Pertinent Negatives	No	
Data Type:	ICD-10 value	(PN):		
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: eOutcome.		•		
Constraints: ICD-10-PCS	S, pattern = [0-9A-HJ-NP	-2]{3,7}		
Code List:				
Code List.				
Standardized list.				





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):  Is Nillable: No NOT Values: No	eOutcome.13 - Hospital Diagnosis			
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):  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:				
Definition: The hospital diagnosis of the patient associated with the hospital admission.  Patient Identifiable: No No NEMSIS Element: Hospital Diagnosis  Data Type: ICD-10 value Pertinent Negatives (PN): Is Nillable: No NO NOT Values: No Attributes: Constraints: ICD-10-CM, pattern = [A-Z][0-9][0-9A-Z]((\.[0-9A-Z]{1,4})?)  Code List:	OC-MEDS Usage:	Required		
Definition: The hospital diagnosis of the patient associated with the hospital admission.  Patient Identifiable: No No NEMSIS Element: Hospital Diagnosis  Data Type: ICD-10 value Pertinent Negatives (PN): Is Nillable: No NO NOT Values: No Attributes: Constraints: ICD-10-CM, pattern = [A-Z][0-9][0-9A-Z]((\.[0-9A-Z]{1,4})?)  Code List:				
The hospital diagnosis of the patient associated with the hospital admission.  Patient Identifiable:  No  Agency Identifiable:  No  NEMSIS Element:  Hospital Diagnosis  Data Type:  ICD-10 value  Pertinent Negatives (PN):  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:	Reporting Condition:	Required to be submit	ted by designated ERC's per	policy 300.50.
The hospital diagnosis of the patient associated with the hospital admission.  Patient Identifiable:  No  Agency Identifiable:  No  NEMSIS Element:  Hospital Diagnosis  Data Type:  ICD-10 value  Pertinent Negatives (PN):  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:				7
Patient Identifiable:  No  No  No  NEMSIS Element:  Hospital Diagnosis  Data Type:  ICD-10 value  Pertinent Negatives (PN):  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:				
No         No           NEMSIS Element:         Hospital Diagnosis           Data Type:         ICD-10 value         Pertinent Negatives (PN):           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:	The hospital diagnosis of	of the patient associated	with the hospital admission	
No         No           NEMSIS Element:         Hospital Diagnosis           Data Type:         ICD-10 value         Pertinent Negatives (PN):           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:	5 v			
NEMSIS Element: Hospital Diagnosis  Data Type: ICD-10 value Pertinent Negatives (PN):  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:			,	
Data Type:  ICD-10 value  Pertinent Negatives (PN):  Is Nillable:  No  No  Attributes:  Constraints: ICD-10-CM, pattern = [A-Z][0-9][0-9A-Z]((\.[0-9A-Z]{1,4})?)  Code List:	No		No	
Data Type:  ICD-10 value  Pertinent Negatives (PN):  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:	NENACIC Flores onto	Hasnital Diagnasis		
Is Nillable:   No   NOT Values:   No	NEIVISIS Element:	Hospital Diagnosis		
Is Nillable:   No   NOT Values:   No			Partinent Negatives	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:	Data Type:	ICD-10 value	_	140
Attributes:  Constraints: ICD-10-CM, pattern = [A-Z][0-9][0-9A-Z]((\.[0-9A-Z]{1,4})?)  Code List:			( )	
Constraints: ICD-10-CM, pattern = [A-Z][0-9][0-9A-Z]((\.[0-9A-Z]{1,4})?)  Code List:	Is Nillable:	No	NOT Values:	No
Constraints: ICD-10-CM, pattern = [A-Z][0-9][0-9A-Z]((\.[0-9A-Z]{1,4})?)  Code List:				
Code List:	Attributes:			
	Constraints: ICD-10-CM	, pattern = [A-Z][0-9][0-9	9A-Z]((\.[0-9A-Z]{1,4})?)	
Standardized list.	Code List:			
Standardized list.				
Standardized list.	Chandandia addiat			
	Standardized list.			





	itOutcome.114 - Total ICU Length of Stay			
OC-MEDS Usage:	Optional			
Reporting Condition:	•	if available; Component of ar	_	
		or through Health Information	on Exchange (HIE)	
	Network.			
Definition:				
	tient days in any ICU (in	cluding all ICU episodes).		
сосинилист ст ра	ordina da yo iii arriy 100 (iii	isiaag a ree episeaes,.		
Patient Identifiable:		Agency Identifiable:		
No		No		
OC-MEDS Element:	Total ICU Length of St	ay		
	Τ		I	
Data Type:	Number	Pertinent Negatives (PN):	No	
		(FIN).		
Is Nillable:	No	NOT Values:	No	
	-		-	
Attributes:				
Constraints: minimum =	= 1; maximum = 400			
Comments: Replaces ed	Outcome.14 which was	deprecated by NEMSIS		
Code List:				
None				





	itOutcome.115 - Total Ventilator Days			
OC-MEDS Usage:	Optional			
Reporting Condition:	•	if available; Component of ar	_	
	,	or through Health Information	on Exchange (HIE)	
	Network.			
Definition				
Definition:	.:		and the same in the same	
operating room).	tient days spend on a m	nechanical ventilator (excludir	ng time in the	
operating roomj.				
Patient Identifiable:		Agency Identifiable:		
No		No		
OC-MEDS Element:	Total Ventilator Days			
Data Type:	Number	Pertinent Negatives	No	
Data Type.	Number	(PN):		
	T		,	
Is Nillable:	No	NOT Values:	No	
Attributes:				
Constraints: minimum =				
Comments: Replaces eC	Outcome.15 which was	deprecated by NEMSIS		
Codo List.				
Code List:				
None				





eOutcome.16 - Date/Time of Hospital Discharge				
OC-MEDS Usage:	Required			
Reporting Condition:	Required to be submit	ted by designated ERC's per	policy 300.50.	
Definition:				
The date the patient wa	as discharged from the h	ospital.		
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Date/Time of Hospital	Discharge		
Data Tuno:	Datetime	Pertinent Negatives	No	
Data Type:	Datetime	(PN):		
Is Nillable:	No	NOT Values:	No	
Attributes:				
		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:				
		th a cure a war a way		
The date and time the p	batient was admitted to	the emergency department.		
Patient Identifiable:		Agangy Idantifiable		
	0 /			
No	No			
NEMSIS Element:	Custom Element			
TVEIVIOIO ETCITICITAT	Custom Element			
Data Type:	Datetime Pertinent Negatives No (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/Ti	ime of Emerge	ncy Depar	tment A	dmission
-------------	-----------	---------------	-----------	---------	----------

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	Datatima	Pertinent Negatives	No
		Datetime	(PN):	I

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

#### Attributes:

Constraints: between 1/1/1950 and 1/1/2050; pattern =  $[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]*2}:[0-9]*2$ 

#### Code List:

Not Values:

7701001 Not Applicable 7701003 Not Recorded





Effective Date: 04/01/2024

eOutcome.19 - Date/Time Em	rgency De	epartment I	Procedure I	ertormed?
----------------------------	-----------	-------------	-------------	-----------

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:

No Agency Identifiable:

No

NEMSIS Element: Date/Time Emergency Department Procedure Performed

Data Type:

Datetime

Pertinent Negatives (PN):

Is Nillable: No NOT Values: Yes

#### Attributes:

Correlation: eOutcome.EmergencyDepartmentProceduresGroup

Constraints: between 1/1/1950 and 1/1/2050; pattern =  $[0-9]\{4\}-[0-9]\{2\}-[0-9][2]-[0-9][2]-[0-9][2]-[0-9][2]-[0-9][2]-[0-9][2]-[0-9][2]-[0-9]-[0-$ 

9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

#### Code List:

Not Values:

7701001 Not Applicable 7701003 Not Recorded

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eOutcome.20 - Date/Time Hospital Procedure Performed				
OC-MEDS Usage:	Required			
Reporting Condition:	Required to be submit	ted by designated ERC's per	policy 300.50.	
Definition:				
The date/time the hosp	ital procedure was perf	ormed on the patient.		
Patient Identifiable:		Agency Identifiable:		
No No				
NEMSIS Element:	Date/Time Hospital Pr	ocedure 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 = $[0-9]\{4\}-[0-9]\{2\}-[0-9]\{2\}T[0-9]\{2\}:[0-9]\{2\}:[0-9]\{2\}$				
9]{2}(\.\d+)?(\+ -)[0-9]{2}:[0-9]{2}				

#### Code List:

Not Values:

7701001 Not Applicable 7701003 Not Recorded

OCEMS Policy #300.31

Effective Date: 04/01/2024





itOutcome.015 – EMS Subscription Membership #				
OC-MEDS Usage:	Optional	Optional		
	_			
Reporting Condition:	Complete and submit	if available.		
Definition:				
The EMS subscription n	umber assigned by the	EMS provider agency for the	patient.	
Patient Identifiable:		Agency Identifiable:		
Yes		Yes		
NENACIC El	C .1 Fl			
NEMSIS Element:	Custom Element			
		Portinent Negatives	No	
Data Type:	String	Pertinent Negatives (PN):	INO	
		(1 14).		
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 ev	ery incident.	
Definition:			
The unique ID for the pa	atient within the Agency	У	
Patient Identifiable:		Agency Identifiable:	
Yes		No	
NIENACIC Elements	FNAC Detient ID		
NEMSIS Element:	EMS Patient ID		
		Pertinent Negatives	No
Data Type:	String	(PN):	INO
		(114).	
Is Nillable:	No	NOT Values:	No
Attributes:			
Correlation: ePatient.Pa	atientNameGroup		
Constraints: character l	ength = 1 to 100		
Code List:			
None			
None			





ePatient.02 - Last Name				
OC-MEDS Usage:	Required			
Reporting Condition:	itDisposition.112 does	s not include a Canceled or N	o Patient Contact value.	
Definition:				
The patient's last (famil	y) name			
Patient Identifiable:		Agency Identifiable:		
Yes		No		
	T			
NEMSIS Element:	Last Name			
	T		1	
Data Type:	String	Pertinent Negatives (PN):	Yes	
Is Nillable:	Yes	NOT Values:	Yes	
Attributes:				
Correlation: ePatient.Pa	atientNameGroup			
Constraints: character length = 1 to 60				
Code List:				
Not Values:				
7701001 Not Applicable	2			
7701003 Not Recorded				

OCEMS Policy #300.31

7701005 Not Reporting

8801023 Unable to Complete

Pertinent Negatives: 8801019 Refused

Effective Date: 04/01/2024





ePatient.03 - First Name					
OC-MEDS Usage:	Required				
Reporting Condition:	itDisposition.112 does	not include a Canceled or No	o Patient Contact value.		
- ~ w					
Definition:	,				
The patient's first (giver	n) name				
Patient Identifiable:		Agangy Idontifiable:			
Yes		Agency Identifiable: No			
res		NO			
NEMSIS Element:	First Name				
Data Type:	String	Pertinent Negatives (PN):	Yes		
Is Nillable:	Yes	NOT Values:	Yes		
Attributes:					
Correlation: ePatient.Pa	•				
Constraints: character length = 1 to 50					
Cadalist					
	Code List:				
Not Values:					
7701001 Not Applicable	€				
7701003 Not Recorded					

OCEMS Policy #300.31

7701005 Not Reporting

8801023 Unable to Complete

Pertinent Negatives: 8801019 Refused

Effective Date: 04/01/2024





	ePatient.04 -	- Middle Initial/Name		
OC-MEDS Usage:	Optional			
	1			
Reporting Condition:	Complete and submit	if available		
Definition:				
The patient's middle na	me, if any			
Patient Identifiable:		Agency Identifiable:		
Yes		No		
163		INO		
NEMSIS Element:	Middle Initial/Name			
	,			
Data Type:	String	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: ePatient.Pa	·			
Constraints: character le	ength = 1 to 50			
C. J. P.J.				
Code List:				
None				





	ePatient.05 - Patient's Home Address				
OC-MEDS Usage:	Required				
Reporting Condition:	itDisposition.112 does	not include a Canceled or N	o Patient Contact value.		
Definition:					
Patient's address of res	idence				
Darland Library Collins		A Lilia d'C'alala			
Patient Identifiable:		Agency Identifiable:			
Yes		No			
NEMSIS Element:	Patient's Home Addre	cc			
NEWISIS Element.	Patient's nome Addre	55			
Data Type:	String	Pertinent Negatives (PN):	Yes		
		(1.1.)			
Is Nillable:	Yes	NOT Values:	No		
Attributes:					
Constraints: character l	ength = 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			
Dationt Identifiable.		A	
Patient Identifiable:		Agency Identifiable:	
Yes		No	
NEMSIS Element:	Street Address 2		
NEIVISIS 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	o Patient Contact value.		
Definition:					
The patient's primary ci	ty or township of reside	ence.			
Patient Identifiable:		Agency Identifiable:			
No		No			
	T				
NEMSIS Element:	Patient's Home City				
Data Type:	GNIS Value	Pertinent Negatives	Yes		
2000 1760		(PN):			
	Т		Г		
Is Nillable:	Yes	NOT Values:	No		
Attributes:					
GNIS Codes Website: ht	tp://geonames.usgs.go	v/domestic/download_data.l	<u>ntm</u>		
Code List:					
Double out No potice /DA	11				
Pertinent Negatives (PN)					
8801023 - Unable to Co	mpiere				
ĺ					





ePatient.07 - Patient's Home County					
OC-MEDS Usage:	Required				
Reporting Condition:	itDisposition.112 does	s not include a Canceled or N	o Patient Contact value.		
Definition:					
The patient's home cou	nty or parish of residen	ice.			
Patient Identifiable:		Agency Identifiable:			
No		No			
	т				
NEMSIS Element:	Patient's Home Count	ī <b>y</b>			
	т		,		
Data Type:	ANSI value	Pertinent Negatives (PN):	No		
Is Nillable:	Yes	NOT Values:	Yes		
Attributes:					
Constraints: pattern = [					
Comment: Value Depre	<mark>cated</mark>				
Code List:					
	Not Values:				
7701001 Not Applicable					
7701003 Not Recorded					

OCEMS Policy #300.31 Effective Date: **04/01/2024** 





Effective Date: 04/01/2024

	ePatient.08 -	Patient's Home State		
OC-MEDS Usage:	Required			
Reporting Condition:	itDisposition.112 does	not include a Canceled or N	o Patient Contact value.	
Definition:				
The state, territory, or p	province where the pati	ent resides.		
Patient Identifiable:		Agency Identifiable:		
No		No		
NEN ACIC EL	D .: .! .!			
NEMSIS Element:	Patient's Home State			
	<u> </u>	Double out Negatives	l No	
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:				

OCEMS Policy #300.31

7701001 Not Applicable 7701003 Not Recorded



7701003 Not Recorded



ePatient.09 - Patient's Home ZIP Code				
OC-MEDS Usage:	Required			
Reporting Condition:	itDisposition.112 does	s not include a Canceled or No	o Patient Contact value.	
Definition:	-			
The patient's ZIP code of	of residence.			
Dationt Idontifiable.		A, I doub!fielde.		
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Patient's Home ZIP Co			
INEIVISIS EIGITICITE.	Tatient 3 Home 211 Co	ue		
Data Type:	String	Pertinent Negatives (PN):	No	
Is Nillable:	Yes	NOT Values:	Yes	
Attributes:				
Constraints:	···· · · · · · · · · · · · · · · · · ·	-1/-1// =1/0 01/4 =1/0 01/4	-151	
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: Value Deprecated				
Code List:				
Code List.				
Not Values:				
7701001 Not Applicable				

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ePatient.10 - Patient's Country of Residence					
OC-MEDS Usage:	Optional				
Reporting Condition:	Complete and submit	if available.			
Definition:					
The country of residence	e of the patient.				
Patient Identifiable:		Agency Identifiable:			
No		No			
	T				
NEMSIS Element:	Patient's Country of R	esidence			
	T				
Data Type:	ANSI Value	Pertinent Negatives	No		
		(PN):			
Is Nillable:	No	NOT Values:	No		
is milable.	INO	NOT values.	INO		
Attributes:					
Constraints: character l	ength = 2				
Comments: Based on th	_				
http://www.iso.org/iso	-	66 code lists.htm			
Code List:					
None					





ePatient.12 - Social Security Number				
OC-MEDS Usage:	Optional			
Reporting Condition:	None			
Definition:				
The patient's social seco	urity number			
Patient Identifiable:		Agency Identifiable:		
Yes	_	No		
AUEN ACIO EL	6 : 16 :: 11			
NEMSIS Element:	Social Security Number	<u>er</u>		
	T	Deutinout Nogatives	V	
Data Type:	Number	Pertinent Negatives (PN):	Yes	
		(FIV).		
Is Nillable:	Yes	NOT Values:	No	
10 1411.00.01	1 103	1101 14.4665	110	
Attributes:				
Constraints: pattern = [	0-9]{9}			
Code List:				
Pertinent Negatives (PN)				
8801023 - Unable to Co				
0001010 01101010 00				





ePatient.13 - Gender				
OC-MEDS Usage:	Required			
	1			
Reporting Condition:	itDisposition.112 does	not include a Canceled or No	o Patient Contact value.	
Definition				
Definition: The Patient's Gender				
The Patient's Gender				
Patient Identifiable:		Agency Identifiable:		
No		No		
	-			
NEMSIS Element:	Gender			
Data Type:	Single-select	Pertinent Negatives (PN):	No	
	T	1		
Is Nillable:	Yes	NOT Values:	Yes	
Attributes:				
Comments: New Values	•			
comments. New values	9			
Code List:				
Not Values:				
7701001 Not Applicable	<u>غ</u>			
7701003 Not Recorded				
Select Resources:				
9906001 Female				
9906003 Male				
9906007 Female-to-Male, Transgender Male 9906009 Male-to-Female, Transgender Female				
	exclusively male or fem	ale		
9906005 Unknown (Una	•			
5500005 Chichown (Chable to Determine)				





	ePatient.14 - Race					
OC-MEDS Usage:	Required					
Reporting Condition:	Complete and submit	when available.				
Definition:						
The patient's race as de	fined by the OMB (US C	Office of Management and Bu	ıdget)			
Patient Identifiable:		Agency Identifiable:				
No		No				
	Т					
NEMSIS Element:	Gender					
	Т		T			
Data Type:	Multi-select	Pertinent Negatives	No			
		(PN):				
Is Nillable:	Yes	NOT Values:	Yes			
13 Iviliable.	163	NOT values.	163			
Attributes:						
None						
Code List:						
Not Values:	Not Values:					
7701001 Not Applicable						
7701003 Not Recorded						
Select Resources:						
2514001 American India	an or Alaska Native					
2514003 Asian						

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2514005 Black or African American

2514009 Native Hawaiian or Other Pacific Islander

2514007 Hispanic or Latino

it2514.001 Other Race 2514011 White

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ePatient.15 - Age						
OC-MEDS Usage:	Required					
Reporting Condition:	itDisposition.112 does	not include a Canceled or No	o Patient Contact value.			
Definition:						
The patient's age (eithe	r calculated from date o	f birth or best approximation	า)			
Patient Identifiable:		Agency Identifiable:				
No		No				
	Ι.					
NEMSIS Element:	Age					
	<u> </u>	S. C. L. N. L. C.				
Data Type:	Number	Pertinent Negatives	No			
		(PN):				
Is Nillable:	Yes	NOT Values:	Yes			
13 Miliable.	163	NOT values.	163			
Attributes:						
Constraints: minimum =	= 1: maximum = 120					
2,						
Code List:						
Not Values:						
7701001 Not Applicable	9					
7701003 Not Recorded						





ePatient.16 - Age Units						
OC-MEDS Usage:	Required					
	Γ					
Reporting Condition:	itDisposition.112 does	not include a Canceled or No	o Patient Contact value.			
- a						
Definition:	the collection					
The unit used to define	the patient's age					
Patient Identifiable:		Agency Identifiable:				
No		No				
140		110				
NEMSIS Element:	Age Units					
Data Type:	Single-select	Pertinent Negatives No (PN):				
Is Nillable:	Yes	NOT Values:	Yes			
Attributes:						
None						
Carla Liate						
Code List:						
Not Values:						
7701001 Not Applicable	2					
7701003 Not Recorded						
Select Resources:						
2516001 Days 2516003 Hours						
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 bi	rth					
Patient Identifiable:		Agency Identifiable:				
Yes		No				
	<del>,</del>					
NEMSIS Element:	Date of Birth					
	1		_			
Data Type:	Datetime	Pertinent Negatives	Yes			
- Juliu . , p s .	Dute:	(PN):				
	Т		<b>T</b>			
Is Nillable:	Yes	NOT Values:	Yes			
Attributes:	1/1/4000	1/1/2050				
Constraints: minimum =	= 1/1/1890; maximum =	: 1/1/2050				
0 1 1 1						
Code List:						
Not Values:						
7701001 Not Applicable	e					
7701003 Not Recorded						
7701005 Not Reporting						
, -						
Pertinent Negatives:						
8801019 Refused						
8801023 Unable to Con	nplete					





	ePatient.18 - P	atient's Phone Number			
OC-MEDS Usage:	Required				
	_				
Reporting Condition:	Complete and submit	if available			
Definition:					
The patient's phone nu	mber				
Patient Identifiable:		Agana, Idantifiable.			
		Agency Identifiable:			
Yes		No			
NEMSIS Element:	Patient's Phone Numb	ner			
NEWIOIS Element.	Tatient 3 Frione Harris	761			
Data Type:	String	Pertinent Negatives Yes (PN):			
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]					
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 th	e patient					
Darland Library Calaba		A Lilia d'C'alala				
Patient Identifiable:		Agency Identifiable:				
Yes		No				
NEMSIS Element:	Patient's Email Addres					
NEWISIS Element.	Patient S Email Addres	55				
Data Type:	String	Pertinent Negatives No (PN):				
Is Nillable:	No	NOT Values:	No			
Attributes:						
Constraints: character l	ength = 3 to 100					
Code List:						
None						





	ePatient.20 - Sta	te Issuing Driver's License			
OC-MEDS Usage:	Recommended		<u> </u>		
Reporting Condition:	None				
Definition:					
The state that issued th	e drivers license				
- · · · · · · · · · · · · · · · · · · ·					
Patient Identifiable:		Agency Identifiable:			
No		No			
NEW ACIC Flores and	Challe Jassine Deisselle				
NEMSIS Element:	State Issuing Driver's I	License			
	Π	Portinent Negatives	No		
Data Type:	ANSI Value	Pertinent Negatives (PN):	INO		
		(1.11)			
Is Nillable:	No	NOT Values:	No		
Attributes:					
Constraints: pattern = [	0-9]{2}				
Code List:					
Stored as the ANSI State Code.					
GNIS Codes Website: ht	ttp://geonames.usgs.go	ov/domestic/download_data.h	<u>ntm</u>		

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	ePatient.21 - D	Priver's License Number			
OC-MEDS Usage:	Recommended				
	T				
Reporting Condition:	None				
- a					
Definition:					
The patient's drivers lice	ense number				
Patient Identifiable:		Agency Identifiable:			
Yes		No			
163		INO			
NEMSIS Element:	Driver's License Numb	oer			
		· · · · · · · · · · · · · · · · · · ·			
Data Type:	String	Pertinent Negatives (PN):	No		
Is Nillable:	No	NOT Values:	No		
Attributes:					
Constraints: character length = 1 to 30					
Code List:					
None					





eР	at	ien	t.2	2 -	Al	teı	rna	ite	Н	om	e R	esi	dei	nce	•	

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):

Is Nillable: Yes NOT Values: Yes

Attributes:

Comments: New element for 3.5 Standard, replaces itPatient.025 "Is Patient Homeless"

Comment: Value Deprecated

### Code List:

Not Values:

7701001 Not Applicable 7701003 Not Recorded

Select Resources:

2522005 Foreign Visitor

2522001 Homeless

2522003 Migrant Worker

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itOtherKin.001 - Street Address					
OC-MEDS Usage:	Optional				
Reporting Condition:	None				
_					
Definition:					
Street Address of the of	ther kin.				
Patient Identifiable:		Agency Identifiable:			
Yes		No			
163		IVO			
NEMSIS Element:	Custom				
Data Type:	String	Pertinent Negatives (PN):	No		
Is Nillable:	No	NOT Values:	No		
Attributes:					
No Comments					
C. J. P.J.					
Code List:					
None					





itOtherKin.002 - Street Address 2					
OC-MEDS Usage:	Optional				
Reporting Condition:	None				
Definition:					
Street Address 2 of the	other kin.				
Datinat Islantifiable.		A			
Patient Identifiable:		Agency Identifiable:			
Yes		No			
NEMSIS Element:	Custom Element				
NEWISIS Element.	Custom Element				
Data Type:	String	Pertinent Negatives (PN):	No		
Is Nillable:	No	NOT Values:			
Γ,					
Attributes:					
No Comments	_				
Code List:					
None					





itOtherKin.003 - Postal Code				
OC-MEDS Usage:	Optional			
	,			
Reporting Condition:	None			
- •				
Definition:				
Postal Code of the othe	r kin.			
Patient Identifiable:		Agangu Idantifiahlar		
No		Agency Identifiable: No		
INO		INU		
NEMSIS Element:	Custom Element			
TVEIVISIS EICHICHT.	custom Element			
Data Type:	String	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
Attributes:				
No Comments				
0 1 111				
Code List:				
None				





itOtherKin.004 - Apartment Number				
OC-MEDS Usage:	Optional			
Reporting Condition:	None			
Definition:				
Apartment Number of t	the other kin.			
Patient Identifiable:		Agangy Idantifiable		
Yes		Agency Identifiable: No		
res		INU		
NEMSIS Element:	Custom Element			
TVEIVIOIO ETCHICITE.	edstorr 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			
F				
Definition:				
City Name of the other	kin.			
Patient Identifiable:		Agency Identifiable:		
No		No		
NEN ACIC EL	C. 1 Fl			
NEMSIS Element:	Custom Element			
	<u> </u>	D. C. and Marrielland	T	
Data Type:	GNIS Value	Pertinent Negatives	No	
	<u> </u>	(PN):		
Is Nillable:	No	NOT Values:	No	
15 Milabici		NOT VAIACS.	110	
Attributes:				
	GNIS Feature Class. Th	e primary Feature Class to use	e is "Civil" with	
	"Military" code as additi			
· · · · · · · · · · · · · · · · · · ·				
Code List:				
GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm				
	.tp://georiameoraego.ge	vy domesticy dominoda_data	1611	





itOtherKin.008 - County Name				
OC-MEDS Usage:	Optional			
Reporting Condition:	None			
Definition:				
County Name of the oth	ner kin.			
Patient Identifiable:		Aganguldantifiabla		
No		Agency Identifiable:  No		
INO		INO		
NEMSIS Element:	Custom Element			
TVEIVIOIO ETCHICITE.	edstorr Element			
Data Type:	ANSI Value	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
Attributes:				
Constraints: pattern = [	0-9]{5}			
0 1 11 1				
Code List:				
None				





itOtherKin.010 - State Name					
OC-MEDS Usage:	Optional				
	,				
Reporting Condition:	None				
- •					
Definition:					
State Name of the othe	r kin.				
Patient Identifiable:		Agangy Idontifiable			
No		Agency Identifiable: No			
INO		INU			
NEMSIS Element:	Custom Element				
Data Type:	ANSI Value	Pertinent Negatives (PN):	No		
Is Nillable:	No	NOT Values:	No		
Attributes:	1 6 1 11 1 1 1	ANG			
Comments: The ANSI Code Selection by text but stored as ANSI code.					
Cadalist					
Code List:					
None	None				





itOtherKin.012 - Country Code				
OC-MEDS Usage:	Optional			
Reporting Condition:	None			
Definition:				
Country Code of the oth	ner kin.			
Patient Identifiable:		Agancy Idantifiable:		
No		Agency Identifiable:  No		
INO		INO		
NEMSIS Element:	Custom Element			
Data Type:	ANSI Value	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
A see that is a				
Attributes:	100 Co. also Codes			
Comments: Based on th	ie ISO Country Codes.			
Code List:				
ANSI Country Codes (ISO 3166) Website:				
http://www.iso.org/iso	/country_codes/iso_31	<u>56 code lists.htm</u>		





itOtherKin.013 - First Name				
OC-MEDS Usage:	Optional			
Reporting Condition:	None			
Definition:				
First Name of the other	kin.			
Darland Languer Languer		A Lila i l'Calala		
Patient Identifiable:		Agency Identifiable:		
Yes		No		
NEMSIS Element:	Custom Element			
NEIVISIS 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.			
D .:		A 11		
Patient Identifiable:		Agency Identifiable:		
Yes		No		
NIENACIC Elements	Custom Flore ant			
NEMSIS Element:	Custom Element			
		Pertinent Negatives	No	
Data Type:	String	(PN):	INO	
		(114).		
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 oth	er kin.			
Patient Identifiable:		Agency Identifiable:		
Yes		No		
NIENACIC Elements	Contain Flament			
NEMSIS Element:	Custom Element			
		Portinent Negatives	No	
Data Type:	String	Pertinent Negatives (PN):	INO	
		(114).		
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 o	ther kin.			
Patient Identifiable:		Agangy Idantifiable		
Yes		Agency Identifiable:  No		
res		INO		
NEMSIS Element:	Custom Element			
TVEIVIOIO ETCTTETTE.	custom Element			
Data Type:	String	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
Attributes:				
No Comments				
0 1 111				
Code List:				
None				



itOtherKin.017.005 Employee

itOtherKin.017.007 Grandchild

itOtherKin.017.008 Grandparent

itOtherKin.017.009 Life Domestic Partner

itOtherKin.017.006 Father



itOther	Kin.017 - F	Relation	
Optional			
None			
or kin to the nationt			
er kill to the patient.			
	Agency I	dentifiable:	
	No		
Custom Element			
Single-select	Pertine (PN):	ent Negatives	No
No	NOT V	alues:	No
Code List:  Select Resources: itOtherKin.017.001 Appointed Guardian itOtherKin.017.002 Aunt/Uncle itOtherKin.017.003 Brother itOtherKin.017.004 Child Dependent		itOtherKin.017.01	1 Other 2 Other Non-Relative 3 Other Relative
	Optional  None  Er kin to the patient.  Custom Element  Single-select  No  Pointed Guardian of/Uncle ther	Optional  None  Per kin to the patient.  Agency I  No  Custom Element  Single-select  Pertine (PN):  No  NOT Value  pointed Guardian at/Uncle ther d Dependent	None  Agency Identifiable: No  Custom Element  Single-select  Pertinent Negatives (PN):  No  NOT Values:  Dointed Guardian at/Uncle ther d Dependent  Pertinent Negatives (itOtherKin.017.01 itOtherKin.017.01 itO

itOtherKin.017.015 Sibling

itOtherKin.017.016 Sister

itOtherKin.017.018 Spouse

itOtherKin.017.019 Unknown

itOtherKin.017.017 Son/Daughter

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itPatient.004 - Patient Apartment Number				
OC-MEDS Usage:	Recommended			
	1			
Reporting Condition:	Complete and submit	if available		
Definition:				
Patient Apartment Num	ıber			
Patient Identifiable:		Agency Identifiable:		
Yes		No		
163		INU		
NEMSIS Element:	Patient Apartment Nu	ımber		
	1 2 4 4 5 F 5 F 5 F 5			
Data Type:	String	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
Attributes:				
Constraints: max length	ı = 50			
Code List:				
None				
None				





itPatient.013 - Patient Alternate Address - Street Address		
Optional		
None		
Definition:		
Patient Alternate Address - Street Address		
No		
Custom Element		
String		No
8	(PN):	
T		T
No	NOT Values:	No
Attributes:		
No Comments		
	Optional None	Optional  None  ess - Street Address  Agency Identifiable: No  Custom Element  String  Pertinent Negatives (PN):





itPatient.014 - Patient Alternate Address - Street Address 2					
OC-MEDS Usage:	Optional				
Reporting Condition:	None				
Definition:					
Patient Alternate Addre	ess - Street Address 2				
Patient Identifiable:		Agangu Idantifiahlar			
Yes		Agency Identifiable: No			
163		INU			
NEMSIS Element:	Custom Element				
TVEITIOIO ETCITICITA	Custom Liement				
Data Type:	String	Pertinent Negatives (PN):	No		
Is Nillable:	No	NOT Values:	No		
Att 2b to					
Attributes:					
No Comments					
Code List:					
Code List.					
None					





	itPatient.015 - Patient Alternate Address - Postal Code				
OC-MEDS Usage:	Optional				
Reporting Condition:	None				
Definition:					
Patient Alternate Addre	ess - Postal Code				
Patient Identifiable:		Agang, Idantifiable.			
No		Agency Identifiable:  No			
INO		NO			
NEMSIS Element:	Custom Element				
Trainere are mente	1 00.000				
Data Type:	String	Pertinent Negatives (PN):	No		
	_				
Is Nillable:	No	NOT Values:	No		
Attributes:					
No Comments					
C. J. P.J.					
Code List:					
None					





itPatient.016 - Patient Alternate Address - City				
OC-MEDS Usage:	Optional			
	_			
Reporting Condition:	None			
Definition:				
Patient Alternate Addre	ess - City			
Patient Identifiable:		Agency Identifiable:		
Yes		No		
NEMSIS Element:	Custom Element			
	T		T	
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:				

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GNIS Codes Website: <a href="http://geonames.usgs.gov/domestic/download\_data.htm">http://geonames.usgs.gov/domestic/download\_data.htm</a>





	itPatient.017 - Patient Alternate Address - County				
OC-MEDS Usage:	Optional				
Reporting Condition:	None				
Definition:					
Patient Alternate Addre	ess - County				
- · · · · · · · · · · · · · · · · · · ·					
Patient Identifiable:		Agency Identifiable:			
No		No			
NEN 4010 EL					
NEMSIS Element:	Custom Element				
		Bardina at Maradina	AL.		
Data Type:	ANSI Value	Pertinent Negatives	No		
		(PN):			
Is Nillable:	No	NOT Values:	No		
13 TVIIIGDIC.	110	ivo i valaes.	110		
Attributes:					
Constraints: pattern = [	0-9]{5}				
Code List:					
None					





	itPatient.018 - Patie	ent Alternate Address - State		
OC-MEDS Usage:	Optional			
Reporting Condition:	None			
Definition:				
Patient Alternate Addre	ess - State			
Dationt Identification		A		
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Custom Element			
NEIVISIS Element.	Custom Element			
Data Type:	ANSI Value	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
Attributes:				
The ANSI Code Selectio	n 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 Addre	ess - Country Code				
Patient Identifiable:		Agency Identifiable:			
No	No				
NET TOLO EL	C. 1 Fl				
NEMSIS Element:	Custom Element				
	<u> </u>	Dawlingut Nagatives	NI-		
Data Type:	ANSI Value	Pertinent Negatives (PN):	No		
		(FIV).			
Is Nillable:	No	NOT Values:	No		
10 1111.0.0.	1.10	110123.3.55	1.10		
Attributes:					
Comments: Based on th	ne ISO Country Codes.				
	·				
Code List:					
ANSI Country Codes (IS	ANSI Country Codes (ISO 3166) Website:				
	/country codes/iso 310	66 code lists.htm			
	<u> </u>				

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itPatient.020 - Patient Alternate Address - Apartment Number				
Optional				
None				
ess - Apartment Number	-			
	No			
Custom Element				
String		No		
	(PN):			
Г		T		
No	NOT Values:	No		
	Optional None	Optional  None  Sess - Apartment Number  Agency Identifiable: No  Custom Element  String  Pertinent Negatives (PN):		





	ePayment.01 - Pri	mary Method of Payment	
OC-MEDS Usage:	Required		
Reporting Condition:	Complete and submit	if available	
Definition:			
The primary method of	payment or type of insu	rance associated with this El	MS encounter
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Primary Method of Pa	yment	
Data Type:	Single-select	Pertinent Negatives	No
Data Type:	Siligle-Select	(PN):	
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			

#### Code List:

Not Values:

No Comments

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

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ePayment.02 - Physician Certification Statement				
			<u> </u>	
OC-MEDS Usage:	Optional			
Reporting Condition:	None			
Definition:		. /= 20\	1	
Indication of whether a medical necessity or th		statement (PCS) is available o	Jocumenting the	
Patient Identifiable:		Agency Identifiable:		
No		No		
NET TOLC EL	Bl. state Continues	<u> </u>		
NEMSIS Element:	Physician Certification	n Statement		
		Partinant Nagativas	No	
Data Type:	Single-select	Pertinent Negatives (PN):	INO	
Is Nillable:	No	NOT Values:	No	
<u> </u>				
Attributes:				
Correlation: ePayment	.CertificateGroup			
Code List:				
Select Resources:				
9922001 No				
9922003 Unknown				
9922005 Yes				

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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		
NIENACIC Elements	Data Dhusisian Contific	nation Chatamant Cianad		
NEMSIS Element:	Date Physician Certific	cation Statement Signed		
		Pertinent Negatives	No	
Data Type:	Datetime	(PN):	INO	
		(1 14).		
Is Nillable:	No	NOT Values:	No	
			1	
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				





eP	ayment.04 - Reason for	Physicia	n Certification State	ement
OC-MEDS Usage:	Optional			
Reporting Condition:	None			
Definition:				
The reason for EMS train	nsport noted on the Phy	/sician Ce	rtification Statemer	nt
Patient Identifiable:		Agency	Identifiable:	
No		No		
NEMSIS Element:	Reason for Physician (	Certificati	on Statement	
Data Type:	Multi-select	Pertine	ent Negatives	No
Data Type.	Multi-Select	(PN):		
Is Nillable:	No	NOT V	alues:	No
Attributes:				
Correlation: ePayment.CertificateGroup				
Code List:				
Select Resources:			2604027 Risk of falling off wheelchair or	
2604001 Bed Confined				otion (not related to obesity)
2004000 Candia a/Harra duna naia na anitanina na anitanina delunina   2004000 Causana Musaculan cua almasa and da				

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 deconditioned 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 deconditioning.

2604037 Unable to sit in chair or wheelchair due to Grade II or greater decubitus ulcers on buttocks.

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ePayment.05	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 State	ment	
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Healthcare Provider Ty	pe Signing Physician Certific	ation Statement	
Data Type:	Single-select	Pertinent Negatives	No	
Data Type. Single-select		(PN):		
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

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ePayment.06 - Last Name of Individual Signing Physician Certification Statement				
OC-MEDS Usage:	Optional			
Reporting Condition:	None			
Definition:				
The last name of the he	althcare provider who	signed the Physician Certifica	tion Statement.	
Patient Identifiable:		Agency Identifiable:		
No		Yes		
	T			
NEMSIS Element:	Last Name of Individu	al Signing Physician Certificat	ion Statement	
	T		T	
Data Type:	String	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: ePayment.	•			
Constraints: character length = 1 to 60				
Code List:				
None				
INOTIC				





ePayment.07 - First Name of Individual Signing Physician Certification Statement				
OC-MEDS Usage:	Optional			
Reporting Condition:	None			
Definition:				
The first name of the he	ealthcare provider who	signed the Physician Certifica	ation Statement.	
5				
Patient Identifiable:		Agency Identifiable:		
No		Yes		
NIEN ACIC EL	et	al Charles Blandala Caultina	l'a contant de la contant de l	
NEMSIS Element:	First Name of Individu	ual Signing Physician Certifica	tion Statement	
		Dortingat Nagatives	No	
Data Type:	String	Pertinent Negatives (PN):	INO	
		(114).		
Is Nillable:	No	NOT Values:	No	
io rimatici	1.00	1101144466		
Attributes:				
Correlation: ePayment.	CertificateGroup			
Constraints: character le	ength = 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	er the patient's current	residence is within the EMS a	gency service area.	
Patient Identifiable:		Agency Identifiable:		
No		No		
1151 1010 5I	1			
NEMSIS Element:	Patient Resides in Ser	vice Area		
		Doubin out Monatives	No	
Data Type:	Single-select	Pertinent Negatives (PN):	No	
		(FIN).		
Is Nillable:	No	NOT Values:	No	
io ruiidoro:	1.10	110111111111111	1.10	
Attributes:				
No Comments				
Code List:				
Select Resources:				
2608003 Not a Residen	t Within EMS Service Ar	ea		
2608001 Resident With	in EMS Service Area			





ePayment.09 - Insurance Company ID			
OC-MEDS Usage:	Optional		
	ı		
Reporting Condition:	None		
- 6 W			
Definition:			
The ID Number of the p	atient's insurance comp	oany.	
Patient Identifiable:		Agency Identifiable:	
No		No	
110		INO	
NEMSIS Element:	Insurance Company II	)	
	,		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
			7
Attributes:			
Correlation: ePayment.	-		
Constraints: character le	ength = 2 to 60		
C. J. P.J.			
Code List:			
None			
110110			





ePayment.10 - Insurance Company Name					
OC-MEDS Usage:	Optional				
Reporting Condition:	None				
Definition:					
The name of the patien	t's insurance company.				
But a life of the		A Lile of College			
Patient Identifiable:		Agency Identifiable:			
No		No			
NIENACIC Flomonts	Inguirance Company N				
NEMSIS Element:	Insurance Company N	ame			
	T	Pertinent Negatives	No		
Data Type:	String	(PN):	NO		
Is Nillable:	No	NOT Values:	No		
Attributes:					
Correlation: ePayment.	-				
Constraints: character le	Constraints: character length = 2 to 100				
Code List:					
Nama					
None					





ePayment.11 - Insurance Company Billing Priority					
OC-MEDS Usage:	Optional				
Reporting Condition:	None				
Definition:					
The billing priority or or	rder for the insurance co	mpany.			
Patient Identifiable:		Agency Identifiable:			
No		No			
NENACIC Flores onto	La suranaa Carananu Di	Illia - Datauta.			
NEMSIS Element:	Insurance Company Bil	ling Priority			
		Pertinent Negatives	No		
Data Type:	Single-select	(PN):	INO		
		(114).			
Is Nillable:	No	NOT Values:	No		
Attributes:					
Correlation: ePayment.	InsuranceGroup				
Code List:					
Select Resources:					
2611001 Other					
2611017 Payer Responsibility Eight					
2611023 Payer Respons	, .				
1	2611011 Payer Responsibility Five				
2611009 Payer Responsibility Four					

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2611003 Primary 2611005 Secondary 2611007 Tertiary 2611025 Unknown

2611019 Payer Responsibility Nine 2611015 Payer Responsibility Seven 2611013 Payer Responsibility Six 2611021 Payer Responsibility Ten

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ePayment.12.StreetAddress2 - Insurance Company Address 2				
OC-MEDS Usage:	Optional			
Reporting Condition:	None			
Definition:				
The mailing address 2 o	f the Insurance Compar	ny		
D .:		A 11		
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Incurance Company A	ddrace 2		
NEIVISIS Element.	Insurance Company A	uuress z		
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:		Agangy Idantifiable		
		Agency Identifiable:		
No		No		
NEMSIS Element:	Insurance Company A	ddress		
TVEIVIOIO ETCITICITE.	modrance company /	dai ess		
Data Type:	String	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
			7	
Attributes:				
Correlation: ePayment.	-			
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	v's city or township used	d for mailing purposes.		
Darland Library Calaba		A		
Patient Identifiable:		Agency Identifiable:		
No		No		
NIENACIC Elements	Inguiron on Company C	·		
NEMSIS Element:	Insurance Company C	ity		
		Pertinent Negatives	No	
Data Type:	String	(PN):	140	
		1 7		
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			
	T			
Reporting Condition:	None			
- 6 W				
Definition:				
The insurance company	's state, territory, or pro	ovince, or District of Columbi	a.	
Patient Identifiable:		Agangy Idontifiable		
		Agency Identifiable: No		
No		NO		
NEMSIS Element:	Insurance Company St	tate		
IVEIVISIS Element.	misurance company s	idic		
Data Type:	ANSI Value	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: ePayment.	·			
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	<u>/</u> 's ZIP Code			
Detient Identifiable.		A = = = n. I doub!£ioblo.		
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Incurance Company 7	ID Codo		
NEWISIS Element.	Insurance Company ZI	IP Code		
		Pertinent Negatives	No	
Data Type:	String	(PN):	INO	
			,	
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: ePayment.l	•			
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]				
Code List:				
None				





ePayment.16 - Insurance Company Country				
OC-MEDS Usage:	Optional			
Reporting Condition:	None			
Definition:				
The insurance company	y's country			
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Insurance Company C	ountry		
	•			
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:				
1				

ANSI Country Codes (ISO 3166) Website:

http://www.iso.org/iso/country\_codes/iso\_3166\_code\_lists.htm

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ePayment.17 - Insurance Group ID			
OC-MEDS Usage:	Optional		
Reporting Condition:	None		
Definition:			
The ID number of the pa	atient's insurance group	0.	
Darland Library		A Lile it'C' ilile	
Patient Identifiable:		Agency Identifiable:	
Yes		No	
NEMSIS Element:	Insurance Group ID		
INLIVISIS LIEITIETIL.	I ilisurance Group ib		
		Pertinent Negatives	No
Data Type:	String	(PN):	
Is Nillable:	No	NOT Values:	No
			<u>.                                    </u>
Attributes:			
Correlation: ePayment.	InsuranceGroup		
Constraints: character le	ength = 2 to 30		
Code List:			
Nicola			
None			





ePayment.18 - Insurance Policy ID Number			
OC-MEDS Usage:	Optional		
Reporting Condition:	None		
			7
Definition:			
The ID number of the p	atient's insurance policy	У	
Darland Library Calaba		A Lile il'C'alile	
Patient Identifiable:		Agency Identifiable:	
Yes		No	
NEMSIS Element:	Insurance Policy ID Nu	ımhar	
NEIVISIS Element.	I IIISUI alice Policy ID INC	лпрег	
		Pertinent Negatives	No
Data Type:	String	(PN):	
Is Nillable:	No	NOT Values:	No
Attributes:			
Correlation: ePayment.	InsuranceGroup		
Constraints: character l	ength = 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	of the person insured by	the insurance company.	
Patient Identifiable:		Agency Identifiable:	
Yes		No	
	T		
NEMSIS Element:	Last Name of the Insu	red	
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Correlation: ePayment.	-		
Constraints: character l	ength = 1 to 60		
Code List:			
None			





ePayment.20 - First Name of the Insured			
OC-MEDS Usage:	Optional		
	,		
Reporting Condition:	None		
- 6 W			
Definition:	<u> </u>	.1 .	
The first (given) name o	of the person insured by	the insurance company	
Patient Identifiable:		Agency Identifiable:	
Yes		No	
NEMSIS Element:	First Name of the Insu	ıred	
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Correlation: ePayment.	•		
Constraints: character length = 1 to 50			
Code List:			
Code List:			
None			





ePayment.21 - Middle Initial/Name of the Insured			
Optional			
None			
, of the person insured	by the insurance company.		
	No		
Middle Initial/Name o	f the Insured		
		1	
String	Pertinent Negatives (PN):	No	
No	NOT Values:	No	
nsuranceGroup			
ength = 1 to 50			
Code List:			
None			
	Optional  None  of the person insured  Middle Initial/Name of String  No	Optional  None  Agency Identifiable:  No  Middle Initial/Name of the Insured  String  Pertinent Negatives (PN):  No  NOT Values:	





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ePayment.22 - Relationship to the Insured			
OC-MEDS Usage:	Optional		
Reporting Condition:	None		
Definition:			
The relationship of the	patient to the primary in	nsured person	
Patient Identifiable:		Agency Identifiable: No	
No	No No		
NEMSIS Element:	Relationship to the Ins	sured	
	T		
Data Type:	Single-select	Pertinent Negatives (PN):	No
		(FIV).	
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

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ePayment.23 - Closest Relative/Guardian Last Name			
OC-MEDS Usage:	Optional		
Reporting Condition:	None		
Definition:			
The last (family) name of	of the patient's closest r	elative or guardian	
Patient Identifiable:		Agency Identifiable:	
Yes		No	
	T		
NEMSIS Element:	Closest Relative/Guar	dian Last Name	
	T		T
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Correlation: ePayment.			
Constraints: character l	ength = 1 to 60		
Code List:			
Mana			
None			





ePayment.24 - Closest Relative/ Guardian First Name			
Optional			
None			
of the patient's closest re	elative or guardian		
	-		
	No		
Classed Baladia / Casa	d'a de Francis		
Closest Relative/ Guar	rdian First Name		
<u> </u>	Portinant Nagatives	No	
String	(PN):	NO	
	•		
No	NOT Values:	No	
Constraints: character length = 1 to 50			
	Optional  None  If the patient's closest reconstruction of the patient closest recon	Optional  None  If the patient's closest relative or guardian  Agency Identifiable:  No  Closest Relative/ Guardian First Name  String  Pertinent Negatives (PN):  No  NOT Values:	





ePayment.25 - Closest Relative/ Guardian Middle Initial/Name			
OC-MEDS Usage:	Optional		
Reporting Condition:	None		
			7
Definition:			
The middle name/initia	l, if any, of the closest p	atient's relative or guardian.	
Darland Library		A	
Patient Identifiable:		Agency Identifiable:	
Yes		No	
NEMSIS Element:	Clasest Polative / Cuar	rdian Middle Initial/Name	
NEIVISIS Element:	Closest Relative/ Guar	rdian Middle Initial/Name	
		Pertinent Negatives	No
Data Type:	String	(PN):	
Is Nillable:	No	NOT Values:	No
			<u>.                                      </u>
Attributes:			
Correlation: ePayment.	ClosestRelativeGroup		
Constraints: character le	ength = 1 to 50		
T			
Code List:			
Name			
None			





ePayment.26 - Closest Relative/ Guardian Street Address				
OC-MEDS Usage:	Optional			
Reporting Condition:	None			
			7	
Definition:				
The street address of th	ne residence of the pation	ent's closest relative or guard	ian.	
Darland Library		A		
Patient Identifiable:		Agency Identifiable:		
Yes		No		
NENACIC Flore out	Classet Poletics / Cus	rdian Ctuant Adduses		
NEMSIS Element:	Closest Relative/ Guar	rdian Street Address		
		Pertinent Negatives	No	
Data Type:	String	(PN):	INO	
		1 7		
Is Nillable:	No	NOT Values:	No	
		·		
Attributes:				
Correlation: ePayment.	ClosestRelativeGroup			
Constraints: character le	ength = 1 to 255			
Code List:				
None				





ePayment.27 - Closest Relative/ Guardian City			
OC-MEDS Usage:	Optional		
Reporting Condition:	None		
Definition:			
The primary city or tow	nship of residence of th	e patient's closest relative or	guardian.
Patient Identifiable:		Agency Identifiable:	
No		No	
	Ta		
NEMSIS Element:	Closest Relative/ Gua	rdian City	
		Bardina di Manadi	l NI.
Data Type:	String	Pertinent Negatives (PN):	No
		(1.17)	
Is Nillable:	No	NOT Values:	No
Attributes:			
Correlation: ePayment.			
Constraints: character l	ength = 2 to 30		
Code List:			
Name			
None			





ePayment.28 - Closest Relative/ Guardian State				
OC-MEDS Usage:	Optional			
	,			
Reporting Condition:	None			
- 0.111				
Definition:	ful called back			
The state of residence of	of the patient's closest r	elative or guardian.		
Patient Identifiable:		Agency Identifiable:		
No		No		
110		NO		
NEMSIS Element:	Closest Relative/ Guar	rdian State		
Data Type:	ANSI Value	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: ePayment.	-			
Constraints: character l	Constraints: character length = 2 / The ANSI Code Selection by text but stored as ANSI code.			
Code List:				
None				





	t Relative/ Guardian ZIP Cod	C	
Optional			
None			
dence of the patient's c	losest relative or guardian.		
T			
	No		
	l. =:0 0 l	1	
Closest Relative/ Guar	dian ZIP Code		
	I s		
String	(PN):	No	
No	NOT Values:	No	
ClosestRelativeGroup			
Constraints: pattern = $[0-9]{5} [0-9]{5}-[0-9]{4} [0-9]{5}-[0-9]{5} [A-Z][0-9][A-Z][0-9][A-Z][0-9]$			
None			
None			
	None  dence of the patient's control of the pa	None  dence of the patient's closest relative or guardian.  Agency Identifiable:  No  Closest Relative/ Guardian ZIP Code  String  Pertinent Negatives (PN):  No  NOT Values:	





ePayment.30 - Closest Relative/ Guardian Country			
OC-MEDS Usage:	Optional		
Reporting Condition:	None		
Definition:			
The country of residence	e of the patient's closes	t relative or guardian.	
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Closest Relative/ Guard	dian Country	
Data Type:	ANSI Value	Pertinent Negatives	No
71		(PN):	
	T		
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

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ePayment.31 - Closest Relative/ Guardian Phone Number			
OC-MEDS Usage:	Optional		
Reporting Condition:	None		
Definition:			
The phone number of the	he patient's closest rela	tive or guardian	
Darland Library		A	
Patient Identifiable:		Agency Identifiable:	
Yes		No	
NEMSIS Element:	Closest Relative/ Guar	rdian Dhana Numbar	
NEIVISIS Element.	Closest Relative/ Guar	dian Phone Number	
		Pertinent Negatives	No
Data Type:	String	(PN):	
Is Nillable:	No	NOT Values:	No
			<u>.                                      </u>
Attributes:			
Correlation: ePayment.	ClosestRelativeGroup		
Constraints: pattern = [2	2-9][0-9][0-9]-[2-9][0-9]	[0-9]-[0-9][0-9][0-9]	
Code List:			
None			





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ePayment.32 - Closest Relative/ Guardian Relationship			
OC-MEDS Usage:	Optional		
Reporting Condition:	None		
Definition:			
The relationship of the	patient's closest relative	e or guardian	
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Closest Relative/ Guar	dian Relationship	
Data Type:	Single-select	Pertinent Negatives	No
Butu Type.	Single select	(PN):	
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	
			7
Definition:			
The patient's employers	s Name		
Dark and the artificial		A Lile et Collin	
Patient Identifiable:		Agency Identifiable:	
Yes		No	
NEMSIS Element:	Patient's Employer		
NEIVISIS Element.	Patient's Employer		
		Pertinent Negatives	No
Data Type:	String	(PN):	
		(	
Is Nillable:	No	NOT Values:	No
			<u>.                                      </u>
Attributes:			
Correlation: ePayment.	EmployerGroup		
Constraints: character l	ength = 2 to 60		
Code List:			
Name			
None			





ePayment.34 - Patient's Employers Address			
OC-MEDS Usage:	Optional		
Reporting Condition:	None		
Definition:			
The street address of the	ne patient's employer		
Patient Identifiable:		Agency Identifiable:	
Yes		No	
	1		
NEMSIS Element:	Patient's Employers A	ddress	
		De d'accel Marcellana	N.
Data Type:	String	Pertinent Negatives	No
		(PN):	
Is Nillable:	No	NOT Values:	No
13 Willable.	110	ivoi values.	110
Attributes:			
Correlation: ePayment.	EmployerGroup		
Constraints: character l			
Comment: Allows two I	ine documentation.		
Code List:			
None			





ePayment.35 - Patient Employers City			
_			
OC-MEDS Usage:	Optional		
	T		
Reporting Condition:	None		
D (:			
Definition:	the college to the control of		
The city or township of	the patients employer i	used for mailing purposes	
Patient Identifiable:		Agency Identifiable:	
No		No	
110		110	
NEMSIS Element:	Patient Employers Cit	V	
	, ,	,	
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Correlation: ePayment.			
Constraints: character le	ength = 2 to 30		
Code List:			
None			
None			





ePayment.36 - Patient's Employers State			
OC-MEDS Usage:	Optional		
	1		
Reporting Condition:	None		
Definition:	, ,		
The state of the patient	's employer		
Patient Identifiable:		Agency Identifiable:	
No		No	
INO		INU	
NEMSIS Element:	Patient's Employers St	tate	
1121113.3 2.33	1 4010 2		
Data Type:	ANSI Value	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Correlation: ePayment.			
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 pat	ient's employer		
Patient Identifiable:		Acanay Idontifiable	
		Agency Identifiable:	
No		No	
NEMSIS Element:	Patient's Employers Z	IP Code	
NEIVIOIO EICITICITE	Tutterit a Employera E	ii couc	
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Correlation: ePayment.			
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 patie	ent's employer		
Patient Identifiable:	Patient Identifiable: Agency Identifiable:		
No		No	
NEMSIS Element:	Patient's Employers Co	ountry	
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

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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		
	T			
NEMSIS Element:	Patient's Employers P	rimary Phone Number		
	T	1	T	
Data Type:	String	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: ePayment.				
Constraints: pattern = [2-9][0-9][0-9]-[2-9][0-9][0-9][0-9][0-9][0-9]				
Code List:				
Name				
Notie	None			





ePayment.40 - Response Urgency				
OC-MEDS Usage:	Optional			
Reporting Condition:	None			
Definition:				
The urgency in which th	ne EMS agency began to	mobilize resources for this E	MS encounter.	
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Response Urgency			
	•			
Data Type:	Single-select	Pertinent Negatives	No	
Data Type.	Single sereet	(PN):		
	1		I	
Is Nillable:	No	NOT Values:	No	
Attributes:				
No Comments				
Code List:				
Select Resources:				
2640001 Immediate	L-			
2640003 Non-Immediat	te			





ePayment.41 - Patient Transport Assessment					
OC-MEDS Usage:	Optional				
Reporting Condition:	None				
Definition:					
Documentation of the p	patient's transport need	based on mobility and/or ph	ysical capability.		
Patient Identifiable:		Agency Identifiable:			
No		No			
NET ACIC EL	5 T A				
NEMSIS Element:	Patient Transport Asse	essment			
	<u> </u>	D. C. and Marcell and	Γ.,		
Data Type:	Multi-select	Pertinent Negatives	No		
	<u> </u>	(PN):			
Is Nillable:	No	NOT Values:	No		
13 Milabic.	NO	NOT values.	NO		
Attributes:					
No Comments					
Code List:					
Select Resources:					
2641001 Unable to sit v	without assistance				
2641003 Unable to star					
2641005 Unable to wall					
20 12005 Chable 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	No
Data Type.	iviuiti-select	(PN):	

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) 2642013 Emergency Medical Technician (EMT) 2642015 Advanced Emergency Medical

Technician (AEMT)
2642017 Paramedic
2642037 Community

2642037 Community Paramedicine 2642005 Nurse Practitioner

2642027 Other Healthcare Professional 2642029 Other Non-Healthcare Professional

2642009 Physician Assistant 2642007 Physician (MD, DO)

2642039 Registered Nurse (Nurse/MICN)

2642031 Respiratory Therapist

2642033 Student

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	ePayment.44 - Ambi	ilance Transport Reason Cod	le	
OC-MEDS Usage:	Optional			
Reporting Condition:	None			
Definition:				
The CMS Ambulance Tr	ansport Reason Code fo	or the transport.		
Patient Identifiable:		Agency Identifiable:		
No		No		
	1			
NEMSIS Element:	Ambulance Transport	: Reason Code		
	T			
Data Type:	Multi-select	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
Attributes:				
No Comments				
Code List:				
Select Resources:				
	ed to a Rehabilitation Fa	acility		
		•		
E Patient was transferre		•		
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

A Patient was transported to the nearest facility for care of symptoms, complaints, or

C Patient was transported for the nearness of family members

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ePayment.45 - Round Trip Purpose Description			
OC-MEDS Usage:	Optional		
Reporting Condition:	None		
Definition:			
	oviding the purpose of	the round trip EMS transport	based on CR109
field for CMS.			
Patient Identifiable:		Agency Identifiable:	
No		No	
	T		
NEMSIS Element:	Round Trip Purpose D	escription	
	Τ		T
Data Type:	String	Pertinent Negatives	No
	_	(PN):	
Is Nillable:	No	NOT Values:	No
13 Milable.	INO	NOT values.	110
Attributes:			
Constraints: character l	ength = 2 to 80		
Code List:			
None			· ·





ePayment.46 - Stretcher Purpose Description				
OC-MEDS Usage:	Optional			
Reporting Condition:	None			
D. C. W.				
Definition:		. fan waa af a stuatahan in tha I	TMC matiant	
transport.	on providing the reason	for use of a stretcher in the I	zivis patient	
transport.				
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Stretcher Purpose De	scription		
_				
Data Type:	String	Pertinent Negatives (PN):	No	
		(FIV).		
Is Nillable:	No	NOT Values:	No	
		•		
Attributes:				
Constraints: character l	ength = 2 to 80			
Code List:				
None				
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

**Ambulance Conditions Indicator** 

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

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

#### Attributes:

No Comments

**NEMSIS Element:** 

#### Code List:

Select Resources:

- 09 Ambulance service was medically necessary
- 07 Patient had to be physically restrained
- 08 Patient had visible hemorrhaging
- 12 Patient is confined to a bed or chair (Use code 12 to indicate patient was bedridden during transport.)
- 01 Patient was admitted to a hospital
- 04 Patient was moved by stretcher
- 06 Patient was transported in an emergency situation
- 05 Patient was unconscious or in shock

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	ePayment.48 - Milea	ge to Closest Hospital Facilit	у
OC-MEDS Usage:	Optional		
Reporting Condition:	None		
Definition:			
_	-	n the scene. Documented onl	y if the patient was
transported to a facility	farther away than the	closest hospital.	
Patient Identifiable:		Agency Identifiable:	
No		No	
	T		
NEMSIS Element:	Mileage to Closest Ho	spital Facility	
	T		T
Data Type:	Decimal	Pertinent Negatives	No
		(PN):	
Is Nillable:	No	NOT Values:	No
is Milable.	INO	NOT values.	INU
Attributes:			
Constraints: minimum =	= 1: maximum = 1000: f	ormat = #### ##	
Constraints. Illiminant	- 1, maximam - 1000, i	OIIIIdt	
Code List:			
Code List.			
None			





eF	ePayment.49 - ALS Assessment Performed and Warranted					
OC-MEDS Usage:	Optional					
Reporting Condition:	None					
Definition:						
Documentation that the	e patient required an Al	LS assessment and it was perf	formed.			
Patient Identifiable:		Agency Identifiable:				
No		No				
	T					
NEMSIS Element:	ALS Assessment Perfo	rmed and Warranted				
	T		<u> </u>			
Data Type:	Single-select	Pertinent Negatives	No			
,,	J	(PN):				
la Nillahla.	l Na	NOT Values	No			
Is Nillable:	No	NOT Values:	No			
Attributes:						
No Comments						
No Comments						
Code List:						
Select Resources:						
Code Description						
9923001 No						
9923003 Yes						





ePayment.50 - CMS Service Level				
OC-MEDS Usage:	Required Required			
Reporting Condition:	Complete and submit	if available		
Definition:				
The CMS service level f	or this EMS encounter.			
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	CMS Service Level			
	1		Ι	
Data Type:	Single-select	Pertinent Negatives	No	
		(PN):		
Is Nillable:	Yes	NOT Values:	Yes	
is iviliable.	Tes	NOT values.	162	
Attributes:				
No Comments				
140 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

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ePayment.51 - EMS Condition Code				
OC-MEDS Usage:	Optional			
Reporting Condition:	None			
Definition:				
The condition code asso	ociated with the CMS EN	AS negotiated rule-making pr	ocess.	
Patient Identifiable:		Agency Identifiable:		
No		No		
	T			
NEMSIS Element:	EMS Condition Code			
	T		T	
Data Type:	ICD-10 value	Pertinent Negatives	No	
		(PN):		
Is Nillable:	No	NOT Values:	No	
is Milable.	INO	NOT values.	INO	
Attributes:				
Constraints: pattern = [	Δ-7][0-9]{2}((\ [0-9Δ-7]{	1 3))?)		
Constraints: pattern – [	1 2][0 3][2](( 1.[0 3/1 2][	1,3,,,,		
Code List:				
Code List.				
Relevant ICD-10 Value				





ePa	yment.	52 - C	MS T	ranspor	tat	ion	Ind	icat	or
-----	--------	--------	------	---------	-----	-----	-----	------	----

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

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

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ePayment.53 - Transport Authorization Code				
OC-MEDS Usage:	Optional			
	_			
Reporting Condition:	None			
Definition:				
Prior authorization code	e provided by the insura	ince carrier/payer.		
Patient Identifiable:		Agency Identifiable:		
No		No		
NEN ACIO EL		0.1		
NEMSIS Element:	Transport Authorization	on Code		
	<u> </u>	De discoul New altres	NI.	
Data Type:	String	Pertinent Negatives	No	
		(PN):		
Is Nillable:	No	NOT Values:	No	
13 TVIIIdbic.	110	TVOT Values.	140	
Attributes:				
Constraints: character l	ength = 2 to 52			
	<u> </u>			
Code List:				
None				





ePayment.54 - Prior Authorization Code Payer				
OC-MEDS Usage:	Optional			
Reporting Condition:	None			
Definition:				
The Payer who has prov	vided the Prior Authoriz	ation Code.		
D		A 11		
Patient Identifiable:		Agency Identifiable:		
No		No		
NIENACIC EL	Britan A. Handardan C.	d. D		
NEMSIS Element:	Prior Authorization Co	de Payer		
		De discoul New discour	Lau	
Data Type:	String	Pertinent Negatives	No	
		(PN):		
Is Nillable:	No	NOT Values:	No	
15 Timables	1110	TOT VAIGEST	110	
Attributes:				
Constraints: character l	ength = 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 EM	1S event.	
		1		
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Supply Item Used Nar	me		
	1	1		
Data Type:	String	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
<u> </u>				
Attributes:				
Constraints: character le	•			
	ack EMS supplies for bi	illing. The list of supplies wou	ld be created by the EMS	
Agency.				
Code List:				
List to be created by EM	ብS Provider Agency.			





ePayment.56 - Number of Supply Item(s) Used				
OC-MEDS Usage:	Optional			
	1			
Reporting Condition:	None			
Definition:				
The number of the spece event.	ific supply item used o	n the patient by the EMS Crev	v during the EMS	
D. ti- ut I-l-utifichle.		A		
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Number of Supply Ite	m/s) Used		
NEWISIS Element.	Number of Supply file	m(s) useu		
Data Type:	Number	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
Attributes:				
Constraints: minimum =	= 1; maximum = 100,00	0,000		
Code List:				
None				





ePayment.57 - Payer Type				
OC-MEDS Usage:	Optional			
Reporting Condition:	None			
Definition:				
Payer type according to	X12 standard.			
Patient Identifiable: Agency Identi		Agency Identifiable:	cy Identifiable:	
No		No		
NEMSIS Element:	Payer Type			
Data Type:	Single-select	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
Attributes:				
Comments:This element should only be used if Insurance, Medicare, Medicaid, Workers				
Compensation, or Other Government are selected in ePayment.01 - Primary Method of Payment				

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

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ePayment.58 - Insurance Group Name			
OC-MEDS Usage:	Optional		
	1		
Reporting Condition:	None		
D 6: 11:			
Definition:	+la :		
The name of the patien	t's insurance group.		
Patient Identifiable:		Agency Identifiable:	
Yes		No	
NEMSIS Element:	Insurance Group Nam	ne	
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Correlation: ePayment.			
Constraints: character l	ength = 2 to 30		
Code List:			
Code List.			
None			





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ePayment.59 - Insurance Company Phone Number			
OC-MEDS Usage:	Optional		
Reporting Condition:	None		
Definition:			
The name of the patien	t's insurance group.		
Patient Identifiable:		Agency Identifiable:	
Yes		No	
NEMSIS Element:	Insurance Company Pl	hone Number	
Data Type:	String	Pertinent Negatives (PN):	No
		(FIV).	
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

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ePayment.60 - Date of Birth of the Insured			
OC-MEDS Usage:	Optional		
Reporting Condition:	None		
Definition:			
The name of the patien	t's insurance group.		
Patient Identifiable:		Agency Identifiable:	
Yes		No	
	T		
NEMSIS Element:	Date of Birth of the In	sured	
	T		T
Data Type:	String	Pertinent Negatives	No
		(PN):	
Is Nillable:	No	NOT Values:	No
is iviliable.	INO	NOT values.	INO
Attributes:			
Correlation: ePayment.	InsuranceGroup		
		0-01-01, maxInclusive 2050-0	1-01
,,	•	,	
Code List:			
None			





itPayment.001 - Moved by Stretcher			
OC-MEDS Usage:	Optional		
Reporting Condition:	None		
Definition:			
Moved by Stretcher			
Patient Identifiable:		Agangu Idantifiahlar	
No		Agency Identifiable: No	
INO		INU	
NEMSIS Element:	Custom Element		
TVEITIOIO ETCITICITE	Castorii Elerriciit		
Data Type:	Single-select	Pertinent Negatives (PN):	No
	1		
Is Nillable:	No	NOT Values:	No
Attributes:			
No Comments			
0 1 11 1			
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	
NICA ACIC Flores onto	Contain Flamont		
NEMSIS Element:	Custom Element		
	Γ	Partinent Negatives	No
Data Type:	Single-select	Pertinent Negatives (PN):	INO
		(FIN).	
Is Nillable:	No	NOT Values:	No
	1	110123	1.10
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			
Dell'ant Identificable		A	
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Custom Element		
INEIVISIS 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			
Detient Identifiable.		A = = = = = I d o mtific la la .	
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Custom Element		
NLIVIJIJ LIEITICIT.	Custom Liement		
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			
De Cont Interntificable		A	
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Custom Element		
IVEIVISIS LIEITIETIC.	Custom Liement		
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.005.100 No			
iti ayınıcını.005.101 ics			





itPayment.007 - Physical Restraints						
OC-MEDS Usage:	Optional					
Reporting Condition:	None					
Definition:						
Physical Restraints						
Detient Identifiable.		A m. I doubtificable.				
Patient Identifiable:		Agency Identifiable:  No				
No						
NEMSIS Element:	Custom Element					
NEWISIS 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					
- 6						
Definition:						
Hospital Admit						
Patient Identifiable:		A consuldantifiable.				
		Agency Identifiable: No				
No		INO				
NEMSIS Element:	Custom Element					
NEIVISIS Element.	eastorn 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					
- c						
Definition:						
Patient Belongings Other	er					
Patient Identifiable:		Agency Identifiable:				
No		No				
110						
NEMSIS Element:	Custom Element					
Data Type:	String	Pertinent Negatives (PN):	No			
Is Nillable:	No	NOT Values:	No			
Attributes:						
No Comments						
Code List:						
Code List:						
None						

itPayment.011.100 At Incident Location with Family/friends itPayment.011.101 At Incident with Law Enforcements

itPayment.011.104 At Other (Describe Below)



### OC-MEDS - DATA DICTIONARY



	itPayment.011 - P	atient 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:
15 Miliable.	INO	NOT values.
Attributes:		
No Comments		
Code List:		
5 L L D		
Select Resources:		
itPayment.011.105 At D	•	
1	Destination with Patient	
LitPayment 011 102 At F	Destination with Statt (in	ncludes Aeromed, staff)

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itPayment.012 - Patient Belongings Left With Other							
Optional							
None							
Vith Other							
	No						
Custom Flomont							
Custom Element							
	Portinent Negatives	No					
String		INO					
	(114).						
No	NOT Values:	No					
_	_						
	Optional  None  Vith Other  Custom Element  String	Optional  None  Vith Other  Agency Identifiable: No  Custom Element  String  Pertinent Negatives (PN):					





itPayment.013 - Mult. Joint Contracture						
OC-MEDS Usage:	Optional					
Reporting Condition:	None					
Definition:						
Mult. Joint Contracture	·					
Barrier and the confirmation		A Lile of Collins				
Patient Identifiable:		Agency Identifiable:				
No		No				
NIENACIC Flomonts	Custom Floment					
NEMSIS Element:	Custom Element					
	1	Pertinent Negatives	No			
Data Type:	Single-select	(PN):	INO			
		(114).				
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 Possik	ole						
Barta and a critical a		A					
Patient Identifiable:		Agency Identifiable:					
No		No					
NEMSIS Element:	Custom Element						
NEWISIS 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			
		(114).				
Is Nillable:	No	NOT Values:	No			
Attributes:						
No Comments						
Code List:						
Select Resources:						
itPayment.015.100 No						
itPayment.015.101 Yes						
iti ayınıcını.013.101 Tes						





	itPayment.016 -	Patient Status/Bed Type		
OC-MEDS Usage:	Optional			
	_			
Reporting Condition:	None			
Definition:				
Patient Status/Bed Type	<u> </u>			
Patient Identifiable:		Agency Identifiable:		
No		No		
INO				
NEMSIS Element:	Custom Element			
	0.000			
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	3 Patient			
itPayment.016.103 Hos	pice patient			
itPayment.016.101 NH	Bed			
itPayment.016.100 SNF	Bed			





itPayment.034 - Insured SSN						
OC-MEDS Usage:	Optional					
Reporting Condition:	None					
Reporting Condition.	None					
Definition:						
Patient Status/Bed Type	9					
Patient Identifiable:		Agency Identifiable:				
No		No				
NEMSIS Element:	Custom Element					
Data Type:	Single-select	Pertinent Negatives (PN):	No			
		(114).				
Is Nillable:	No	NOT Values:	No			
			1			
Attributes:						
Constraints Pattern A/	·	May Value, 00000000				
Constraints: Pattern: ^(	[0-9]{9})\$ iviin value: 0	Max value: 999999999				
Code List:						
None						





	eProcedures.01 - Dat	te/Time Procedure Performe	d	
OC-MEDS Usage: Required				
Reporting Condition:	Complete and submit	if procedure performed.		
Definition:				
The date/time the proc	edure was performed o	on the patient		
Patient Identifiable:		Agency Identifiable:		
No		No		
NIENACIC Elements	Data /Tima - Dua as duna	Danfannaad		
NEMSIS Element: Date/Time Procedure Performed				
	<u> </u>	Pertinent Negatives	No	
Data Type:	Datetime	(PN):	IVO	
		(111).		
Is Nillable:	Yes	NOT Values:	Yes	
Attributes:				
Correlation: eProcedure	es.ProcedureGroup			
		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	9			
7701003 Not Recorded				
7701005 Not Reporting	, )			





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eР	roced	ures.0	2 - 1	Proced	ure Per	formed	Prio	r to t	his L	Jni	ts E	MS	S C	are
----	-------	--------	-------	--------	---------	--------	------	--------	-------	-----	------	----	-----	-----

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:

No

Agency Identifiable:

No

NEMSIS Element: Procedure Performed Prior to this Units EMS Care

Data Type:

Single-select

Pertinent Negatives (PN):

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

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eProcedures.03 - Procedure				
OC-MEDS Usage:	Required			
Reporting Condition:	Complete and submit	if procedure performed.		
Definition:				
The procedure perform	ed on the patient.			
Patient Identifiable:		Agency Identifiable:		
No		No		
	I			
NEMSIS Element:	Procedure			
		Deal's and Novel's an	W	
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				

Pertinent Negatives:

7701003 Not Recorded

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				
	T				
Reporting Condition:	Complete and submit	if procedure performed.			
Definition:		<u> </u>			
The size of the equipme	ent used in the procedu	re on the patient			
Patient Identifiable:		A no novi I do natificable.			
No		Agency Identifiable:  No			
INO		NO			
NEMSIS Element:	Size of Procedure Equ	inment			
TVEIVIOIO ETCITICATO.	Size of Frocedure Equ	princine			
Data Type:	String	Pertinent Negatives	No		
		(PN):			
Is Nillable:	No	NOT Values:	No		
Attributes:					
Correlation: eProcedures.ProcedureGroup					
Constraints: character le	ength = 1 to 20				
Code List:					
Name					
None					





eProcedures.05 - Number of Procedure Attempts					
OC-MEDS Usage:	Required				
Reporting Condition:	Complete and submit	if procedure performed.			
Definition:					
The number of attempt	s taken to complete a p	procedure or intervention reg	ardless of success.		
Patient Identifiable:		Agency Identifiable:			
No		No			
NET TOLO EL		A.1			
NEMSIS Element:	Number of Procedure	Attempts			
		Deutinant Nagatives	A1-		
Data Type:	Number	Pertinent Negatives	No		
		(PN):			
Is Nillable:	Yes	NOT Values:	Yes		
13 Milabie.	103	NOT VAIACS.	163		
Attributes:					
	Correlation: eProcedures.ProcedureGroup				
Constraints: minimum = 1; maximum = 10					
	<del>-                                    </del>				
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:					
	idual procedure attemp	t which was performed on th	ne patient was		
successful.					
Datiant Identifiable		A saray Idontifiable			
Patient Identifiable:		Agency Identifiable:			
No		No			
NEMSIS Element:	Procedure Successful				
INCINISIS Element.	FIOCEGUIE SUCCESSION				
		Pertinent Negatives	No		
Data Type:	Single-select	(PN):			
Is Nillable:	Yes	NOT Values:	Yes		
Attributes:					
Correlation: eProcedure	es.ProcedureGroup				
Code List:					
Not Values:					
7701001 Not Applicable					
7701003 Not Recorded					
Select Resources:					
9923001 No					
9923003 Yes					





eProced	dures.C	7	' - Proced	lure C	Compl	icat	ion
---------	---------	---	------------	--------	-------	------	-----

OC-MEDS Usage: Required

Reporting Condition: Complete and submit if procedure performed.

Definition:

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

Patient Identifiable:

No

Agency Identifiable:

No

NEMSIS Element: Procedure Complication

Data Type:

Multi-select

Pertinent Negatives (PN):

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 Extravasation3907039 Respiratory Distress3907017 Hypertension3907041 Tachycardia3907019 Hyperthermia3907043 Tachypnea

3907021 Hypotension 3907045 Vomiting





	eProcedures.08 -	- Response to Procedure				
OC-MEDS Usage:	Required					
Reporting Condition:	Complete and submit i	if procedure performed.				
Definition:						
The patient's response	to the procedure					
Patient Identifiable:		Agency Identifiable:				
No		No				
	1		_			
NEMSIS Element:	Response to Procedure	<u> </u>				
	<u> </u>	Dantinget Negatives	I NI -			
Data Type:	Single-select	Pertinent Negatives (PN):	No			
		(PIN).				
Is Nillable:	Yes	NOT Values:	Yes			
13 Milabie.	163	NOT VAIACS.	163			
Attributes:						
Correlation: eProcedure	es.ProcedureGroup					
	·					
Code List:						
Not Values:						
7701001 Not Applicable						
7701003 Not Recorded						
Select Resources:	Select Resources:					
9916001 Improved						
9916003 Unchanged						
9916005 Worse						





	eProcedures.09 - P	rocedure Crew Members ID		
OC-MEDS Usage:	Required			
Reporting Condition:	Complete and submit	if procedure performed.		
Definition:				
_	ID number of the EMS	crew member performing the	procedure on the	
patient				
Detient Idontifiable.		A = = = nu lalantifiable.		
Patient Identifiable:		Agency Identifiable:		
No		Yes		
NEMSIS Element:	Procedure Crew Mem	shore ID	1	
NEWISIS Element.	Procedure Crew Men	ibers in		
		Pertinent Negatives	No	
Data Type:	String	(PN):	140	
		()		
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: eProcedures.ProcedureGroup				
Constraints: character length = 2 to 50				
F				
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
--------------------------	---------------------------	----

#### 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 a	authorization obtained			
Patient Identifiable:		Agency Identifiable:		
No No				
NEMSIS Element:	Procedure Authorizati	on		
Data Type:	Single-select	Pertinent Negatives	No	
Data Type.	Jingle-Select	(PN):		
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)

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eProcedures.12 - Procedure Authorizing Physician			
OC-MEDS Usage:	Optional		
Reporting Condition:	Complete and submit	if available	
Definition:			
		the procedure, if the order v	was provided by any
manner other than prot	tocol (standing order) in	eProcedures.11	
	T		
Patient Identifiable:		Agency Identifiable:	
No		No	
NENACIC EL	Barriel and the street	DL 222	
NEMSIS Element:	Procedure Authorizing	g Physician	
		Pertinent Negatives	No
Data Type:	String	(PN):	NO
Is Nillable:	No	NOT Values:	No
Attributes:			
Correlation: eProcedure	•		
Constraints: Min: 1 Max	k: 255		
Code List:			
None			





eProcedures.13 -	Vascular .	Access	Location
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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

3913049 IO-Tibia-Right Proximal

Select Resources:

3913001 Antecubital-Left 3913051 Lower Extremity-Left

3913003 Antecubital-Right 3913053 Lower Extremity-Right

3913005 External Jugular-Left 3913057 Other Central (PICC, Portacath, etc.)

3913007 External Jugular-Right 3913055 Other Peripheral

3913015 Foot-Left 3913059 Scalp

3913013 Foot-Right 3913065 Umbilical

3913017 Forearm-Left 3913071 Upper Arm-Left 3913019 Forearm-Right 3913073 Upper Arm-Right

3913021 Hand-Left 3913079 Wrist-Left

3913023 Hand-Right 3913081 Wrist-Right 3913047 IO-Tibia-Left Proximal





itProcedures.005 - Procedure Comments			
OC-MEDS Usage:	Optional		
Reporting Condition:	Complete and submit	if available	
Definition:			
Procedure Comments			
Patient Identifiable:		Agency Identifiable:	
No		No	
	Ι		1
NEMSIS Element:	Procedure Comments		
	T		T
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Correlation: eProcedure	•		
Constraints: max length	ı = 500		
Code List:			
Nicola			
None			





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itProcedures.006 - Procedure Location			
OC-MEDS Usage:	Recommended		
Reporting Condition:	Complete and submit	if available	
Definition:			
Procedure Location			
	1		
Patient Identifiable:		Agency Identifiable:	
No		No	
	T		
NEMSIS Element:	Procedure Location		
	T		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Correlation: eProcedure	es.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

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	itProcedures.045 - C	irculation Prior To Procedure	•
OC-MEDS Usage:	Required		
Reporting Condition:	Complete and submit	when pertinent	
Definition:			
Circulation Prior To Pro	cedure		
Patient Identifiable:		Agency Identifiable:	
No		No	
NIENACIC EL	C' Luita a B. Ca a Ta B.		
NEMSIS Element:	Circulation Prior To Pr	ocedure	
	<u> </u>	Portinant Nagatives	No
Data Type:	Single-select	Pertinent Negatives (PN):	INO
		,	
Is Nillable:	No	NOT Values:	No
Attributes:			
Correlation: eProcedure	es.ProcedureGroup		
Code List:			
Colort Decouvers			
Select Resources: itProcedures.045.100 Absent			
itProcedures.045.101 P			
10 10 CEUUI E3.043.101 F	i Cociii		





itProcedures.046 - Sensation Prior To Procedure			
OC-MEDS Usage:	Required		
Reporting Condition:	Complete and submit	when pertinent	
Definition:			
Sensation Prior To Proc	edure		
Patient Identifiable:		Agency Identifiable:	
No		No	_
NEN ACIC El	C		
NEMSIS Element:	Sensation Prior To Pro	ocedure	
	Π	Partinent Negatives	No
Data Type:	Single-select	Pertinent Negatives (PN):	NO
Is Nillable:	No	NOT Values:	No
Attributes:			
Correlation: eProcedure	es.ProcedureGroup		
Code List:			
Colort Bassays			
Select Resources: itProcedures.046.100 A	hant		
itProcedures.046.101 P			
11.F10Cedu1e3.040.101 F	resent		





itProcedures.047 - Motor Prior To Procedure				
OC-MEDS Usage:	Required			
Reporting Condition:	Complete and submit	when pertinent		
Definition:				
Motor Prior To Procedu	ire			
Patient Identifiable:		Agangy Idantifiable		
No		Agency Identifiable: No		
INO		NO		
NEMSIS Element:	Motor Prior To Proced	Hure		
TVEIVIOIO ETCTTETTE.	TWO COT THOS TO TROCK	2416		
Data Type:	Single-select	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: eProcedure	es.ProcedureGroup			
Code List:				
Code List.				
Select Resources:	Select Resources:			
itProcedures.047.100 Absent				
itProcedures.047.101 P	resent			





itProcedures.048 - Circulation After Procedure				
OC-MEDS Usage:	Required			
Reporting Condition:	Complete and submit	when pertinent		
Definition:				
Circulation After Proced	dure			
D .:		A 11 .:C: 11		
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Circulation After Proc	- d		
NEWISIS Element.	Circulation After Proc	edure		
		Pertinent Negatives	No	
Data Type:	Single-select	(PN):	NO	
		(1.14)		
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: eProcedure	es.ProcedureGroup			
Code List:				
	Select Resources:			
itProcedures.048.100 A				
itProcedures.048.101 P	resent			
1				





	itProcedures.049 -	Sensation After Procedure		
OC-MEDS Usage:	Required			
Reporting Condition:	Complete and submit	when pertinent		
Definition:				
Sensation After Procedu	ure			
5 v				
Patient Identifiable:		Agency Identifiable:		
No		No		
NIENACIC Element	Canastian After Duage	J		
NEMSIS Element:	Sensation After Procee	ure		
		Pertinent Negatives	No	
Data Type:	Single-select	(PN):	INO	
		(1.11)		
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: eProcedure	es.ProcedureGroup			
T				
Code List:				
	Select Resources:			
	itProcedures.049.100 Absent			
itProcedures.049.101 P	resent			





No			
NO			
No			
Correlation: eProcedures.ProcedureGroup			
Code List:			
Select Resources: itProcedures.050.100 Absent			





itProcedures.055 - Procedure Ordered				
OC-MEDS Usage:	Base Hospital Use Onl	У		
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 Onl	У			
Reporting Condition:	Complete and submit	if available			
Definition:					
The MICN or Physician	who ordered the proced	lure.			
D .:		A 11			
Patient Identifiable:		Agency Identifiable:			
No Yes					
NEMSIS Element:					
NEWISIS 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	1	
Reporting Condition:	Complete and submit	f available	
Definition:			
The size of the equipme	ent ordered by the Base	Hospital.	
Patient Identifiable:		Agency Identifiable:	
No		No	
	I		_
NEMSIS Element:	Procedure Ordered Siz	e of Equipment	
	T	1	Τ
Data Type:	String	Pertinent Negatives	No
		(PN):	
Is Nillable:	No	NOT Values:	No
is milable.	INO	NOT values.	INO
Attributes:			
No Comments			
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	l		
Darland Library Calaba		A		
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Dysos divis Ordonad Data /Times			
NEIVISIS Element.	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 Onl	У		
Reporting Condition:	Complete and submit	if available		
Definition:				
Procedure Ordered Cor	nments			
Patient Identifiable:		Agency Identifiable:		
No		No		
NENACIC Flaments	Due e e de une Oude une d'Or			
NEMSIS Element:	Procedure Ordered Co	omments		
		Portinant Nagatives	No	
Data Type:	String	Pertinent Negatives (PN):	INO	
		(114).		
Is Nillable:	No	NOT Values:	No	
			-	
Attributes:				
No Comments				
Code List:				
None				





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	itProcedures.060 - F	Procedure Ordered Location	
OC-MEDS Usage:	Base Hospital Use Only	у	
Reporting Condition:	Complete and submit	if available	
Definition:			
The location in which th	e procedure ordered by	y the Base Hospital is to be po	erformed.
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:			

#### Code List:

Not Values:

No Comments

itProcedures.060.161 Not Applicable

itProcedures.060.162 Not Recorded

Select Resources:

itProcedures.060.100 Abdomen

itProcedures.060.101 Antecubital-Left

itProcedures.060.102 Antecubital-Right

itProcedures.060.103 Anterior Axillary - Left

itProcedures.060.104 Anterior Axillary - Right

itProcedures.060.105 Arm-Left

itProcedures.060.106 Arm-Right

itProcedures.060.107 Assessment-Global

itProcedures.060.108 Back

itProcedures.060.109 Chest

itProcedures.060.110 Chest-Left

itProcedures.060.111 Chest-Right

itProcedures.060.112 Ear-Left

itProcedures.060.113 Ear-Right

itProcedures.060.114 Esophagus





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itProcedures.060.115 External Jugular-Left

itProcedures.060.116 External Jugular-Right

itProcedures.060.117 Eye-Left

itProcedures.060.118 Eye-Right

itProcedures.060.119 Eyes-Both

itProcedures.060.120 Femoral-Left Distal IO

itProcedures.060.121 Femoral-Left IV

itProcedures.060.122 Femoral-Right Distal IO

itProcedures.060.123 Femoral-Right IV

itProcedures.060.124 Foot-Left

itProcedures.060.125 Foot-Right

itProcedures.060.126 Forearm-Left

itProcedures.060.127 Forearm-Right

itProcedures.060.128 GI/GU

itProcedures.060.129 Hand-Left

itProcedures.060.130 Hand-Right

itProcedures.060.131 Head

itProcedures.060.132 Humeral Head IO-Left

itProcedures.060.133 Humeral Head IO-Right

itProcedures.060.134 Internal Jugular-Left

itProcedures.060.135 Internal Jugular-Right

itProcedures.060.136 Lower Extremity-Left

itProcedures.060.137 Lower Extremity-Right

itProcedures.060.138 Mainstem Bronchus

itProcedures.060.139 Midclavicular - Left

itProcedures.060.140 Midclavicular - Right

itProcedures.060.141 Mouth

itProcedures.060.142 Neck

itProcedures.060.143 Nose

itProcedures.060.144 Other

itProcedures.060.145 Pelvis

itProcedures.060.146 Pharynx/hypopharynx

itProcedures.060.147 Scalp

itProcedures.060.148 Sternal IO

itProcedures.060.149 Subclavian

itProcedures.060.150 Temporal

itProcedures.060.151 Tibia Distal IO-Left

itProcedures.060.152 Tibia Distal IO-Right

itProcedures.060.153 Tibia Proximal IO-Left

itProcedures.060.154 Tibia Proximal IO-Right

itProcedures.060.155 Trachea

itProcedures.060.156 Umbilical

itProcedures.060.157 Upper Extremity - Left

itProcedures.060.158 Upper Extremity - Right

itProcedures.060.159 Wrist-Left

itProcedures.060.160 Wrist-Right





itProcedures.061 - Procedure Ordered Response					
OC-MEDS Usage:	Base Hospital Use Only	1			
	•				
Reporting Condition:	Complete and submit i	f available			
Definition:					
The patient's response	to the procedure ordere	d by the Base Hospital.			
Patient Identifiable:		Agency Identifiable:			
No		No			
NEN ACIC EL					
NEMSIS Element:	Procedure Ordered Re	sponse			
	<u> </u>	Double out Nogobiyee	l Na		
Data Type:	Single-select	Pertinent Negatives (PN):	No		
		(PIN).			
Is Nillable:	Yes	NOT Values:	Yes		
13 Milable.	103	NOT Values.	103		
Attributes:					
No Comments					
Code List:					
No. 1 Val.					
	Not Values:				
itProcedures.061.103 Not Applicable					
itProcedures.061.104 Not Recorded					
Select Resources:	Salact Pasaursas:				
itProcedures.061.100 Ir	mproved				
itProcedures.061.101 U	•				
itProcedures.061.102 W	<u> </u>				
iti Toccadi C3.001.102 W013C					

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	eProtocols.01 - Protocols Used				
OC-MEDS Usage:	Required				
Reporting Condition:	Complete and submit	when pertinent			
Definition:					
The protocol used by EN	AS personnel to direct t	he clinical care of the patient			
Patient Identifiable:	Patient Identifiable: Agency Identifiable:				
No	o No				
NEMSIS Element:	Protocols Used				
Data Type:	Single-select	Pertinent Negatives (PN):	No		
Is Nillable:	Yes	NOT Values:	Yes		
Attributes:					

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

Correlation: eProtocols.ProtocolGroup

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)

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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

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	eProtocols.02 - Protocol Age Category				
OC-MEDS Usage:	Recommended				
Reporting Condition:	Complete and submit	when pertinent			
Definition:					
The age group the proto	ocol is written to addres	S			
Patient Identifiable:		Agency Identifiable:			
No		No			
NEMSIS Element:	Protocol Age Category				
Data Type:	Single-select	Pertinent Negatives	No		
Data Type.	Single select	(PN):			
Is Nillable:	Yes	NOT Values:	Yes		
Attributes:					
Correlation: eProtocols	.ProtocolGroup				
Code List:					
Not Values:					
7701001 Not Applicable	9				
7701003 Not Recorded					
7701005 Not Reporting					
	Select Resources:				
3602001 Adult Only					
3602003 General					
3602005 Pediatric Only					

OCEMS Policy #300.31 Effective Date: **04/01/2024** 





eRecord.01 - Patient Care Report Number				
OC-MEDS Usage:	Mandatory			
Reporting Condition:	Every submitted incid	ent.		
<del></del>				
Definition:				
-		the EMS agency for each Pati	ent Care Report	
(PCR). This should be a	unique number for the	EMS agency for all of time.		
		T		
Patient Identifiable:		Agency Identifiable:		
Yes		Yes		
	T			
NEMSIS Element:	Patient Care Report N	lumber		
	T	T	T	
Data Type:	String	Pertinent Negatives	No	
		(PN):		
Is Nillable:	No	NOT Values:	No	
15 Miliable.	INO	NOT values.	INO	
Attributes:				
Constraints: character le	ength = 3 to 50			
Constraints, character is	Chighi 3 to 30			
Code List:				
None				
			· ·	





eRecord.02 - Software Creator			
OC-MEDS Usage:	Mandatory		
Reporting Condition:	Every submitted incide	ent.	
Definition:			
	r, manufacturer, and de	eveloper who designed the ap	pplication that
created this record.			
Patient Identifiable:		Agency Identifiable:	
No		No	
	_		
NEMSIS Element:	Software Creator		
	т		
Data Type:	String	Pertinent Negatives	No
Data Type.	301116	(PN):	
	,		1
Is Nillable:	No	NOT Values:	No
Attributes:			
	oftwareApplicationGrou	p	
Constraints: character l	•		
		compliant with the current v	ersion of the National
EMS Information Syster	m (NEMSIS) as stated on	the NEMSIS Website.	
0 1. 1.1			
Code List:			
None			
None			





eRecord.03 - Software Name					
OC-MEDS Usage:	Mandatory				
Reporting Condition:	Every submitted incide	ent.			
Definition:					
The name of the application	ation used to create this	record.			
Patient Identifiable:		Agency Identifiable:			
No		No			
NEMSIS Element:	Software Name				
	T				
Data Type:	String	Pertinent Negatives	No		
- 5.55 7   5.5		(PN):			
	T		Τ		
Is Nillable:	No	NOT Values:	No		
Attributes:	<u></u>				
	oftwareApplicationGroup	0			
Constraints: character l	•		rains of the Netional TNAC		
		ompliant with the current ve	rsion of the National Eivis		
Information System (NEMSIS) as stated on the NEMSIS Website.					
Code List:					
Code List:					
None					
L					





eRecord.04 - Software Version				
OC-MEDS Usage:	Mandatory			
	_			
Reporting Condition:	Every submitted incide	ent.		
Definition:				
The version of the appli	ication used to create th	is record.		
Patient Identifiable:		Agency Identifiable:		
No		No		
	T			
NEMSIS Element:	Software Version			
	T		Ι	
Data Type:	String	Pertinent Negatives	No	
		(PN):		
Is Nillable:	No	NOT Values:	No	
is milable.	INO	NOT values.	INO	
Attributes:				
	oftwareApplicationGroup	<u> </u>		
Constraints: character l	• • • • • • • • • • • • • • • • • • • •	9		
	•	compliant with the current v	version of the National	
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 incide	ent.	
Definition:			
The provider number of	f the responding agency	1	
Patient Identifiable:		Agency Identifiable:	
No		Yes	
NEMSIS Element:	EMS Agency Number		
Data Type:	String	Pertinent Negatives	No
Data Type.	String	(PN):	
Is Nillable:	No	NOT Values:	No
Attributes:			

Correlation: eResponse.AgencyGroup Constraints: character length = 1 to 15

<u>Public Provider Agencies (Fire Departments)</u> 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: <a href="http://www.cms.hhs.gov/NationalProvIdentStand/">http://www.cms.hhs.gov/NationalProvIdentStand/</a>

Effective Date: 04/01/2024

#### Code List:

See Attachment 2 - EMS Provider Agency Data List





eResponse.02 - EMS Agency Name				
OC-MEDS Usage:	Mandatory			
Reporting Condition:	Every submitted incid	ent.		
Definition:				
EMS Agency Name				
Patient Identifiable:		Agency Identifiable:		
No		Yes		
NEMSIS Element:	EMS Agency Name			
Data Type:	String	Pertinent Negatives	No	
Data Type.	301116	(PN):		
Is Nillable:	Yes	NOT Values:	Yes	
Attributes:				
Correlation: eResponse				
Constraints: character length = 2 to 100				
Code List:				
See Attachment 2 - EM	S Provider Agency Data	a List		

Not Values:

7701005 Not Applicable 7701003 Not Recorded 7701001 Not Reporting

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eResponse.03 - Incident Number				
OC-MEDS Usage:	Mandatory			
	_			
Reporting Condition:	Every submitted incide	ent.		
Definition:				
The incident number as	ssigned by the 911 Dispa	atch System		
Barrier and the artificial a		A 1.1		
Patient Identifiable:		Agency Identifiable:		
Yes		Yes		
NEMSIS Element:	Incident Number			
NEWISIS Element.	incident Number			
		Pertinent Negatives	No	
Data Type:	String	(PN):	140	
		(* 14)		
Is Nillable:	Yes	NOT Values:	Yes	
Attributes:				
Constraints: character l	•			
		te multiple EMS responses, d	-	
	•	atient. Each EMS event (aka ir	ncident) shall receive a	
unique identifier for all time for the provider agency.				
Code List:				
Nat Values				
Not Values: 7701001 Not Applicable	^			
7701001 Not Applicable				
7701003 NOT Recorded				





	eResponse.04 -	EMS Response Number	
	2 23 4		
OC-MEDS Usage:	Required		
	1		
Reporting Condition:	Complete and submit	if available	
Definition:			
	nse number which is un	ique for each EMS Vehicle's	(Unit) response to an
incident within an EMS		ique foi each Livis verilcle 3	(Offic) response to an
	031.		
Patient Identifiable:		Agency Identifiable:	
Yes		Yes	
NEMSIS Element:	EMS Response Number	er	
		Dankin and Namakinas	N-
Data Type:	String	Pertinent Negatives (PN):	No
		(114).	
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Constraints: character l	ength = 3 to 50		
Carla Liat.			
Code List:			
Not Values:			
7701001 Not Applicable	2		
7701003 Not Recorded			

OCEMS Policy #300.31 Effective Date: **04/01/2024** 





### 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):

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





ponse.0		

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

Is Nillable:	No	NOT Values:	No
15 1 1111 4 51 51			

#### 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

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Effective Date: 04/01/2024

	ekesponse.oo -	- Type of Dispatch Delay		
OC-MEDS Usage:	Required			
Reporting Condition:	Complete and submit	when available.		
Definition:				
The dispatch delays, if a	any, associated with the	e dispatch of the EMS unit to	the EMS event.	
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Type of Dispatch Dela	У		
	T		Т	
Data Type:	Multi-select	Pertinent Negatives	No	
		(PN):		
Is Nillable:	Yes	NOT Values:	Yes	
is milable:	res	NOT values:	res	
Attributes:				
No Comments				
No comments				
Code List:				
2000 2.50				
Not Values:				
7701001 Not Applicable				
7701003 Not Recorded				
7,01000 1100 110001000				
Select Resources:				
2208001 Caller (Uncooperative)				
2208003 Diversion/Failure (of previous unit)				
2208005 High Call Volume				

2208007 Language Barrier

2208013 None/No Delay

2208015 Other

2208009 Location (Inability to Obtain) 2208011 No EMS Vehicles (Units) Available

2208017 Technical Failure (Computer, Phone etc.)





eResponse.09 - Type of Response Delay				
OC MEDS Heager	Doguirod			
OC-MEDS Usage:	Required			
Reporting Condition:	Complete and submi	t when pertinent		
Definition:  The response delays, if any, of the EMS unit associated with the EMS event.				
The response delays, i	r any, or the EMS unit as	ssociated with the EMS event.		
Patient Identifiable:		Agency Identifiable:		
No		No		
AUGNACIO EL	T (0 -			
NEMSIS Element:	Type of Response De	lay		
Data Type:	Multi-select	Pertinent Negatives (PN):	No	
		,		
Is Nillable:	Yes	NOT Values:	Yes	
Attributes:				
No Comments				
Code List:				
Not Values:	lo.			
7701001 Not Applicab 7701003 Not Recorded				
	-			
Select Resources:				
2209001 Crowd	nabla ta Lagata	2209015 Rendezvous Transport Unavailable 2209017 Route Obstruction (e.g., Train)		
2209003 Directions/U 2209005 Distance	nable to Locate	2209017 Route Obstructi		
2209007 Diversion (Di	fferent Incident)	it2209.112 Scheduled Ca	•	
2209033 Flight Planning		2209021 Staff Delay		
2209009 HazMat		it2209.111 Surfline		
2209031 Mechanical Is	ssue-Unit, Equipment,	2209023 Traffic		
etc.	<b>1</b>	2209025 Vehicle Crash In	_	
2209011 None/No Del 2209013 Other	ay	2209027 Vehicle Failure ( 2209029 Weather	or this Unit	
2203013 Other		2203023 WEather		





eResponse.10 - Type of Scene Delay				
	1			
OC-MEDS Usage:	Required			
December Constitution	6			
Reporting Condition:	Complete and submit	wnen pei	rtinent	
Definition:				
	, of the EMS unit associ	ated with	the FMS event	
The seeme delays, if any	, or the Livis and associ	atca with	tile Livis event.	
Patient Identifiable:		Agency	Identifiable:	
No		No		
NEMSIS Element:	Type of Scene Delay			
Data Type:	Multi-select	Pertine	ent Negatives	No
Data Type.	Width Select	(PN):		
	1,,			
Is Nillable:	Yes	NOT V	alues:	Yes
Attributes:				
None				
None				
Code List:				
Not Values:				
7701001 Not Applicable	е			
7701003 Not Recorded				
Select Resources:	1.20		2240022 5-5-1	. Icharta
2210001 Awaiting Air U			2210023 Safety-Crew/Staging	
2210003 Awaiting Grou	ina Unit		2210025 Safety-Patient 2210027 Staff Delay	
2210005 Crowd 2210007 Directions/Unable to Locate		it2210.110 Surfline	,	
2210007 Directions of able to Locate  2210009 Distance		2210029 Traffic		
2210011 Extrication		2210025 Trainc  2210031 Triage/Multiple Patients		
2210013 HazMat		2210031 Whige/Wattiple Futients  2210033 Vehicle Crash Involving this Unit		
2210015 Harmate 2210015 Language Barrier		2210035 Vehicle F		
2210039 Mechanical Issue-Unit, Equipment, etc.		2210037 Weather		
2210017 None/No Dela	ч			
2210019 Other				
2210021 Patient Access				





eResponse.11 - Type of Transport Delay				
	T			
OC-MEDS Usage:	Required			
Reporting Condition:	Complete and submit v	when pertinent		
Reporting Condition.	Complete and Submit v	viien pertinent		
Definition:				
The transport delays, if	any, of the EMS unit asso	ociated with the EMS event.		
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Type of Transport Dela	M	=	
IVEIVISIS Element.	Type of Transport Bela	у		
Data Tunas	Multi coloct	Pertinent Negatives	No	
Data Type:	Multi-select	(PN):		
	Т	I	T.,	
Is Nillable:	Yes	NOT Values:	Yes	
Attributes:				
None				
Code List:				
Not Values:				
7701001 Not Applicable 7701003 Not Recorded	9			
7701003 NOT RECORDED				
Select Resources:				
2211001 Crowd		2211015 Rendezvous Tra	nsport Unavailable	
2211003 Directions/Un	able to Locate	2211017 Route Obstruction (e.g., Train)		
2211005 Distance		2211019 Safety		
2211007 Diversion		2211021 Staff Delay		
2211009 HazMat		2211023 Traffic		
2211011 None/No Dela 2211013 Other	У	2211025 Vehicle Crash In 2211027 Vehicle Failure	<u> </u>	
2211013 Other 2211031 Patient Condit	ion Change (e.g., Unit	2211027 Verificie Failure C	or and one	
Stopped)	0- (0-,			



None

# OC-MEDS - DATA DICTIONARY



	eResponse.12 - T	ype of Turn-Around Delay		
OC-MEDS Usage:	Required			
	- 1			
Reporting Condition:	Complete and submit	when pertinent		
Definition:				
The turn-around delays	, if any, of EMS unit asso	ociated 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	
	Ι		T	
Is Nillable:	Yes	NOT Values:	Yes	
Attributes:				

Code List:	
Not Values:	2212015 None/No Delay
7701001 Not Applicable	2212017 Other
7701003 Not Recorded	2212019 Rendezvous Transport Unavailable
	2212021 Route Obstruction (e.g., Train)
Select Resources:	2212023 Staff Delay
2212001 Clean-up	2212025 Traffic
2212003 Decontamination	2212027 Vehicle Crash of this Unit
2212005 Distance	2212029 Vehicle Failure of this Unit
2212007 Documentation	2212031 Weather
2212009 ED Overcrowding / Transfer of Care	
2212033 EMS Crew Accompanies Patient for	
Facility Procedure	
2212011 Equipment Failure	
2212013 Equipment/Supply Replenishment	

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	eResponse.13 - E	MS Vehicle (Unit) Number	
OC-MEDS Usage:	Mandatory		
Reporting Condition:	Every submitted incid	lent.	
Definition:			
The unique physical veh	nicle number of the res	ponding unit.	
5 v			
Patient Identifiable:		Agency Identifiable:	
No		Yes	
NIENACIC EL	ENAC VALUE (III di) NI	- London	
NEMSIS Element:	EMS Vehicle (Unit) Nu	umber	
		Pertinent Negatives	No
Data Type:	String	(PN):	INO
		(114).	
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character le	ength = 1 to 25		
Comment: Must corresp	pond to the VIN and CH	IP Permit # of the vehicle licer	nsed by OCEMS
Code List:			
Unit list greated by ENAC greatides against			
Unit list created by EMS provider agency.			





	eResponse.1	4 - EMS Unit Call Sign	
	-		
OC-MEDS Usage:	Mandatory		
Reporting Condition:	Every Submitted Incid	ent.	
Definition:			
	-	nmunicate with the unit. This	s may be the same as
the EMS Unit/Vehicle N	lumber in many agencie	S	
Patient Identifiable:		Agency Identifiable:	
No		Yes	
140		103	
NEMSIS Element:	EMS Unit Call Sign		
	<u> </u>		
Data Tuna	Ctring	Pertinent Negatives	No
Data Type:	String	(PN):	
		1	
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 1 to 50			
Carla Liat.			
Code List:			
Unit list created by EMS provider agency.			
omense dicated by Livio provider agency.			





eRespo	onse.19 - Beginning Odo	ometer Reading of Responding	ng Vehicle
OC-MEDS Usage:	Recommended		
Reporting Condition:	None		
Definition:			
		the vehicle at the beginning o	· · · · · · · · · · · · · · · · · · ·
0.		a water or air travel, documer	
		oat, Fixed Wing, or Rotor Cra	ft in
eDisposition.16 (EMS T	ransport Method)		
Patient Identifiable:		Agency Identifiable:	
No		No	
	_		
NEMSIS Element:	Beginning Odometer F	Reading of Responding Vehicl	e
Data Type:	Decimal	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: format = ##	#####.##		
Comments: If a mileage	counter is being used in	nstead of an odometer, this v	alue would be "0". If the
provider does not recor	d this information, ther	n the default value will be "0"	
Code List:			
Nama			
None			





ekespo	onse.20 - On-Scene Odd	meter Reading of Respondir	ng venicie
OC-MEDS Usage:	Recommended		
Reporting Condition:	None		
Definition:			
The mileage (counter o	r odometer reading) of	the vehicle when it arrives at	the scene. If EMS
vehicle/unit is via water	r or air travel, document	t the number in "hours" as it	relates to the
documentation of Boat	, Fixed Wing, or Rotor C	raft in eDisposition.16 (EMS 7	Fransport Method)
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	On-Scene Odometer F	Reading of Responding Vehicl	e
Data Type:	Decimal	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: format = ##	#####.##		
Comments: If a mileage	counter is being used in	nstead of an odometer, this v	/alue would be "0". In
general, this is the start	ing odometer reading a	s documented by most EMS	providers.
Code List:			
None			





eResponse.	21 - Patient Destination	n Odometer Reading of Resp	onding Vehicle
OC-MEDS Usage:	Recommended		
Reporting Condition:	None		
Definition:			
The mileage (counter o	r odometer reading) of	the vehicle when it arrives at	the patient's
destination. If EMS vehi	icle/unit is via water or	air travel, document the num	ber in "hours" as it
relates to the documen	tation of Boat, Fixed W	ing, or Rotor Craft in eDisposi	tion.16 (EMS
Transport Method)			
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Patient Destination O	dometer Reading of Respond	ing Vehicle
Data Tunas	Decimal	Pertinent Negatives	No
Data Type:	Decimal	(PN):	
Is Nillable:	No	NOT Values:	No
		•	
Attributes:			
Constraints: format = ##	#####.##		
Comments: If a mileage	counter is being used i	nstead of an odometer, ths v	alue would be the miles
from the scene to the d	estination (if eResponse	e.20 is the starting point).	
Code List:			
None			





Cites	Jonisciez Ename Gaoi	neter Reading of Responding	5 Vernere
OC-MEDS Usage:	Recommended		
Reporting Condition:	None		
Definition:			
If using a counter, this is	s the mileage traveled b	peginning with dispatch throu	igh the transport
of the patient to their d	estination and ending v	when back in service, starting	from 0. If EMS
vehicle/unit is via water	or air travel, documen	t the number in "hours" as it	relates to the
documentation of boat	•		
,	3,	•	
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Ending Odometer Rea	iding of Responding Vehicle	
	<u> </u>		
D . T	5	Pertinent Negatives	No
Data Type:	Decimal	(PN):	
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: format = ##	#####.##		
Comments: If the provide	der does not record this	s information, then the defau	lt value will be "0".
Code List:			
None			
L			





eResponse	.23 -	Response	Mod	le 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	No
		(PN):	

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

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	eResponse.24 - Re	sponse Mode Descriptors		
OC-MEDS Usage:	Required			
Reporting Condition:	Every submitted incide	nt.		
Definition:				
The documentation of r	esponse mode techniqu	es used for this EMS respons	se.	
Patient Identifiable:		Agency Identifiable:		
No	No No			
NEMSIS Element:	Additional Response M	lode Descriptors		
Data Type:	Multi-select	Pertinent Negatives (PN):	No	
Is Nillable:	Yes	NOT Values:	Yes	

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

Comment: New Element for 3.5 Standard

Not Values:

Attributes:

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

OCEMS Policy #300.31 Effective Date: **04/01/2024** 





itResponse.017 - Encounter Specific Patient Tracking Number (Triage Tag #)				
OC-MEDS Usage:	Optional			
	,			
Reporting Condition:	Complete and submit when pertinent.			
Definition:			C	
	, -	d by a concatenation of four	fields. This number	
will follow the specific p	oatient event.			
Patient Identifiable:		Agency Identifiable:		
Yes		Yes		
res res				
NEMSIS Element:	NEMSIS Element: Encounter Specific Patient Tracking Number			
TVEITIOIO ETCITICITA		tient macking manner		
Data Tara		Pertinent Negatives	No	
Data Type:	String	(PN):		
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 incide	ent.	
Definition:			
Documentation that thi	s EMS Unit was the first	EMS Unit for the EMS Agend	cy on the Scene
Patient Identifiable:		Agency Identifiable:	
No		No	
	T		
NEMSIS Element:	First EMS Unit on Scen	e	
	Т		Τ
Data Type:	Single-select	Pertinent Negatives	No
,,		(PN):	
la Nillahla.	Vee	NOT Values	Vac
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
No Comments			
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 nam	es that were at the scer	ne, if any		
Patient Identifiable:		A consuldantifiable		
		Agency Identifiable:		
No		Yes		
NEMSIS Element:	Other FMS or Public S	Safety Agencies at Scene		
INCINISIS EIGHICHT.	Other Livis of Tublic's	arety Agencies at seeme		
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				

OCEMS Policy #300.31 Effective Date: **04/01/2024** 





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 I	EMS Agency or Other Pu	ublic Safety listed in eScene.	<u> </u>		
D		A 11 .15. 11			
Patient Identifiable:		Agency Identifiable:			
No		Yes			
NIENACIC Florescett	Other FMC or Dublic C	ofoty Aconor ID Nymobou			
NEMSIS Element: Other EMS or Public Safety Agency ID Number					
		Pertinent Negatives	No		
Data Type:	String	(PN):			
(FIV).					
Is Nillable:	No	NOT Values:	No		
Attributes:					
Correlation: eScene.ResponderGroup					
Constraints: character length = 1 to 25					
Code List:					
See Attachment 2 FMS Drevider Agencies					
See Attachment 3 - EMS Provider Agencies					

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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):  Is Nillable: Yes NOT Values: Yes  Attributes: No Comments  Code List: Not Values: 7701001 Not Applicable	eScene.06 - Number of Patients at Scene				
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):  Is Nillable: Yes NOT Values: Yes  Attributes: No Comments  Code List:  Not Values:					
Definition: Indicator of how many total patients were at the scene  Patient Identifiable:  No  No  NEMSIS Element:  Number of Patients at Scene  Data Type:  Single-select  Pertinent Negatives (PN):  Is Nillable:  Yes  NOT Values:  Yes  Attributes:  No Comments  Code List:  Not Values:	OC-MEDS Usage:	Required			
Definition: Indicator of how many total patients were at the scene  Patient Identifiable:  No  No  NEMSIS Element:  Number of Patients at Scene  Data Type:  Single-select  Pertinent Negatives (PN):  Is Nillable:  Yes  NOT Values:  Yes  Attributes:  No Comments  Code List:  Not Values:					
Indicator of how many total patients were at the scene  Patient Identifiable:  No  Agency Identifiable:  No  No  No  NEMSIS Element:  Number of Patients at Scene  Data Type:  Single-select  Pertinent Negatives (PN):  Is Nillable:  Yes  NOT Values:  Yes  Attributes:  No Comments  Code List:  Not Values:	Reporting Condition:	Every submitted incide	ent.		
Indicator of how many total patients were at the scene  Patient Identifiable:  No  Agency Identifiable:  No  No  No  NEMSIS Element:  Number of Patients at Scene  Data Type:  Single-select  Pertinent Negatives (PN):  Is Nillable:  Yes  NOT Values:  Yes  Attributes:  No Comments  Code List:  Not Values:					
Patient Identifiable:  No  No  NEMSIS Element:  Number of Patients at Scene  Data Type:  Single-select  Pertinent Negatives (PN):  Is Nillable:  Yes  NOT Values:  Yes  Attributes:  No Comments  Code List:  Not Values:					
No No No No No Nemsis Element: Number of Patients at Scene  Data Type: Single-select Pertinent Negatives (PN):  Is Nillable: Yes NOT Values: Yes  Attributes: No Comments  Code List: Not Values:	Indicator of how many t	total patients were at th	e scene		
No No No No No Nemsis Element: Number of Patients at Scene  Data Type: Single-select Pertinent Negatives (PN):  Is Nillable: Yes NOT Values: Yes  Attributes: No Comments  Code List: Not Values:					
NEMSIS Element:    Number of Patients at Scene					
Data Type:  Single-select  Pertinent Negatives (PN):  Is Nillable:  Yes  NOT Values:  Yes  Attributes:  No Comments  Code List:  Not Values:	No		No		
Data Type:  Single-select  Pertinent Negatives (PN):  Is Nillable:  Yes  NOT Values:  Yes  Attributes:  No Comments  Code List:  Not Values:		[			
Data Type: Single-select (PN):  Is Nillable: Yes NOT Values: Yes  Attributes: No Comments  Code List: Not Values:	NEMSIS Element:	Number of Patients at Scene			
Data Type: Single-select (PN):  Is Nillable: Yes NOT Values: Yes  Attributes: No Comments  Code List: Not Values:				T	
Is Nillable: Yes NOT Values: Yes  Attributes: No Comments  Code List: Not Values:	Data Type:	Single-select	_	No	
Attributes: No Comments  Code List: Not Values:			(PN):		
Attributes: No Comments  Code List: Not Values:	la Nillahlar	Vac	NOT Values	Voc	
No Comments  Code List:  Not Values:	is milable:	res	NOT values:	res	
No Comments  Code List:  Not Values:	Attributes				
Code List: Not Values:					
Not Values:	No Confinents				
	Code List:				
	Not Values:				
7701003 Not Recorded					
Select Resources:					
2707001 Multiple					
2707003 None					
2707005 Single					





eScene.07 - Mass Casualty Incident				
OC-MEDS Usage:	Required			
Reporting Condition:	Every submitted incide	ent.		
Definition:	111	all Carles I for an I	L. L. Caller ENAC	
	ould be considered a m	nass casualty incident (overw	helmed existing EMS	
resources)				
Patient Identifiable:		Agency Identifiable:		
No		No		
110				
NEMSIS Element:	Mass Casualty Inciden	nt		
	,			
Data Type:	Single-select	Pertinent Negatives	No	
Data Type.	Jingic sciect	(PN):		
	т		,	
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 wi	th the initial triage asses	ssment/classification of the I	MCI patient.		
	T				
Patient Identifiable:		Agency Identifiable:			
No		No			
NEMSIS Element:	Triage Classification fo	r MCI Patient			
	Γ		T		
Data Type:	Single-select	Pertinent Negatives	No		
,,	<u> </u>	(PN):			
ta Nilla la la c	V	NOT Values	V <sub>2</sub> -		
Is Nillable:	Yes	NOT Values:	Yes		
Attributos.					
Attributes:					
No Comments					
Code List:					
Code List.					
Not Values:					
7701001 Not Applicable	2				
7701003 Not Recorded					
Select Resources:					
2708009 Black - Deceased					
2708005 Green - Minor	2708005 Green - Minor				
2708001 Red - Immedia					
2708003 Yellow - Delayed					





eScene.09 - Incident Location Type				
OC-MEDS Usage:	Required			
Reporting Condition:	Every submitted incide	ent.		
Definition:				
The kind of location wh	ere the incident happer	ned		
Patient Identifiable:		Agency Identifiable:		
No		No		
	T			
NEMSIS Element:	Incident Location Type	9		
	1	15	Ι	
Data Type:	ICD-10 value	Pertinent Negatives	No	
		(PN):		
Is Nillable:	Yes	NOT Values:	Yes	
is Miliable.	163	NOT values.	163	
Attributes:				
Constraints: pattern = Y	/92\.[0-9]{1.3}			
constraintes pattern	132 ( [0 3](1)3)			
Code List:				
See Attachment 10 – Incident Location Type (eScene.09)				





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

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	eScene.11 -	Scene GPS Location	
OC-MEDS Usage:	Required		
Reporting Condition:	Complete and submit	if available	
Definition:			
The GPS coordinates as	sociated with the Scene	·	
Patient Identifiable:		Agency Identifiable:	
Yes		Yes	
NEN ACIO EL	C CDC		
NEMSIS Element:	Scene GPS Location		
	T	Doubling and Magazines	No
Data Type:	GPS value	Pertinent Negatives (PN):	INO
		(114).	
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints:			
pattern = (\+ -)?(90(\.[0	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:			
Mana			
None			





eScene.13 - Incident Facility or Location Name			
OC-MEDS Usage:	Required		
	T		
Reporting Condition:	Complete and submit	if available	
- •			
Definition:			6.1. =
The name of the facility	, business, building, etc	. associated with the scene of	t the EMS event.
Patient Identifiable:		Agency Identifiable:	
No		Yes	
140		103	
NEMSIS Element:	Incident Facility or Loc	cation Name	
Data Type:	String	Pertinent Negatives	No
Data Type:	String	(PN):	
	Γ		T
Is Nillable:	No	NOT Values:	No
All the Land			
Attributes:	th		
Constraints: character length = 2 to 100			
Code List:			
Code List:			
See Attachment 2 – Facilities List			
oce Accommented Tubinices 2150			





eScene.15 - Incident Street Address				
OC-MEDS Usage:	Required			
Reporting Condition:	Every submitted incide	ent.		
Definition:				
The street address whe responded.	re the patient was found	d, or, if no patient, the addr	ess to which the unit	
Patient Identifiable:		Agency Identifiable:		
Yes		No		
NEW ACIC Flores and	Land Chara A Adda			
NEMSIS Element:	Incident Street Addres	<u>SS</u>		
	T	Destinant Nagativas	No	
Data Type:	String	Pertinent Negatives (PN):	NO	
		(FIV).		
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				
Barta and a critical a		Access to the Control of		
Patient Identifiable:		Agency Identifiable:		
Yes		No		
NEMSIS Element:	StreetAddress2			
NEIVISIS Element.	3treetAddress2			
Data Type:	String	Pertinent Negatives (PN):	No	
	_			
Is Nillable:	No	NOT Values:	No	
Attributes:				
No Comments				
0 1 111				
Code List:				
None				





	eScene.16 - Incident	: Apartment, Suite, or Room		
OC-MEDS Usage:	Recommended			
Reporting Condition:	Complete and submit i	if available		
Definition:				
The number of the spec	cific apartment, suite, or	room where the incident oc	curred.	
Patient Identifiable:		Agency Identifiable:		
Yes		No		
	<del>,</del>			
NEMSIS Element:	Incident Apartment, Su	uite, or Room		
			T	
Data Type:	String	Pertinent Negatives	No	
,,		(PN):		
ta Alillahla.		NOT Values	V	
Is Nillable:	Yes	NOT Values:	Yes	
Attributes:				
	ongth = 1 to 15			
Constraints: character length = 1 to 15				
Code List:				
Code List.				
Not Values:				
7701001 Not Applicable	2			
7701003 Not Recorded				





eScene.17 - Incident City			
OC-MEDS Usage:	Required		
Reporting Condition:	Every submitted incide	ent.	
Definition:			
		atient was found or to which	the unit responded
(or best approximation)			
Patient Identifiable:		Agency Identifiable:	
No		No	
	T		
NEMSIS Element:	Incident City		
	T		
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 incide	ent.			
Definition:					
The state, territory, or p	province where the pation	ent was found or to which th	e unit responded (or		
best approximation)					
Patient Identifiable:	Patient Identifiable: Agency Identifiable:				
No No					
NEMSIS Element:	Incident State				
·					
Data Tura	ANGLALA	Pertinent Negatives	No		

(PN):

NOT Values:

Attributes:

Is Nillable:

Data Type:

Constraints: character length = 2

Comments: The ANSI Code Selection by text but stored as ANSI code.

ANSI value

Yes

Code List:

Not Values:

7701001 Not Applicable 7701003 Not Recorded

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Yes





eScene.19 - Incident ZIP Code			
OC-MEDS Usage:	Required		
Reporting Condition:	Every submitted incide	ent.	
Definition:			
The ZIP code of the inci	dent location		
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Incident ZIP Code		
		De Carat Nanction	A1.
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	9]{5} [A-Z][0-9][A-Z] [0-9][A-Z	<u>Z][0-9]</u>
Code List:			
Not Values			
Not Values:	•		
7701001 Not Applicable 7701003 Not Recorded			
7701003 NOT NECOTAEA			





eScene.21 - Incident County				
OC-MEDS Usage:	Required			
Reporting Condition:	Every submitted incide	ent.		
Definition:				
1	nere the patient was fou	und or to which the unit resp	onded (or best	
approximation)				
Patient Identifiable:		Agency Identifiable:		
No		No		
NO		NO		
NEMSIS Element:	Incident County			
112111010 2.0	more control			
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	2			





eScene.22 - Incident Country				
OC-MEDS Usage:	Recommendation			
Reporting Condition:	None			
Definition:				
The country of the incid	lent 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

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itScene.005 - Incident Area Classification				
OC-MEDS Usage:	Required			
Reporting Condition:	Complete and submit	t if pertinent.		
Definition:				
Incident Area Classificat	tion			
		1		
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Incident Area Classific	cation		
	<del>,</del>			
Data Type:	Single-select	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
Attributes:				
Comment: Required for	r EATS Contracted Provi	iders		
Code List:				
Select Resources:				
itScene.005.102 Rural				
itScene.005.101 Suburb	nan			
itScene.005.100 Urban				
itScene.005.103 Wilder				





itScene.025 - Zone Number (District Number)			
OC-MEDS Usage:	Required		
	,		
Reporting Condition:	Complete and submit	when pertinent for 911 oper	ations.
Definition:			
The fire department inc	cident district number.		
Dationt Identification		A	
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	District Number		=
INLINISIS EICHICHT.	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			





itSc	itScene.026 - Areas of Operation (Emergency Operating Area)			
OC-MEDS Usage:	Required			
Reporting Condition:	Complete and submit	when pertinent.		
Definition:				
The Emergency Operat	ing Area (EOA) as define	ed by the Orange County EMS	Plan.	
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Area of Operation			
		T	Т	
Data Type:	Single-select	Pertinent Negatives	No	
		(PN):		
Is Nillable:	No	NOT Values:	No	
15 Miliable.	INO	NOT values.	INO	
Attributes:				
	or EATS Contracted Prov	viders		
commencer requires	<u> </u>	Tue:5		
Code List:				
See Attachment 11 - O	range County EOA Data	List		





eSituation.01 - Date/	Time of S	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
------------	----------	---------------------------	-----

able: 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 N	o Patient Contact value.
Definition:			
Indication whether or n	ot there was an injury		
Patient Identifiable:		Agency Identifiable:	
No		No	
	Τ		
NEMSIS Element:	Possible Injury		
	Т		T
Data Type:	Single-select	Pertinent Negatives	No
,,,		(PN):	
L. APH. L.L.		NOTVALA	
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
No Comments			
No comments			
Code List:			
Code List.			
Not Values:			
7701001 Not Applicable			
7701003 Not Recorded			
Select Resources:			
9922001 No 9922003 Unknown			
9922003 Unknown 9922005 Yes			
3322003 TeS			

Comments: System defaulted to Chief (Primary) Complaint



## OC-MEDS - DATA DICTIONARY



Effective Date: 04/01/2024

eSituation.03 - Complaint Type			
OC-MEDS Usage:	Required		
Reporting Condition:	itDisposition.112 does	not include a Canceled or No	o Patient Contact value.
Definition:			
The type of patient hea	Ithcare complaint being	documented.	
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Complaint Type		
Data Type:	Single-select	Pertinent Negatives	No
,,		(PN):	
L. APH. L.L.		NOTVAL	V
Is Nillable:	Yes	NOT Values:	Yes
A			
Attributes:			
Correlation: eSituation.	PatientComplaintGroup		

## Code List:

Not Values:

7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting

Select Resources:

2803001 Chief (Primary)

2803003 Other

2803005 Secondary

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eSituation.04 - Complaint			
OC-MEDS Usage:	Required		
Reporting Condition:	itDisposition.112 does	not include a Canceled or No	o Patient Contact value.
Definition:			
The statement of the pr	roblem by the patient or	the history provider.	
Patient Identifiable:		Agency Identifiable:	
No	No No		
NEMSIS Element:	Complaint		
	•		
Data Type:	String	Pertinent Negatives	No
bata Type.	301116	(PN):	
			T
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Correlation: eSituation.PatientComplaintGroup			
Constraints: character l	ength = 1 to 255		

## Code List:

Not Values:

7701001 Unknown/Not Applicable

7701003 Not Recorded 7701005 Not Reporting

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7701005 Not Reporting



eSituation.05 - Duration of Complaint				
OC-MEDS Usage:	Required			
Reporting Condition:	eSituation.04 is not bl	lank.		
Definition:				
The duration of the con	nplaint			
		T		
Patient Identifiable:		Agency Identifiable:		
No		No		
NEN ACIC El	D with a formulate			
NEMSIS Element:	Duration of Complain	t		
		Portingnt Nogatives	No.	
Data Type:	Number	Pertinent Negatives (PN):	No	
		(1.14).		
Is Nillable:	Yes	NOT Values:	Yes	
Attributes:				
	.PatientComplaintGroup	<u> </u>		
Constraints: minimum = 1; maximum = 365				
Code List:				
Not Values:				
7701001 Unknown				
7701003 Not Recorded				





	eSituation.06 - Time L	Inits of Duration of Complain	nt
OC-MEDS Usage:	Required		
<b>-</b>			
Reporting Condition:	eSituation.04 is not bl	ank.	
Definition:			
The time units of the du	uration of the patient's o	complaint	
Patient Identifiable:		Agency Identifiable:	
No		No	
NO		NO	
NEMSIS Element:	Time Units of Duration	n of Complaint	
Data Type:	Single-select	Pertinent Negatives	No
Data Type.	Siligle-Select	(PN):	
	a	1	a
Is Nillable:	Yes	NOT Values:	Yes
Attributes:	Datie of Commission Commission		
Correlation: eSituation.	PatientComplaintGroup	1	
Code List:			
Not Values:			
7701001 Not Applicable			
7701003 Not Recorded			
7701005 Not Reporting	1		
Select Resources:			
2806007 Days			
2806005 Hours			
2806003 Minutes			
2806011 Months			
2806001 Seconds			
2806009 Weeks			
2806013 Years			





	eSituation.07 - Chief	Complaint Anatomic Location	on
OC-MEDS Usage:	Required		
OC MEDO COMPC.	Печанса		
Reporting Condition:	Complete and submit	when pertinent.	
Definition:			
The primary anatomic le	ocation of the chief com	plaint as identified by EMS	personnel
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Chief Complaint Anato	omic Location	
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
A Chariffe and a con-			
Attributes: No Comments			
NO COMMENCE			
Code List:			
Not Values: 7701001 Not Applicable 7701003 Not Recorded			
Select Resources: 2807001 Abdomen 2807003 Back 2807005 Chest 2807007 Extremity-Low 2807009 Extremity-Upp 2807011 General/Globa 2807013 Genitalia 2807015 Head 2807017 Neck	per		





eSituation.08 - Chief Complaint Organ System				
OC-MEDS Usage:	Required			
Reporting Condition:	Complete and submit	when pertinent.		
-				
Definition:				
The primary organ system	em of the patient injure	d or medically affected.		
Dations Identification		A		
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	NEMSIS Element: Chief Complaint Organ System			
IVEIVISIS Element.	emer complaint organ	Toyotem		
Data Type:	Single-select	Pertinent Negatives (PN):	No	
			1	
Is Nillable:	Yes	NOT Values:	Yes	
Attributes:				
No Comments				
Code List:				
Code List:				
Not Values:				
7701001 Not Applicable	e			
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 N	o Patient Contact value.	
Definition:				
The primary sign and sy	mptom present in the p	patient or observed by EMS p	ersonnel	
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.

OCEMS Policy #300.31





eSituation.10 - Other Associated Symptoms				
OC-MEDS Usage:	Required			
Reporting Condition:	Complete and submit	when pertinent.		
Definition:				
Other symptoms identi	fied by the patient or ob	served by EMS personnel		
Patient Identifiable:		Agency Identifiable:		
No	No No			
	•			
NEMSIS Element:	Other Associated Symptoms			
Data Type:	ICD-10 value	Pertinent Negatives	Yes	
Data Type.	TED 10 value	(PN):		
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.

OCEMS Policy #300.31





## 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	No
Data Type.	ICD-10 value	(PN):	

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.

OCEMS Policy #300.31





eSituation.	12 - F	Provider's	Seconda	ary lm	pressi	ions
-------------	--------	------------	---------	--------	--------	------

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 | No (PN):

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.





Effective Date: 04/01/2024

· · · · ·				•••
AVITUAT	ומחוז -	Initial	 LOBT /	Vel II EV
eSituat				- 1 9 9 1 1 9 7

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.

NEMSIS Element: Initial Patient Acuity

Data Type:

Single-select

Pertinent Negatives (PN):

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

OCEMS Policy #300.31





eSituation.14 - Work-Related Illness/Injury				
OC-MEDS Usage:	Required			
Reporting Condition:	itDisposition.112 does	not include a Canceled or N	o Patient Contact value.	
- • · ·				
Definition:				
Indication of whether or	r not the illness or injur	y is work related.		
Patient Identifiable:		A so so coldontificable.		
No		Agency Identifiable: No		
INO		INO		
NEMSIS Element:	Work-Related Illness/I	niury		
IVEIVISIS EICHICHE.	Work Related IIIIessy	пјигу		
_		Pertinent Negatives	No	
Data Type:	Single-select	(PN):		
Is Nillable:	Yes	NOT Values:	Yes	
Attributes:				
Correlation: eSituation.	WorkRelatedGroup			
Code List:				
Not Values:				
7701001 Not Applicable				
7701003 Not Recorded				
7701005 Not Reporting				
Select Resources:				
9922001 No				
9922003 Unknown 9922005 Yes				





OC-MEDS 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: Dateti	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:				
		nosis or stated reason for a		
transfer, other medical	transport, or Mobile Int	egrated Healthcare encounte	er.	
D .:: .: .: .: .: .: .:		A		
Patient Identifiable:		Agency Identifiable:		
No		No		
NENACIC Flament				
NEMSIS Element:	Justification for Transfe	er or Encounter		
		Pertinent Negatives	No	
Data Type:	String	(PN):	INO	
		(FIN).		
Is Nillable:	No	NOT Values:	No	
15 THIIGDIC.	110	NOT Values.	110	
Attributes:				
None				
Code List:				
None				



2820011 Extended Care

2820013 Maternal/Neonatal

2820017 Neurological Specialty Care

2820021 Pediatric Specialty Care

2820015 Medical Specialty Care (Other, Not Listed)

2820019 Palliative/Hospice Care (Home or Facility)

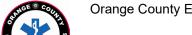


## eSituation.20 - Reason for Interfacility Transfer/Medical Transport OC-MEDS Usage: Required **Reporting Condition:** None Definition: Reason for Interfacility Transfer/Medical Transport Patient Identifiable: Agency Identifiable: No **NEMSIS Element:** Reason for Interfacility Transfer/Medical Transport **Pertinent Negatives** No Single-select Data Type: (PN): Is Nillable: Yes **NOT Values:** Yes Attributes: Comments: New Values Code List: Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 2820023 Psychiatric/Behavioral Care 2820001 Cardiac Specialty 2820025 Physical Rehabilitation Care 2820003 Convenience Transfer (Patient Request) eSituation.20.100 Rehabilitation 2820005 Diagnostic Testing 2820027 Return to Home/Residence 2820007 Dialysis 2820029 Surgical Specialty Care (Other, 2820009 Drug and/or Alcohol Rehabilitation Care Not Listed)

## itSituation.001 - Patient Belongings

2820031 Trauma / Orthopedic Specialty

eSituation.20.102 Insurance Status



# Orange County EMS Agency Policy/Procedure



# OC-MEDS - DATA DICTIONARY

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	No
Data Type.	Multi-Select	(PN):	
Is Nillable:	No	NOT Values:	No
Attributes:			
None IT8.15		·	
	_		

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





itPatientFollowUp.004 - Contact Name				
OC-MEDS Usage:	Required			
	T			
Reporting Condition:	Complete and submit	when pertinent.		
_				
Definition:				
The contact name of the	e person who last saw t	he patient well.		
Dationt Identifiable.		A		
Patient Identifiable:		Agency Identifiable:		
Yes		No		
NEMSIS Element:	Contact Name			
IVEIVISIS 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 num	ber of the person who	last saw the patient well.			
Dationt Identifiable.		A			
Patient Identifiable:		Agency Identifiable:			
Yes		No			
NEMSIS Element:	Contact Phone				
INLIVISIS LICITICIT.	Contact Friorie				
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:				
	• .	lic safety answering point or	other designated	
entity) requesting EMS	services.			
Patient Identifiable:		Agency Identifiable:		
No		No		
140		110		
NEMSIS Element:	Dispatch Notified Date			
Data Type:	Datetime	Pertinent Negatives (PN):	No	
Is Nillable:	Yes	NOT Values:	Yes	
			1	
Attributes:				
Constraints:				
	· · · · · · · · · · · · · · · · · · ·	9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2	2}:[0-9]{2}:[0-	
9]{2}(\.\d+)?(\+ -)[0-9]{	[2]:[0-9]{2}			
Code List:				
Code List:				
None				





eTimes.02 - Dispatch Notified Date/Time						
OC-MEDS Usage:	Required					
Reporting Condition:	Every submitted incide	ent.				
Definition:						
The date/time dispatch	was notified by the 911	. call taker (if a separate entit	Σ <b>γ</b> ).			
Patient Identifiable:		Agency Identifiable:				
No		No				
NIEN ACIO EL	D:	/ <del></del>				
NEMSIS Element:	Dispatch Notified Date	e/Time				
	<u> </u>	Doutinant Nagativas	No			
Data Type:	Datetime	Pertinent Negatives (PN):	No			
		(FIN).				
Is Nillable:	No	NOT Values:	No			
15 Timable.	110	NOT Values.	110			
Attributes:						
Constraints:						
between 1/1/1950 and	1/1/2050; pattern = [0-	9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2	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				
	T				
Reporting Condition:	Every submitted incid	ent.			
Definition:					
The date/time the response	anding unit was notified	d by dispatch			
The date/time the respons	onding unit was notine	a by dispatch.			
Patient Identifiable:		Agency Identifiable:			
No		No			
NEMSIS Element:	Unit Notified by Dispa	itch Date/Time			
Data Type:	Datetime	Pertinent Negatives	No		
		(PN):			
Is Nillable:	No	NOT Values:	No		
15 Telliable.	140	ivo i values.	110		
Attributes:					
Constraints:					
between 1/1/1950 and	1/1/2050; pattern = $[0-1/2050]$	-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2	2}:[0-9]{2}:[0-		
9]{2}(\.\d+)?(\+ -)[0-9]{	2}:[0-9]{2}				
Code List:					
None					
IVOITC					





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 t	time the vehicle started movi	ng.		
- · · · · · · · · · · · · · · · · · · ·					
Patient Identifiable:		Agency Identifiable:			
No		No			
NIENACIC Flomonts	Lizit En Douto Dato/Ti	<u></u>			
NEMSIS Element:	Unit En Route Date/Ti	me			
	1	Pertinent Negatives	No		
Data Type:	Datetime	(PN):	INO		
		(1, 5.1).	<u> </u>		
Is Nillable:	Yes	NOT Values:	Yes		
Attributes:					
Constraints:					
		9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2	2}:[0-9]{2}:[0-		
9]{2}(\.\d+)?(\+ -)[0-9]{2}:[0-9]{2}					
Code List:					
NI-+ Values					
Not Values: 7701001 Not Applicable	^				
7701001 Not Applicable					





eTimes.06 -	Unit A	Arrived	on S	Scene I	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.

NEMSIS Element: Unit Arrived on Scene Date/Time

Data Type:

Datetime

Pertinent Negatives (PN):

Is Nillable: Yes NOT Values: Yes

### Attributes:

Constraints:

between 1/1/1950 and 1/1/2050; pattern =  $[0-9]\{4\}-[0-9]\{2\}-[0-9]\{2\}T[0-9]\{2\}:[0-9][2]:[$ 

### Code List:

Not Values:

7701001 Not Applicable

7701003 Not Recorded

OCEMS Policy #300.31





eTimes.07 - Arrived at Patient Date/Time				
OC-MEDS Usage:	Required			
Reporting Condition:	Complete and submit	if available		
Definition:				
The date/time the response	onding unit arrived at th	e patient's side.		
Barta and a artificial		A Lile a L'Calala		
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Arrived at Patient Date			
INCINISIS LICITICITE.	Allived at Fatient Date	<i>5/</i> Tillie		
Data Type:	Datetime	Pertinent Negatives (PN):	No	
Is Nillable:	Yes	NOT Values:	Yes	
Attributes:				
Constraints:				
	-	9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2	2}:[0-9]{2}:[0-	
9]{2}(\.\d+)?(\+ -)[0-9]{	[2]:[0-9]{2}			
Code List:				
Not Values:				

OCEMS Policy #300.31

7701001 Not Applicable 7701003 Not Recorded





eTimes.08 - Transfer of EMS Patient Care Date/Time				
OC-MEDS Usage:	Required			
Reporting Condition:	Complete and submit it	f available		
Definition:				
The date/time the patie	ent was transferred from	this EMS agency to another	EMS agency for	
care.				
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Transfer of EMS Patien	t Care Date/Time		
Data Type:	Datetime	Pertinent Negatives (PN):	No	
		(114).		
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

OCEMS Policy #300.31





eTimes.09 - Unit Left Scene Date/Time				
OC-MEDS Usage:	Required			
	_			
Reporting Condition:	Complete and submit	if available		
Definition:				
The date/time the response	onding unit left the scen	e (started moving).		
Dationt Idontifiable		A = = = = . I do = ±ifioblo.		
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Unit Left Scene Date/T			
IVEIVISIS EICHICHT.	Offic Left Seelie Bate, 1	iiie		
Data Type:	Datetime	Pertinent Negatives (PN):	No	
Is Nillable:	Yes	NOT Values:	Yes	
Attributes:				
Constraints:				
		9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2	2}:[0-9]{2}:[0-	
9]{2}(\.\d+)?(\+ -)[0-9]{	(2):[0-9]{2}			
Code List:				
Not Values:				
7701001 Not Applicable	<u>م</u>			
7701001 Not Applicable 7701003 Not Recorded				



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 resp	onding unit arrived with	the patient at the destinatio	n or transfer point.
Detiant Identification		A , I doub!fielde.	
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Patient Arrived at Des	tination Date/Time	
INCINISIS LICITICITE.	Fallent Annveu at Des	tiliation bate/ fillie	
Data Type:	Datetime	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Constraints:			
	· · · · · · · · · · · · · · · · · · ·	·9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2	2}:[0-9]{2}:[0-
9]{2}(\.\d+)?(\+ -)[0-9]{	[2]:[0-9]{2}		
Code List:			
Not Values:			
7701001 Not Applicable	e		





eTimes.12 - De	estination Pa	tient Transf	er of (	Care Da	ate/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 =  $[0-9]\{4\}-[0-9]\{2\}-[0-9]\{2\}T[0-9]\{2\}:[0-9][2]:[$ 

Code List:

Not Values:

7701001 Not Applicable

7701003 Not Recorded

OCEMS Policy #300.31





eTimes.13 - Unit Back in Service Date/Time				
OC-MEDS Usage:	Mandatory			
	l			
Reporting Condition:	Every submitted incid	ent.		
Definition:				
	hack was hack in service	e and available for response (	finished with call	
but not necessarily back		and available for response (	mistica with tail,	
,				
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Unit Back in Service D	ate/Time		
	<u> </u>			
Data Type:	Datetime	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
Attributes:				
Constraints:	1/1/2050; mattage = [0		01.10 01(2).10	
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				
3]\2}(\.\u+):(\+ -)[0-3]\	[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			
NIENACIC Element	Unit Composited Date /Ti				
NEMSIS Element:	Unit Canceled Date/Ti	me			
		Dortingat Nagatives	No		
Data Type:	Datetime	Pertinent Negatives (PN):	No		
		(FIV).			
Is Nillable:	No	NOT Values:	No		
15 Temasier	110	TOT VAIGEST	110		
Attributes:					
Constraints:					
between 1/1/1950 and	1/1/2050; pattern = [0-	9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2	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 sign	s were taken on the pati	ent.		
Patient Identifiable:	Patient Identifiable: Agency Identifiable:			
No		No		
•				
NEMSIS Element:	Date/Time Vital Signs T	aken		
Data Type:	Datetime	Pertinent Negatives (PN):	No	
		· /		
Is Nillable:	Yes	NOT Values:	Yes	

### Attributes:

Constraints: between 1/1/1950 and 1/1/2050; pattern =  $[0-9]\{4\}-[0-9]\{2\}-[0-9]\{2\}T[0-9]\{2\}:[0-9][2]:[0-9][$ 

### Code List:

Not Values:

7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting

OCEMS Policy #300.31





	eVitals.02 - Obtaine	d Prior to this Units EMS Ca	re		
OC-MEDS Usage:	Required				
Reporting Condition:	itDisposition.112 does	s not include a Canceled or N	No Patient Contact value.		
- 4:					
Definition:					
	mation which is docume	ented was obtained prior to	the documenting		
EMS units care.					
Patient Identifiable:		Agency Identifiable:			
No		No			
110		110			
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	7701001 Not Applicable				

OCEMS Policy #300.31

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

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

### Attributes:

Correlation: eVitals.CardiacRhythmGroup Comment: New Values

Code List:			
Not Values:	Pertinent Negatives:		
7701001 Not Applicable	8801019 Refused		
7701003 Not Recorded	8801023 Unable to Complete		
Select Resources:	9901033 Paced Rhythm		
9901001 Agonal/Idioventricular	9901035 PEA	9901063 Unknown AED Non-	
9901005 Artifact	9901037 Premature Atrial	Shockable Rhythm	
9901003 Asystole	Contractions (PAC)	9901065 Unknown AED	
9901007 Atrial Fibrillation	9901039 Premature Ventricular	Shockable Rhythm	
9901009 Atrial Flutter	Contractions (PVC) 9901067 Ventricular		
9901011 AV Block-1st Degree	9901041 Right Bundle Branch Block Fibrillation (VF)		
9901013 AV Block-2nd Degree-Type 1	9901043 Sinus Arrhythmia 9901071 Ventricular		
9901015 AV Block-2nd Degree-Type 2	9901045 Sinus Bradycardia (SB) Tachycardia (Pulseless)		
9901017 AV Block-3rd Degree	9901047 Normal Sinus Rhythm (NSR) 9901069 Ventricular		
9901019 Junctional	9901049 Sinus Tachycardia (ST)	Tachycardia (With Pulse)	
9901021 Left Bundle Branch Block	9901051 STEMI Anterior Ischemia	9901030 Non-STEMI Septal Ischemia	
9901023 Non-STEMI Anterior Ischemia	9901053 STEMI Inferior Ischemia	9901058 STEMI Septal Ischemia	
9901025 Non-STEMI Inferior Ischemia	9901055 STEMI Lateral Ischemia	It9901.113 Course Ventricular	
9901027 Non-STEMI Lateral Ischemia	9901057 STEMI Posterior Ischemia	Fibrillation	
9901029 Non-STEMI Posterior Ischemia			
9901031 Other	9901061 Torsades De Points	Fibrillation	





eVitals.04 - ECG Type				
	CVIta	13.04 - LCG TYPC		
OC-MEDS Usage:	Required			
<u> </u>				
Reporting Condition:	Complete and submi	t if available		
Definition:				
The type of ECG associa	ated with the cardiac rh	nythm.		
		11		
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	ECG Type			
NEWISIS Element.	LCG Type			
Data Type:	Single-select	Pertinent Negatives (PN):	No	
Is Nillable:	Yes	NOT Values:	Yes	
Attributes:				
Correlation: eVitals.Car	diacRhythmGroup			
C. J. List.				
Code List:				
Not Values:				
7701001 Not Applicable				
7701003 Not Recorded				
Pertinent Negatives:				
3304007 12 Lead-Left Sided (Normal)				
	3304007 12 Lead-Right Sided (Normal)			

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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 inte	erpretation.			
Patient Identifiable: Agency Identifiable:				
No	No No			
NEMSIS Element:	Method of ECG Interp	retation		
Data Type: Multi-select		Pertinent Negatives	No	
Data Type:	Widiti-Select	(PN):		
Is Nillable:	Yes	NOT Values:	Yes	
Attributes:				
Correlation: eVitals.CardiacRhythmGroup				

### Code List:

Not Values:

7701001 Not Applicable 7701003 Not Recorded

Pertinent Negatives:

3305001 Computer Interpretation

3305003 Manual Interpretation

3305005 Transmission with No Interpretation

Constraints: minimum = 0; maximum = 500

3305007 Transmission with Remote Interpretation

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eVitals.06 - SBP (Systolic Blood Pressure)				
OC-MEDS Usage:	Required			
Reporting Condition:	itDisposition.112 does	not include a Canceled or N	o Patient Contact value.	
Definition:				
The patient's systolic bl	ood pressure.			
Patient Identifiable:		Agency Identifiable:		
No	No No			
	T			
NEMSIS Element:	SBP (Systolic Blood Pro	essure)		
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:				

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7701001 Not Applicable 7701003 Not Recorded

Pertinent Negatives:

8801019 Refused

8801005 Exam Finding Not Present

8801023 Unable to Complete





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	eVitals.07 - DBP	(Diastolic Blood Pressure)		
OC-MEDS Usage:	Required			
Reporting Condition:	itDisposition.112 does	s not include a Canceled or No	o Patient Contact value.	
Definition:				
The patient's diastolic b	olood pressure.			
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	DBP (Diastolic Blood P	ressure)		
Data Type:	String	Pertinent Negatives (PN):	Yes	
Is Nillable:	Yes	NOT Values:	Yes	
Attributes:				
Correlation: eVitals.Bloc	odPressureGroup	<del></del> -		
Constraints: nattern = [	110-0110-0111-111101112			

### Code List:

Not Values:

7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting

Pertinent Negatives:

8801005 Exam Finding Not Present

8801019 Refused

8801023 Unable to Complete

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	eVitals.08 - Method o	f Blood Pressure Measurer	nent
OC-MEDS Usage:	Required		
Reporting Condition:	itDisposition.112 doe	s not include a Canceled or	No Patient Contact value.
- •			
Definition:	611		
Indication of method of	f blood pressure measu	irement.	
Patient Identifiable:		Agangy Idantifiable	
No		Agency Identifiable:	
INO		110	
NEMSIS Element:	Method of Blood Pres	ssure Measurement	
Data Turas	Cinale colort	Pertinent Negatives	No
Data Type:	Single-select	(PN):	
Is Nillable:	Yes	NOT Values:	Yes
Attributes:	- dD		
Correlation: eVitals.Blo	oaPressureGroup		
Code List:			
Not Values:			
7701001 Not Applicable	<b>P</b>		
7701001 Not Applicable 7701003 Not Recorded			
1.02000.1001.1001.4001.400			
Select Resources:			
3308005 Cuff-Automat	ed		
3308007 Cuff-Manual A			
3308009 Cuff-Manual F	Palpated Only		
3308011 Venous Line			





	eVitals.09 - Mean Arterial Pressure					
OC-MEDS Usage:	Optional					
Reporting Condition:	None					
			7			
Definition:						
The patient's mean arte	erial pressure.					
Patient Identifiable:		Agency Identifiable:				
No		No				
1151 1010 5l			1			
NEMSIS Element:	Mean Arterial Pressur	e				
		Doubling at Normaticas	N <sub>2</sub>			
Data Type:	Number	Pertinent Negatives (PN):	No			
		(1 14).				
Is Nillable:	No	NOT Values:	No			
Attributes:						
Correlation: eVitals.Bloc	odPressureGroup					
Constraints: Min 1 / Ma	ax 500					
Code List:						
None						





	eVitals.10 - Pulse Rate				
OC-MEDS Usage:	Required				
Reporting Condition:	itDisposition.112 does	not include a Canceled or N	o 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.Hea	artRateGroup				
Constraints: minimum =	= 0; maximum = 500				
Codo List:					

Not Values:

7701001 Not Applicable 7701003 Not Recorded

Pertinent Negatives:

8801005 Exam Finding Not Present

8801019 Refused

8801023 Unable to Complete

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oV/	itals	: 11	_ N	/lotl	hod	of H	part	Rate	M	leasurement
CΥ	шан	э. д д	- 1	11-11	IIOU	ОІ П	Call	nate	IIVA	icasul elllelli

OC-MEDS Usage: Recommended

Reporting Condition: None

Definition:

The method in which the Heart Rate was measured. Values include auscultated, palpated, electronic monitor.

NEMSIS Element: Method of Heart Rate Measurement

Data Type:

Single-select

Pertinent Negatives (PN):

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

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	eVitals.12	! - Pulse Oximetry				
OC-MEDS Usage:	Required					
Reporting Condition:	Complete and submit	if available				
Definition:						
The patient's oxygen sa	turation.					
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.Vita	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

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	eVitals.1	3 - Pulse Rhythm	
OC-MEDS Usage:	Required		
Reporting Condition:	itDisposition.112 does	not include a Canceled or N	o Patient Contact value.
- •			
Definition:			
The clinical rhythm of t	he patient's pulse.		
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Dulan Dhuthm		
NEWISIS Element.	Pulse Rhythm		
		Pertinent Negatives	No
Data Type:	Single-select	(PN):	I NO
	<u> </u>	[ (· · · · · · ·	<u>I</u>
Is Nillable:	No	NOT Values:	No
Attributes:			_
Correlation: eVitals.Vita	alGroup		
Code List:			
Select Resources:			
3313001 Irregularly Irre	egular		
3313003 Regular			
3313005 Regularly Irreg	gular		





	eVitals.14	- Respiratory Rate		
OC-MEDS Usage:	Required			
Reporting Condition:	itDisposition.112 does	not include a Canceled or No	o Patient Contact value.	
Definition:				
The patient's respirator	y rate expressed as a nu	ımber per minute.		
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Respiratory Rate			
Data Typo:	Number	Pertinent Negatives	Yes	
Data Type:	Number	(PN):		
Is Nillable:	Yes	NOT Values:	Yes	
Attributes:				
Constraints: minimum =	= 0; maximum = 300	·		

## Code List:

Not Values:

7701001 Not Applicable 7701003 Not Recorded

Correlation: eVitals.VitalGroup

Pertinent Negatives:

8801005 Exam Finding Not Present

8801019 Refused

8801023 Unable to Complete

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	eVitals.15 - Breathing				
OC-MEDS Usage:	Required				
Reporting Condition:	itDisposition.112 does	not include a Canceled or No	o Patient Contact value.		
·					
Definition:					
The patient's respirator	y effort.				
	1				
Patient Identifiable:		Agency Identifiable:			
No		No			
	T				
NEMSIS Element:	Respiratory Effort				
	Т	1	Т		
Data Type:	Single-select	Pertinent Negatives	No		
,,		(PN):			
L. APH. L.L.	l NI.	NOTVAL	AL.		
Is Nillable:	No	NOT Values:	No		
Allele					
Attributes:	10				
Correlation: eVitals.Vita	alGroup				
Code List:					

Select Resources:

3315001 Apneic

3315003 Labored

3315005 Mechanically Assisted (BVM, CPAP, etc.)

3315007 Normal

3315009 Rapid

3315011 Shallow

3315013 Weak/Agonal

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eVitals.16 - End Tidal Carbon Dioxi	de	(ET	CO2
-------------------------------------	----	-----	-----

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).

NEMSIS Element: End Tidal Carbon Dioxide (ETCO2)

Data Type: Pertinent Negatives (PN):

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

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	eVitals.18 - Blood Glucose Level				
OC-MEDS Usage:	Required	Required			
Reporting Condition:	Complete and submit	if available			
- 6 W					
Definition:					
The patient's blood glue	cose level.				
Patient Identifiable:		Agency Identifiable:			
No		No			
NIEN ACIG EL	N 101 1 1				
NEMSIS Element:	Blood Glucose Level				
	<u> </u>	Doutinant Nagativas	Vac		
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] [1-9][0-9] [0-9] [0-9] High Low					
Correlation: eVitals.Vita	alGroup				

## Code List:

Not Values:

7701001 Not Applicable 7701003 Not Recorded

Pertinent Negatives: 8801019 Refused

8801023 Unable to Complete





eVita	ls.19 -	Glass	row C	oma S	core-	Eve

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.

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)
- 11 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 C	Coma Score Verbal.		
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Glasgow Coma Score-	Verbal	
Data Tuno:	Cingle colect	Pertinent Negatives	Yes
Data Type:	Single-select	(PN):	
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			

### Code List:

Not Values:

7701001 Not Applicable

7701003 Not Recorded

Pertinent Negatives:

8801019 Refused

8801023 Unable to Complete

Correlation: eVitals.GlasgowScoreGroup

### 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 C	Coma Score Motor			
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Glasgow Coma Score-I	Motor		
Data Turas	Cingle coloct	Pertinent Negatives	Yes	
Data Type:	Single-select	(PN):		
Is Nillable:	Yes	NOT Values:	Yes	
Attributes:				

### 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)

Correlation: eVitals.GlasgowScoreGroup

- 3 3 Flexion to pain (All Age Groups)
- 2 2 Extension to pain (All Age Groups)
- 11 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 factor	ors 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	No
		(PN):	
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Correlation: eVitals Gla	sgowScoreGroup		

### 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

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eVitals.23 - Total Glasgow Coma Score				
OC-MEDS Usage:	Required			
	1			
Reporting Condition:	Reporting Condition: itDisposition.112 does not include a Canceled or No Patient Contact value.			
- 0.11				
Definition:	Compa Cooms			
The patient's total Glass	gow Coma Score.			
Patient Identifiable:		Agency Identifiable:		
No		No		
140		110		
NEMSIS Element:	Total Glasgow Coma S	Score		
Data Type:	Number	Pertinent Negatives	Yes	
Data Type.	Nullibei	(PN):		
	1		1	
Is Nillable:	Yes	NOT Values:	Yes	
Attuilbutoo				
Attributes:	age: Cooro Croup			
Constraints: minimum -	•			
Constraints: minimum = 3; maximum = 15				
Code List:				
Not Values:				
7701003 Not Recorded				
7701000 1100 11000 1100				
Pertinent Negatives:				
8801019 Refused				
8801023 Unable to Complete				



8801019 Refused

8801023 Unable to Complete

## OC-MEDS - DATA DICTIONARY



eVitals.24 - Temperature					
OC-MEDS Usage:	Recommended				
Reporting Condition:	Complete and submit if available				
Definition:					
The patient's body tem	perature in degrees Cels	sius/centigrade.			
Patient Identifiable:		A caray Idontifiable			
No		Agency Identifiable: No			
NO		NO			
NEMSIS Element:	Temperature				
INCINISIS 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:					





eVitals.25 - Temperature Method				
OC-MEDS Usage:	Optional			
Reporting Condition:	Complete and submit	if available		
Definition:				
The method used to ob	tain the patient's body t	emperature.		
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Temperature Method			
	T			
Data Type:	Single-select	Pertinent Negatives	No	
,,	J	(PN):		
le Nillahla.	No	NOT Values	Ne	
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: Vitals.Tem	neratureGroup			
Correlation. Vitais. Terri	peraturedroup			
Code List:				
Select Resources:				
3325001 Axillary				
3325001 Axiliary 3325003 Central (Venous or Arterial)				
3325005 Certifal (Verious of Arterial)				
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 N	o Patient Contact value.		
Definition:					
The patient's highest lev	vel of responsiveness.				
Patient Identifiable:		A			
		Agency Identifiable:			
No		No			
NEMSIS Element:	Level of Responsivenes	 cc (Δ\/P[])			
INCINIOS EICHICHE.	Level of Responsivenes	33 (AVI 0)			
		Pertinent Negatives	No		
Data Type:	Single-select	(PN):			
Is Nillable:	Yes	NOT Values:	Yes		
Attributes:					
Correlation: eVitals.Vita	a <mark>lGroup</mark>				
Code List:					
Not Values:					
1	7701001 Not Applicable				
7701003 Not Recorded					
Select Resources:					
3326001 Alert					
3326003 Verbal					
3326005 Painful					
3326007 Unresponsive					



8801019 Refused

8801023 Unable to Complete

#### OC-MEDS - DATA DICTIONARY



eVitals.27 - Pain Scale Score			
OC-MEDS Usage:	Required		
Reporting Condition:	Complete and submit	when pertinent	
Definition:			
The patient's indication	of pain from a scale of	0-10.	
Patient Identifiable:		Agangy Idontifiable:	
		Agency Identifiable:	
No		No	
NEMSIS Element:	Pain Scale Score		
INEIVISIS EIGITICITE.	Talli Scale Score		
Data Type:	Number	Pertinent Negatives (PN):	Yes
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Correlation: eVitals.Pair	·		
Constraints: minimum = 0; maximum = 10			
Code List:			
Not Values: 7701001 Not Applicable 7701003 Not Recorded			
Pertinent Negatives:			



3328007 Wong-Baker (FACES)



eVitals.28 - Pain Scale Type				
OC-MEDS Usage:	Required			
Reporting Condition:	Complete and submit	t when pertinent		
Definition:				
The type of pain scale u	ised.			
Patient Identifiable:		A go way I day tifia bla		
		Agency Identifiable:		
No	_	INO	_	
NEMSIS Element:	Pain Scale Type			
NEIVISIS EICHICHT.	rain scale Type			
Data Type:	Single-select	Pertinent Negatives (PN):	No	
		(111).		
Is Nillable:	Yes	NOT Values:	Yes	
Attributes:				
Correlation: eVitals.Pair	nScaleGroup			
Code List:				
Not Values:				
7701001 Not Applicable				
7701003 Not Recorded				
7701005 Not Reporting				
Select Resources:				
3328001 FLACC (Face, L	egs, Activity, Cry, Cons	olability)		
3328003 Numeric (0-10	))			
3328005 Other				





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	evitais	.29 - Str	oke Sca	le 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	e 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)

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eVitals.32 - APGAR					
OC-MEDS Usage:	Optional				
Reporting Condition:	Complete and submit	if available			
Definition:					
The patient's total APG	AR score (0-10).				
Patient Identifiable:		Agency Identifiable:			
No		No			
	T				
NEMSIS Element:	APGAR				
	Т	T	1.,		
Data Type:	Number	Pertinent Negatives (PN):	Yes		
		(PN).			
Is Nillable:	Yes	NOT Values:	No		
10 1411.0.0.0.	1 100	1101-13.333	110		
Attributes:					
Constraints: minimum :	= 0; maximum = 10				
Correlation: eVitals.Vita					
Code List:					
Pertinent Negatives:	Pertinent Negatives:				
8801023 Unable to Con	nplete				





itVitals.001 - Pulse Oximetry Qualifier				
OC-MEDS Usage:	Recommended			
Reporting Condition:	Complete and submit	if available		
Definition:				
Pulse Oximetry Qualifie	er			
Patient Identifiable:		Agency Identifiable:		
No	No			
NEMSIS Element:	Custom Element			
Data Type:	Single-select	Pertinent Negatives (PN):	No	
		(1.17)		
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: eVitals.VitalGroup				
Code List:				
Select Resources:				

OCEMS Policy #300.31

itVitals.001.102 At Room Air

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.001.101 CPAP

Effective Date: 04/01/2024





itVitals.002 - Airway				
OC-MEDS Usage:	Required			
Reporting Condition:	itDisposition.112 does	s not include a Canceled or No	o Patient Contact value.	
Definition:				
Assessment of the statu	us of the patient's airwa	у.		
Patient Identifiable:		Agangy Idantifiable		
		Agency Identifiable:		
No		No		
NEMSIS Element:	Custom Element			
1121113.3 2.3				
Data Type:	Single-select	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: eVitals.Vita	alGroup			
Code List:				
Select Resources:				
itVitals.002.108 Compro				
itVitals.002.109 Obstruc	cted			
itVitals.002.110 Other				
itVitals.002.111 Patent				





itVitals.003 - Respiration Regularity				
OC-MEDS Usage:	Recommended			
Reporting Condition:	Respiration Regularity	<u>'</u>		
Definition:				
Respiration Regularity				
Butter of the official a	1	A		
Patient Identifiable:		Agency Identifiable:		
No		No		
NICA ACIC Florescents	Contain Flament			
NEMSIS Element:	Custom Element			
Data Type:	Single-select	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: eVitals.Vita	alGroup			
Code List:				
Select Resources: itVitals.003.102 Irregularly-Irregular itVitals.003.101 Regularly-Irregular itVitals.003.100 Regularly-Regular				



itVitals.006.107 Unprovoked



itVitals.006 - Provoked					
OC-MEDS Usage:	Recommended				
Reporting Condition:	Complete and submit	if available			
Definition:					
The provoking factor th	at led to the patient's p	pain or condition.			
Patient Identifiable:		Agency Identifiable:			
No		No			
NEMSIS Element:	Custom Element				
Data Type:	Single-select	Pertinent Negatives	No		
,,		(PN):			
Is Nillable:	No	NOT Values	No		
is milable:	No	NOT Values:	No		
Attributes:					
Correlation: eVitals.VitalGroup					
Correlation: evitais.vitaigroup					
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	itVitals.006.104 Muscle Use				
itVitals.006.108 Palpati					
itVitals.006.109 Respira	ation				
itVitals.006.106 Stress					



itVitals.007.102 Tight



itVitals.007 - Quality				
OC-MEDS Usage:	Recommended			
	T			
Reporting Condition:	Complete and submit	if available		
Definition:				
The quality of the patie	ent's nain			
The quality of the putie	iic 5 pain.			
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Custom Element			
	a		a	
Data Type:	Single-select	Pertinent Negatives	No	
,,		(PN):		
Is Nillable:	No	NOT Values:	No	
IS Miliable.	INO	NOT values.	NO	
Attributes:				
Correlation: eVitals.Vita	alGroup			
	•			
Code List:				
Select Resources:				
itVitals.007.103 Burning	g			
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 O				
itVitals.007.104 Onset-sitVitals.007.109 Pressur				
itVitals.007.109 Pressur	e			
itVitals.007.111 Throbb	·			



itVitals.008.117 Lower Back

itVitals.008.112 LUQ itVitals.008.109 Neck



itVitals.008 - Region				
OC-MEDS Usage:	Recommended			
Reporting Condition:	Complete and submit i	if availal	ole	
Definition:				
Description of the loca	tion of the patient's pain	or cond	lition.	
Patient Identifiable:		Agonov	Identifiable:	
No		No	identinable.	
	L			
NEMSIS Element:	Custom Element			
	T	5		Τ
Data Type:	Single-select	Pertin	ent Negatives	No
		(114).		
Is Nillable:	No	NOT \	/alues:	No
Attributes:				
Correlation: eVitals.Vit	alGroup			
	· ·			
Code List:				
Select Resources:				
itVitals.008.102 Anteri	or		i+\/i+alc 000 133 Day	ctorior
itVitals.008.107 Back			itVitals.008.122 Posterior itVitals.008.101 R Ant Chst	
itVitals.008.107 Back itVitals.008.103 Epigastric			itVitals.008.110 Right Arm	
itVitals.008.120 Head			itVitals.008.110 Right Arm	
itVitals.008.108 Jaw			itVitals.008.111 Right Leg	
itVitals.008.100 L Ant Chst			itVitals.008.113 RU	•
itVitals.008.119 Left Arm			itVitals.008.104 Sul	bcost L
itVitals.008.118 Left Left	itVitals.008.118 Left Leg			ocost R
itVitals.008.124 Leg			itVitals.008.106 Sul	bsternal
itVitals.008.114 LLQ			itVitals.008.116 Up	per Back



itVitals.009.100 To L Ant Chst

itVitals.009.114 To Left Lower

itVitals.009.112 To Left Upper



itVitals.009 - Radiation			
OC-MEDS Usage:	Recommended		
Reporting Condition:	Complete and submit	if available	
Definition:			
Description of whether	the patient's pain radia	ted to any other part of the l	oody.
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Custom Element		
Data Type:	Single-select	Pertinent Negatives	No
2 4 4 4 7 7 9 9	38.0 00.000	(PN):	
	T		T
Is Nillable:	No	NOT Values:	No
Attributes:	10		
Correlation: eVitals.Vit	<u>alGroup</u>		
Carla Liate			
Code List:		<u> </u>	
Select Resources:	diating	i+\/i+ala 000 111 Ta Lag	
itVitals.009.118 Non-radiating		itVitals.009.111 To Leg itVitals.009.117 To Lower Back	
itVitals.009.102 To Anterior itVitals.009.110 To Arm		itVitals.009.117 To Lower	Datk
itVitals.009.110 To Am		itVitals.009.101 To R Ant	Chst
itVitals.009.107 To Bac		itVitals.009.115 To Right	
itVitals.009.119 To Hea		itVitals.009.113 To Right	
itVitals.009.108 To Jaw		itVitals.009.104 To Subcost L	
(VIIII).003.104 10 300031 L			

itVitals.009.105 To Subcost R

itVitals.009.106 To Substernal

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 experience	ed the pain or condition.	
Section 11 and 1		A 1.1	
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Custom Element		
NEWISIS Element.	Custom Element		
		Pertinent Negatives	No
Data Type:	Number	(PN):	INO
		(114).	
Is Nillable:	No	NOT Values:	No
Attributes:			
Correlation: eVitals.Vita	<mark>lGroup</mark>		
Code List:			
None			





itVitals.011 - Duration Units				
OC-MEDS Usage:	Recommended			
	· · · · · · · · · · · · · · · · · · ·			
Reporting Condition:	Complete and submit	if available		
Definition:				
Duration Units.				
Duration offics.				
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Custom Element			
	T			
Data Type:	Single-select	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
Attributes:	1.2			
Correlation: eVitals.Vita	<u> </u>			
Cadalist				
Code List:				
Select Resources:				
itVitals.011.102 Days	itVitals.011.102 Days			
itVitals.011.101 Hours	os.			
itVitals.011.103 Weeks				





itVitals.017 - PQRST Narrative			
OC-MEDS Usage:	Recommended		
	1		
Reporting Condition:	Complete and submit	if available	
Definition			
Definition: PQRST Narrative			
r QNST Natiative			
Patient Identifiable:		Agency Identifiable:	
No		No	
NEMSIS Element:	Custom Element		
	T		
Data Type:	String	Pertinent Negatives (PN):	No
	1		
Is Nillable:	No	NOT Values:	No
A 11			
Attributes:	- 2FF		
Constraints: max length Correlation: eVitals.Vita			
Correlation. evitais.vita	aloroup		
Code List:			
None			





itVitals.019 - Circulation				
OC-MEDS Usage:	Required			
	-			
Reporting Condition:	itDisposition.112 does	s not include a Canceled or N	lo Patient Contact value.	
- C				
Definition:				
Pulse Quality				
Patient Identifiable:		Agency Identifiable:		
No		No		
		1.10		
NEMSIS Element:	Custom Element			
Data Type:	Multi-select	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
Attributes:	10			
Correlation: eVitals.Vita	<u>alGroup</u>			
Code List:				
Select Resources:				
itVitals.019.104 Absent				
itVitals.019.101 Boundi itVitals.019.103 Normal	•			
itVitals.019.103 Normal	1			
itVitals.019.100 Weak				
it vitals.015.100 Weak				





	itVitals.025 -	- Stroke Scale Speech	
OC-MEDS Usage:	Required		
	_		
Reporting Condition:	Complete and submit	if available	
Definition:			
Stroke Scale Speech			
Patient Identifiable:		A can ay Idantifiahlar	
No		Agency Identifiable: No	
NO		NO	
NEMSIS Element:	Custom Element		
INCINISIS Element.	edstorii Element		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: max length			
Correlation: eVitals.Vita	a <mark>lGroup</mark>		
Code List:			
Select Resources:			
itVitals.025.102 Abnormal			
itVitals.025.102 Abriorii			
100000000000000000000000000000000000000	,		





OC-MEDS Usage: Required  Reporting Condition: Complete and submit if available			
Reporting Condition: Complete and submit if available			
Reporting Condition: Complete and submit if available			
Definition:			
Stroke Scale Facial Droop			
Patient Identifiable: Agency Identifiable:			
No No			
NEMSIS Element: Custom Element			
Portinget Negatives No			
Data Type:  Single-select  Pertinent Negatives (PN):			
Is Nillable: No NOT Values: No			
Attributes:			
Correlation: eVitals.VitalGroup			
Code List:			
Select Resources:			
itVitals.026.102 Abnormal			
itVitals.026.103 Left			





	itVitals.027 - S	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		
	1	<b>1 5</b>	1
Data Type:	Single-select	Pertinent Negatives	No
		(PN):	
Is Nillable:	No	NOT Values:	No
is Milable.	INO	NOT values.	140
Attributes:			
Correlation: eVitals.Vita	alGroup		
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 - S	Stroke Scale Grip Strength	
OC-MEDS Usage:	Required		
Reporting Condition:	Complete and subm	it if available	
Definition:			
Stroke Scale Grip Streng	gth		
Patient Identifiable:		Agency Identifiable:	
No		No	
	1		
NEMSIS Element:	Stroke Scale Grip Str	ength	
	<u> </u>	5	1
Data Type:	Single-select	Pertinent Negatives	No
		(PN):	
Is Nillable:	No	NOT Values:	No
13 Milabic.	110	NOT Values.	140
Attributes:			
Correlation: eVitals.Vita	alGroup		
	•		
Code List:			
Select Resources:			
itVitals.057.102 No Grip			
itVitals.057.100 Norma			
itVitals.057.101 Weak (	arih		





itVitals.046 - Vitals Crew Members ID				
OC-MEDS Usage:	Optional			
	<u> </u>			
Reporting Condition:	Complete and submit i	f available		
Definition:				
	ID number of the FMS o	rew member taking the vital	s on the natient	
The state wide assigned	TO HUMBER OF THE LIVIS C	rew member taking the vitar	3 on the patient	
Patient Identifiable:		Agency Identifiable:		
No		Yes		
	<u>.</u>			
NEMSIS Element:	Custom Element			
Data Type:	String	Pertinent Negatives	No	
<i>,</i> ,,	· ·	(PN):		
Is Nillable:	No	NOT Values:	No	
is milable.	INO	NOT values.	INO	
Attributes:				
Constraints: max length	= 50			
Correlation: eVitals.Vita	<mark>lGroup</mark>			
Code List:				
None				





itVitals.050 - Appearance			
OC-MEDS Usage:	Optional		
Reporting Condition:	Complete and submit	if available	
- •			
Definition:			
APGAR Appearance (ski	n color)		
Patient Identifiable:		Agency Identifiable:	
No	No		
140		NO	
NEMSIS Element:	Custom Element		
	I		
Data Type:	Single-select	Pertinent Negatives	No
Data Type.	Single Select	(PN):	
	Г		T
Is Nillable:	Yes	NOT Values:	Yes
A + + :   +			
Attributes:			
Correlation: eVitals.VitalGroup			
Code List:			
Not Values: 7701001 Not Applicable			
7701001 Not Applicable	-		

OCEMS Policy #300.31

7701005 Not Reporting

itVitals.050.100 Blue, pale itVitals.050.102 Completely pink

itVitals.050.101 Body pink, blue extremities

Select Resources:

Effective Date: 04/01/2024





itVitals.051 - Pulse				
OC-MEDS Usage:	Optional			
Reporting Condition:	Complete and submit	if available		
Definition:				
APGAR Pulse (heart rate	<u>e)</u>			
Patient Identifiable:		Agency Identifiable:		
No		No		
NIENACIC Elements	C. share Flament			
NEMSIS Element:	Custom Element			
	Π	Partinent Negatives	No	
Data Type:	Single-select	Pertinent Negatives (PN):	NO	
		(ГІЧ).		
Is Nillable:	Yes	NOT Values:	Yes	
	1			
Attributes:				
Correlation: eVitals.Vita	a <mark>lGroup</mark>			
Code List:				
Not Values:				
7701001 Not Applicable	е			
7701003 Not Recorded				
7701005 Not Reporting				
Select Resources:				
itVitals.051.100 Absent				
itVitals.051.101 < 100/r				
itVitals.051.102 > 100/minute				



itVitals.052.102 Cough, sneeze, cry



itVitals.052 - Grimace				
OC-MEDS Usage:	Optional			
Reporting Condition:	Complete and submit	if available		
Definition:				
APGAR Grimace ("reflex	x irritability")			
Patient Identifiable:		Agency Identifiable:		
No		No		
	T, .			
NEMSIS Element:	Custom Element			
		De dinant Nanctions	NI.	
Data Type:	Single-select	Pertinent Negatives	No	
		(PN):		
Is Nillable:	Yes	NOT Values:	Yes	
13 Miliable.	163	NOT values.	163	
Attributes:				
Correlation: eVitals.Vita	alGroup			
	<u> </u>			
Code List:				
Not Values:				
7701001 Not Applicable				
7701003 Not Recorded				
7701005 Not Reporting				
Select Resources:				
itVitals.052.100 No resp				
it\/italc 052 101 Grimac	••			





itVitals.053 - Activity				
OC-MEDS Usage:	Optional			
Reporting Condition:	Complete and subn	nit if available		
Definition:				
APGAR Activity (muscle	tone)			
Patient Identifiable:		Agency Identifiable:		
No		No		
	1			
NEMSIS Element:	Custom Element			
	_			
Data Type:	Single-select	Pertinent Negatives	No	
Data Type.	Single select	(PN):		
	1			
Is Nillable:	Yes	NOT Values:	Yes	
Attributes:				
Correlation: eVitals.Vita	alGroup			
0 1 11 1				
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.054.101 Slow, irregular



itVitals.054 - Respiration				
OC-MEDS Usage:	Optional			
Reporting Condition:	Complete and submit	if available		
Definition:				
APGAR Respiration (bre	eathing rate and effort)			
Patient Identifiable:		Agency Identifiable:		
No		No		
NEW ACIC Elements	O ot our Flammant			
NEMSIS Element:	Custom Element			
	Γ	Dortinant Nagativas	No	
Data Type:	Single-select	Pertinent Negatives (PN):	NO	
Is Nillable:	Yes	NOT Values:	Yes	
Attributes:				
Correlation: eVitals.Vita	a <mark>lGroup</mark>			
Code List:				
Not Values:				
7701001 Not Applicable				
7701003 Not Recorded				
7701005 Not Reporting				
Select Resources:	_			
itVitals.054.100 Absent				
itVitals.054.102 Good, o	crying			





itControlledSubstances.003 - Broken Seal Number				
OC-MEDS Usage:	Recommended			
Reporting Condition:	Complete and submit	when pertinent		
<b>-</b>				
Definition:				
Broken Seal Number				
Patient Identifiable:		Agency Identifiable:		
No		No		
NIENACIC EL	C			
NEMSIS Element:	Custom Element			
	<u> </u>	Portinant Nagativas	No	
Data Type:	string	Pertinent Negatives (PN):	INO	
		(FIV).		
Is Nillable:	No	NOT Values:	No	
	1.10		112	
Attributes:				
Correlation: itControlle	dSubstancesGroup			
	·			
Code List:				
None				





itControlledSubstances.004 - New Seal Number				
OC-MEDS Usage:	Recommended			
Reporting Condition:	Complete and submit	when pertinent		
Definition:				
New Seal Number				
Dationt Identifiable		A car ay Idontifiable		
Patient Identifiable:		Agency Identifiable:  No		
No		NO		
NEMSIS Element:	Custom Element			
IVEIVISIS Element.	Custom Element			
Data Type:	string	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
A ttuile utoo				
Attributes:	dCubstances Croup			
Correlation: itControlle	<u>asubstances Group</u>			
Code List:				
None				





itControlledSubstances.005 - Crew Member #1 Signature					
OC-MEDS Usage:	Recommended	Recommended			
	_				
Reporting Condition:	Complete and submit	when pertinent			
Definition:					
Crew Member #1 Signa	ture				
Patient Identifiable:		A some a delematificable.			
		Agency Identifiable:			
No	No				
NEMSIS Element:	Custom Element				
TVEIVIOIO ETCHICITE.	edstorr Element				
Data Type:	Base64Binary	Pertinent Negatives (PN):	No		
		•			
Is Nillable:	No	NOT Values:	No		
Attributes:					
Correlation: itControlle	<u>dSubstancesGroup</u>				
0 1 11 1					
Code List:					
None					





itControlledSubstances.006 - Crew Member #2 Signature				
OC-MEDS Usage:	Recommended			
Reporting Condition:	Complete and submit	when pertinent		
Definition:				
Crew Member #2 Signa	ture			
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Custom Element			
	T		T	
Data Type:	Base64Binary	Pertinent Negatives	No	
/		(PN):		
	Τ		Ι	
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: itControlle	dSubstancesGroup			
Code List:				
Name				
None				





itControlledSubstances.007 - Crew Member #1 Licensure ID				
OC-MEDS Usage:	Recommended			
	1			
Reporting Condition:	Complete and submit	when pertinent		
Definition:				
Crew Member #1 Licens	sure ID			
Patient Identifiable:		Agency Identifiable:		
No		No		
110		INO		
NEMSIS Element:	Custom Element			
Data Type:	string	Pertinent Negatives (PN):	No	
Is Nillable:	No	NOT Values:	No	
			7	
Attributes:				
Constraint: State ID issu	•	er		
Correlation: itControlledSubstancesGroup				
Carla Liat.				
Code List:				
None				





itControlledSubstances.008 - Crew Member #2 Licensure ID				
OC-MEDS Usage:	Recommended			
	T			
Reporting Condition:	Complete and submit	when pertinent		
D 6: 11:				
Definition: Crew Member #2 Licens	sura ID			
Crew Member #2 Licens	sure 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:	L ENG			
Constraint: State ID issu Correlation: itControlled		r		
Correlation. ItControlled	usubstancesGroup			
Code List:				
None	None			





itControlledSubstances.009 - Controlled Substance Medication Name				
OC-MEDS Usage:	Recommended			
Reporting Condition:	Complete and submit	when pertinent		
Definition:				
Controlled Substance M	1edication Name			
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Custom Element			
Data Type:	RxNorm value	Pertinent Negatives	No	
bata Type.	Tourist Value	(PN):		
	T		T	
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: itControlle	dSubstancesGroup			
Code List:				
None				





itControlledSubstances.011 - Controlled Substance Amount Administered				
OC-MEDS Usage:	Recommended			
Reporting Condition:	Complete and submit	when pertinent		
Definition:				
Controlled Substance A	mount Administered			
Patient Identifiable:		Agency Identifiable:		
No		No		
	ı			
NEMSIS Element:	Custom Element			
	T		ı	
Data Type:	decimal	Pertinent Negatives	No	
,,		(PN):		
L. APH. L.L.	l NI.	NOTVAL	l NI-	
Is Nillable:	No	NOT Values:	No	
A + + - · · · · · · · · · · · · · ·				
Attributes:	dC b at a maga C. ma			
Correlation: itControlle	asubstancesGroup			
Cada lists				
Code List:				
None				





itControlledSubstances.012 - Controlled Substance Amount Wasted		
Recommended		
Complete and submit when pertinent		
Definition:		
Controlled Substance Amount Wasted		
	Agency Identifiable:	
	No	
Custom Element		
decimal	Pertinent Negatives	No
decima	(PN):	
	T	
No	NOT Values:	No
Attributes:		
Correlation: itControlledSubstancesGroup		
Code List:		
None		
None		
	Recommended  Complete and submit  mount Wasted  Custom Element  decimal	Recommended  Complete and submit when pertinent  mount Wasted  Agency Identifiable: No  Custom Element  decimal  Pertinent Negatives (PN):  No  NOT Values:





itStemi.001 - STEMI 12 Lead ECG Used?			
OC-MEDS Usage:	Required		
Reporting Condition:	Complete and submit	t when pertinent	
Definition:			
STEMI 12 Lead ECG Use	:d?		
		1	
Patient Identifiable:		Agency Identifiable:	
No		No	
1171 1010 Fl			
NEMSIS Element:	Custom Element		
		Dantin ant Magatines	I AL -
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Correlation: itStemiGro			
Comments: Values' cod	ing modified		
Code List:			
Colort December			
Select Resources: itStemi.001.001 No			
itStemi.001.001 No			
Italeiiii.uu1. <mark>uu2</mark> 1ea			





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 Trai	nsmitted for Interpretat	ion		
Patient Identifiable:		Agency Identifiable:		
No		No		
NIENACIC Elements	Contain Flament			
NEMSIS Element:	Custom Element			
	1	Pertinent Negatives	No	
Data Type:	Single-select	(PN):	INO	
	<u> </u>	(114).		
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: itStemiGro	<mark>up</mark>			
Comments: Values' coding modified				
Code List:				
Select Resources:				
itStemi.002. <mark>001</mark> No				
itStemi.002. <mark>002</mark> Yes				





	itStemi.003	3 - STEMI Probable?		
OC-MEDS Usage:	Required			
Reporting Condition:	Complete and submit	when pertinent		
- 6				
Definition:				
STEMI Probable?				
Patient Identifiable:		Agency Identifiable:		
No		No		
INO		NO		
NEMSIS Element:	Custom Element			
712.11.0.0 2.011.011.0				
Data Type:	Single-select	Pertinent Negatives (PN):	No	
		•	·	
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: itStemiGro	-			
Comments: Values' coding modified				
Code List:				
Select Resources:				
itStemi.003. <mark>001</mark> Inconcl	lusive			
itStemi.003. <mark>002</mark> No				
itStemi.003. <mark>003</mark> Yes	itStemi.003. <mark>003</mark> 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 Inte	erpreted By				
Patient Identifiable:		Agency Identifiable:			
No		No			
NEMSIS Element:	Custom Element				
	1		,		
Data Type:	Multi-select	Pertinent Negatives	No		
,,	-	(PN):			
1 8001 1.1.	Γ.,	NOTVIL	Τ.,		
Is Nillable:	No	NOT Values:	No		
A ++ ···! b · · + o o ·					
	Attributes:				
Correlation: itStemiGroup					
Code List:					
Select Resources:					
	Monitor Program				
itStemi.004.4 Cardiac Monitor Program					

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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

Effective Date: 04/01/2024





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			
INEIVISIS Element.	Custom Element			
Data Type:	Single-select	Pertinent Negatives	No	
Data Type.	Jiligie-select	(PN):		
	_			
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: itStemiGro	<mark>up</mark>			
Code List:				
Code List.				
Select Resources:				
itStemi.005.001 No				
itStemi.005.002 Yes				





	itVentilator.001 - Da	te/Time of Ventilator Setting	g	
OC-MEDS Usage:	Required			
	_			
Reporting Condition:	Complete and submit	when pertinent		
Definition:				
Date/Time of Ventilator	r Setting			
Patient Identifiable:		Agency Identifiable:		
No		No		
	1			
NEMSIS Element:	Custom Element			
	T		1	
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	No		
Bata Type.	Single select	(PN):			
			T		
Is Nillable:	No	NOT Values:	No		
Attributes:					
Correlation: itVentilator.VentilatorSettingGroup					
Code List:	Code List:				
None					
None					





	itVentilator.003 - Vent	ilator Setting Prior to EMS C	are		
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				
	т		T		
Data Type:	Single-select	Pertinent Negatives (PN):	No		
Is Nillable:	No	NOT Values:	No		
Attributes:					
Correlation: itVentilato	<mark>r.VentilatorSettingGrou</mark> լ	<mark>p</mark>			
Code List:	Code List:				
Select Resources:					
itVentilator.003.101 No	1				
itVentilator.003.100 Ye					
reventuator.003.100 res					





itVentilator.005 - Ventilator Mode				
OC-MEDS Usage:	Required			
Reporting Condition:	Complete and submit	if pertinent		
Definition:				
Ventilator Mode				
Darland Library Calaba	1	A		
Patient Identifiable:		Agency Identifiable:		
No		No		
NEMSIS Element:	Custom Element			
NEWISIS Element.	Custom Element			
		Pertinent Negatives	No	
Data Type:	Single-select	(PN):	NO	
	<u> </u>	(114).		
Is Nillable:	No	NOT Values:	No	
Attributes:				
Correlation: itVentilato	r.VentilatorSettingGrou	p p		
Code List:				
Select Resources:				
itVentilator.005.108 AC				
itVentilator.005.100 AP				
itVentilator.005.111 Other				

OCEMS Policy #300.31 Effective Date: **04/01/2024** 





	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	No		
2000 1760		(PN):			
	1				
Is Nillable:	No	NOT Values:	No		
Attributes:					
Correlation: itVentilator.VentilatorSettingGroup					
Code List:					
None					





it	Ventilator.013 - PEEP (F	Positive End-Expiratory Pres	sure)	
OC-MEDS Usage:	Required			
Reporting Condition:	Complete and submit	when pertinent		
Definition:				
PEEP (Positive End-Expi	ratory Pressure)			
Patient Identifiable:		Agency Identifiable:		
No		No		
	ı			
NEMSIS Element:	Custom Element			
	T			
Data Type:	Number	Pertinent Negatives	No	
71		(PN):		
1 APPL L	Ι.,	NOTAL	I	
Is Nillable:	No	NOT Values:	No	
Attuibutas				
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		
	To			
NEMSIS Element:	Custom Element			
		Destinant Magativas	No	
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)			
	1		
Patient Identifiable:		Agency Identifiable:	
No		No	
	1		
NEMSIS Element:	Custom Element		
	T		T
Data Type:	Number	Pertinent Negatives	No
,,		(PN):	
Is Nillable:	N.	NOT Values	NI-
is Miliable:	No	NOT Values:	No
Attributes:			
Correlation: itVentilator	r VantilatorSattingGroup	<u></u>	
Correlation. It ventuator	i.ventilator settirigorou	<u>Y</u>	
Code List:			
Code List.			
None			
None			





itVentilator.035 - Date/Time of Ventilator Measurement				
OC-MEDS Usage:	Required	Required		
Reporting Condition:	Complete and submit	Complete and submit when pertinent		
Definition:				
Date/Time of Ventilato	r Measurement			
Patient Identifiable:		Agency Identifiable:		
No		No		
NEN 4010 EL				
NEMSIS Element:	Custom Element			
		Deal's and Marcel's an	LAL.	
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 (Respirato	ory Rate)				
Patient Identifiable:		Agency Identifiable:			
No		No			
NEMSIS Element:	Custom Element				
	T				
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:	Reporting Condition: Complete and submit when pertinent			
Definition:				
PIP (Peak Inspiratory Pr	essure)			
Patient Identifiable:		Aganguldantifiabla		
		Agency Identifiable:		
INO	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:				
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			
	T			
Data Type:	String	Pertinent Negatives	No	
Buta Type.		(PN):		
	T		T	
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			
			1	
Definition:				
I:E Ratio				
Dationt Identifiable		Agancy Idantifiable		
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				
Codo Lietu				
Code List:				
None				