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EO: Common EMS Values				
Name	Value	Common Values	NHTSA 2.2 Required	
E0.0: Common Null Values These values are to be used in each of the Demographic and EMS Data Elements described in this document which have been defined to accept the E00 Null Values. <i>Please include these variables in the implementation of the NHTSA Version 2 Dataset.</i>	Single Choice Combo -5: Not Available -10: Not known -15: Not Reporting -20: Not Recorded -25: Not Applicable		Required	

Name	Value	Common Values	NHTSA 2.2 Required	
<p>E1.1: Patient Care Report Number</p> <p>The unique number automatically assigned by the EMS agency for each patient care report (PCR).</p> <p>For users of MEMSRR direct data entry the call number and the patient number are combined to form a unique Patient Run Report Number.</p>	Text	Not Nullabe	Required	
<p>E1.2: Software Creator</p> <p>The name of the software vendor by whom the data collection software was developed.</p>	Text	Not Nullabe	Required	
<p>E1.3: Software Name</p> <p>The name of the software package with which the data was collected by the agency.</p>	Text	Not Nullabe	Required	
<p>E1.4: Software Version</p> <p>The version of the software used by the agency to collect the data.</p>	Text	Not Nullabe	Required	

E2: Unit/ Agency Information

Name	Value	Common Values	NHTSA 2.2 Required	
E2.1: EMS Agency Number The state-assigned provider number of the responding agency	Text	Not Nullable	Required	
E2.2: EMS Incident Number The incident number assigned by EMS dispatch. It may be associated with multiple EMS vehicle response numbers. Required for services that electronically report data and have an incident number generated by a CAD system. The number helps differentiate multiple responses to a single incident.	Text	-5: Not Available -10: Not known -15: Not Reporting -25: Not Applicable	Optional	
E2.3: EMS Vehicle Response Identifier The EMS response identifying number unique to each EMS vehicle response. Required for services who electronically report data to track and appropriately index individual EMS responses with multiple patients.	Text	-5: Not Available -10: Not known -25: Not Applicable	Required	
E2.4: Type of Service Requested The type of service or category of service requested of the EMS service responding for this specific EMS incident	Single Choice Combo 30 Response (Scene) 40 Interfacility Transfer 45 Medical Transport (Scheduled) 55 Standby 35 Intercept 50 Mutual Aid	Not Nullable	Required	

E2.5: Primary Role of the Unit The primary role of the EMS service which was requested for this specific incident	Single Choice Combo 60 Non Transport 65 Rescue 70 Supervisor 75 Transport	Not Nullable	Required	
E2.6: Type of Dispatch Delay The dispatch delays, if any, associated with the dispatch of the EMS unit to the patient encounter	Multiple Choice Combo 80 Caller (uncooperative) 85 High Call Volume 90 Language Barrier 95 Location (Inability to Obtain) 100 No Units Available 105 None 110 Other 115 Scene Safety (Not Secure for EMS) 120 Technical Failure (Computer, Phone, etc.)	-5: Not Available -10: Not Known -15: Not Reporting -25: Not Applicable	Required	
E2.7: Type of Response Delay The response delays, if any, of the unit associated with the patient encounter	Multiple Choice Combo 175 Ambulance Crash 180 Ambulance Failure 125 Crowd 130 Directions 135 Distance 140 Diversion 145 Hazmat 150 None 155 Other 160 Safety 165 Staff Delay 170 Traffic 185 Weather	-5: Not Available -10: Not Known -15: Not Reporting -25: Not Applicable	Required	

E2.8: Factors Affecting Response and Care The delays, if any, of the unit associated with the patient encounter	Multiple Choice Combo 250 Ambulance Crash 255 Ambulance Failure 190 Crowd 195 Directions 200 Distance 205 Diversion 210 Extrication > 20 min 215 HazMat 220 Language Barrier 235 Safety 240 Staff Delay 245 Traffic 260 Weather 225 None 230 Other	-5: Not Available -10: Not Known -15: Not Reporting -25: Not Applicable	Required	
E2.9: Type of Transport Delay The transport delays, if any, of the unit associated with the patient encounter	Multiple Choice Combo 265 Crowd 270 Directions 275 Distance 280 Diversion 285 HazMat 290 None 295 Other 300 Safety 305 Staff Delay 310 Traffic 315 Vehicle Crash 320 Vehicle Failure 325 Weather	-5: Not Available -10: Not Known -15: Not Reporting -25: Not Applicable	Required	

E2.10: Type of Turn-Around Delay The turn-around delays, if any, associated with the patient encounter	Multiple Choice Combo 330 Clean-up 335 Decontamination 340 Documentation 345 ED Overcrowding 350 Equipment Failure 355 Equipment replenishment 360 None 365 Other 370 Staff Delay 375 Vehicle Failure	-5: Not Available -10: Not Known -15: Not Reporting -25: Not Applicable	Required	
E2.11: EMS Unit/ Vehicle Number The unique physical vehicle number of the responding unit	Text	-5: Not Available -10: Not Known -25: Not Applicable	Optional	
E2.12: EMS Call Sign (Radio Number) The EMS unit number used to dispatch and communicate with the unit. This may be the same as the EMS Unit/ Vehicle Number in many agencies.	Single Choice Combo	Not Nullable	Required	

E2.16: Beginning Odometer Reading of Responding Vehicle The mileage (odometer reading) of the vehicle at the beginning of the call (when the wheels begin moving).	Number	Leave blank for null values	Optional	
E2.17: On-Scene Odometer Reading of Responding Vehicle The mileage (odometer reading) of the vehicle when it arrives at the patient.	Number	Leave blank for null values	Optional	
E2.18: Destination Odometer Reading of Responding Vehicle The mileage (odometer reading) of the vehicle when it arrives at the patient's destination	Number	Leave blank for null values	Optional	
E2.19: Ending Odometer Reading of Responding Vehicle The ending mileage (odometer reading) of the vehicle (at the time back in service)	Number	Leave blank for null values	Optional	
E2.20: Response Mode to Scene Indication whether or not lights and/ or sirens were used on the vehicle on the way to the scene	Single Choice Combo 390 Lights and Sirens 395 No Lights and Sirens 380 Initial Lights and Sirens, Downgraded to No Lights and Sirens 385 Initial No Lights and Sirens, Upgraded to Lights and Sirens	Not Nullable	Required	

E3: Unit/ Call Information				
Name	Value	Common Values	NHTSA 2.2 Required	
E3.1: Reason for Ambulance Request Reported by Dispatch The complaint dispatch reported to the responding unit/ ambulance service.	Single Choice Combo 400 Abdominal Pain 405 Allergies 410 Animal Bite 415 Assault 420 Back Pain 425 Breathing Problem 430 Burns 440 Cardiac Arrest 445 Chest Pain 450 Choking 435 CO Poisoning/ Hazmat 455 Convulsions/ Seizure 460 Diabetic Problem 465 Drowning 470 Electrocution 475 Eye Problem 480 Fall Victim 485 Headache 490 Heart Problem 495 Heat/Cold Exposure 500 Hemorrhage/ Laceration 505 Industrial Accident 510 Ingestion/ Poisoning 515 Pregnancy/ Childbirth 520 Psychiatric Problems 525 Sick Person 530 Stab/ Gunshot Wound 535 Stroke/ CVA 540 Traffic Crash 545 Traumatic Injury 550 Unconscious/ Fainting 555 Unknown Problem/ Man Down 560 Transfer/ Interfacility/ Palliative Care 565 MCI	-5: Not Available -10: Not Known -15: Not Reporting -25: Not Applicable	Required	
E3.2: EMD Performed Indication of whether Emergency Medical Dispatched was performed for this EMS event	Single Choice Combo 0 No 570 Yes, With Pre-Arrival Instructions 575 Yes, Without Pre-Arrival Instructions	-5: Not Available -10: Not Known -15: Not Reporting -25: Not Applicable	Optional	

E4: Unit/ Personal Information				
Name	Value	Common Values	NHTSA 2.2 Required	
E4.1: Crew Member ID The State Certification/ License ID number assigned to the crew member or the crew members name	text	-5: Not Available -10: Not Known -25: Not Applicable	Required	
E4.2: Crew Member Role The role of the crew member during transport of this call. Driver is defined as the driver during the time of patient transport or during the response if there was not transport required.	Single Choice Combo 580 Driver 585 Primary Patient Caregiver 590 Secondary Patient Caregiver 595 Third Patient Caregiver	5: Not Available -10: Not Known -25: Not Applicable	Optional	

<p>Primary Patient Care Giver is defined as the individual responsible for the patient care during the transport of the patient, or if no transport, the individual responsible for the assessment and treatment of the patient on scene.</p> <p>Secondary Patient Care Giver is defined as the individual assisting the Primary Patient Care Giver.</p> <p>Third Patient Care Giver is defined as the individual assisting in the Primary and Secondary Patient Care Givers.</p>	600 Other			
<p>E4.3: Crew Member Level</p> <p>The functioning certification/ licensure level or other of the crew member during this EMS patient encounter</p>	<p>Single Choice Combo</p> <p>6090 EMT Basic 6100 EMT Intermediate 6110 EMT Paramedic 6120 First Responder 6111 Nurse 6112 Physician 635 Student/ Ride Along 640 Other Healthcare Professional 645 Other Non-Healthcare Professional</p>	<p>-5: Not Available -10: Not Known -25: Not Applicable</p>	Optional	

E5: Times

Name	Value	Common Values	NHTSA 2.2 Required	
<p>E5.2: PSAP Call Date/ Time</p> <p>The date/ time the phone rings (911 call to public safety answering point or other designated entity) requesting EMS services.</p>	Date/ time	Leave blank for null values	Required	
<p>E5.4: Unit Notified by Dispatch/ Time</p> <p>The date and time the responding ambulance service/ unit was notified by dispatch</p>	Date/ time	Not Nullable	Required	
<p>E5.5: Unit En route Date/ Time</p> <p>The date/time the unit responded; that is, the time the vehicle started moving</p>	Date/ time	Leave blank for null value	Required	
<p>E5.6: Unit Arrived On Scene Date/ Time</p> <p>The date/ time the responding ambulance service/ unit arrived on the scene. That is, the time the vehicle stopped moving upon arrival at the scene</p>	Date/ time	Leave blank for null values	Required	
<p>E5.7: Arrived at Patient Date/ Time</p> <p>The date/ time the responding unit arrived at the patient's side</p>	Date/ time	Leave blank for null values	Required	
<p>E5.9: Unit Left Scene Date/ Time</p> <p>The date/ time the responding ambulance service/ unit left the scene (started moving)</p>	Date/ time	Leave blank for null values	Required	
E5.10: Patient Arrived at	Date/ time	Leave blank for	Required	

Destination Date/ Time The date/ time the responding ambulance service/ unit arrived with the patient at the destination or transfer point		null values		
E5.11: Unit Back in Service Date/ Time The date/ time the ambulance service/ unit was back in service and available for response (finished with call, but not necessarily back in home location)	Date/ time	Not Nullable	Required	
E5.12: Unit Cancelled Date/ Time The date/time if the unit's call was cancelled	Date/ time	Leave blank for null values	Optional	
E5.13: Unit Back at Home Location The date/time the responding unit was back in their service area. In agencies who utilized Agency Status Management, home location means the service area as assigned through the agency status management protocol.	Date/ time	Leave blank for null values	Required	

E6: Patient

Name	Value	Common Values	NHTSA 2.2 Required	
E6.1: Last Name The patient's last (family) name	Text	-5: Not Available -10: Not Known -25: Not Applicable	Optional	
E6.2: First Name The patient's first (given) name	Text	-5: Not Available -10: Not Known -25: Not Applicable	Optional	
E6.3: Middle Initial The patient's middle initial, if any	Text	-5: Not Available -10: Not Known -25: Not Applicable	Optional	
E6.4: Patient's Home Address The patient's home mailing or street address	Text	-5: Not Available -10: Not Known -25: Not Applicable	Optional	
E6.5: Patient's Home City The patient's home city or township or residence. 5 digit FIPS Code	Text	-5: Not Available -10: Not Known -25: Not Applicable	Optional	
E6.6: Patient's Home County The patient's home county or parish or residence	Self-generated	-5: Not Available -10: Not Known -25: Not Applicable	Optional	
E6.7: Patient's Home State The patient's home state, territory, or province, or District of Columbia, where the patient resides	Text	-5: Not Available -10: Not Known -25: Not Applicable	Optional	

E6.8: Patient's Home Zip Code The patient's home Zip Code of residence	Text	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Required	
E6.9: Patient's Home Country The patient's country of citizenship	Multiple Choice Combo	-5: Not Available -10: Not Known -25: Not Applicable	Optional	
E6.11: Gender The patient's gender	Single Choice Combo 650 Male 655 Female	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Required	
E6.12: Race The patient's race as defined by the OMB (US Office of Management and Budget)	Single Choice Combo 660 American Indian or Alaska Native 665 Asian 670 Black or African American 675 Native Hawaiian or Other Pacific Islander 680 White 685 Other Race	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Required	

E6.13: Ethnicity The patient's race as defined by the OMB (US Office of Management and Budget)	Single Choice Combo 690 Hispanic or Latino 695 Not Hispanic or Latino	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Required	
E6.14: Age The patient's age (either calculated from date of birth or best approximation)	Number	Leave blank for null values	Required	
E6.15: Age Units The units which the age is documented in (Hours, Days, Months, Years)	Text	Leave blank for null values	Required	
E6.16: Date of Birth The patient's date of birth	Date/ time	Leave blank for null values	Optional	
E6.17: Primary or Home Telephone Number The patient's primary or home telephone number.	Number	-5: Not Available -10: Not Known -25: Not Applicable	Optional	

E7: Billing

Name	Value	Common Values	NHTSA 2.2 Required	
E7.1: Primary Method of Payment The primary method of payment or type of insurance associated with this EMS encounter	Single Choice Combo 725 Medicaid 730 Medicare 735 Not Billed (for any reason) 740 other Government 745 Self pay 750 Workers Compensation	-5: Not Available -10: Not Known -25: Not Applicable	Required	
E7.34: CMS Service Level The CMS service level for this EMS encounter.	Single Choice Combo 990 BLS 995 BLS, Emergency 1000 ALS, Level 1 1005 ALS, Level 1 Emergency 1010 ALS, Level 2 1015 Paramedic Intercept	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Required	

	1020 Specialty Care Transport 1025 Fixed Wing (Airplane) 1030 Rotary Wing (Helicopter)			
<p>E7.35: Condition Code Number</p> <p>The condition codes are used to better describe the service and patient care delivery by an EMS service. Please consult CMS documentation for detailed descriptions of these condition codes and their use.</p>	<p>Multiple Choice Combo</p> <p>8001 Severe Abdominal Pain (ALS-789.00)</p> <p>8002 Abdominal Pain (ALS-789.00)</p> <p>8003 Abnormal Cardiac Rhythm/Cardiac Dysrhythmia (ALS-780.8)</p> <p>8004 Abnormal Skin Signs (ALS-427.9)</p> <p>8005 Abnormal Vital Signs (ALS-796.4)</p> <p>8006</p> <p>8007 Allergic Reaction (BLS-692.9)</p> <p>8008 Blood Glucose (ALS-790.21)</p> <p>8009 Respiratory Arrest (ALS-799.1)</p> <p>8010</p> <p>8011 Cardiac Arrest-Resuscitation in Progress (ALS-427.5)</p> <p>8013 Choking Episode (ALS-784.9)</p> <p>8014 Cold Exposure (ALS-991.6)</p> <p>8015 Cold Exposure (BLS-991.9)</p> <p>8016 Altered Level of Consciousness (non-traumatic) (ALS-780.01)</p> <p>8017 Convulsions/Seizures (ALS-780.39)</p> <p>8018 Eye Symptoms (non-traumatic) (BLS-379.90)</p> <p>8019 Non Traumatic Headache (ALS-437.9)</p> <p>8020 Cardiac Symptoms other than Chest Pain (palpitations)</p> <p>8021 Cardiac Symptoms other than Chest Pain (atypical pain)</p> <p>8022 Heat Exposure (ALS-992.5) (ALS-536.2)</p> <p>8023 Heat Exposure (BLS-992.2)</p> <p>8024 Hemorrhage (ALS-459.0)</p> <p>8025 Infectious Diseases requiring Isolation/Public Health Risk</p> <p>8026 Hazmat Exposure (ALS-987.9) (BLS-038.9)</p> <p>8027 Medical Device Failure (ALS-996.0)</p> <p>8028 Medical Device Failure (BLS-996.3)</p> <p>8029 Neurologic Distress (ALS-436.0)</p> <p>8030 Pain (Severe) (ALS-780.99)</p> <p>8031 Back Pain (non-traumatic possible cardiac or vascular)</p> <p>8032 Back Pain (non-traumatic with neurologic symptoms) (ALS-724.5)</p> <p>8033 Poisons (all routes) (ALS-977.9)</p> <p>8034 Alcohol Intoxication or Drug Overdose (BLS-305.0)</p> <p>8035 Severe Alcohol Intoxication</p>	<p>-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable</p>	Required	

	<p>(ALS-977.3)</p> <p>8036 Post-Operative Procedure Complications (BLS-998.9)</p> <p>8037 Pregnancy Complication/Childbirth/Labor (ALS-650.0)</p> <p>8038 Psychiatric/Behavioral (abnormal mental status) (ALS-</p> <p>8039 Psychiatric/Behavioral (threat to self or others) (BLS-298.9)</p> <p>8040 Sick Person-Fever (BLS-036.9)</p> <p>8041 Severe Dehydration (ALS-787.01)</p> <p>8042 Unconscious/Syncope/Dizziness (ALS-780.02)</p> <p>8043 Major Trauma (ALS-959.8)</p> <p>8044 Other Trauma (need for monitor or airway) (ALS-518.5)</p> <p>8045 Other Trauma (major bleeding) (ALS-958.2)</p> <p>8046 Other Trauma (fracture/dislocation) (BLS-829.0)</p> <p>8047 Other Trauma (penetrating extremity) (BLS-880.0)</p> <p>8048 Other Trauma (amputation digits) (BLS-886.0)</p> <p>8049 Other Trauma (amputation other) (ALS-887.4)</p> <p>8050 Other Trauma (suspected internal injuries) (ALS-869.0)</p> <p>8051 Burns-Major (ALS-949.3)</p> <p>8052 Burns-Minor (BLS-949.2)</p> <p>8053 Animal Bites/Sting/Envenomation (ALS-989.5)</p> <p>8054 Animal Bites/Sting/Envenomation (BLS-879.8)</p> <p>8055 Lightning (ALS-994.0)</p> <p>8056 Electrocution (ALS-994.8)</p> <p>8057 Near Drowning (ALS-994.1)</p> <p>8058 Eye Injuries (BLS-921.9)</p> <p>8059 Sexual Assault (major injuries) (ALS-995.83)</p> <p>8060 Sexual Assault (minor injuries) (BLS-995.8)</p> <p>8061 Cardiac/Hemodynamic Monitoring Required (ALS-428.9)</p> <p>8062 Advanced Airway Management (ALS-518.81)</p> <p>8063 IV Meds Required (ALS-No ICD code provided)</p> <p>8064 Chemical Restraint (ALS-293.0)</p> <p>8065 Suctioning/Oxygen/IV fluids required (BLS-496.0)</p> <p>8066 Airway Control/Positioning Required (BLS-786.09)</p> <p>8067 Third Party Assistance/Attendant Required (BLS-496.0)</p> <p>8068 Patient Safety (restraints required) (BLS-298.9)</p> <p>8069 Patient Safety (monitoring required) (BLS-293.1)</p>			
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	8070 Patient Safety (seclusion required) (BLS-298.8) 8071 Patient Safety (risk of falling off stretcher) (BLS-781.3) 8072 Special Handling (Isolation) (BLS-041.9) 8073 Special Handling (orthopedic device required) (BLS-907.2) 8074 Special Handling (positioning required) (BLS-719.45)			
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E8: Scene

Name	Value	Common Values	NHTSA 2.2 Required	
E8.1: Other EMS Agencies at Scene Other EMS agencies that were at the scene, if any	Multiple Choice Combo Created from agencies in area	-5: Not Available -10: Not Known -25: Not Applicable	Optional	
E8.2: Other Services at Scene Other services that were at the scene, if any	Multiple Choice Combo 1060 EMS Mutual Aid 1065 Fire 1070 Hazmat 1075 Law 1080 Other Health Care Provider 1085 Other 1090 Rescue 1095 Utilities	-5: Not Available -10: Not Known -25: Not Applicable	Optional	
E8.3: Estimated Date/ time Initial Responder Arrived on Scene The date/time differential between the initial responder and the EMS unit arriving on the scene, if applicable.	Single Choice Combo 1100 >15 minutes 1105 - 15 Minutes 1110 <5 Minutes 1115 After EMS	-5: Not Available -10: Not Known -25: Not Applicable	Optional	
E8.5: Number of Patients at Scene Indicator of how many total patients were at the scene	1120 None 1125 Single 1130 Multiple	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Required	
E8.6: Mass Casualty Incident Indicator if this event would be considered a mass casualty incident (overwhelmed existing EMS resources)	0 No 1 Yes	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Required	
E8.7: Incident Location Type The kind of location where the incident happened	1135 Home/Residence 1140 Farm 1145 Mine or Quarry 1150 Industrial Place and Premises 1155 Place of Recreation or Sport 1160 Street or Highway 1165 Public Building (schools, gov. offices) 1170 Trade or service (business, bars, restaurants, etc) 1175 Health Care Facility (clinic, hospital, nursing home) 1180 Residential Institution (Nursing Home, jail/prison) 1185 Lake, River, Ocean 1190 Other Location	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Required	

E8.11: Incident Address The street address (or best approximation) where the patient was found, or, if no patient, the address to which the unit responded.	Text	-5: Not Available -10: Not Known -25: Not Applicable	Optional	

E8.15: Incident Zip Code The zip code of the incident	Text	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Required	
E8.12: Incident City The city or township (if applicable) where the patient was found or to which the unit responded (or best approximation)	Text	-5: Not Available -10: Not Known -25: Not Applicable	Optional	

E9: Situation				
Name	Value	Common Values	NHTSA 2.2 Required	
E9.1: Prior Aid Any care which was provided to the patient prior to the arrival of this unit.	Multiple Choice Combo	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Required	
E9.2: Prior Aid Performed By The type of individual who performed the care prior to the arrival of this unit.	Multiple Choice Combo 1195 EMS Provider 1200 Law Enforcement 1205 Lay Person 1210 Other Health Care Provider 1215 Patient	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Required	
E9.3: Outcome of the Prior Aid What was the outcome or result of the care performed prior to the arrival of the unit	Single Choice Combo 1220 Improved 1225 Unchanged 1230 Worse	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Required	
E9.4: Possible Injury Indicates that the reason for the EMS encounter was related to an	Single Choice Combo 0 No 1 Yes	-5: Not Available -10: Not Known	Required	

injury or traumatic event. This data element provides documentation to classify the EMS Reason for Encounter as either injury or non-injury related based on mechanism and not on actual injury		-15: Not Reported -25: Not Applicable		
E9.5: Chief Complaint The statement of the problem by the patient or the history provider in one or two words	Text	-5: Not Available -10: Not Known -25: Not Applicable	Optional	
E9.11: Chief Complaint Anatomic Location The primary anatomic location of the chief complaint as identified by EMS personnel	Single Choice Combo 1305 Abdomen 1310 Back 1315 Chest 1320 Extremity – Lower 1325 Extremity – Upper 1330 General/ Global 1335 Genitalia 1340 Head 1345 Neck	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Required	
E9.12: Chief Complaint Organ System The primary organ system of the patient injured or medically affected. This is to be completed by EMS personnel with a minimum of an EMT-Paramedic level of credentialing.	Single Choice Combo 1350 Cardiovascular 1355 CNS/ Neuro 1360 Endocrine/ Metabolic 1365 GI 1370 Global 1375 Musculoskeletal 1380 OB/ GYN 1385 Psych 1390 Pulmonary 1395 Renal 1400 Skin	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Required	
E9.13: Primary Symptom The primary sign and symptom present in the patient or observed by EMS personnel	Single Choice Combo 1405 Bleeding 1410 Breathing Problem 1415 Change in responsiveness 1420 Choking 1425 Death 1430 Device/Equipment Problem 1435 Diarrhea 1440 Drainage/Discharge 1445 Fever 1450 Malaise 1455 Mass/Lesion 1460 Mental/Psych 1465 Nausea/Vomiting 1470 None 1475 Pain 1480 Palpitations 1485 Rash/Itching 1490 Swelling 1495 Transport Only 1500 Weakness 1505 Wound	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Required	
E9.14: Other Associated Symptoms Other symptoms identified by the patient or observed by EMS personnel	Multiple Choice Combo 1405 Bleeding 1410 Breathing Problem 1415 Change in responsiveness 1420 Choking 1425 Death	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Required	

	1430 Device/Equipment Problem 1435 Diarrhea 1440 Drainage/Discharge 1445 Fever 1450 Malaise 1455 Mass/Lesion 1460 Mental/Psych 1465 Nausea/Vomiting 1470 None 1475 Pain 1480 Palpitations 1485 Rash/Itching 1490 Swelling 1495 Transport Only 1500 Weakness 1505 Wound			
E9.15: Provider's Primary Impresion 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).	Single Choice Combo 1615 789.00- Abdominal pain / problems 1620 519.80- Airway obstruction 1625 995.30- Allergic reaction 1630 780.09- Altered level of consciousness 1635 312.90- Behavioral / psychiatric disorder 1640 427.50- Cardiac arrest 1645 427.90- Cardiac rhythm disturbance 1650 786.50- Chest pain / discomfort 1655 250.90- Diabetic symptoms (hypoglycemia) 1660 994.80- Electrocutiion 1665 780.60- Hyperthermia 1670 780.90- Hypothermia 1675 785.59- Hypovolemia / shock 1680 987.90- Inhalation injury (toxic gas) 1685 798.99- Obvious death 1690 977.90- Poisoning / drug ingestion 1695 659.90- Pregnancy / OB delivery 1700 786.09- Respiratory distress 1705 799.10- Respiratory arrest 1710 780.30- Seizure 1715 959.90- Sexual assault / rape 1720 987.90- Smoke inhalation 1725 989.50- Stings / venomous bites 1730 436.00- Stroke / CVA 1735 780.20- Syncope / fainting 1740 959.90- Traumatic injury 1745 623.80- Vaginal hemorrhage	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Required	

<p>E9.16: Provider's Secondary Impression</p> <p>The EMS personnel's impression of the patient's secondary problem or which led to the management given to the patient (treatments, medications, or procedures).</p>	<p>Single Choice Combo</p> <p>1750 789.00- Abdominal pain / problems</p> <p>1755 519.80- Airway obstruction</p> <p>1760 995.30- Allergic reaction</p> <p>1765 780.09- Altered level of consciousness</p> <p>1770 312.90- Behavioral / psychiatric disorder</p> <p>1775 427.50- Cardiac arrest</p> <p>1780 427.90- Cardiac rhythm disturbance</p> <p>1785 786.50- Chest pain / discomfort</p> <p>1790 250.90- Diabetic symptoms (hypoglycemia)</p> <p>1795 994.80- Electrocution</p> <p>1800 780.60- Hyperthermia</p> <p>1805 780.90- Hypothermia</p> <p>1810 785.59- Hypovolemia / shock</p> <p>1815 987.90- Inhalation injury (toxic gas)</p> <p>1820 798.99- Obvious death</p> <p>1825 977.90- Poisoning / drug ingestion</p> <p>1830 659.90- Pregnancy / OB delivery</p> <p>1835 786.09- Respiratory distress</p> <p>1840 799.10- Respiratory arrest</p> <p>1845 780.30- Seizure</p> <p>1850 959.90- Sexual assault / rape</p> <p>1855 987.90- Smoke inhalation</p> <p>1860 989.50- Stings / venomous bites</p> <p>1865 436.00- Stroke / CVA</p> <p>1870 780.20- Syncope / fainting</p> <p>1875 959.90- Traumatic injury</p> <p>1880 623.80- Vaginal hemorrhage</p>	<p>-5: Not Available</p> <p>-10: Not Known</p> <p>-15: Not Reported</p> <p>-25: Not Applicable</p>	<p>Required</p>	
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E10: Situation/ Trauma

Name	Value	Common Values	NHTSA 2.2 Required	
E10.1 Cause of Injury The category of the reported/suspected external cause of the injury	Single Choice Combo 9500 Aircraft related accident (E84X.0) 9505 Bicycle Accident (E826.0) 9510 Bites (E906.0) 9515 Chemical poisoning (E86X.0) 9520 Child battering (E967.0) 9525 Drowning (E910.0) 9530 Drug poisoning (E85X.0) 9535 Electrocution (non-lightning) (E925.0) 9540 Excessive Cold (E901.0) 9545 Excessive Heat (E900.0) 9550 Falls (E88X.0) 9555 Fire and Flames (E89X.0) 9560 Firearm assault (E965.0) 9565 Firearm injury (accidental) (E985.0) 9570 Firearm self inflicted (E955.0) 9575 Lightning (E907.0) 9580 Machinery accidents (E919.0) 9585 Mechanical Suffocation (E913.0) 9590 Motor Vehicle non-traffic accident (E82X.0) 9595 Motor Vehicle traffic accident (E81X.0) 9600 Motorcycle Accident (E81X.1) 9605 Non-Motorized Vehicle Accident (E848.0) 9610 Pedestrian traffic accident (E814.0) 9615 Radiation exposure (E926.0) 9620 Rape (E960.1) 9625 Smoke Inhalation (E89X.2) 9630 Stabbing/Cutting Accidental (E986.0) 9635 Stabbing/Cutting Assault (E966.0) 9640 Struck by Blunt/Thrown Object (E968.2) 9645 Venomous stings (plants, animals) (E905.0) 9650 Water Transport accident (E83X.0)	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Required	
E10.4: Vehicular Injury Indicators The kind of risk factor predictors associated with the vehicle involved in the incident	Multiple Choice Combo 2055 Dash Deformity 2060 DOA Same Vehicle 2065 Ejection 2070 Fire 2075 Rollover/Roof Deformity 2080 Side Post Deformity 2085 Space Intrusion >1 foot 2090 Steering Wheel Deformity 2095 Windshield Spider/Star	-5: Not Available -10: Not Known -25: Not Applicable	Optional	

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E10.5: Area of the Vehicle Impacted by the Collision	Multiple Choice Combo 2100 Center Front 2105 Center Rear 2115 Left Rear 2120 Left Side 2125 Right Front 2130 Right Rear 2135 Right Side 2140 Roll Over	-5: Not Available -10: Not Known -25: Not Applicable	Optional	
E10.6: Seat Row Location of Patient in Vehicle The seat row location of the patient in vehicle at the time of the crash with the front seat numbered as 1. Numbered to take into account large vehicles such as buses or vans (1 = Front) or (Cargo Area = 50)	Text	Not Nullable		
E10.7: Position of Patient in the Seat of the Vehicle The position of the patient in seat of the vehicle at the time of the crash	Single Choice Combo 2145 Driver 2150 Left (non-driver) 2155 Middle 2160 Other 2165 Right	-5: Not Available -10: Not Known -25: Not Applicable	Optional	

<p>E10.8: Use of Occupant Safety Equipment</p> <p>Safety equipment in use by the patient at the time of the injury</p>	<p>Multiple Choice Combo</p> <p>2170 Child Restraint 2175 Eye Protection 2180 Helmet Worn 2185 Lap Belt 2190 Other 2195 Personal Floatation Device 2200 Protective Clothing 2205 Protective Non-Clothing Gear 2210 Shoulder Belt</p>	<p>-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable</p>	Optional	
<p>E10.9: Airbag Deployment</p> <p>Indication of Airbag deployment during the motor vehicle crash.</p>	<p>Multiple Choice Combo</p> <p>2215 No Airbag Present 2220 No Airbag Deployed 2225 Airbag Deployed Front 2230 Airbag Deployed Side 2235 Airbag Deployed Other (knee, airbelt, etc.)</p>	<p>-5: Not Available -10: Not Known -25: Not Applicable</p>	Optional	

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E11 Situation/ CPR				
Name	Value	Common values	NHTSA 2.2 Required	
E11.1: Cardiac Arrest Indication of the presence of a cardiac arrest at any time associated with the EMS event.	Single Choice Combo 0 No 2240 Yes, Prior to EMS Arrival 2245 Yes, After EMS Arrival	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Required	
E11.2: Cardiac Arrest Etiology Indication of the etiology or cause of the cardiac arrest (classified as cardiac, non-cardiac, etc.)	Single Choice Combo 2250 Presumed Cardiac 2255 Trauma 2260 Drowning 2265 Respiratory 2270 Electrocution 2275 Other	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Required	
E11.3: Resuscitation Attempted Indication of an attempt to resuscitate the patient who is in cardiac arrest (attempted, not attempted due to DNR, etc.)	Multiple Choice Combo 2280 Attempted Defibrillation 2285 Attempted Ventilation 2290 Initiated Chest Compressions 2295 Not Attempted-Considered Futile 2300 Not Attempted-DNR Orders 2305 Not Attempted-Signs of Circulation	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Required	
E11.4: Arrest Witnessed By Indication of who the cardiac arrest was witnessed by	Single Choice Combo 2310 Witnessed by Healthcare Provider 2315 Witnessed by Lay Person 2320 Not Witnessed	-5: Not Available -10: Not Known -25: Not Applicable	Optional	
E11.5: First Monitored Rhythm of the Patient Documentation of what the first monitored rhythm which was noted	Single Choice Combo 2325 Asystole 2330 Bradycardia 2335 Normal Sinus Rhythm 2340 Other 2345 PEA 2350 Unknown AED Non-Shockable Rhythm 2355 Unknown AED Shockable Rhythm 2360 Ventricular Fibrillation 2365 Ventricular Tachycardia	-5: Not Available -10: Not Known -25: Not Applicable	Optional	
E11.6: Any Return of Spontaneous Circulation Indication whether or not there was any return of spontaneous circulation at any time during the EMS event.	Single Choice Combo 0 No 2370 Yes, Prior to ED Arrival Only 2375 Yes, Prior to ED Arrival and at the ED	-5: Not Available -10: Not Known -25: Not Applicable	Optional	
E11.9: Date/ Time Resuscitation Discontinued The date/time the CPR was discontinued (or could be time of death)	Date/ Time	Leave blank for null values	Optional	

E12: Medical History

Name	Value	Common Values	NHTSA 2.2 Required	
E12.1: Barriers to Patient Care Indication of whether or not there were any patient specific barriers to serving the patient at the scene	Multiple Choice Combo 2600 Developmentally Impaired 2605 Hearing Impaired 2610 Language 2615 None 2620 Physically Impaired 2625 Physically Restrained 2630 Speech Impaired 2635 Unattended or Unsupervised (including minors) 2640 Unconscious	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Required	
E12.6: Last Name of Patient's Primary Practitioner	Text	-5: Not Available -10: Not Known -25: Not Applicable	Optional	
E12.8: Medication Allergies The patient's medication allergies	Text (Ajax- automatic fill in)	-5: Not Available -10: Not Known -25: Not Applicable	Optional	
E12.9: Environmental/ Food Allergies The patient's known allergies to food or environmental agents.	Multiple Choice Combo 2675 Insect Sting 2680 Food Allergy 2685 Latex 2690 Chemical 2695 Other 2700 None	-5: Not Available -10: Not Known -25: Not Applicable	Optional	
E12.10: Medical/ Surgical History The patient's pre-existing medical and surgery history of the patient	Multiple Choice Combo	-5: Not Available -10: Not Known -25: Not Applicable	Optional	
E12.14: Current Medications The medications the patient currently takes	Multiple Choice Combo Ajax- Automatic Fill in	Not Nullable	Optional	
E12.19: Alcohol/ Drug Use Indicators Indicators for the potential use of Alcohol or Drugs by the patient.	Multiple Choice Combo 2985 Smell of Alcohol on Breath 2990 Patient Admits to Alcohol Use 2995 Patient Admits to Drug Use 3000 Alcohol and/or Drug Paraphernalia at Scene 3001 None	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Required	
E13: Narrative				
Name	Value	Common Values	NHTSA 2.2 Required	
E13.1: Run Report Narrative The narrative of the run report	Text	-5: Not Available -10: Not Known -25: Not Applicable "		

E14: Assessment/ Vital Signs				
Name	Value	Common Values	NHTSA 2.2 Required	
E14.1: Date/ Time Vital Signs Taken	Date/ Time	Not Nullable	Optional	
E14.3: Cardiac Rhythm The initial cardiac rhythm of the patient as interpreted by EMS personnel	Multiple Choice Combo 3005 12 Lead ECG-Anterior Ischemia 3010 12 Lead ECG-Inferior Ischemia 3015 12 Lead ECG-Lateral Ischemia 3020 Agonal/Idioventricular 3025 Artifact 3030 Asystole 3035 Atrial Fibrillation/Flutter 3040 AV Block-1 st Degree 3045 AV Block-2 nd Degree-Type 1 3050 AV Block-2 nd Degree-Type 2 3055 AV Block-3 rd Degree 3060 Junctional 3065 Left Bundle Branch Block 3070 Normal Sinus Rhythm 3075 Other 3080 Paced Rhythm 3085 PEA 3090 Premature Atrial Contractions 3095 Premature Ventricular Contractions 3100 Right Bundle Branch Block 3105 Sinus Arrhythmia 3110 Sinus Bradycardia 3115 Sinus Tachycardia 3120 Supraventricular Tachycardia 3125 Torsades De Points 3130 Unknown AED Non-Shockable Rhythm 3135 Unknown AED Shockable Rhythm 3140 Ventricular Fibrillation 3145 Ventricular Tachycardia	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Optional	
E14.4: SBP (Systolic Blood Pressure) The patient's systolic blood pressure	Number	Leave blank for null values	Optional	
E14.5: DBP (Diastolic Blood Pressure) The patient's diastolic blood pressure	Number	Leave blank for null values	Optional	
E14.7: Pulse Rate The patient's pulse rate, palpated or auscultated, expressed as a number per minute	Number	Leave blank for null values	Optional	
E14.9: Pulse Oximetry	Number	Leave blank for null values	Optional	

The patient's oxygen saturation				
E14.11: Respiratory Rate	Number	Leave blank for null values	Optional	
The patient's respiratory rate expressed as a number per minute				

E14.14: Blood Glucose Level	Number	Leave blank for null values	Optional	
The patient's blood glucose level				
E14.15: Glasgow Coma Score-Eye	Number	Leave blank for null values	Optional	
The patient's Glasgow Coma Score Eye opening	For All Age Groups: 1 = Does Not Open Eyes For All Age Groups: 2 = Opens Eyes to painful stimulation For All Age Groups: 3 = Opens Eyes to verbal stimulation For All Age Groups: 4 = Opens Eyes spontaneously			
E14.16: Glasgow Coma Score-Verbal	Number	Leave blank for null values	Optional	
The patient's Glasgow Coma Score Verbal	<p>Patients 0-23 months: 1 = None Patients 0-23 months: 2 = Persistent cry ● Patients 2-5 years: 2 = Grunts Patients 0-23 months: 3 = Inappropriate cry Patients 0-23 months: 4 = Cries, inconsolable Patients 0-23 months: 5 = Smiles, coos, cries appropriately</p> <p>Patients 2-5 years: 1 = None Patients 2-5 years: 2 = Grunts Patients 2-5 years: 3 = Cries and/or screams Patients 2-5 years: 4 = Inappropriate words Patients 2-5 years: 5 = Appropriate words</p> <p>Patients >5 years: 1 = None Patients >5 years: 2 = Non-specified sounds Patients >5 years: 3 = Inappropriate words Patients >5 years: 4 = Confused conversation or speech Patients >5 years: 5 = Oriented and appropriate speech</p>			
E14.17: Glasgow Coma Score-Motor	Number	Leave blank for null values	Optional	
The patient's Glasgow Coma Score Motor	<p>Patients up to 5 years: 1 = None Patients >5 years: 1 = None Patients up to 5 years: 2 = Extensor posturing in response to painful stimulation Patients >5 years: 2 = Extensor posturing in response to painful stimulation</p> <p>Patients up to 5 years: 3 = Flexor posturing in response to painful stimulation Patients >5 years: 3 = Flexor posturing in response to painful stimulation</p>			

	<p>Patients up to 5 years: 4 = General withdrawal in response to painful stimulation</p> <p>Patients >5 years: 4 = General withdrawal in response to painful stimulation</p> <p>Patients up to 5 years: 5 = Localization of painful stimulation</p> <p>Patients >5 years: 5 = Localization of painful stimulation</p> <p>Patients up to 5 years: 6 = Spontaneous appropriate</p> <p>Patients >5 years: 6 = Obeys commands with motor response</p>			
<p>E14.19: Total Glasgow Coma Score</p> <p>The patient's total Glasgow Coma Score</p>	<p>Number</p>	<p>Leave blank for null values</p>	<p>Optional</p>	
<p>E14.27: Revised Trauma Score</p> <p>The patient's trauma score</p>	<p>Number</p> <p>Calculated based on 3 components Can be auto-calculated from Respiratory Rate (E14_11), Systolic Blood Pressure (E14_04), and Total GCS (E14_19), if all three components are documented at the same Time (E14_01)</p> <p>Neurological Component: 4 = Glasgow coma score 13 – 15, 3 = Glasgow coma score 9 – 12, 2 = Glasgow coma score 6 – 8, 1 = Glasgow coma score 4 – 5, 0 = Glasgow coma score 3</p> <p>Respiratory Rate Component: 4 = 10 – 29 per minute, 3 = >29 per minute, 2 = 6 – 9 per minute, 1 = 1 – 5 per minute, 0 = None spontaneous</p> <p>Systolic Blood Pressure Component: 4 = >89 mm Hg, 3 = 76 – 89 mm Hg, 2 = 50 – 75 mm Hg, 1 = 1 – 49 mm Hg, 0 = No pulse</p>	<p>Leave blank for null values</p>	<p>Optional</p>	
<p>E14.28: Pediatric Trauma Score</p> <p>The Trauma Score for patients age 12 and under</p>	<p>Number</p> <p>Age 12 and Under</p> <p>Calculated by adding the appropriate response for each of the 5 components below: Can be auto-calculated if programming logic is used to confirm all 5 components</p> <p>Component Airway: 2 = Normal, 1 = Maintainable, -1 = Un-maintainable or Intubated</p> <p>Component CNS: 2 = Awake, 1 = Altered Mental Status/Obtunded, -1 = Coma/Abnormal Flexion</p>	<p>Leave blank for null values</p>	<p>Optional</p>	

	<p>Component Open Wounds: 2 = None, 1 = Minor, -1 = Major/Penetrating</p> <p>Component Size: 2 = >20 kg, 1 = 10 – 20 kg, -1 = <10 kg</p> <p>Component Skeletal Injury: 2 = None, 1 = Closed Fracture, -1 = Open/Multiple Fractures</p> <p>Component Systolic Blood Pressure: 2 = > 90 mmHg (or palpable pulse at wrist), 1 = 50–90 mmHg (or palpable pulse at groin), -1 = < 50 mmHg (or no pulse palpable)</p>			
E16: Assessment/ Exam				
Name	Value	Common Values	NHTSA 2.2 Required	
E16.1: Estimated Body Weight The patient's body weight in kilograms, either measured or estimated	Number	Not Nullable	Optional	
E16.3: Date/ Time of Assessment The date/time assessment was made on the patient	Date/ Time	Leave blank for null values	Optional	
E16.4: Skin Assessment The assessment of the patient's skin on examination	Multiple Choice Combo 3420 Normal 3425 Not Done 3430 Clammy 3435 Cold 3440 Cyanotic 3445 Jaundiced 3450 Lividity 3455 Mottled 3460 Pale 3465 Warm	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Optional	

E18: Intervention/ Medication				
Name	Value	Common Values	NHTSA 2.2 Required	
E18.1: Date/ Time Medication Administered The date/time medication administered to the patient	Date/ Time	Leave blank for null values	Optional	
E18.3: Medication Given	Single Choice Combo All data elements section E18 are members of the E18 Medication Structure	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Required	

<p>E18.4: Medication Administration Route</p> <p>The route that the medication was administered to the patient.</p>	<p>Single Choice Combo</p> <p>4175 Endotracheal tube 4180 Gastrostomy tube 4185 Inhalation 4190 Intramuscular 4191 Intraosseous 4200 Intraocular 4205 Intravenous 4210 Nasal 4215 Nasal prongs 4220 Nasogastric 4225 Ophthalmic 4230 Oral 4235 Other/miscellaneous 4240 Otic 4245 Re-breather mask 4250 Rectal 4255 Subcutaneous 4260 Sublingual 4265 Topical 4270 Tracheostomy 4275 Transdermal 4280 Urethral 4285 Ventimask 4290 Wound</p>	<p>Leave blank for null values</p>	<p>Optional</p>	
<p>E18.5: Medication Dosage</p> <p>The dose or amount of medication given to the patient</p>	<p>Number</p>	<p>Not Nullable</p>	<p>Optional</p>	
<p>E18.8: Medication Complication</p> <p>Any complication (abnormal effect on the patient) associated with the administration of the medication to the patient by EMS</p>	<p>Multiple Choice Combo</p> <p>4390 None 4395 Altered Mental Status 4400 Apnea 4410 Bradycardia 4415 Diarrhea 4420 Extravasation 4425 Hypertension 4430 Hyperthermia 4435 Hypotension 4440 Hypoxia 4445 Injury 4450 Itching/Urticaria 4455 Nausea 4460 Other 4465 Respiratory Distress 4470 Tachycardia 4475 Vomiting</p>	<p>-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable</p>	<p>Required</p>	
<p>E18.9: Medication Crew Member ID</p> <p>The statewide assigned ID number of the EMS crew member giving the treatment to the patient</p>	<p>Text</p>	<p>-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable</p>	<p>Optional</p>	
<p>E18.10: Medication Authorization</p> <p>The type of treatment authorization obtained</p>	<p>Single Choice Combo</p> <p>4480 On-Line 4485 On-Scene 4490 Protocol (Standing Order) 4495 Written Orders (Patient Specific)</p>	<p>-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable</p>	<p>Optional</p>	

E19: Intervention/ Procedure				
Name	Value	Common Values	NHTSA 2.2 Required	
E19.3: Procedure The procedure performed on the patient	Single Choice Combo	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Required	
E19.5: Number of Procedure Attempts The number of attempts taken to complete a procedure or intervention regardless of success	Number	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Required	
E19.6: Procedure Successful Indication of whether or not the procedure performed on the patient was successful	Single Choice Combo 0 No 1 Yes	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Required	
E19.7: Procedure Complication Any complication associated with the performance of the procedure on the patient	Multiple Choice Combo 4500 None 4505 Altered Mental Status 4510 Apnea 4515 Bleeding 4520 Bradycardia 4525 Diarrhea 4530 Esophageal Intubation-immediately 4535 Esophageal Intubation-other 4540 Extravasation 4545 Hypertension 4550 Hyperthermia 4555 Hypotension 4560 Hypoxia 4565 Injury 4570 Itching/Urticaria 4575 Nausea 4580 Other 4585 Respiratory Distress 4590 Tachycardia 4595 Vomiting	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Required	
E19.10: Procedure Authorization The type of procedure authorization obtained	Single Choice Combo 4615 On-Line 4620 On-Scene 4625 Protocol (Standing Order) 4630 Written Orders (Patient Specific)	-5: Not Available -10: Not Known -25: Not Applicable	Optional	

<p>E19.12: Successful IV Site</p> <p>The location of the IV site (if applicable) on the patient</p>	<p>Multiple Choice Combo</p> <p>4635 Antecubital-Left 4640 Antecubital-Right 4645 External Jugular-Left 4650 External Jugular-Right 4655 Femoral-Left IV 4660 Femoral-Left Distal IO 4665 Femoral-Right IV 4670 Femoral-Right IO 4675 Forearm-Left 4680 Forearm-Right 4685 Hand-Left 4690 Hand-Right 4695 Lower Extremity-Left 4700 Lower Extremity-Right 4705 Other 4710 Scalp 4715 Sternal IO 4720 Tibia IO-Left 4725 Tibia IO-Right 4730 Umbilical</p>	<p>-5: Not Available -10: Not Known -25: Not Applicable</p>	<p>Optional</p>	
<p>E19.13: Tube Confirmation</p> <p>Endotracheal Tube placement verification at the time the airway procedure was done</p>	<p>Multiple Choice Combo</p> <p>4735 Auscultation of Bilateral Breath Sounds 4740 Colormetric CO2 Detector Confirmation 4745 Digital CO2 Confirmation 4750 Esophageal Bulb Aspiration confirmation 4755 Negative Auscultation of the Epigastrium 4760 Visualization of the Chest Rising with ventilation 4765 Visualization of Tube Passing Through the Cords 4770 Waveform CO2 Confirmation</p>	<p>-5: Not Available -10: Not Known -25: Not Applicable</p>	<p>Optional</p>	
<p>E19.14: Destination Confirmation of Tube Placement</p> <p>Endotracheal Tube location verification on the arrival at the Destination (if applicable)</p>	<p>Multiple Choice Combo</p> <p>4775 Auscultation of Bilateral Breath Sounds 4780 Colormetric CO2 Detector Confirmation 4785 Digital CO2 Confirmation 4790 Esophageal Bulb Aspiration confirmation 4795 Negative Auscultation of the Epigastrium 4800 Visualization of the Chest Rising with ventilation 4805 Visualization of Tube Passing Through the Cords 4810 Waveform CO2 Confirmation</p>	<p>-5: Not Available -10: Not Known -25: Not Applicable</p>	<p>Optional</p>	

E20: Disposition				
Name	Value	Common Values	NHTSA 2.2 Required	
E20.1: Destination/ Transferred to, Name The destination the patient was delivered or transferred to	Text	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Optional	
E20.7: Destination Zip Code The destination zip code in which the patient was delivered or transferred to	Text	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Required	
E20.10: Incident/ Patient Disposition Type of disposition treatment and/or transport of the patient	Single Choice Combo 4815 Cancelled 4820 Dead at Scene 4825 No Patient Found 4830 No Treatment Required 4835 Patient Refused Care 4840 Treated and Released 4845 Treated, Transferred Care 4850 Treated, Transported by EMS 4855 Treated, Transported by Law Enforcement 4860 Treated, Transported by Private Vehicle	Not Nullabe	Required	
E20.11: How Patient Was Moved to Ambulance The method the patient was moved to the ambulance from the scene	Single Choice Combo 4865 Assisted/Walk 4870 Carry 4875 Stairchair 4880 Stretcher 4885 Other	-5: Not Available -10: Not Known -25: Not Applicable	Optional	
E20.12: Position of Patient During Transport The position of the patient during transport from the scene	Single Choice Combo 4890 Car Seat 4895 Fowlers 4900 Lateral 4905 Prone 4910 Semi-Fowlers 4915 Sitting 4920 Supine 4925 Other	-5: Not Available -10: Not Known -25: Not Applicable	Optional	
E20.13: How Patient Was Transported From Ambulance The method the patient was moved from the ambulance to the destination	Single Choice Combo 4930 Assisted/Walk 4935 Carry 4940 Stairchair 4945 Stretcher 4950 Other	-5: Not Available -10: Not Known -25: Not Applicable	Optional	

E20.14: Transport Mode from Scene Indication whether or not lights and/or sirens were used on the vehicle while leaving scene	Single Choice Combo 4955 Initial Lights and Sirens, Downgraded to No Lights or Sirens 4960 Initial No Lights or Sirens, Upgraded to Lights and Sirens 4965 Lights and Sirens 4970 No Lights or Sirens	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Required	
E20.15: Condition of Patient at Destination The condition of the patient after care by EMS	Single Choice Combo 4975I mproved 4980 Unchanged 4985 Worse	-5: Not Available -10: Not Known -25: Not Applicable	Optional	
E20.16: Reason for Choosing Destination The reason the unit chose to deliver or transfer the patient to the destination	Single Choice Combo 4990 Closest Facility (none below) 4995 Diversion 5000 Family Choice 5005 Insurance Status 5010 Law Enforcement Choice 5015 On-Line Medical Direction 5020 Other 5025 Patient Choice 5030 Patient's Physicians Choice 5040 Specialty Resource Center	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Required	
E20.17: Type of Destination The type of destination the patient was delivered or transferred to	Single Choice Combo 7270 Home 7280 Hospital 7290 Medical Office/Clinic 7300 Morgue 7320 Nursing Home 7330 Other 7340 Other EMS Responder (air) 7350 Other EMS Responder (ground) 7360 Police/Jail	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Required	

E21: Medical Device Data				
Name	Value	Common Values	NHTSA 2.2 Required	
E21.17: Device Pulse Oximetry The Oxygen Saturation as measured from the pulse oximeter in % (if appropriate for the event)	Number	Not Nullable	Optional	
E21.18: Device CO2 or etCO2 The Carbon Dioxide or end-tidal Carbon Dioxide as measured from the device transducers (if appropriate for the event)	Number	Not Nullable	Optional	
E21.19: device CO2, etCO2, or Invasive Pressure Monitor Units The Units of Carbon Dioxide, end-tidal Carbon Dioxide, invasive pressure monitor 1, or invasive pressure monitor 2 as measured from the device transducers (if appropriate for the event)	Text 5320 kPa 5325 % Volume 5330 mmHg	Not Nullable		

E22: Outcome and Linkage				
Name	Value	Common Value	NHTSA 2.2 Required	
E22.1: Emergency Department Disposition The known disposition of the patient from the Emergency Department (ED)	Single Choice Combo 5335 Admitted to Hospital Floor 5340 Admitted to Hospital ICU 5345 Death 5350 Not Applicable (Not Transported to ED) 5355 Released 5360 Transferred	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Required	
E22.2: Hospital Disposition Indication of how the patient was dispositioned from the hospital, if admitted.	Single Choice Combo 5365 Death 5370 Discharged 5375 Transfer to Hospital 5380 Transfer to Nursing Home 5385 Transfer to Other 5390 Transfer to Rehabilitation Facility	-5: Not Available -10: Not Known -15: Not Reported -25: Not Applicable	Required	
E23: Miscellaneous				
Name	Value	Common Values	NHTSA 2.2 Required	
E23.5: Suspected Contact with Blood/ Body Fluids of EMS Injury or Death Indication of unprotected contact with blood or body fluids	Single Choice Combo 0 No 1 Yes	-5: Not Available -10: Not Known -25: Not Applicable	Optional	
E23.6: Type of Suspected Blood/ Body Fluid Exposure, Injury, or Death The type of exposure or unprotected contact with blood or body fluids	Multiple Choice Combo 5540 Contact to Broken Skin 5545 Contact to Intact Skin 5550 Contact with Eye 5555 Contact with Mucosal Surface 5560 Inhalation Exposure 5565 Needle Stick with Fluid Injection 5570 Needle Stick without Fluid Injection 5575 Other Physical injury 5580 Death 5585 None	-5: Not Available -10: Not Known -25: Not Applicable	Optional	
E23.7: Personnel Exposed The EMS personnel who was/were exposed to unprotected contact with blood or body fluids	Multiple Choice Combo 5590 This EMS Crew 5595 Non-EMS individual 5600 Other EMS Personnel	-5: Not Available -10: Not Known -25: Not Applicable	Optional	