

# Nevada Electronic EMS Data System (NEEDS)

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## Data Dictionary

Prepared by:



**NEEDS**  
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## NEEDS Data Dictionary

Each data element is presented using the following template. The Consensus Panel considered it important to provide sufficient detail about each data element to justify its inclusion in the uniform data set, as well as to assist agencies, which seek to implement a data collection system. When a data element requires specific categories, these are listed in the data item specification ("Data Items"). The Panel recognizes that the lists, which are included in this dictionary, are imperfect, but definitions of these lists have been debated for many years without resolution. The lists included here are intended as a starting point for a uniform EMS data set, which will evolve.

#

<b>Name of Data Element:</b>	Name
<b>Priority:</b>	Essential or desirable
<b>Definition:</b>	Short definition of data element
<b>Code:</b>	A coded description of the data element values or attributes
<b>Field Length:</b>	Length of data element
<b>Field Starting and Ending Position:</b>	Specifics position of data element in ASCII fixed length file
<b>Data Items:</b>	Defined data elements - alternative descriptions of the data element values or attributes.

**Content:** Detailed discussion of definition and content.

**Discussion and Justification:** Provide further details and justify the data element.

**Business Rules:** Provide information on the requirements for and to a data element to enforce data integrity and submission compliance.

**Technical Comments:** Additional information which may be of use to individuals setting up a data collection system.

## NEEDS Data Element Dictionary

1.

<b>Name of Data Element:</b>	Lithocode
<b>Priority:</b>	Mandatory
<b>Definition:</b>	Unique number for each incident in a state
<b>Code:</b>	Numeric entry
<b>Field Length:</b>	8
<b>Field Starting and Ending Position:</b>	1 - 8

**Content:** Unique 8 digit number from series assigned to an approved software product from commercial vendor or in-house from EMS agency.

**Discussion and Justification:** Unique numbers for a patient care record. This number is unique within the state and region. Provides a specific key to a specific record. This record number will fulfill all the requirements for linkage, which have been described under incident number.

**Business Rules:** *All records submitted must have a unique lithocode in the series assigned to the software company.* Records with duplicate or missing lithocodes will be rejected and marked as non-compliant by the system.

**Technical Comments:** This is the central and most important number in the prehospital portion of the EMS information system. Every incident must have a Lithocode number even if there is no patient. An incident will have multiple Lithocodes if there are multiple patients or multiple responders to single patients.

2.

<b>Name of Data Element:</b>	Agency / Unit Number
<b>Priority:</b>	Mandatory
<b>Definition:</b>	Number that identifies the agency and unit responding to an incident.
<b>Code:</b>	Numeric entry.
<b>Field Length:</b>	8
<b>Field Starting and Ending Position:</b>	9 - 16
<b>Data Items:</b>	Refer to Appendix A (EMS Agency List) for Agency Number

**Content:** This element consists of a State assigned agency number and the unit number. Zero fill, left justified if unit number is small (e.g. If agency number is 99988 and unit number is 2 then the number submitted should be 99988002).

**Discussion and Justification:** Identifies specific agency and unit number. Can be used to construct reports, which are specific to agencies or units. Particularly valuable for local reporting. This number may also be of value in the automatic construction of PCR numbers or incident numbers.

**Business Rules:** *All records submitted must have an Agency/Unit Number entered.* The Agency number must be from the approved agency list as published by the Nevada State Health Division/EMS Office. Records with missing or invalid entry will be rejected and marked as non-compliant by the system.

**Technical Comments:** This is the agency's number assigned by the Nevada State Health Division/EMS Office along with the agency's local numbering of the individual unit. The first 2 digits are the agency's county of origin's numerical identifier, followed by the 3 digits of the agency's Nevada Nevada State Health Division/EMS Office license number. The last 3 digits, Unit Number, are defined by the local agency to identify individual vehicles in their fleet. The Unit Number should stay permanently assigned to the vehicle until retirement of that vehicle. This allows the generation of reports for a specific vehicle in a fleet.

3.

<b>Name of Data Element:</b>	Incident Number (PCR\Response\Trip Number)
<b>Priority:</b>	Mandatory
<b>Definition:</b>	Unique number for each incident reported to dispatch.
<b>Code:</b>	Alpha/numeric entry.
<b>Field Length:</b>	9
<b>Field Starting and Ending Position:</b>	17 - 25

**Content:** This element consists of the unique 9-position number assigned by a local jurisdiction to each EMS related incident. Zero fill, left justified if number is small (e.g. 0000123).

**Discussion and Justification:** It should be unique within an agency, and then by combining it with a unique agency number, it will be possible to construct another unique identifying number for the incident.

This number is valuable for linking EMS data files with other files related to the incident, such as emergency department and inpatient hospital files, if those medical files also contain this number. Accurate numbering within all available files may be facilitated by technologies such as bar codes.

Probabilistic linkage methodology is of great value when linking files that do not have numeric fields such as incident number in common. However, linkage is greatly facilitated by the presence of such a number in each of the files to be linked.

**Business Rules:** *All records submitted must have an agency defined Incident Number for local cross-reference.* Records with missing or invalid entry will be rejected and marked as non-compliant by the system. Duplicates of this field are ignored. If the Incident number is larger than the field allows, the number can be split into the PSAP Incident Number field.

**Technical Comments:** In some cases incident number, Lithocode number, or PSAP number may be the same.

4.

<b>Name of Data Element:</b>	PSAP Incident Number (County Incident Number)
<b>Priority:</b>	Desirable
<b>Definition:</b>	Unique number for each incident reported to dispatch.
<b>Code:</b>	Alpha/numeric entry.
<b>Field Length:</b>	9
<b>Field Starting and Ending Position:</b>	26 - 34

**Content:** This element consists of the unique 9-position alphanumeric entry assigned by a Public Safety Answering Point (PSAP) to each incident. Code missing values in a consistent manner by zero fill if number is small (e.g. 0000123).

**Discussion and Justification:** This number should be unique, if possible, within a state or region. If this is not possible, it must be unique within a PSAP area, and then by combining it with a unique agency number, it will be possible to construct a unique identifying number for the incident.

This number is valuable for linking public safety agency data files with other public safety agencies' files related to the same incident, such as fire and police. Accurate numbering within all available files may be facilitated by technologies such as bar codes.

Probabilistic linkage methodology is of great value when linking files that do not have numeric fields such as PSAP incident number in common. However, linkage is greatly facilitated by the presence of such a number in each of the files to be linked.

**Business Rules:** If the data is not submitted then the field must be left blank and filled with the appropriate number of spaces. If an agency's incident number is too large to fit in the Incident Number field (data element #3), the agency can use this field to split the incident number.

**Technical Comments:** In most cases the PSAP incident number is shared by several agencies dispatched by the PSAP to same incident.

## 5.

<b>Name of Data Element:</b>	Date Incident Reported
<b>Priority:</b>	Mandatory
<b>Definition:</b>	Date the call is first received by a public safety answering point (PSAP) or other designated entity.
<b>Code:</b>	Date format should be coded as MMDDYYYY.
<b>Field Length:</b>	8
<b>Field Starting and Ending Position:</b>	35 - 42

**Content:** Format permits sorting across multiple years, and is recommended for data export purposes. Century digits are mandatory.

**Discussion and Justification:** Used in conjunction with "Time Incident Reported" to assess the duration between onset of a medical emergency and receipt of a request for EMS response, as well as to assess the duration of time required mobilizing the response and providing the patient definitive care. The data element is also used to help EMS planners allocate resources by day of week and season of year.

**Business Rules:** *All records submitted must have a Date Incident Reported entered.* Records with missing or an invalid entry will be rejected and marked as non-compliant by the system.

**Technical Comments:** Format MMDDYYYY is recommended as part of FIPS standard. For month and day, use leading zeros if necessary to pad the fields to 2 characters each.

## 6.

<b>Name of Data Element:</b>	Incident Address
<b>Priority:</b>	Desired
<b>Definition:</b>	Address (or best approximation) where patient was found, or, if no patient, address to which unit responded.
<b>Code:</b>	Alpha/numeric entry
<b>Field Length:</b>	30
<b>Field Starting and Ending Position:</b>	43 - 72

**Content:** Contains the street address or post office box number, followed by the apartment number of internal building number.

**Discussion and Justification:** Provides location of incident, which can be used to determine the appropriate level of EMS resources for specific areas.

**Business Rules:** If the data is not submitted then the field must be left blank and filled with the appropriate spaces.

**Technical Comments:** Use route numbers and mileposts, or other landmarks, which can be coded in a consistent manner if a street address is not applicable.

7.

<b>Name of Data Element:</b>	Incident City/County FIPS
<b>Priority:</b>	Mandatory
<b>Definition:</b>	City or township (if applicable) where patient was found or to which unit responded ( <b>or best approximation</b> )
<b>Code:</b>	Numeric entry.
<b>Field Length:</b>	5
<b>Field Starting and Ending Position:</b>	73 - 77
<b>Data Items:</b> Please refer to Appendix C (Nevada City/County FIPS List) 99999 – Not Listed	

**Content:** This five (5) digit field is coded using the FIPS system, wherein each city is encoded as a five (5) digit number (i.e. Elko City '07002'.) City FIPS codes are only unique within a state.

**Business Rules:** *All records submitted must have an Incident FIPS entered.* The FIPS entered must be from the approved FIPS list found in Appendix C. Records with missing or invalid entry will be rejected and marked as non-compliant by the system.

**Discussion and Justification:** Provides city location of incident, which can be used to determine the appropriate level of EMS resources for specific areas. In addition, this field may facilitate probabilistic linkage to crash reports from the same city, or to hospitals within the same city. Field may be used for local city reports, permitting local understanding of the impact of EMS.

8.

<b>Name of Data Element:</b>	Incident Type (Service type)
<b>Priority:</b>	Mandatory
<b>Definition:</b>	Type of service requested.
<b>Code:</b>	Numeric entry
<b>Field Length:</b>	2
<b>Field Starting and Ending Position:</b>	78 - 79
<b>Data Items:</b>	
01	Fire
02	Medical
03	Trauma
04	Mutual Aid
05	EMS Rendezvous
06	Public Service
07	Standby
08	Scheduled Interfacility Transfer
09	Unscheduled Interfacility Transfer

**Content:** This is a list of the general categories that should match the type of the incident.

**Discussion and Justification:** Used to categorize the types of service, which are required, and allows planning of EMS resource allocation.

**Business Rules:** *All records submitted must have an Incident Type entered.* Records with missing or an invalid Incident Type will be rejected and marked as non-compliant by the system.

**Only one (1) Incident Type** from the above data item list can be submitted. If responders do not arrive on scene they are to approximate the incident type based on dispatch information.

**Technical Comments:** Incident type is important for epidemiologists as well as EMS planners deciding where to allocate EMS resources.

01 *Fire*

Refers to direct response to the scene of a Fire Incident. This location should be the location indicated in data element 9 in this document.

02 *Medical*

Refers to direct response to the scene of a Medical Incident. This location should be the location indicated in data element 9 in this document. This code should not be used by the second unit that receives the transfer of a patient from another EMS responder prior to arrival at a medical

facility or final destination, which is coded as a rendezvous.

03 *Trauma*

Refers to direct response to the scene of a Trauma Incident. This code should not be used by the second unit that receives the transfer of a patient from another EMS responder prior to arrival at a medical facility or final destination, which is coded as a rendezvous.

04 *Mutual Aid*

Refers to situation in which EMS response unit assists another unit at the scene of an Incident.

05 *EMS Rendezvous*

To be used at any location where the transporting unit rendezvous with another unit, which provides the same or higher level of care and transfers patient to that entity. This may include an Advanced Life Support Unit or Airmedical Service.

06 *Public Service*

Refers to situation in which EMS response unit is performing a public service.

07 *Standby*

Refers to situation in which EMS response unit is requested to arrive at a scene and be available, such as at a football stadium. If an incident occurs during the *standby*, the service requested becomes *scene*.

08 *Scheduled Transfer*

Refers to transfers of patients from one facility to another facility, as defined above for *Interfacility*. However, this code is chosen when the transfer is scheduled in advance, such as a planned morning transfer of a patient from one hospital to another.

09 *Unscheduled Interfacility Transfer*

Refers to transfers of patients from one facility to another facility. This code should not be used for planned, scheduled transfers, which are coded separately. This code should not be used by the second unit involved in the transfer of a patient from one EMS responder to another responder during an unscheduled Interfacility transfer, which is also coded as a rendezvous.

9.

<b>Name of Data Element:</b>	Location Type		
<b>Priority:</b>	Mandatory		
<b>Definition:</b>	Type of location of incident		
<b>Code:</b>	Numeric entry		
<b>Field Length:</b>	2		
<b>Field Starting and Ending Position:</b>	80 - 81		
<b>Data Items</b>			
01	Residence	13	Industrial
02	Traffic way 55+mph	14	Mine
03	Other Traffic way	15	Office Business
04	Public Place	16	Acute Care Facility
05	Recreation area	17	Clinic /Dr. Office
06	Waterway	18	Extended Care Facility
07	Wilderness	19	Casino
08	Hotel / Motel	20	Non Public Road / Off Road
09	School / College	77	Unspecified location
10	Bar / Restaurant	88	Not Applicable
11	Farm	99	Unknown
12	Reservation		

**Content:** Location type data items are coded in terms of the (ICD-9) E849 place of occurrence codes. This location refers to the location where the injury occurred, not necessarily the origin of the transport.

**Discussion and Justification:** Location type of the incident is important for epidemiologists as well as EMS planners deciding where to allocate EMS resources. The categories in this dictionary are from ICD-9 and are E849 place of occurrence codes, with exceptions. These exceptions allow for more defined coding of established E849 codes or for unique locations inherent to Nevada that are not addressed in E849 but important for state planning.

**Business Rules:** *All records submitted must have an Incident Location Type entered.* Records with missing or an invalid entry will be rejected and marked as non-compliant by the system. **Only one (1) Incident Location Type** from the above data item list can be submitted. If responders do not arrive on scene they are to approximate the incident location based on dispatch information.

**Technical Comments:** It is expected that these codes will need to be modified when ICD-10 becomes widely used. Definitions below are from ICD-9, which is currently utilized.

01 *Residence (E Code 849.0)*

Includes apartment, boarding house, farm house, home premises, residential house, non-institutional place of residence, private driveway, private garage, private garden, private home, private walkway, swimming pool within private house or garden, and yard of home. Excludes home under construction but not occupied, or institutional place of residence.

02 *Traffic way 55 + mph*

Includes all public roadways where speed limit is rated as 55 miles per hour or higher.

03 *Other Traffic way*

Includes all public roadways where speed limit is rated lower than 55 miles per hour.

04 *Public Place*

Includes any place used by the general public, including airport, bank, cafe, church, cinema, clubhouse, courthouse, dance hall, parking garage, market, movie theater, music hall, opera house, post office, public hall, broadcasting station, bus or railway station, State and Federal buildings or theater. Excludes home garage or industrial building or workplace. Excludes occurrences in private house, private garden, private swimming pool, and private yard.

05 *Recreation area (E Code 849.4)*

Includes amusement park, baseball field, basketball court, beach resort, cricket ground, football field, golf course, gymnasium, hockey field, holiday camps, ice palace, lake resort, mountain resort, playgrounds including school playground, public parks, racecourses, resorts of all types, riding school, rifle range, seashore resorts, skating rink, sports ground, sports palace, stadium, public swimming pool, tennis court, vacation resort. Excludes occurrences in private house, private garden, private swimming pool, and private yard.

06 *Waterway*

Includes any stream, creek, reservoir, river, pond, natural pond, swamp, lake, sea or oceans. Excludes occurrences in private house, private garden, private swimming pool, and private yard.

07 *Wilderness*

Includes any wilderness area used by the general public that is not publicly owned.

08 *Hotel / Motel*

Includes any building that is considered to be a Hotel or Motel used by the general public.

09 *School / College*

Includes state, public and private schools. Excludes playground, gymnasium, and other recreational locations within educational institutions, which should be coded as place for recreation or sport.

- 10     *Bar /Restaurant*  
Includes any building that is considered to be a Bar or Restaurant used by the general public
- 11     *Farm*  
Includes any buildings or land that are designated as a Farm.
- 12     *Reservation*  
Includes any buildings or land that are designated as a Reservation
- 13     *Industrial (E Code 849.3)*  
Includes building under construction, dockyard, dry dock, factory building or premises, garage (place of work), industrial yard, loading platform in factory or store, industrial plant, railway yard, shop (place of work), warehouse, and workhouse.
- 14     *Mine (E Code 849.2)*  
Includes gravel pit, sand pit, or tunnel under construction.
- 15     *Office Business*  
Includes locations that are designated as a place of employment.
- 16     *Acute Care Facility*  
Includes locations that are designated by the State Department of Health to be providing acute care for patients.
- 17     *Clinic / Dr. Office*  
Includes locations that are designated as Clinic or private Dr. Offices.
- 18     *Extended Care Facility*  
Includes locations that are designated by the State Department of Health to be providing extended care for patients.
- 19     *Casino*  
Includes any building or area of larger building that is considered to be a Casino used by the general public.
- 20     *Non Public Road / Off Road*  
Includes all Non Public Roadways or any Off Roadways.
- 77     *Unspecified location (E Code 849.9)*  
Includes any location not included in the above classification.
- 88     *Not Applicable*  
To be used when there is no patient.
- 99     *Unknown (E Code 849.U))*  
To be used when the location of incident is not known.

10.

<b>Name of Data Element:</b>	Incident / Patient Disposition		
<b>Priority:</b>	Mandatory		
<b>Definition:</b>	End result of EMS response.		
<b>Code:</b>	Numeric entry		
<b>Field Length:</b>	2		
<b>Field Starting and Ending Position:</b>	82 - 83		
<b>Data Items:</b>			
01	Treated, transported by EMS	06	Treated and Released
02	Care transferred	07	No treatment required
03	Cancelled	08	Dead at scene
04	Patient refused care, AMA	09	No Patient Found
05	Treated, transported by private Vehicle		

**Content:** This two (2) digit data element reflects the final disposition of EMS responses.

**Discussion and Justification:** Allows reports to be generated according to the final disposition of EMS responses. This will provide information about the reasons for which EMS is notified, correlated with the ultimate incident disposition. For instance, it will be of value to know that in certain regions, EMS is frequently activated to see patients who require no treatment or transport. Reports generated from this data element may be of use in coordinating the dispatch and responder functions as well.

**Business Rules:** *All records submitted must have an Incident/Patient Disposition entered.* Records with missing or an invalid entry will be rejected and marked as non-compliant by the system. **Only one (1) Incident/Patient Disposition** from the above data item list can be submitted. This field is important in that it dictates further required fields based on the selections. For example a ‘Treated, Transported ...’ disposition will require more completed fields submitted than a disposition of ‘Cancelled’

**Technical Comments:**

01 *Treated and transported by EMS*

This code means that the EMS responder providing the data record treated and transported the patient. Transport may be to any valid destination, as defined for the destination data element. If the EMS responder transports a patient to a rendezvous point with another EMS responder (for instance, a ground crew rendezvous with a helicopter based agency), this is the correct code for this data element.

02 *Care transferred*

This code means that the EMS responder provided treatment at the scene but the patient was transferred into the care of another service. The EMS responder did not provide transport in this instance. For example, if a BLS provider is at a scene and treats a patient, but a separate ALS responder arrives and takes over, the BLS record would indicate this code. If an EMS responder treats a patient who is then transported by a separate police or fire vehicle, this is the correct code for the EMS responder record.

03 *Cancelled*

This code means that the EMS response was cancelled enroute or on scene.

04 *Patient refused care, Against Medical Advice (AMA)*

Patient was at scene and refused care, whether injured or not. If the EMS responder knows that there is an injury, but the patient refuses care and is transported by friends or acquaintances, this is still the correct code for this data element

05 *Treated, transported by private vehicle*

This code means that the EMS responder provided treatment, but the patient was transported to his or her destination by a private vehicle. This includes instances in which the patient transports himself via private automobile, if the EMS responder understands that the patient is going to seek further medical care, such as at a private doctor's office or the local emergency department.

06 *Treated and released*

This code means that the EMS responder provided treatment, and the patient required no further emergency care. This is distinct from the instance in which the patient is known to be in need of further care, but is transported by him self or others to the facility providing further care

07 *No treatment required*

This code means that the EMS responder evaluated the patient, and no treatment was required. If the patient refused evaluation, or if the EMS responder did not evaluate a specific patient, this is not the correct code for this data element.

08 *Dead at scene*

This code means that the patient was pronounced dead at the scene, whether or not treatment was undertaken. If a patient is given CPR at the scene and transported to the hospital while undergoing CPR, then this is not the correct code. If a patient is given CPR and is then pronounced dead at the scene, this is the correct code.

09 *No patient found*

This code is used if a unit arrives on scene, but the responder can find no patient or there is no patient contact.

11.

<b>Name of Data Element:</b>	Crewmember One Certification Type		
<b>Priority:</b>	Essential		
<b>Definition:</b>	Personnel certification / license level of crew member		
<b>Code:</b>	Numeric entry.		
<b>Field Length:</b>	2		
<b>Field Starting and Ending Position:</b>	84 - 85		
<b>Data Items:</b>			
01	First Responder	05	Nurse
02	EMT Basic	06	Physician
03	EMT Intermediate	07	Driver Only
04	EMT Paramedic	77	Other

**Discussion and Justification:** This data element permits assessing the highest level of care, which was available on the EMS responder team. By combining this information with vehicle type, there is maximum flexibility in describing the type of service, which was provided. For instance, any level of crewmember certification may be present with any type of vehicle.

Reports of value may include descriptions of therapies according to level of provider, adherence to protocols which are written differently for various levels of provider, etc.

**Business Rules:** *All records submitted must have at least one (1) Crewmember Certification Type position entered.* Failure to supply at least one (1) Crewmember Certification position will flag the record as non-compliant. **Only the highest held Crewmember Certification Type** from the above data item list can be submitted. . If the selected Crewmember Certification Type is not listed as ‘Other’, then a Nevada State Health Division/EMS Office or other Nevada State regulatory agency (RN/Physician) certification number is required for the corresponding Certification Number data element (refer to that data element’s business rule section). If the crewmember position on the incident is not filled then the field must be left blank and filled with the appropriate number of spaces.

**Technical Comments:** This element captures the highest certification of the responder as recognized by the Nevada State Health Division/EMS Office. Certifications held but not listed must be marked as ‘Other’.

12.

<b>Name of Data Element:</b>	Crewmember One Certification Number
<b>Priority:</b>	Essential
<b>Definition:</b>	Personnel certification / license number for first crewmember.
<b>Code:</b>	Numeric or alpha/numeric entry.
<b>Field Length:</b>	5
<b>Field Starting and Ending Position:</b>	86 - 90

**Discussion and Justification:** Necessary to identify specific crewmembers participating in an EMS response. Useful for constructing experience reports, monitoring care rendered by specific providers, planning educational programs.

**Business Rules:** If the corresponding Crewmember Certification Type is not listed as 'Other', then a Nevada State Health Division/EMS Office or other Nevada State regulatory agency (RN/Physician) certification number is required for the corresponding Certification Number data element. Failure to supply a certification number when required will flag the record as non-compliant. If the crewmember position and associated crewmember certification type is not entered then the field must be left blank and filled with the appropriate number of spaces.

**Technical Comments:** This element is the unique certification number associated with the highest certification of the responder as assigned by the Nevada State Health Division/EMS Office or other Nevada State regulatory agency.

13.

<b>Name of Data Element:</b>	Crewmember Two Certification Type		
<b>Priority:</b>	Essential		
<b>Definition:</b>	Personnel certification / license level of crewmember		
<b>Code:</b>	Numeric entry.		
<b>Field Length:</b>	2		
<b>Field Starting and Ending Position:</b>	91 - 92		
<b>Data Items:</b>			
01	First Responder	05	Nurse
02	EMT Basic	06	Physician
03	EMT Intermediate	07	Driver Only
04	EMT Paramedic	77	Other

**Discussion and Justification:** This data element permits assessing the highest level of care, which was available on the EMS responder team. By combining this information with vehicle type, there is maximum flexibility in describing the type of service, which was provided. For instance, any level of crewmember certification may be present with any type of vehicle.

Reports of value may include descriptions of therapies according to level of provider, adherence to protocols which are written differently for various levels of provider, etc.

**Business Rules:** *All records submitted must have at least one (1) Crewmember Certification Type position entered.* Failure to supply at least one (1) Crewmember Certification position will flag the record as non-compliant. **Only the highest held Crewmember Certification Type** from the above data item list can be submitted. . If the selected Crewmember Certification Type is not listed as ‘Other’, then a Nevada State Health Division/EMS Office or other Nevada State regulatory agency (RN/Physician) certification number is required for the corresponding Certification Number data element (refer to that data element’s business rule section). If the crewmember position on the incident is not filled then the field must be left blank and filled with the appropriate number of spaces.

**Technical Comments:** This element captures the highest certification of the responder as recognized by the Nevada State Health Division/EMS Office. Certifications held but not listed must be marked as ‘Other’.

**14.**

<b>Name of Data Element:</b>	Crewmember Two Certification Number
<b>Priority:</b>	Essential
<b>Definition:</b>	Personnel certification / license number for second crewmember.
<b>Code:</b>	Numeric or alpha/numeric entry.
<b>Field Length:</b>	5
<b>Field Starting and Ending Position:</b>	93 - 97

**Discussion and Justification:** Necessary to identify specific crewmembers participating in an EMS response. Useful for constructing experience reports, monitoring care rendered by specific providers, planning educational programs.

**Business Rules:** If the corresponding Crewmember Certification Type is not listed as 'Other', then a Nevada State Health Division/EMS Office or other Nevada State regulatory agency (RN/Physician) certification number is required for the corresponding Certification Number data element. Failure to supply a certification number when required will flag the record as non-compliant. If the crewmember position and associated crewmember certification type is not entered then the field must be left blank and filled with the appropriate number of spaces.

**Technical Comments:** This element is the unique certification number associated with the highest certification of the responder as assigned by Nevada State Health Division/EMS Office or other Nevada State regulatory agency.

15.

<b>Name of Data Element:</b>	Crewmember Three Certification Type		
<b>Priority:</b>	Desirable		
<b>Definition:</b>	Personnel certification / license level of crewmember		
<b>Code:</b>	Numeric entry		
<b>Field Length:</b>	2		
<b>Field Starting and Ending Position:</b>	98 - 99		
<b>Data Items:</b>			
01	First Responder	05	Nurse
02	EMT Basic	06	Physician
03	EMT Intermediate	07	Driver Only
04	EMT Paramedic	77	Other

**Discussion and Justification:** This data element permits assessing the highest level of care, which was available on the EMS responder team. By combining this information with vehicle type, there is maximum flexibility in describing the type of service, which was provided. For instance, any level of crewmember certification may be present with any type of vehicle.

Reports of value may include descriptions of therapies according to level of provider, adherence to protocols which are written differently for various levels of provider, etc.

**Business Rules:** *All records submitted must have at least one (1) Crewmember Certification Type position entered.* Failure to supply at least one (1) Crewmember Certification position will flag the record as non-compliant. **Only the highest held Crewmember Certification Type** from the above data item list can be submitted. . If the selected Crewmember Certification Type is not listed as ‘Other’, then a Nevada State Health Division/EMS Office or other Nevada State regulatory agency (RN/Physician) certification number is required for the corresponding Certification Number data element (refer to that data element’s business rule section). If the crewmember position on the incident is not filled then the field must be left blank and filled with the appropriate number of spaces.

**Technical Comments:** This element captures the highest certification of the responder as recognized by the Nevada State Health Division/EMS Office. Certifications held but not listed must be marked as ‘Other’.

## 16.

<b>Name of Data Element:</b>	Crewmember Three Certification Number
<b>Priority:</b>	Desirable
<b>Definition:</b>	Personnel certification / license number for third crewmember.
<b>Code:</b>	Numeric or alpha/numeric entry.
<b>Field Length:</b>	5
<b>Field Starting and Ending Position:</b>	100 - 104

**Discussion and Justification:** Necessary to identify specific crewmembers participating in an EMS response. Useful for constructing experience reports, monitoring care rendered by specific providers, planning educational programs.

**Business Rules:** If the corresponding Crewmember Certification Type is not listed as 'Other', then a Nevada State Health Division/EMS Office or other Nevada State regulatory agency (RN/Physician) certification number is required for the corresponding Certification Number data element. Failure to supply a certification number when required will flag the record as non-compliant. If the crewmember position and associated crewmember certification type is not entered then the field must be left blank and filled with the appropriate number of spaces.

**Technical Comments:** This element is the unique certification number associated with the highest certification of the responder as assigned by Nevada State Health Division/EMS Office or other Nevada State regulatory agency.

17.

<b>Name of Data Element:</b>	Crewmember Four Certification Type		
<b>Priority:</b>	Desirable		
<b>Definition:</b>	Personnel certification / license level of crewmember		
<b>Code:</b>	Numeric entry		
<b>Field Length:</b>	2		
<b>Field Starting and Ending Position:</b>	105 - 106		
<b>Data Items:</b>			
01	First Responder	05	Nurse
02	EMT Basic	06	Physician
03	EMT Intermediate	07	Driver Only
04	EMT Paramedic	77	Other

**Discussion and Justification:** This data element permits assessing the highest level of care, which was available on the EMS responder team. By combining this information with vehicle type, there is maximum flexibility in describing the type of service, which was provided. For instance, any level of crewmember certification may be present with any type of vehicle.

Reports of value may include descriptions of therapies according to level of provider, adherence to protocols which are written differently for various levels of provider, etc.

**Business Rules:** *All records submitted must have at least one (1) Crewmember Certification Type position entered.* Failure to supply at least one (1) Crewmember Certification position will flag the record as non-compliant. **Only the highest held Crewmember Certification Type** from the above data item list can be submitted. . If the selected Crewmember Certification Type is not listed as ‘Other’, then a Nevada State Health Division/EMS Office or other Nevada State regulatory agency (RN/Physician) certification number is required for the corresponding Certification Number data element (refer to that data element’s business rule section). If the crewmember position on the incident is not filled then the field must be left blank and filled with the appropriate number of spaces.

**Technical Comments:** This element captures the highest certification of the responder as recognized by the Nevada State Health Division/EMS Office. Certifications held but not listed must be marked as ‘Other’.

18.

<b>Name of Data Element:</b>	Crewmember Four Certification Number
<b>Priority:</b>	Desirable
<b>Definition:</b>	Personnel certification / license number for third crewmember.
<b>Code:</b>	Numeric or alpha/numeric entry.
<b>Field Length:</b>	5
<b>Field Starting and Ending Position:</b>	107 - 111

**Discussion and Justification:** Necessary to identify specific crewmembers participating in an EMS response. Useful for constructing experience reports, monitoring care rendered by specific providers, planning educational programs.

**Business Rules:** If the corresponding Crewmember Certification Type is not listed as 'Other', then a Nevada State Health Division/EMS Office or other Nevada State regulatory agency (RN/Physician) certification number is required for the corresponding Certification Number data element. Failure to supply a certification number when required will flag the record as non-compliant. If the crewmember position and associated crewmember certification type is not entered then the field must be left blank and filled with the appropriate number of spaces.

**Technical Comments:** This element is the unique certification number associated with the highest certification of the responder as assigned by Nevada State Health Division/EMS Office or other Nevada State regulatory agency.

19.

<b>Name of Data Element:</b>	Attendant in Charge Position
<b>Priority:</b>	Desirable
<b>Definition:</b>	Crew Position in dataset of person in charge
<b>Code:</b>	Numeric
<b>Field Length:</b>	1
<b>Field Starting and Ending Position:</b>	112

**Content:** This one (1) position data element permits assessing the level of care, which was available on the EMS response team. The provider, from the reporting unit, in charge of the incident or patient care should be reported. The number represents the Crew Member Position (1-4) as reported in data elements #11-18.

**Business Rules:** *All records submitted must have an Attendant in Charge Position entered.* Failure to supply the Attendant in Charge Position will flag the record as non-compliant.

**Technical Comments:** By combining this information with the vehicle type, there is a maximum flexibility in describing the type of service, which was provided. For instance, any level of crewmember may be present with any type of vehicle. Reports of value may include description of therapies according to level of provider, adherence to protocols, which are written differently for various levels of providers.

20.

<b>Name of Data Element:</b>	Driver Position
<b>Priority:</b>	Desirable
<b>Definition:</b>	Driver position in dataset of person driving vehicle
<b>Code:</b>	Numeric
<b>Field Length:</b>	1
<b>Field Starting and Ending Position:</b>	113

**Content:** This one (1) position data element permits assessing the level training of the driver for the reporting agency's vehicle. The number represents the Crew Member Position (1-4) as reported in data elements #11-18.

**Business Rules:** *All records submitted that involve a transport mechanism other than walking must have a Driver Position entered.* Failure to supply the Driver Position will flag the record as non-compliant.

**Technical Comments:** By combining this information with vehicle type there is a maximum flexibility in describing the type of service, which was provided. This allows planners to track minimum and level staffing requirements.

**21.**

<b>Name of Data Element:</b>	PSAP Time of Call (Time Incident Reported)
<b>Priority:</b>	Desirable
<b>Definition:</b>	Time call is first received by Public Safety Answering Point (PSAP) or other designated entity.
<b>Code:</b>	Time format should be coded as HHMM.
<b>Field Length:</b>	4
<b>Field Starting and Ending Position:</b>	114 - 117

**Content:** HH ranges from 00 to 23; MM ranges from 00 to 59. When available, the time should be the connect time to the PSAP.

**Discussion and Justification:** Provides the start point of the EMS response, and allows managers to assess the adequacy of EMS response, identify delays, and plan resources in a manner to provide expeditious EMS response.

**Business Rules:** If PSAP contact time is not reported, this field must be submitted with the appropriate number of spaces or be filled with the same time as Dispatched (data element #22).

**Technical Comments:** Format HHMM is recommended as part of FIPS standard. There should be no colon in the field when used for export purposes. Use leading zeros to assure two (2) character field width for HH and MM. Midnight is coded as 0000, and begins the new day.

22.

<b>Name of Data Element:</b>	Dispatched (Time Unit Notified)
<b>Priority:</b>	Mandatory
<b>Definition:</b>	Time response unit is notified by EMS dispatch
<b>Code:</b>	Time format should be coded as HHMM.
<b>Field Length:</b>	4
<b>Field Starting and Ending Position:</b>	118 - 121

**Content:** HH ranges from 00 to 23; MM ranges from 00 to 59.

**Discussion and Justification:** Permits measurement of the actual responder response or delays. Assists planning of communication resources for individual responders, and allows identification of system delays following the dispatch component of the EMS system.

**Business Rules:** *All records submitted must have a Dispatched time entered.* Records with missing or an invalid entry will be rejected and marked as non-compliant by the system.

**Technical Comments:** Format HHMM is recommended as part of FIPS standard. There should be no colon in the field when used for export purposes. Use leading zeros to assure two (2) character field width for HH and MM. Midnight is coded as 0000, and begins the new day.

23.

<b>Name of Data Element:</b>	Responding (Time Unit Responding)
<b>Priority:</b>	Essential
<b>Definition:</b>	Time that the response unit begins physical motion.
<b>Code:</b>	Time format should be coded as HHMM.
<b>Field Length:</b>	4
<b>Field Starting and Ending Position:</b>	122 - 125

**Content:** HH ranges from 00 to 23; MM ranges from 00 to 59.

**Discussion and Justification:** Permits measurement of delay between notification of EMS responder and the actual mobilization of the response unit. This data element refers to physical motion of the responding EMS vehicle, and does not refer to individual EMTs who may respond directly to the scene when notified by individual radio or telephone. For example, if an EMS incident is reported, one EMT may be at home or at work and be responsible to go to the station, which holds the ambulance. Another EMT may be notified and may drive in a private vehicle directly to the scene. The data element entered should be the time that the ambulance actually leaves the station, not the time at which the other EMT drives to the scene in the private vehicle.

**Business Rules:** *Records submitted with any Incident Disposition code except 'Cancelled' must have a Responding time entered.* Records with a missing or an invalid entry will be rejected and marked as non-compliant by the system. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces

**Technical Comments:** Format HHMM is recommended as part of FIPS standard. There should be no colon in the field when used for export purposes. Use leading zeros to assure two (2) character field width for HH and MM. Midnight is coded as 0000, and begins the new day.

24.

<b>Name of Data Element:</b>	Arrive Scene (Time arrival at scene)
<b>Priority:</b>	Essential
<b>Definition:</b>	Time EMS unit stops physical motion at scene (last place that the unit or vehicle stops prior to assessing the patient).
<b>Code:</b>	Time format should be coded as HHMM.
<b>Field Length:</b>	4
<b>Field Starting and Ending Position:</b>	126 - 129

**Content:** HH ranges from 00 to 23; MM ranges from 00 to 59.

**Discussion and Justification:** Permits measurement of the time required for the response vehicle to go from the station to the scene. This data element refers to the physical motion of the responding EMS vehicle. If an individual EMT arrives at the scene by private vehicle that is NOT the value to be entered in this field. Otherwise, system delays in having an equipped vehicle at the scene will fail to be identified.

**Business Rules:** *Records submitted with an Incident Disposition code of 'Treated, Transported...', 'Care Transferred', 'Patient Refused', 'Treated, transported...', 'Treated and...', 'DOA', 'must have an Arrive Scene time entered. Required records with a missing or an invalid entry will be rejected and marked as non-compliant by the system. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.*

**Technical Comments:** Format HHMM is recommended as part of FIPS standard. There should be no colon in the field when used for export purposes. Use leading zeros to assure two (2) character field width for HH and MM. Midnight is coded as 0000, and begins the new day.

25.

<b>Name of Data Element:</b>	Arrive Patient (Time of arrival at patient)
<b>Priority:</b>	Desirable
<b>Definition:</b>	Time response personnel establish direct contact with patient.
<b>Code:</b>	Time format should be coded as HHMM.
<b>Field Length:</b>	4
<b>Field Starting and Ending Position:</b>	130 - 133

**Content:** HH ranges from 00 to 23; MM ranges from 00 to 59.

**Discussion and Justification:** Desirable in certain situations in which there may be a significant delay between the time at which a response unit arrives at the scene and the time at which the personnel can access the patient. For example, if the EMTs are prevented because of fire or adverse conditions from approaching the patient, this time will be useful. Search and rescue operations will also note delays between arrival at the overall scene and the actual patient contact.

**Business Rules:** If Patient Contact time is not reported, this field must be submitted with the appropriate number of spaces or be filled with the same time as Arrive Scene (data element #24).

**Technical Comments:** Format HHMM is recommended as part of FIPS standard. There should be no colon in the field when used for export purposes. Use leading zeros to assure two (2) character field width for HH and MM. Midnight is coded as 0000, and begins the new day.

26.

<b>Name of Data Element:</b>	Depart Scene (Time Unit Left Scene)
<b>Priority:</b>	Essential
<b>Definition:</b>	Time when the response unit begins physical motion from scene.
<b>Code:</b>	Time format should be coded as HHMM.
<b>Field Length:</b>	4
<b>Field Starting and Ending Position:</b>	134 - 137

**Content:** HH ranges from 00 to 23; MM ranges from 00 to 59.

**Discussion and Justification:** Permits calculation of scene time by subtracting the time of arrival at scene from the time unit left scene.

**Business Rules:** *Records submitted with an Incident Disposition code of 'Treated, Transported...' must have a Depart Scene time entered.* Required records with a missing or an invalid entry will be rejected and marked as non-compliant by the system. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.

**Technical Comments:** Format HHMM is recommended as part of FIPS standard. There should be no colon in the field when used for export purposes. Use leading zeros to assure two (2) character field width for HH and MM. Midnight is coded as 0000, and begins the new day.

27.

<b>Name of Data Element:</b>	Arrive Destination (Time Arrival at Facility/Destination)
<b>Priority:</b>	Essential
<b>Definition:</b>	Time when patient arrives at destination or transfer point.
<b>Code:</b>	Time format should be coded as HHMM.
<b>Field Length:</b>	4
<b>Field Starting and Ending Position:</b>	138 - 141

**Content:** HH ranges from 00 to 23; MM ranges from 00 to 59.

**Discussion and Justification:** Permits calculation of the time required to go from the scene to the destination of the response unit. If the patient is transferred from one EMS responder vehicle to another, then the time of arrival at destination for the first responder is the time of arrival or patient contact (or both) for the second agency.

**Business Rules:** *Records submitted with an Incident Disposition code of 'Treated, Transported...' must have an Arrive Destination time entered.* Required records with a missing or an invalid entry will be rejected and marked as non-compliant by the system. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.

**Technical Comments:** Format HHMM is recommended as part of FIPS standard. There should be no colon in the field when used for export purposes. Use leading zeros to assure two (2) character field width for HH and MM. Midnight is coded as 0000, and begins the new day.

28.

<b>Name of Data Element:</b>	Available (Time back in service)
<b>Priority:</b>	Mandatory
<b>Definition:</b>	Time response unit back in service and available for response.
<b>Code:</b>	Time format should be coded as HHMM.
<b>Field Length:</b>	4
<b>Field Starting and Ending Position:</b>	142 - 145

**Content:** HH ranges from 00 to 23; MM ranges from 00 to 59.

**Discussion and Justification:** Allows planning of EMS resources. Permits assessment of the delay between arrival at destination and availability of the response unit.

**Business Rules:** *All records submitted must have an Available time entered.* Records with missing or an invalid entry will be rejected and marked as non-compliant by the system.

**Technical Comments:** Format HHMM is recommended as part of FIPS standard. There should be no colon in the field when used for export purposes. Use leading zeros to assure two (2) character field width for HH and MM. Midnight is coded as 0000, and begins the new day.

29.

<b>Name of Data Element:</b>	Patient's First Name
<b>Priority:</b>	Desirable
<b>Definition:</b>	Patient's First Name.
<b>Code:</b>	Alpha/numeric entry
<b>Field Length:</b>	15
<b>Field Starting and Ending Position:</b>	146 - 160

**Content:** The appropriate number of spaces is used when there is no patient, such as when the responding team cannot find the patient, or when the responding team is on standby.

**Discussion and Justification:** Desirable because of its value in probabilistic linkage, both as a linking variable as well as a confirmatory variable to determine appropriate linkage. It is recognized that this data element requires careful protection from misuse, but it is more appropriate to regulate appropriate use of this field rather than to prevent its collection.

**Business Rules:** If Patient's First Name is not reported, this field must be submitted with the appropriate number of spaces.

**Technical Comments:** If middle initial is collected then submit with one space between the first name and initial. Submission of this data requires HIPAA compliance awareness on part of the agency and the software.

30.

<b>Name of Data Element:</b>	Patient's Last Name
<b>Priority:</b>	Desirable
<b>Definition:</b>	Patient's Last Name.
<b>Code:</b>	Alpha/numeric entry
<b>Field Length:</b>	15
<b>Field Starting and Ending Position:</b>	161 - 175

**Content:** The appropriate number of spaces is used when there is no patient, such as when the responding team cannot find the patient, or when the responding team is on standby.

**Discussion and Justification:** Essential because of its value in probabilistic linkage, both as a linking variable as well as a confirmatory variable to determine appropriate linkage. It is recognized that this data element requires careful protection from misuse, but it is more appropriate to regulate appropriate use of this field rather than to prevent its collection.

**Business Rules:** If Patient's Last Name is not reported, this field must be submitted with the appropriate number of spaces.

**Technical Comments:** Submission of this data requires HIPAA compliance awareness on part of the agency and the software.

31.

<b>Name of Data Element:</b>	Patient Street Address
<b>Priority:</b>	Desirable
<b>Definition:</b>	Patient's street address.
<b>Code:</b>	Alpha/numeric entry
<b>Field Length:</b>	30
<b>Field Starting and Ending Position:</b>	176 - 205

**Content:** The appropriate number of spaces is used when there is no patient, such as when the responding team cannot find the patient, or when the responding team is on standby.

**Discussion and Justification:** Essential because of its value in probabilistic linkage, both as a linking variable as well as a confirmatory variable to determine appropriate linkage. It is recognized that this data element requires careful protection from misuse, but it is more appropriate to regulate appropriate use of this field rather than to prevent its collection.

**Business Rules:** If Patient's Street Address is not reported, this field must be submitted with the appropriate number of spaces.

**Technical Comments:** Submission of this data requires HIPAA compliance awareness on part of the agency and the software.

32.

<b>Name of Data Element:</b>	City of Residence
<b>Priority:</b>	Desirable
<b>Definition:</b>	Patient' residence postal city (if applicable)
<b>Code:</b>	Alpha/numeric entry
<b>Field Length:</b>	30
<b>Field Starting and Ending Position:</b>	206 - 235

**Content:** The appropriate number of spaces is used when there is no patient, such as when the responding team cannot find the patient, or when the responding team is on standby.

**Discussion and Justification:** Essential because of its value in probabilistic linkage, both as a linking variable as well as a confirmatory variable to determine appropriate linkage. It is recognized that this data element requires careful protection from misuse, but it is more appropriate to regulate appropriate use of this field rather than to prevent its collection.

**Business Rules:** If Patient's City of Residence is not reported, this field must be submitted with the appropriate number of spaces.

**Technical Comments:** Submission of this data requires HIPAA compliance awareness on part of the agency and the software.

33.

<b>Name of Data Element:</b>	State of Residence
<b>Priority:</b>	Desirable
<b>Definition:</b>	State of patient's residence (if applicable)
<b>Code:</b>	Alphabetical entry
<b>Field Length:</b>	2
<b>Field Starting and Ending Position:</b>	236 - 237
<b>Data Items:</b>	U.S. Post Office State Abbreviation

**Content:** Code as two (2) character field using the U.S. Postal Service state abbreviation.

**Discussion and Justification:** Useful for determining the political entity responsible for potential public health interventions, payment for services, etc.

**Business Rules:** If Patient's State of Residence is not reported, this field must be submitted with the appropriate number of spaces.

**Technical Comments:** Submission of this data requires HIPAA compliance awareness on part of the agency and the software.

34.

<b>Name of Data Element:</b>	Zip Code of Residence
<b>Priority:</b>	Essential
<b>Definition:</b>	Zip Code of patient's residence
<b>Code:</b>	Numeric entry
<b>Field Length:</b>	5
<b>Field Starting and Ending Position:</b>	238 - 242
<b>Data Items:</b>	U.S. Postal Service Zip Code listing. 99999 Unknown

**Content:** Code as five (5) digit field using the approved U.S. Postal Service Zip Code listing.

**Discussion and Justification:** Useful for determining the political entity responsible for potential public health interventions, payment for services, etc. From Zip Code, county could be derived in software.

**Business Rules:** If Patient's Zip Code is not reported, this field must be submitted with the appropriate number of spaces.

**Technical Comments:** Submission of this data requires HIPAA compliance awareness on part of the agency and the software.

99999 *Unknown*

This code should only be used if submitting data elements #29-34 and the patient's zip code is unknown. Do not send this code if no patient encountered or not submitting above listed data elements. In such cases submit the appropriate number of spaces.

35.

<b>Name of Data Element:</b>	Social Security Number
<b>Priority:</b>	Desirable
<b>Definition:</b>	Patient Social Security number
<b>Code:</b>	Numeric entry.
<b>Field Length:</b>	9
<b>Field Starting and Ending Position:</b>	243 - 251
<b>Data Items:</b>	
{9 digit SSN}	
888888888 Not Applicable	
999999999 Unknown	

**Content:** Code as 9-digit field.

**Discussion and Justification:** Will provide valuable linkage data element. However, this field is very difficult for field responders to obtain.

**Business Rules:** If Patient's Social Security Number is not reported, this field must be submitted with the appropriate number of spaces.

**Technical Comments:** May be particularly valuable in jurisdictions where driver licenses or other forms of identification have bar coded Social Security numbers. Submission of this data requires HIPAA compliance awareness on part of the agency and the software.

999999999 *Unknown*

This code should only be used is submitting data elements #29-34 and the patient's social security number is unknown. Do not send this code if no patient encountered or not submitting above listed data elements. In such cases submit the appropriate number of spaces.

36.

<b>Name of Data Element:</b>	Date of Birth
<b>Priority:</b>	Essential
<b>Definition:</b>	Patient's date of birth.
<b>Code:</b>	Date format should be coded as MMDDYYYY
<b>Field Length:</b>	8
<b>Field Starting and Ending Position:</b>	252 - 259

**Content:** Format permits sorting across multiple years, and is recommended for data export purposes. Century digits are mandatory.

**Discussion and Justification:** Extremely valuable for probabilistic linkage and calculation of accurate age information. Provides much more discriminatory power in probabilistic linkage than the numeric age.

**Business Rules:** If Patient's DOB is not reported, this field must be submitted with the appropriate number of spaces.

**Technical Comments:** Format MMDDYYYY is recommended as part of FIPS standard. For month and day, use leading zeros if necessary to pad the fields to 2 characters each. Submission of this data requires HIPAA compliance awareness on part of the agency and the software.

37.

<b>Name of Data Element:</b>	Age
<b>Priority:</b>	Desirable
<b>Definition:</b>	Patient's age or best approximation
<b>Code:</b>	Alpha/numeric entry.
<b>Field Length:</b>	4
<b>Field Starting and Ending Position:</b>	260 - 263
<p><b>Data Items:</b></p> <p>{3 digits for age in years}</p> <p>999      Unknown</p> <p>PLUS one of the following identifiers:</p> <p>Y = Years</p> <p>M = Months</p> <p>D = Days</p>	

**Content:** Use leading zeros if necessary to pad the field to 4 positions. For patients over **1** year, specify **Y** (e.g. 6years = 006Y). For patients less than 1 year, specify **M** (e.g. 6 months = 006M). For patients less than 1 month, specify **D** (e.g. 6 days = 006D). For patients less than 1 day (24 hours), specify 001D. When the age is unknown, specify 999U.

**Technical Comments:** Age information permits linkage to other files and is useful for epidemiologists interested in patterns of emergency medical problem in different age groups.

**Business Rules:** *Records submitted with an Incident Disposition of "Treated, transported..." , 'Care Transferred', 'Treated, transported...' , 'Treated and ...' , 'Patient refused care...' must have a Patient's Age entered.* Records with missing or an invalid entry will be rejected and marked as non-compliant by the system. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.

**Discussion and Justification:** Valuable in the absence of a date of birth. Age information permits linkage to other files, and is useful for epidemiologists interested in patterns of emergency medical problems in different age groups.

38.

<b>Name of Data Element:</b>	Gender
<b>Priority:</b>	Essential
<b>Definition:</b>	Gender of patient.
<b>Code:</b>	Numeric entry.
<b>Field Length:</b>	2
<b>Field Starting and Ending Position:</b>	264 - 265
<b>Data Items:</b>	
01 = Male	
02 = Female	
99 = Unknown	

**Discussion and Justification:** Valuable for linkage to other files, and permits reporting of epidemiologic information by gender.

**Business Rules:** *Records submitted with an Incident Disposition of “Treated, transported...”, “Care Transferred”, “Treated, transported...”, “Treated and ...”, “Patient refused care...” must have a Patient’s Gender entered.* Records with missing or an invalid entry will be rejected and marked as non-compliant by the system. **Only one (1)** item from the above data item list can be submitted. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.

**Technical Comments:**

*99 Unknown*

This code should be used only when the sex of the patient cannot be accurately determined after patient contact. If no patient was encountered then the appropriate number of spaces should be submitted.

39.

<b>Name of Data Element:</b>	Race / Ethnicity		
<b>Priority:</b>	Desirable		
<b>Definition:</b>	Patient's ethnic origin.		
<b>Code:</b>	Numeric entry.		
<b>Field Length:</b>	2		
<b>Field Starting and Ending Position:</b>	266 - 267		
<b>Data Items:</b>			
01	Caucasian	05	Asian/Pacific Islander
02	Black, non-Hispanic	77	Other
03	Hispanic	99	Unknown
04	American Indian/Alaska Native		

**Discussion and Justification:** Useful for epidemiologic studies, and of importance to data systems in order to access certain types of Federal or state funds which are directed to specific ethnic groups.

**Business Rules: Only one (1)** Race / Ethnicity from the above data item list can be submitted. If the data element is not reported or no patient contact was made then this field must be submitted with the appropriate number of spaces.

**Technical Comments:**

*77 Other*

This code should be used when race can be determined but is not one of the races specified in the list.

*99 Unknown*

This code should be used when patient's race cannot be accurately determined due to decomposition, burns, etc. It is not to be used if no patient contact was made.

40.

<b>Name of Data Element:</b>	Vehicle type
<b>Priority:</b>	Mandatory
<b>Definition:</b>	Type of vehicle, which responded to incident.
<b>Code:</b>	Numeric entry.
<b>Field Length:</b>	2
<b>Field Starting and Ending Position:</b>	268 - 269
<b>Data Items:</b>	
01	Ground
02	Rotor craft
03	Fixed wing
04	Agency Vehicle
05	Critical Care Transport
06	Other

**Discussion and Justification:** Allows EMS managers and planners to break out EMS responses by the major categories of responding vehicles. While there are clearly numerous other possible vehicles, such as watercraft, skis, sleds, etc., the categories provided here are the major vehicle types, which will be of interest at regional and state levels.

For individual data systems in which there is more specific interest in other vehicles, additional categories may certainly be added. For purposes of exporting data to a the NEEDS dataset, these additional categories should be collapsed into the category *Other*.

**Business Rules:** *All records submitted must have a Vehicle Type entered.* Records with missing or an invalid Vehicle Type will be rejected and marked as non-compliant by the system.

41.

<b>Name of Data Element:</b>	Response Mode (Lights and Sirens to Scene)
<b>Priority:</b>	Essential
<b>Definition:</b>	The use of lights and sirens enroute to scene.
<b>Code:</b>	Numeric entry.
<b>Field Length:</b>	2
<b>Field Starting and Ending Position</b>	270 - 271
<b>Data Items:</b>	
01	Non-emergent, no lights or sirens
02	Initial emergent, downgraded to no lights or siren
03	Initial non-emergent, upgraded to lights or sirens
04	Emergent, with lights or sirens

**Discussion and Justification:** To allow system administrators to know the frequency with which responder vehicles are using lights and sirens. Such usage carries explicit risks and EMS managers are responsible to assure that lights and sirens are used appropriately.

**Business Rules:** *Records submitted or requiring a Responding Time (data element #23) must have a Lights and Sirens to Scene code entered.* Required records with a missing or an invalid entry will be marked as non-compliant by the system. **Only one (1)** item from the above data item list can be submitted. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.

42.

<b>Name of Data Element:</b>	Transport Mode (Lights and sirens used from scene)
<b>Priority:</b>	Essential
<b>Definition:</b>	Use of lights and/or sirens from the scene.
<b>Code:</b>	Numeric entry.
<b>Field Length:</b>	2
<b>Field Starting and Ending Position:</b>	272 - 273
<b>Data Items:</b>	
01	Non-emergent, no lights or sirens
02	Initial emergent, downgraded to no lights or sirens
03	Initial non-emergent, upgraded to lights or sirens
04	Emergent, with lights or sirens

**Discussion and Justification:** Allows system administrators to know the frequency with which responder vehicles are using lights and sirens. Such usage carries explicit risks and EMS managers are responsible to assure that lights and sirens are used appropriately.

**Business Rules:** *Records submitted or requiring an Arrive Destination (data element #27) must have a Lights and Sirens from the Scene code entered.* Required records with a missing or an invalid entry will be marked as non-compliant by the system. **Only one (1)** item from the above data item list can be submitted. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.

43.

<b>Name of Data Element:</b>	Mechanism of Injury
<b>Priority:</b>	Essential
<b>Definition:</b>	External cause of injury.
<b>Code:</b>	Numeric entry.
<b>Field Length:</b>	10
<b>Field Starting and Ending Position:</b>	274 - 283
<p><b>Data Items:</b></p> <ul style="list-style-type: none"> <li>01 Aircraft related accident</li> <li>02 Assault</li> <li>03 Bicycle accident</li> <li>04 Bite</li> <li>05 Burns/thermal/chemical</li> <li>06 Chemical poisoning</li> <li>07 Drowning</li> <li>08 Drug poisoning</li> <li>09 Electrocutation</li> <li>10 Excessive cold</li> <li>11 Excessive heat</li> <li>12 Falls</li> <li>13 Falls &gt; 20 Feet</li> <li>14 Firearm injury</li> <li>15 Hanging</li> <li>16 Lightning</li> <li>17 Machinery accident</li> <li>18 Mechanical suffocation</li> <li>19 MCC – Motorcycle Collision</li> <li>20 MVC – Motor Vehicle Collision</li> <li>21 Off Road Vehicle Collision</li> <li>22 Pedestrian traffic accident</li> <li>23 Radiation exposure</li> <li>24 Railway related accident</li> <li>25 Self Inflicted</li> <li>26 Smoke inhalation</li> <li>27 Sports injury</li> <li>28 Stabbing / Cutting</li> <li>29 Suicide</li> <li>30 Venomous stings (plants, animals)</li> <li>31 Water transport accidents</li> <li>88 Not applicable</li> </ul>	

**Discussion and Justification:** It is necessary to have a broad taxonomy for defining the external causes of injury, and this data element is coded according to the E codes in ICD-9. However, it is recognized that the entire E code list is too cumbersome for field use, and the element may be collapsed into the categories, which have been listed above. When possible, the E code should be defined in as much detail as is present in the E code definitions. Such codes will always be collapsible to the categories defined here, but the added detail will provide additional value to injury prevention researchers.

It has been traditional to attempt to assign a single E code to individual incidents. Multiple entries, however, aids in gathering better detail about injuries, and to eliminate confusion when the EMS provider must choose between two reasonable E codes.

**Business Rules:** *Records submitted with an Incident Disposition of “Treated, transported...” or ‘Care Transferred’ AND have an Incident Type marked as “Trauma” must have a Mechanism of Injury entered.* Records with missing or an invalid entry will be rejected and marked as non-compliant by the system. Other Incident Dispositions that involve patient contact may also submit this data element. **Up to five (5)** items from the above data item list can be submitted. Left justify with submission(s) and back fill with appropriate spaces to meet field length. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.

**Technical Comments:** This data element is based on E codes, but the coding structure is intended to be more flexible. Additional categories for not applicable and unknown have been added, so that this data element can always be filled in on the database. The item list is shown below, and the actual code number is indicated. When the code number includes lowercase x's, this means that the item list includes all E codes which have the initial part of the code. For example, motor vehicle traffic accident is coded as E81x.x, and would include any E code from E810.0 through E819.9

01 *Aircraft related accident (E code E84x.x)*

Includes spacecraft.

02 *Assault (E Code E967.x)*

Includes all forms of non-accidental injury or suspected intentional injury caused by others

03 *Bicycle accident (E Code E826.x)*

Includes any pedal cycle accident. Pedal cycle is defined to include bicycles, tricycles, and excludes any motorized cycles.

04 *Bites (E Code E906.x)*

Includes all animal bites, including those from non-venomous snakes and lizards and those bites from animals of unknown venomous nature.

05 *Burns/thermal/chemical (E Code E89x.x)*

Includes burning by fire, asphyxia or poisoning from conflagration (fire, wildfire) or ignition, and fires secondary to explosions.

- 06     *Chemical poisoning (E Code E86x.x)*  
Includes accidental poisoning by solid or liquid substances, gases, and vapors, which are not included under accidental drug poisoning.
- 07     *Drowning (E Code E910.x)*  
Accidental drowning not related to watercraft use. Includes swimming accidents, bathtubs, etc.
- 08     *Drug poisoning (E Code E85x.x)*  
Includes accidental poisoning by drugs, medicinal substances, or biological products. Extensive codes are available if an agency wishes to collect specific information.
- 09     *Electrocution (non-lightning) (E Code E925.x)*  
Includes accidents related to electric current from exposed wire, faulty appliance, high voltage cable, live rail, or open electric socket. Excludes lightning, which is coded as 14 Lightning.
- 10     *Excessive cold (E Code E901.x)*  
Includes cold injury due to weather exposure, or cold produced by man, such as in a freezer.
- 11     *Excessive heat (E code E900.x)*  
Includes thermal injuries related to weather or heat produced by man, such as in a boiler room or factory. Excludes heat injury from conflagration.
- 12     *Falls (E Code E88x.x)*  
Excludes falls, which occur in the context of other external causes of injury, such as fires, falling off boats, or falling in accidents involving machinery.
- 13     *Fall > 20 feet*  
Same as Item 12 (Falls), but from a height greater than 20 feet.
- 14     *Firearm injury (E Code E985.x)*  
These codes refer to firearm injuries involving handguns, shotguns, hunting rifles, etc.
- 14     *Hanging*  
Includes all injuries that are associated with hanging.
- 16     *Lightning (E Code E907.x)*  
Excludes falling of an object secondary to lightning, and also excludes injuries from fire secondary to lightning.
- 17     *Machinery accidents (E Code E919.x)*  
Includes all machinery accidents except when machinery is not in operation. Excludes electrocution.
- 18     *Mechanical suffocation (E Code E913.x)*  
Includes suffocation in bed or cradle (crib death), closed space suffocation, plastic bag asphyxia,

etc.

19 *MCC – Motorcycle Collision*

This includes any motorcycle collision occurring on a public roadway or highway.

20 *MVC – Motor Vehicle Collision*

This includes any motor vehicle collision occurring on a public roadway or highway.

21 *Off Road Vehicle Collision*

This includes any vehicle collision occurring entirely off public roadways or highways. For instance, a collision involving an all terrain vehicle (ATV) in an off-road location would be a non-traffic crash.

22 *Pedestrian traffic crash (E Code E814.x)*

Motor vehicle crashes in which the patient was a pedestrian struck by a motor vehicle of any type. Includes individuals on skates, in baby carriages, in wheelchairs, on skateboards, skiers, etc.

23 *Radiation exposure (E Code E926.x)*

Excludes complications of radiation therapy.

24 *Railway related accidents*

Includes any accidents that are related to the railway.

25 *Self Inflicted*

Includes any injuries that are self-inflicted.

26 *Smoke inhalation (E Code E89x.2)*

Includes smoke and fume inhalation from conflagration.

27 *Sports injury (E Code E917.x)*

Includes all sports related injuries caused by team member or sports equipment.

28 *Stabbing / Cutting (E Code E966.x)*

Includes cuts, punctures, or stabs of any part of the body.

29 *Suicide*

Includes any incidents involving a suicide.

30 *Venomous stings (plants, animals) (E Code E905.x)*

Includes only those bites and stings from snakes, lizards, spiders, scorpion, insects, marine life, or plants known to be venomous.

31 *Water transport accident (E Code E83x.x)*

Includes all accidents related to watercraft. Excludes drowning and submersion accidents unless they are related to watercraft use. Thus, if a person falls out of a boat and drowns, it should be

coded within this category. If a person drowns in a swimming pool or bathtub, it should be coded as 07 Drowning.

88     *Not Applicable*

This code should be used where an external injury code does not apply, such as when a patient suffers from chest pain or fever. In nearly all instances where an injury has occurred, this data element should be filled in with a valid code, other than the Not Applicable designation.

## 44.

<b>Name of Data Element:</b>	Pre-existing Condition
<b>Priority:</b>	Essential
<b>Definition:</b>	Pre-existing medical conditions known to the provider.
<b>Code:</b>	Numeric entry
<b>Field Length:</b>	10
<b>Field Starting and Ending Position:</b>	284 - 293
<b>Data Items:</b>	
01 Asthma (493.90)	08 Cancer (239.90)
02 Diabetes (250.00)	09 Hypertension (401.90)
03 CVA/Stroke (437.10)	10 Psychiatric problems (312.90)
04 COPD (493.20)	11 Seizure disorder (780.30)
05 Chronic respiratory failure (518.81)	12 Transient Cerebral Ischemia/TIA (435.00)
06 Heart Disease (490.90)	77 Other
07 Chronic renal failure (585.00)	88 None stated
	99 Not Obtainable

**Discussion and Justification:** Pre-existing conditions may affect the protocols followed by EMS responders. The data element is intended to capture information as understood by EMS providers at the scene, not as defined later in the medical record of the hospital. Thus, if the EMS responder finds out that a patient has several pre-existing conditions after he or she arrives at the hospital, those conditions should not be coded in this data element. It is clear that the list provided here may not include other important conditions. Other conditions should be added as desired, but it is hoped that the above conditions will be included in all data sets. Up to 5 Pre-existing Conditions can be selected.

**Business Rules:** *Records submitted with an Incident Disposition of "Treated, transported..." , 'Care Transferred', 'Treat, transported...' , 'Treated and ...' , 'Patient refused...' must have a Pre-Existing Condition entered.* Records with missing or invalid entry will be marked as non-compliant by the system. **Up to five (5)** items from the above data item list can be submitted. Left justify with submission(s) and back fill with appropriate spaces to meet field length. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.

**Technical Comments:**

88 None stated

This is to be coded if a conscious patient or family member when asked responded in a manner

interpreted to mean that the patient had no pre-existing conditions. This is not to be coded if no patient contact was made.

*99 Not Obtainable*

This is to be coded if the patient was not asked or the patient was unable to respond to the question. This is not to be coded if no patient contact was made.

45.

<b>Name of Data Element:</b>	Signs and Symptoms Present																												
<b>Priority:</b>	Essential																												
<b>Definition:</b>	Signs and symptoms reported to or observed by provider.																												
<b>Code:</b>	Numeric entry.																												
<b>Field Length:</b>	10																												
<b>Field Starting and Ending Position:</b>	294 - 303																												
<p><b>Data Items:</b></p> <table> <tr> <td>01 Abdominal pain (789.00)</td> <td>15 Hypothermia (780.90)</td> </tr> <tr> <td>02 Back pain (724.50)</td> <td>16 Nausea / Vomiting (787.00)</td> </tr> <tr> <td>03 Bloody stools (578.10)</td> <td>17 Neck pain</td> </tr> <tr> <td>04 Breathing difficulty (786.09)</td> <td>18 Pain – Non specific</td> </tr> <tr> <td>05 Cardioresp. Arrest (427.50)</td> <td>19 Paralysis (344.90)</td> </tr> <tr> <td>06 Chest pain / Discomfort (786.50)</td> <td>20 Palpitations (785.10)</td> </tr> <tr> <td>07 Choking (933.10)</td> <td>21 Pregnancy/childbirth/miscarriage (659.90)</td> </tr> <tr> <td>08 Diarrhea (558.90)</td> <td>22 Seizures/convulsions (780.30)</td> </tr> <tr> <td>09 Dizziness (780.40)</td> <td>23 Skin rash / Blister with unknown origin</td> </tr> <tr> <td>10 Ear pain (388.70)</td> <td>24 Syncope (780.20)</td> </tr> <tr> <td>11 Eye pain (379.91)</td> <td>25 Unresponsive/unconscious (780.09)</td> </tr> <tr> <td>12 Fever/Hyperthermia (780.60)</td> <td>26 Vaginal bleeding (623.80)</td> </tr> <tr> <td>13 Headache (784.00)</td> <td>27 Weakness (malaise) (780.70)</td> </tr> <tr> <td>14 Hypertension (401.90)</td> <td>77 Other</td> </tr> </table>		01 Abdominal pain (789.00)	15 Hypothermia (780.90)	02 Back pain (724.50)	16 Nausea / Vomiting (787.00)	03 Bloody stools (578.10)	17 Neck pain	04 Breathing difficulty (786.09)	18 Pain – Non specific	05 Cardioresp. Arrest (427.50)	19 Paralysis (344.90)	06 Chest pain / Discomfort (786.50)	20 Palpitations (785.10)	07 Choking (933.10)	21 Pregnancy/childbirth/miscarriage (659.90)	08 Diarrhea (558.90)	22 Seizures/convulsions (780.30)	09 Dizziness (780.40)	23 Skin rash / Blister with unknown origin	10 Ear pain (388.70)	24 Syncope (780.20)	11 Eye pain (379.91)	25 Unresponsive/unconscious (780.09)	12 Fever/Hyperthermia (780.60)	26 Vaginal bleeding (623.80)	13 Headache (784.00)	27 Weakness (malaise) (780.70)	14 Hypertension (401.90)	77 Other
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**Discussion and Justification:** This data element is intended to capture the information provided to or obtained by the EMS responder in order to assess the patient. It is intended that these signs and symptoms be correlated with the clinical impression of the responder. This would help EMS managers plan educational programs for the responders.

**Business Rules:** *Records submitted with an Incident Disposition of “Treated, transported...”, ‘Care Transferred’, ‘Treat, transported...’, ‘Treated and ...’, ‘Patient refused...’ must have a Sign and Symptom Present entered.* Records with missing or invalid entry will be marked as non-compliant by the system. **Up to five (5)** items from the above data item list can be submitted. Left justify with submission(s) and back fill with appropriate spaces to meet field length. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.

**Technical Comments:**

*77 Other*

This is to be coded in situations where there are signs and symptoms but they are not on the list.

46.

<b>Name of Data Element:</b>	Provider Impression
<b>Priority:</b>	Essential
<b>Definition:</b>	Provider's clinical impression, which led to the management given to the patient (treatments, medications, procedures).
<b>Code:</b>	Numeric entry.
<b>Field Length:</b>	2
<b>Field Starting and Ending Position:</b>	304 - 305
<p><b>Data Items:</b></p> <ul style="list-style-type: none"> <li>01 Abdominal pain / problems</li> <li>02 Airway obstruction</li> <li>03 Allergic reaction</li> <li>04 Altered level of consciousness</li> <li>05 Behavioral / psychiatric disorder</li> <li>06 Cardiac arrest</li> <li>07 Cardiac rhythm disturbance</li> <li>08 Chest pain / discomfort</li> <li>09 Diabetic</li> <li>10 Electrocutation</li> <li>11 Hyperthermia</li> <li>12 Hypothermia</li> <li>13 Hypovolemia / shock</li> <li>14 Infectious process</li> <li>15 Inhalation injury (toxic gas)</li> <li>16 Obvious death</li> <li>17 Poisoning / drug ingestion</li> <li>18 Pregnancy / OB delivery</li> <li>19 Respiratory arrest</li> <li>20 Respiratory distress</li> <li>21 Seizure</li> <li>22 Smoke inhalation</li> <li>23 Stings / venomous bites</li> <li>24 Stroke / CVA</li> <li>25 Syncope / fainting</li> <li>26 Traumatic injury</li> <li>27 Vaginal hemorrhage</li> <li>77 Other</li> </ul>	

**Discussion and Justification:** This data element contains the single clinical assessment, which primarily drove the actions of the EMS responder. It should be possible to determine whether the treatments or medications provided match protocols, which relate to the clinical impression. When more than one choice is applicable to a patient, the responder should indicate the single most important clinical assessment that drove most of the plan of therapy and management.

It should be noted that this coding system differs from current systems. For instance, many EMS data sets include the entity, Animal Bite. In the uniform data set, such an entry should be coded in this field as a Traumatic Injury. The site of injury should be indicated in the injury field described later in this dictionary, showing the type (laceration or puncture) and site of the bite itself. In addition, the Cause of Injury should be coded as E906.x as discussed under the data element, Cause of Injury. For another example, Sexual Assault is coded in this data element in the same manner as a Traumatic Injury, but the Cause of Injury would be coded as E960.1, and Injury Intent would be coded as intentional. The reason for using this approach is to avoid overlapping, duplicative codes, which are not attached to a general taxonomy such as ICD9. Such codes would become agency specific and would not be flexible enough to permit combining data from different agencies.

**Business Rules:** *Records submitted with an Incident Disposition of “Treated, transported...”, ‘Care Transferred’, ‘Treat, transported...’, ‘Treated and ...’, ‘Patient refused...’ must have a Provider Impression entered.* Records with missing or invalid entry will be marked as non-compliant by the system. **Only one (1)** items from the above data item list can be submitted. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.

**Technical Comments:** The field width should always be 2 digits in length. Therefore, data items should be zero padded on the left to assure interpretability. The list provided here is not all-inclusive, but the definitions are described in more detail below.

01     *Abdominal pain / problems*     (E Code 789.00)

Includes acute abdomen, painful abdomen, cramps, etc. Does not include abdominal trauma.

02     *Airway obstruction*             (E Code 519.80)

Includes choking, swelling of neck, croup, epiglottitis, foreign body in airway, etc.

03     *Allergic reaction*             (E Code 995.30)

Includes reactions to drugs, plants, insects, etc. Category includes hives, urticaria, wheezing and so forth when suspected of being related to allergy.

04     *Altered level of consciousness*     (E Code 780.09)

Refers to patients with any alteration of consciousness, including patients who appear to be substance abusers or under the influence of drugs or alcohol.

05     *Behavioral / psychiatric disorder*     (E Code 312.90)

Includes all situations in which a behavioral or psychiatric problem was considered the major problem for the EMS responder.

06 *Cardiac arrest* (E Code 427.50)

All instances in which cardiac arrest occurred, and either death was pronounced immediately, or external cardiac massage was instituted.

07 *Cardiac rhythm disturbance* (E Code 427.90)

Includes any rhythm disturbance, which was noted on physical examination or with a cardiac monitor, when the rhythm was the major clinical reason for care rendered by the EMS responder.

08 *Chest pain / discomfort* (E Code 786.50)

Includes patients with complaint of chest pain, including pain felt related to heart disease, upset stomach, or muscle pain in the chest wall. If an agency has different protocols for different types of chest pain, then this code should be separated out according to the types of protocols.

09 *Diabetic symptoms (hypoglycemia)* (E Code 250.90)

Relates to patients with symptoms relatable to diabetes, generally when there is a history of diabetes in the patient. The major symptom is hypoglycemia, but in circumstances where diabetes is known to exist, this category can include ketoacidosis, as well as other complications of diabetes.

10 *Electrocution* (E Code 994.80)

Instances of electrocution. Please note that the proper E code should be entered in the Cause of Injury data element.

11 *Hyperthermia* (E Code 780.60)

When Hyperthermia is the major clinical assessment driving EMS responder care.

12 *Hypothermia* (E Code 780.90)

Usually relates to environmental hypothermia, such as following submersion in cold water, avalanches, or other environmental exposure situations.

13 *Hypovolemia / shock* (E Code 785.59)

Patients with clinical shock, usually felt to be Hypovolemia. All patients considered to have shock by EMS responders should be coded with this code, as it is relatively difficult to identify other less common forms of shock outside the hospital setting.

14 *Inhalation injury (toxic gas)* (E Code 987.90)

Excludes smoke inhalation.

15 *Obvious death* (E Code 798.99)

Patients who were dead at the scene, in whom no therapy was undertaken.

16 *Poisoning / drug ingestion* (E Code 977.90)

Includes drug ingestions, which are inappropriate drugs or overdoses, as well as poisonings from chemicals. Toxic gases should be coded as inhalation injury (987.90). Venomous bites or stings should be coded as 989.50 (see below).

17     *Pregnancy / OB delivery*                     (E Code 659.90)

Includes all aspects of obstetric care rendered in the prehospital setting. This ICD code is the closest approximation for such a general category, and agencies may wish to break down this category more explicitly.

18     *Respiratory arrest*                     (E Code 799.10)

Instances in which the patient stops breathing. These patients always require ventilatory support on at least a temporary basis.

19     *Respiratory distress*                     (E Code 786.09)

Includes patients with respiratory distress who continue to have spontaneous breathing and never suffer respiratory arrest. These patients may require ventilatory support.

20     *Seizure*                     (E Code 780.30)

Includes major and minor motor seizures.

21     *Smoke inhalation*                     (E Code 987.90)

Smoke inhalation encountered in conflagration setting. The Cause of Injury code should include the proper E code.

22     *Stings / venomous bites*                     (E Code 989.50)

Includes poisonous snakes, insects, bees, wasps, ants, etc. If an allergic reaction occurs and predominates the clinical situation, then the clinical assessment should be coded as an allergic reaction rather than a sting or bite, since the E code in the Cause of Injury data element will further clarify the cause.

23     *Stroke / CVA*                     (E Code 436.00)

Cardiovascular accidents, strokes, TIA.

24     *Syncope / fainting*                     (E Code 780.20)

Fainting is the major clinical assessment, even though the patient may be fully awake at the time of EMS evaluation.

25     *Traumatic injury*                     (E Code 959.90)

All patients in whom traumatic injury is the major reason for the EMS action. Further details should be provided in the injury description matrix described later in this data dictionary.

26     *Vaginal hemorrhage*                     (E Code 623.80)

Refers to abnormal vaginal bleeding in sufficient amount to have driven the EMS response. When pregnancy is involved, vaginal hemorrhage should be coded when the hemorrhage itself was the major concern to the EMS responder. When childbirth or other obstetric issues are more important, then this data element should be coded as 659.90.

77 *Other*

This code should be used when none of the codes listed can be applied; however, there is enough information for a clinical impression to be made by the EMS provider.

47.

<b>Name of Data Element:</b>	Factors Affecting EMS Delivery of Care		
<b>Priority:</b>	Mandatory		
<b>Definition:</b>	Special circumstances affecting the EMS response or delivery of care.		
<b>Code:</b>	Numeric entry.		
<b>Field Length:</b>	6		
<b>Field Starting and Ending Position:</b>	306 - 311		
<b>Data Items:</b>			
01	Adverse weather	07	Language barrier
02	Adverse road conditions	08	Prolonged extrication (>20 min)
03	Vehicle problems	09	Hazardous material
04	Unsafe scene	10	Crowd Control
05	Uncooperative patient	88	Not applicable
06	Biological Hazards		

**Discussion and Justification:** For systems planners who are evaluating response times, this data element provides explanations for delays encountered in the system. For instance, the time to scene would be expected to be prolonged if there was a blizzard, or if gunfire prevented EMS responders from patient access. If there were no problem with EMS delivery, this data element would be coded as not applicable.

**Business Rules:** All *Records submitted must have a Factor Affecting EMS Delivery of Care entered.* Records with missing or an invalid entry will be marked as non-compliant by the system. **Up to three (3)** items from the above data item list can be submitted. Left justify with submission(s) and back fill with appropriate spaces to meet field length

**Technical Comments:** Unsafe scene includes presence of gunfire, instances in which police prevented access because of safety concerns, etc. A vehicle problem includes problems with the EMS responder vehicle itself, not with other vehicles that might have obstructed traffic. Extrication has been moved into this data element because extrication is not a patient treatment and relates less to the medical care of the patient than to the environment in which EMS responders must work.

88     *Not Applicable*

This is to be coded when there were no factors affecting the delivery of EMS for the incident. This may also be used if no patient contact was made.

48.

<b>Name of Data Element:</b>	Injury Description
<b>Priority:</b>	Essential
<b>Definition:</b>	Clinical description of injury type and body site.
<b>Code:</b>	Alphabetic and numeric entry.
<b>Field Length:</b>	6
<b>Field Starting and Ending Position:</b>	312 - 317
<b>Data Items:</b>	
<u>Body Sites</u>	<u>Injury Types</u>
A Head only ( <i>excluding neck, cervical spine and ear</i> )	1. Soft Tissue - Closed
B Face ( <i>including ear</i> )	2 Blunt injury
C Neck	3 Soft Tissue - Open
D Thorax ( <i>excluding thoracic spine</i> )	4 Dislocation/fracture
E Abdomen ( <i>excluding lumbar spine</i> )	5 Puncture/stab
F Spine	6 Gunshot
G Upper extremities	7 Amputation
H Lower extremities	8 Crush
I Body region unspecified	9 Burn
J Pelvic	
88 None Reported	

**Content:** Intended to permit the detailed listing of all injuries sustained by a patient, coded according to injury type and body site of the injury. Multiple entries will be possible. Each injury should be designated by body site and injury type. The most severe 3 injuries should be recorded.

The body sites included, as Data Items are consistent with body areas used to calculate the Injury Severity Score (ISS). This list is slightly expanded from the usual ISS, but is easily collapsed if necessary.

**Business Rules:** *Records submitted with an Incident Disposition of 'Treated, transported...' or 'Care Transferred' AND ONLY have an Incident Type marked as 'Trauma' or 'Fire' must have an Injury Description entered.* Records with missing or an invalid entry will be marked as non-compliant by the system. Other Incident Dispositions that involve patient contact may also submit this data element. **Up to three (3)** items from the above data item list can be submitted. Left justify with submission(s) and back fill with appropriate spaces to meet field length. If the

incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.

**Discussion and Justification:** This is a crucial data element, which will enable EMS planners to know what types of injuries are incurred by patients using the EMS system. The data element will also be of value in assessing the correspondence between injury assessment in the field and actual injuries as evaluated in medical facilities. A major reason for using ISS related body sites is the ability to compare the hospital inpatient ISS areas with those indicated by the prehospital provider.

It is understood that various levels of providers will be permitted to make injury assessments at different levels of sophistication. For example, the diagnosis of fracture is considered out of scope for many prehospital responders. In this case, a term might be added for swelling, or some other marker by which an EMS responder is supposed to suspect a fracture or dislocation. It is stressed that this data element is supposed to reflect the clinical impression of injury by the EMS responder, not necessarily the final, correct medical diagnosis.

**Technical Comments:**

88     None Reported

This is to be coded if there are no injuries noted or reported by the patient.

49.

<b>Name of Data Element:</b>	Safety Devices																		
<b>Priority:</b>	Essential																		
<b>Definition:</b>	Safety equipment in use by patient at time of injury.																		
<b>Code:</b>	Numeric entry.																		
<b>Field Length:</b>	10																		
<b>Field Starting and Ending Position:</b>	318 - 327																		
<p><b>Data Items:</b></p> <table> <tr> <td>01 None used</td> <td>10 Helmet</td> </tr> <tr> <td>02 Lap belt only</td> <td>11 Eye protection</td> </tr> <tr> <td>03 Shoulder belt only</td> <td>12 Protective clothing</td> </tr> <tr> <td>04 Shoulder and lap belt</td> <td>13 Respiratory Protection</td> </tr> <tr> <td>05 Child safety seat</td> <td>88 Not applicable</td> </tr> <tr> <td>06 Airbag deployed</td> <td></td> </tr> <tr> <td>07 Airbag – Not deployed</td> <td></td> </tr> <tr> <td>08 Harness</td> <td></td> </tr> <tr> <td>09 Personal flotation device</td> <td></td> </tr> </table>		01 None used	10 Helmet	02 Lap belt only	11 Eye protection	03 Shoulder belt only	12 Protective clothing	04 Shoulder and lap belt	13 Respiratory Protection	05 Child safety seat	88 Not applicable	06 Airbag deployed		07 Airbag – Not deployed		08 Harness		09 Personal flotation device	
01 None used	10 Helmet																		
02 Lap belt only	11 Eye protection																		
03 Shoulder belt only	12 Protective clothing																		
04 Shoulder and lap belt	13 Respiratory Protection																		
05 Child safety seat	88 Not applicable																		
06 Airbag deployed																			
07 Airbag – Not deployed																			
08 Harness																			
09 Personal flotation device																			

**Discussion and Justification:** Provides important information about safety device use in motor vehicle accidents, boating accidents, and industrial accidents with eye injuries. Data will be of use for corroboration of police reports concerning crashes.

**Business Rules:** *Records submitted with an Incident Disposition of ‘Treated, transported...’ or ‘Care Transferred’ AND ONLY have an Incident Type marked as ‘Trauma’ or ‘Fire’ must have a Safety Device entered.* Records with missing or an invalid entry will be marked as non-compliant by the system. Other Incident Dispositions that involve patient contact may also submit this data element as appropriate. **Up to five (5)** items from the above data item list can be submitted. Left justify with submission(s) and back fill with appropriate spaces to meet field length . If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.

**Technical Comments:** If the EMS responder knows that no safety device was employed, then the data element should be coded as none. If none of the indicated devices was used, the element should also be coded as none.

88 Not Applicable

This is to be coded when no safety devices were indicated based on the nature of the call. This is not to be used if no patient contact was made.

50.

<b>Name of Data Element:</b>	Motor Vehicle Impact
<b>Priority:</b>	Essential
<b>Definition:</b>	Motor Vehicle Impact site during collision.
<b>Code:</b>	Numeric entry.
<b>Field Length:</b>	6
<b>Field Starting and Ending Position:</b>	328 -333
<b>Data Items:</b>	
01 Head -on	06 Rollover
02 Lateral	07 Rotation
03 Ejection	77 Not listed
04 Rear	88 Not applicable
05 Intrusion	

**Content:** This data element is coded as a two (2) position field that provides information about the site of collision during a Motor Vehicle Impact, which can be used to predict injury patterns. Data will be used for corroboration of police reports concerning crashes. Up to three (3) Motor Vehicle Impact sites can be selected.

**Business Rules:** *Records submitted with an Incident Disposition of ‘Treated, transported...’ or ‘Care Transferred’ AND ONLY have an Incident Type marked as ‘Trauma’ and a ‘Mechanism of Injury’ involving a motor vehicle **must** have a Motor Vehicle Impact entered.* Records with missing or an invalid entry will be marked as non-compliant by the system. Other appropriate incidents that involve patient contact may also submit this data element as appropriate. **Up to three (3)** items from the above data item list can be submitted. Left justify with submission(s) and back fill with appropriate spaces to meet field length. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.

**Technical Comments:**

*77 Not Listed*

This code should be used when the data element “Mechanism of Injury” is related to a Motor Vehicle but the Motor Vehicle Impact site not listed.

*88 Not Applicable*

This code should be used when the data element “Mechanism of Injury” is related to a Motor Vehicle but no impact was found. This is not to be used if the field is not appropriate for the incident.

51.

<b>Name of Data Element:</b>	Contributing factors
<b>Priority:</b>	Essential
<b>Definition:</b>	Contributing Factors during collision.
<b>Code:</b>	Numeric entry.
<b>Field Length:</b>	6
<b>Field Starting and Ending Position:</b>	334 - 339
<b>Data Items:</b>	
01 Medical Event	06 Pedestrian Involved
02 ETOH / Drug suspected use	07 Animal Involvement
03 Hazardous Materials	08 Environmental factor
04 Highway construction	09 Operator Inattention
05 Roadway debris	88 Not Applicable

**Content:** This data element is coded as a 2-position field that provides information about the Contributing factors of collision during a Motor Vehicle Impact, which can be used to predict injury patterns. Data will be used for corroboration of police reports concerning crashes. Up to 3 Contributing Factors can be selected.

**Business Rules:** *Records submitted with an Incident Disposition of ‘Treated, transported...’ or ‘Care Transferred’ AND ONLY have an Incident Type marked as ‘Trauma’ and a ‘Mechanism of Injury’ involving a motor vehicle must have a Contributing Factor entered.* Records with missing or an invalid entry will be marked as non-compliant by the system. Other appropriate incidents that involve patient contact may also submit this data element as appropriate. **Up to three (3)** items from the above data item list can be submitted. Left justify with submission(s) and back fill with appropriate spaces to meet field length. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.

**Technical Comments:**

88     *Not Applicable*

This code should be used when the data element ‘Mechanism of Injury’ is related to a Motor Vehicle but no Contributing Factors applied. This is not to be used if the field is not appropriate for the incident.

52.

<b>Name of Data Element:</b>	Time of Cardiac Arrest
<b>Priority:</b>	Essential
<b>Definition:</b>	Time of estimated cardiac arrest.
<b>Code:</b>	Time format should be coded as HHMM.
<b>Field Length:</b>	4
<b>Field Starting and Ending Position:</b>	340 - 343

**Content:** HH ranges from 00 to 23; MM ranges from 00 to 59.

**Discussion and Justification:** Allows assessment of actual total arrest time in patients with cardiac arrest. This information is valuable for researchers and educators concerned with CPR training.

**Business Rules:** *Records submitted with an Incident Disposition of "Treated, transported...", "Care Transferred", "Treated and ...", AND have a Procedure or Treatment of CPR or a Sign and Symptoms Present marked of "Cardioresp. Arrest" OR a Provider Impression marked as "Cardiac Arrest" must have a Time of Cardiac Arrest entered. Records with missing or invalid entry will be marked as non-compliant by the system. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.*

**Technical Comments:** Format HHMM is recommended as part of FIPS standard. There should be no colon in the field when used for export purposes. Use leading zeros to assure two (2) character field width for HH and MM. Midnight is coded as 0000, and begins the new day.

This data element is undefined if CPR was never administered. Thus, in writing computerized reports, a program should first examine the "Provider of First CPR" field, or a treatment field, to determine that CPR occurred on the run. If CPR was never rendered, this field should never be examined by the software.

53.

<b>Name of Data Element:</b>	Provider of First CPR
<b>Priority:</b>	Desirable
<b>Definition:</b>	Person who performed first CPR on patient.
<b>Code:</b>	Numeric entry
<b>Field Length:</b>	2
<b>Field Starting and Ending Position:</b>	344 - 345
<b>Data Items:</b>	
01	Bystander
02	EMS responder
03	Family
04	Fire responder
05	Police responder
06	Security

**Discussion and Justification:** Useful for assessing the quality of CPR rendered by initial responders to a cardio respiratory arrest, for planning public educational efforts, etc.

**Business Rules:** *Records submitted that require and have a Time of Cardiac Arrest marked and a Procedure OR Treatment of 'CPR' OR Time of First CPR marked **must** have a Provider of First CPR entered.* Records with missing or invalid entry will be marked as non-compliant by the system. **Only one (1)** item from the above data item list can be submitted. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.

**Technical Comments:** Not applicable should be used when there is no need for CPR given the condition of the patient. Unknown should only be used when data is being entered long after the actual incident and the information cannot be correctly reconstructed from the hardcopy record. For instance, unknown should never be the code if there was no CPR rendered; this should be coded as not applicable.

54.

<b>Name of Data Element:</b>	Time of First CPR
<b>Priority:</b>	Desirable
<b>Definition:</b>	Best <u>estimate</u> of time of first CPR.
<b>Code:</b>	Time format should be coded as HHMM.
<b>Field Length:</b>	4
<b>Field Starting and Ending Position:</b>	346 - 349

**Content:** HH ranges from 00 to 23; MM ranges from 00 to 59.

**Discussion and Justification:** Permits assessment of the duration of cardiopulmonary resuscitation prior to arrival of EMS responder. Useful for research purposes and for planning public education concerning CPR.

**Business Rules:** *Records submitted that require and have a Time of Cardiac Arrest marked AND a Procedure OR Treatment of 'CPR' OR Provider of First CPR marked **must** have a Time of First CPR entered.* Records with missing or invalid Time of First CPR entry will be marked as non-compliant by the system. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.

**Technical Comments:** Format HHMM is recommended as part of FIPS standard. There should be no colon in the field when used for export purposes. Use leading zeros to assure two (2) character field width for HH and MM. Midnight is coded as 0000, and begins the new day.

This data element is undefined if CPR was never administered. Thus, in writing computerized reports, a program should first examine the "Provider of First CPR" field, or a treatment field, to determine that CPR occurred on the run. If CPR was never rendered, this field should never be examined by the software.

55.

<b>Name of Data Element:</b>	Provider of First Defibrillation
<b>Priority:</b>	Desirable
<b>Definition:</b>	Person who performed first defibrillation on patient.
<b>Code:</b>	Numeric entry
<b>Field Length:</b>	2
<b>Field Starting and Ending Position:</b>	350 - 351
<b>Data Items:</b>	
01	Bystander
02	EMS responder
03	Family
04	Fire responder
05	Police responder
06	Security
88	Not Applicable

**Discussion and Justification:** Provides information concerning the incidence of defibrillation of cardiac arrest patient. (For planning public and EMS Training efforts.)

**Business Rules:** *Records submitted with an Incident Disposition of “Treated, transported...”, ‘Care Transferred’, ‘Treated and ...’, AND a Sign and Symptoms Present marked of ‘Cardioresp. Arrest’ OR a Provider Impression marked as ‘Cardiac Arrest’ OR a Time of First Defibrillatory Shock marked **must** have a Provider of First Defibrillatory Shock entered.* Records with missing or invalid Provider of First Defibrillatory Shock entry will be marked as non-compliant by the system. **Only one (1)** item from the above data item list can be submitted. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.

**Technical Comments:** Not applicable should be used when there was no cardiac arrest or witness of a cardiac arrest. Unknown should only be used when data is being entered long after the actual incident and the information cannot be correctly reconstructed from the hardcopy record. For instance, unknown should never be the code if there was no cardiac arrest or witness; this should be coded as not applicable.

*88 Not Applicable*

This is to be coded if the incident met the requirements for a defibrillatory shock, but none were administered. This is not to be used when there was no cardiac arrest or no patient contact.

56.

<b>Name of Data Element:</b>	Time of First Defibrillatory Shock
<b>Priority:</b>	Desirable
<b>Definition:</b>	<u>Estimated</u> time of first Defibrillatory shock.
<b>Code:</b>	Time format should be coded as HHMM.
<b>Field Length:</b>	4
<b>Field Starting and Ending Position:</b>	352 - 355

**Content:** Time format should be coded as HHMM. HH ranges from 00 to 23; MM ranges from 00 to 59.

**Discussion and Justification:** Allows assessment of the time required between onset of cardiac arrest and provision of defibrillation in instances of ventricular fibrillation. Provides information about the rapidity with which the EMS responder correctly diagnoses the rhythm and takes action.

**Business Rules:** *Records submitted that meet the requirement for defibrillation and have a Provider of First Defibrillatory Shock marked other than 'Not Applicable' must have a Time of First Defibrillatory Shock entered.* Records with missing or invalid Time of First Defibrillatory Shock entry will be marked as non-compliant by the system. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.

**Technical Comments:** Format HHMM is recommended as part of FIPS standard. There should be no colon in the field when used for export purposes. Use leading zeros to assure two (2) character field width for HH and MM. Midnight is coded as 0000, and begins the new day.

57.

<b>Name of Data Element:</b>	Time CPR Discontinued
<b>Priority:</b>	Desirable
<b>Definition:</b>	Time at which medical control or responding EMS unit terminated resuscitation efforts (chest compressions and CPR) in the field.
<b>Code:</b>	Time format should be coded as HHMM.
<b>Field Length:</b>	4
<b>Field Starting and Ending Position:</b>	356 - 359

**Content:** HH ranges from 00 to 23; MM ranges from 00 to 59.

**Discussion and Justification:** Provides information concerning the duration of CPR in the field in cases in which the patient was pronounced dead in the field.

**Business Rules:** *Records submitted that require and have a Time of First CPR marked and a Procedure OR Treatment of 'CPR' OR Provider of First CPR marked **must** have a Time CPR Discontinued entered.* Records with missing or invalid entry will be marked as non-compliant by the system. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.

**Technical Comments:** Format HHMM is recommended as part of FIPS standard. There should be no colon in the field when used for export purposes. Use leading zeros to assure two (2) character field width for HH and MM. Midnight is coded as 0000, and begins the new day.

This data element is undefined if CPR was never administered (see Technical Comments for "Time of First CPR")

If CPR continued into hospital than this time should match the arrival time at facility.

58.

<b>Name of Data Element:</b>	Time Spontaneous Circulation
<b>Priority:</b>	Desirable
<b>Definition:</b>	Time of restored palpable pulse following resuscitation in the field.
<b>Code:</b>	Numeric entry
<b>Field Length:</b>	4
<b>Field Starting and Ending Position:</b>	360 - 363

**Content:** **HH** ranges from 00 to 23; **MM** ranges from 00 to 59. Midnight is coded as 0000 and begins the new day. There should be no colon in the field when using for export purposes. Use leading zeros to assure two (2) character field width for HH and MM.

**Business Rules:** A time should only be entered if return of circulation occurs and Time of Cardiac Arrest is marked. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces

**Technical Comments:** If there was a return of spontaneous circulation while in the care of the providers then the providers should enter an appropriate time in this field.

59.

<b>Name of Data Element:</b>	Alcohol / Drug Use
<b>Priority:</b>	Essential
<b>Definition:</b>	Suspected alcohol or drug use by patient.
<b>Code:</b>	Numeric entry.
<b>Field Length:</b>	2
<b>Field Starting and Ending Position:</b>	364 - 365
<b>Data Items:</b>	
	01 Alcohol
	02 Drugs
	03 Alcohol/Drugs
	04 No

**Discussion and Justification:** Important data element for injury research, permitting reports of value to public health researchers and policy makers.

**Business Rules:** *Records submitted with an Incident Disposition of “Treated, transported...”, “Care Transferred”, “Treat, transported...”, “Treated and ...”, “Patient refused...” must have an Alcohol / Drug use entered.* Records with missing or invalid Alcohol / Drug Use entry will be marked as non-compliant by the system. **Only one (1)** item from the above data item list can be submitted. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.

**Technical Comments:** Should be coded as yes whenever the EMS responder suspect’s alcohol or drug use by the patient may have contributed to the incident. The uses of drugs or alcohol in isolation have been coded individually for epidemiological purposes and specific use should be coded appropriately when possible. Not applicable should be used when there is no patient, such as in a standby response. If alcohol or drugs are totally unrelated to the incident, this field should be coded as no.

60.

<b>Name of Data Element:</b>	Pulse Rate
<b>Priority:</b>	Essential
<b>Definition:</b>	Patient's palpated or auscultated pulse rate expressed in number per minute.
<b>Code:</b>	Numeric entry
<b>Field Length:</b>	3
<b>Field Starting and Ending Position:</b>	366 - 368
<b>Data Items:</b>  {Pulse rate} – <b>Max entry 300</b>  888    Not Obtained	

**Content:** Code as three (3) digit field.

**Discussion and Justification:** The pulse rate is a component of various triage-scoring systems, and permits a rough assessment of the severity of illness of the patient. This data element is based on the physical examination of the patient, and the pulse must be palpated or auscultated. An electrical rhythm is not sufficient, as the patient could have pulseless electrical activity (PEA). In this instance, the correct value of this data element is '000'.

**Business Rules:** *Records submitted with an Incident Disposition of "Treated, transported...", "Care Transferred", "Treat, transported...", "Treated and ...", "Patient refused..." must have a Pulse entered.* An entered pulse rate should not be entered greater than 300. Records with missing or invalid entry will be marked as non-compliant by the system. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.

**Technical Comments:** Pulse rates should be left justified filled with zeros (i.e. 60 = 060). It is recognized that patient's encountered may have an initial pulse rate greater than 300, however, planning and epidemiological studies do not need to differentiate individual numbers greater than the maximum setting. This should limit the submission of, as well as flag erroneous data.

888    Not Obtained

This is to be coded if a patient was encountered and no pulse was assessed. It is not to be used if no patient was encountered or the incident does not require a pulse rate.

## 61.

<b>Name of Data Element:</b>	Respiratory Rate
<b>Priority:</b>	Essential
<b>Definition:</b>	Unassisted patient respiratory rate expressed as number per minute.
<b>Code:</b>	Numeric entry
<b>Field Length:</b>	3
<b>Field Starting and Ending Position:</b>	369 - 371
<b>Data Items:</b>	
{Respiratory rate} - <b>Limit 100</b>	
888 Not Obtained	

**Content:** Coded as three (3) digit field.

**Discussion and Justification:** Component of several triage scoring systems and provides some assessment of severity of illness or injury. If a patient is not breathing and requires artificial ventilation, this data element should be coded as '000'.

**Business Rules:** *Records submitted with an Incident Disposition of "Treated, transported..." , 'Care Transferred', 'Treat, transported...' , 'Treated and ...' , 'Patient refused...' must have a Respiratory Rate entered. An entered respiratory rate should not be entered greater than 100. Records with missing or invalid entry will be marked as non-compliant by the system. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.*

**Technical Comments:** Respiratory rates should be left justified filled with zeros (i.e. 20 = 020). It is recognized that patient's encountered may have an initial respiratory rate greater than 100, however, planning and epidemiological studies do not need to differentiate individual numbers greater than the maximum setting. This should limit the submission of, as well as flag erroneous data.

888 Not Obtained

This is to be coded if a patient was encountered and no respiratory rate was assessed. It is not to be used if no patient was encountered or the incident does not require a respiratory rate.

62.

<b>Name of Data Element:</b>	Systolic Blood Pressure
<b>Priority:</b>	Essential
<b>Definition:</b>	Patient's systolic blood pressure
<b>Code:</b>	Numeric entry
<b>Field Length:</b>	3
<b>Field Starting and Ending Position:</b>	372 -374
<b>Data Items:</b>	
{Systolic blood pressure} – <b>Limit 400</b>	
888 Not Obtained	

**Content:** Coded as three (3) digit field.

**Discussion and Justification:** Important component of several scoring systems for triage, and permits some assessment of acuity of patient.

**Business Rules:** *Records submitted with an Incident Disposition of “Treated, transported...”, ‘Care Transferred’, ‘Treat, transported...’, ‘Treated and ...’, ‘Patient refused...’ must have a Systolic Blood Pressure entered. An entered systolic blood pressure should not be greater than 400. Records with missing or invalid systolic blood pressure entry will be marked as non-compliant by the system. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.*

**Technical Comments:** Systolic blood pressures should be left justified filled with zeros (i.e. 60 = 060). The coding of ‘000’ should only be used if a blood pressure is attempted but not able to be determined due to poor perfusion. It is recognized that patient’s encountered may have an initial systolic blood pressures greater than 400, however, planning and epidemiological studies do not need to differentiate individual number greater than the maximum setting. This should limit the submission of, as well as flag erroneous data.

888 Not Obtained

This is to be coded if a patient was encountered and no systolic blood pressure was assessed. It is not to be used if no patient was encountered or the incident does not require a systolic blood pressure.

63.

<b>Name of Data Element:</b>	Diastolic Blood Pressure
<b>Priority:</b>	Essential
<b>Definition:</b>	Patient's diastolic blood pressure
<b>Code:</b>	Numeric entry
<b>Field Length:</b>	3
<b>Field Starting and Ending Position:</b>	375 -377
<p><b>Data Items:</b></p> <p>{Diastolic blood pressure} – <b>Limit 400</b></p> <p>888    Not Obtained</p>	

**Content:** Coded as three (3) digit field.

**Discussion and Justification:** Important component of several scoring systems for triage, and permits some assessment of acuity of patient.

**Business Rules:** *Records submitted with an Incident Disposition of “Treated, transported...”, ‘Care Transferred’, ‘Treat, transported...’, ‘Treated and ...’, ‘Patient refused...’ must have a Diastolic Blood Pressure entered. An entered diastolic blood pressure should not be entered greater than 400. Records with missing or invalid diastolic blood pressure entry will be marked as non-compliant by the system. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.*

**Technical Comments:** Diastolic blood pressures should be left justified filled with zeros (i.e. 60 = 060). The coding of ‘000’ should only be used if a blood pressure is attempted but not able to be determined due to poor perfusion. It is recognized that patient’s encountered may have an initial diastolic blood pressures greater than 400, however, planning and epidemiological studies do not need to differentiate individual number greater than the maximum setting. This should limit submission of, as well as flag erroneous data.

888    Not Obtained

This is to be coded if a patient was encountered and no diastolic blood pressure was assessed. It is not to be used if no patient was encountered or the incident does not require a diastolic blood pressure.

64.

<b>Name of Data Element:</b>	Palpated Diastolic Blood Pressure
<b>Priority:</b>	Essential
<b>Definition:</b>	Patient's palpated diastolic blood pressure
<b>Code:</b>	Numeric entry
<b>Field Length:</b>	1
<b>Field Starting and Ending Position:</b>	378
<b>Data Items:</b>	0 Auscultated 1 Palpated

**Content:** Coded as a one (1) digit field.

**Discussion and Justification:** Important component of several scoring systems for triage, and permits some assessment of acuity of patient.

**Business Rules:** *Records submitted that require a Diastolic Blood Pressure and have a value other than '888' must have a Palpated Diastolic Blood Pressure entered.* Records with missing or invalid diastolic blood pressure entry will be marked as non-compliant by the system. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.

*0 Auscultated*

This is coded when a diastolic blood pressure field is completed and the value was obtained via auscultation or electronic means.

*1 Palpate*

This is coded when a systolic blood pressure field was obtained via palpation, thus preventing the interpretation of a diastolic blood pressure.

65.

<b>Name of Data Element:</b>	Respiratory Effort
<b>Priority:</b>	Desirable
<b>Definition:</b>	Patient respiratory effort.
<b>Code:</b>	Numeric entry
<b>Field Length:</b>	2
<b>Field Starting and Ending Position:</b>	379 - 380
<b>Data Items:</b>	
01	Normal
02	Increased, not labored
03	Increased and labored
04	Decreased and fatigued
05	Absent
88	Not Obtained

**Content:** This data element is coded as a two (2) position field that indicates the patient’s ventilatory efforts. If a patient is not breathing and requires artificial ventilation, this data element should be coded as ‘Absent’.

**Business Rules:** *Records submitted with an Incident Disposition of “Treated, transported...”, ‘Care Transferred’, ‘Treat, transported...’, ‘Treated and ...’, ‘Patient refused...’ must have a Respiratory Effort entered. Only one (1) item from the above data item list can be submitted. Records with missing or invalid entry will be marked as non-compliant by the system. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.*

**Technical Comments:**

88 Not Obtained

This is to be coded if a patient was encountered and no respiratory effort was assessed. It is not to be used if no patient was encountered or the incident does not require a respiratory effort assessment.

66.

<b>Name of Data Element:</b>	Skin Perfusion
<b>Priority:</b>	Desirable
<b>Definition:</b>	Patient skin perfusion expressed as normal or decreased.
<b>Code:</b>	Numeric entry
<b>Field Length:</b>	2
<b>Field Starting and Ending Position:</b>	381 - 382
<b>Data Items:</b>	
	01 Normal
	02 Decreased
	88 Not Obtained

**Content:** This data element is coded as a two (2) position field. Normal is defined as warm, pink and with capillary refill time of two (2) or less seconds. Decreased is defined as cool, pale, mottled, dusky and with capillary refill time of greater than two (2) seconds.

**Business Rules:** *Records submitted with an Incident Disposition of “Treated, transported...”, “Care Transferred”, “Treat, transported...”, “Treated and ...”, “Patient refused...” must have a Skin Perfusion entered. Only one (1) item from the above data item list can be submitted.* Records with missing or invalid entry will be marked as non-compliant by the system. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.

**Technical Comments:**

88 Not Obtained

This is to be coded if a patient was encountered and no skin perfusion was assessed. It is not to be used if no patient was encountered or the incident does not require a skin perfusion assessment.

67.

<b>Name of Data Element:</b>	Initial Cardiac Rhythm
<b>Priority:</b>	Desirable
<b>Definition:</b>	Initial monitored cardiac rhythm as interpreted by EMS personnel.
<b>Code:</b>	Numeric entry
<b>Field Length:</b>	2
<b>Field Starting and Ending Position:</b>	383 - 384
<b>Data Items:</b>	
01 Normal Sinus	09 Junctional
02 Sinus Tach.	10 Paced
03 Sinus Brady	11 PVC's
04 Asystole	12 SV. Tach.
05 AV Block	13 Vent. Tach
06 Atrial Fib.	14 Vent. Fib.
07 Atrial Flutter	15 Other
08 PEA / EMD	

**Discussion and Justification:** Provides the initial monitored rhythm, permitting reports generated according to initial rhythm. Such reports would be of use in assessing the survival rate after certain rhythms.

It is understood that some agencies collect data about cardiac rhythms with more detail than this list. For instance, many agencies expect EMS personnel to distinguish first, second, and third degree heart block. There is no intention to restrict the manner in which any agencies decide to code cardiac rhythms, but there is a necessity to be able to collapse those rhythms to a common definition, which can then be combined. For the examples of heart block mentioned, those would all collapse into AV Block.

**Business Rules:** *Records submitted with an Incident Disposition of "Treated, transported...", "Care Transferred", "Treat, transported...", "Treated and ...", "Patient refused..." may have an Initial Cardiac Rhythm entered if ECG monitoring is available and appropriate. Only one (1) item from the above data item list can be submitted. Records with and invalid entry will be marked as non-compliant by the system. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.*

**Technical Comments:** This field should be coded with the appropriate number of spaces when the EMS responder is not an appropriate level provider to assess electrical rhythm, or if electrical monitoring is unavailable to the provider.

68.

<b>Name of Data Element:</b>	Final Cardiac Rhythm (at Destination)
<b>Priority:</b>	Desirable
<b>Definition:</b>	Monitored cardiac rhythm upon arrival at destination.
<b>Code:</b>	Numeric entry
<b>Field Length:</b>	2
<b>Field Starting and Ending Position:</b>	385 - 386
<b>Data Items:</b>	
01 Normal Sinus	09 Junctional
02 Sinus Tach.	10 Paced
03 Sinus Brady	11 PVC's
04 Asystole	12 SV. Tach.
05 AV Block	13 Vent. Tach
06 Atrial Fib.	14 Vent. Fib.
07 Atrial Flutter	15 Other
08 PEA / EMD	

**Discussion and Justification:** Captures the electrical rhythm at the time of arrival at a destination, as previously defined. Reports could examine whether this rhythm differs from the initial rhythm of the patient when encountered in the field, whether there was improvement or deterioration, etc. If an EMS responder is not equipped with electrical monitoring capability or is not of an appropriate level to assess rhythm, this field should be coded as not applicable.

**Business Rules:** *Records submitted with an Incident Disposition of "Treated, transported...", "Care Transferred", "Treat, transported...", "Treated and ...", "Patient refused..." may have a Final Cardiac Rhythm entered if ECG monitoring is available and appropriate. Only one (1) item from the above data item list can be submitted. Records with an invalid entry will be marked as non-compliant by the system. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.*

69.

<b>Name of Data Element:</b>	Glasgow Eye Opening Component
<b>Priority:</b>	Essential
<b>Definition:</b>	Patient's eye opening component of the Glasgow coma scale.
<b>Code:</b>	Numeric entry
<b>Field Length:</b>	2
<b>Field Starting and Ending Position:</b>	387 - 388
<b>Data Items:</b>	
01	None
02	Opens eyes in response to painful stimulation
03	Opens eyes in response to verbal stimulation
04	Opens eyes spontaneously
88	Not obtained

**Discussion and Justification:** One of three components of the Glasgow coma scale (GCS), which is widely used to assess neurological status. The score and its components are also parts of a variety of triage scoring systems. The component by itself does not offer a true assessment of neurological status; therefore a complete GCS examination assessing all three components must be submitted for neurological evaluation purposes.

**Business Rules:** *Records submitted with an Incident Disposition of "Treated, transported...", "Care Transferred", "Treat, transported...", "Treated and ...", "Patient refused..." must have a complete GCS examination entered. Only one (1) item from the above data item list can be submitted. Records with missing or invalid entry will be marked as non-compliant by the system. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.*

**Technical Comments:** A judgment that the data element is not applicable should not be made at the responder level. Instead, this can be made by generating data reports for specific conditions in which the data element is considered relevant, and examining the field for valid values.

88 Not Obtained

This is to be coded if a patient was encountered and GCS was not assessed. It is not to be used if no patient was encountered or the incident does not require a skin perfusion assessment.

70.

<b>Name of Data Element:</b>	Glasgow Verbal Component
<b>Priority:</b>	Essential
<b>Definition:</b>	Patient's verbal component of the Glasgow coma scale
<b>Code:</b>	Numeric entry
<b>Field Length:</b>	2
<b>Field Starting and Ending Position:</b>	389 - 390
<p><b>Data Items:</b></p> <p>For patients &gt;5years:</p> <ul style="list-style-type: none"> <li>01 None</li> <li>02 Non-specific sounds</li> <li>03 Inappropriate words</li> <li>04 Confused conversation or speech</li> <li>05 Oriented and appropriate speech</li> </ul> <p>For patients 2-5 years:</p> <ul style="list-style-type: none"> <li>01 None</li> <li>02 Grunts</li> <li>03 Cries and/or screams</li> <li>04 Inappropriate words</li> <li>05 Appropriate words</li> </ul> <p>For patients 0-23 months:</p> <ul style="list-style-type: none"> <li>01 None</li> <li>02 Persistent cry, grunting</li> <li>03 Inappropriate cry</li> <li>04 Cries, inconsolable</li> <li>05 Smiles, coos, cries appropriately</li> </ul> <ul style="list-style-type: none"> <li>88 Not Obtained</li> </ul>	

**Discussion and Justification:** One of three components of the Glasgow coma scale, which is widely used to assess neurological status. The score and its components are also parts of a variety of triage scoring systems. The component by itself does not offer a true assessment of neurological status; therefore a complete GCS examination assessing all three components must be submitted for neurological evaluation purposes.

**Business Rules:** *Records submitted with an Incident Disposition of "Treated, transported..." , 'Care Transferred', 'Treat, transported...', 'Treated and ...', 'Patient refused...' must have a complete GCS*

*examination entered.* **Only one (1)** item from the above data item list can be submitted. Records with missing or invalid entry will be marked as non-compliant by the system. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.

**Technical Comments:** If the patient is intubated and deeply comatose, then this data element is coded as 1 for none, since there was no verbal response at the time of Intubation. However, if the patient is intubated but not deeply comatose, and there is a possibility of verbal response, it is difficult to apply the Glasgow coma scale. The EMS responder can ask questions and if the patient can nod his head or blink eyes, etc. appropriately, then this element is coded as 5. A judgment that the data element is not applicable should not be made at the responder level. Instead, this can be made by generating data reports for specific conditions in which the data element is considered relevant, and examining the field for valid values

88      Not Obtained

This is to be coded if a patient was encountered and GCS was not assessed. It is not to be used if no patient was encountered or the incident does not require a skin perfusion assessment.

71.

<b>Name of Data Element:</b>	Glasgow Motor Component
<b>Priority:</b>	Essential
<b>Definition:</b>	Patient's motor component of the Glasgow coma scale.
<b>Code:</b>	Numeric entry
<b>Field Length:</b>	2
<b>Field Starting and Ending Position:</b>	391 - 392
<p><b>Data Items:</b></p> <p>For patients &gt;5 years:</p> <ul style="list-style-type: none"> <li>01 None</li> <li>02 Extensor posturing in response to painful stimulation</li> <li>03 Flexor posturing in response to painful stimulation</li> <li>04 General withdrawal in response to painful stimulation</li> <li>05 Localization of painful stimulation</li> <li>06 Obeys commands with appropriate motor response</li> </ul> <p>For patients up to 5 years:</p> <ul style="list-style-type: none"> <li>01 None</li> <li>02 Extensor posturing in response to painful stimulation</li> <li>03 Flexor posturing in response to painful stimulation</li> <li>04 General withdrawal in response to painful stimulation</li> <li>05 Localization of painful stimulation</li> <li>06 Spontaneous</li> <li>88 Not Obtained</li> </ul>	

**Discussion and Justification:** One of three components of the Glasgow coma scale, which is widely used to assess neurological status. The score and its components are also parts of a variety of triage scoring systems. The component by itself does not offer a true assessment of neurological status; therefore a complete GCS examination assessing all three components must be submitted for neurological evaluation purposes.

**Business Rules:** *Records submitted with an Incident Disposition of "Treated, transported...", "Care Transferred", "Treat, transported...", "Treated and ...", "Patient refused..." must have a complete GCS examination entered. Only one (1) item from the above data item list can be submitted.* Records with missing or invalid entry will be marked as non-compliant by the system. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.

**Technical Comments:** This component cannot be assessed if the patient has received a muscle relaxant. However, information on patient's response prior to the muscle relaxant may be reported for this initial assessment. A judgment that the data element is not applicable should not be made at the responder level. Instead, this can be made by generating data reports for specific conditions in which the data element is considered relevant, and examining the field for valid values

88 Not Obtained

This is to be coded if a patient was encountered and GCS was not assessed. It is not to be used if no patient was encountered or the incident does not require a skin perfusion assessment.

72.

<b>Name of Data Element:</b>	Revised Trauma Score
<b>Priority:</b>	Desirable
<b>Definition:</b>	Patient's revised trauma score.
<b>Code:</b>	Numeric entry
<b>Field Length:</b>	2
<b>Field Starting and Ending Position:</b>	393 - 394

**Content:** Coded as two (2) digit field.

**Discussion and Justification:** One example of a triage scoring system which may be used to categorize injured patients in an EMS system. This data element is considered desirable, but the intention is that local agencies use scoring systems, which are applicable to their own purposes. Most of these scoring systems should be calculable from other data elements, which are included as core elements of the uniform data set.

Other scoring systems that are used in EMS information systems include the CRAMS, the Trauma Index, the Trauma Score (Champion), the Glasgow coma scale, APACHE, PRISM, Hanover Intensive Score (HIS), AIS and ISS. It is recommended that experience be gained with these scoring systems, emphasizing scoring systems, which can be automatically calculated from components which are designated as core data elements.

**Business Rules:** *Records submitted with an Incident Disposition of "Treated, transported..." , 'Care Transferred' AND have an Incident Type marked as 'Trauma' must have a Revised Trauma Score entered.* Records with missing or invalid entry will be marked as non-compliant by the system. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.

**Technical Comments:** The revised trauma score may be calculated from other data elements. It is the sum of a respiratory rate component, systolic blood pressure component, and a neurologic component.

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

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

Neurologic 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

Calculate the total score by adding the 3 fields together. If the score cannot be calculated because of absent component data or is unknown, then the score should be coded as '88',

88 Not Obtained

This is to be coded if a patient was encountered and not all components were presented to properly formulate a score. It is not to be used if no patient was encountered or the incident does not require revised trauma score.

73.

<b>Name of Data Element:</b>	Procedure or Treatment Name
<b>Priority:</b>	Essential
<b>Definition:</b>	Identification of crewmember position and the procedure they attempted or performed on patient.
<b>Code:</b>	Numeric entry
<b>Field Length:</b>	60
<b>Field Starting and Ending Position:</b>	395 - 454
<b>Data Items:</b>	
01	Assisted ventilation (BVM) (96.70)
02	Assisted ventilation (Pocket Mask)
03	Assisted ventilation (Positive pressure/Demand Valve) (96.70)
04	Assisted ventilation (Manual Airway)
05	Abdominal Thrusts
06	Back Blows
07	Backboard (short)
08	Backboard (long) (93.59)
09	Bandage
10	Bleeding controlled (39.98)
11	Blood Glucose Level (BGL) check
12	Burn care (93.57)
13	Cardiopulmonary resuscitation (99.60)
14	Central Vein IV
15	Cervical Collar
16	C-Spine Stabilize
17	C-Spine Immobilization Device
18	Chest decompression
19	Cold Pack
20	Cricothyrotomy (31.10)
21	ECG monitoring (89.51)
22	EGTA/EOA/PTL
23	Endotracheal Intubation (96.04)
24	External defibrillation (includes auto) (99.62)
25	Hot Pack
26	Immobilization – extremity (93.54)
27	Immobilization – Traction Splint (93.54)
28	Intraosseous catheter (41.92)
29	Intravenous catheter (38.93)
30	Nasopharyngeal airway (96.01)
31	Nasogastric tube (96.05)

**Procedure or Treatment Name (cont.)**

32	MAST / PASG (Applied) (93.58)
33	Obstetrical care (delivery) (73.59)
34	Oropharyngeal airway (96.02)
35	Oxygen by cannula (93.96)
36	Oxygen by mask (93.96)
37	Pacing
38	Suction
39	Surgical Airway
40	Tourniquet
41	Urine catheter
77	Other
888	Not Applicable

**Discussion and Justification:** Intended to provide planners and educators with information about which procedures are conducted in the field, by whom, and for what indications. Procedures are defined here as anything done by way of assessment or treatment of the patient. Thus, application of a cervical collar is a treatment, use of a cardiac monitor is a tool of assessment, and drawing blood tubes is neither a specific treatment nor a means of field assessment. All of these would be considered procedures for purposes of this data element.

The Nevada State Office of EMS derived this list to track recognized procedures and treatments occurring in the field. Agencies should identify other procedures not listed as 'Other'

**Business Rules:** *Records submitted with an Incident Disposition of "Treated, transported...", "Care Transferred", "Treat, transported...", "Treated and ..." may have a Procedure or Treatment Name entered. Up to twenty (20) items from the above data item list with the crewmember position code may be submitted. Left justify with submission(s) and back fill with appropriate spaces to meet field length. Records with invalid entry will be marked as non-compliant by the system. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.*

**Technical Comments:** This field is coded with the position of the crewmember, as identified in data elements 10 – 17, performing the procedure followed by the above data item code. For example the coding for crewmember 2 performing 'Assisted ventilation (BVM)' and crewmember 1 performing 'Cardiopulmonary resuscitation' would be "201113".

77 Other

This is to be coded when a crewmember does a procedure not listed in the data item list.

888 Not Applicable

This is to be coded if a patient was encountered and did not receive any procedures or treatment. This

is not to be used if no patient was encountered or the incident does not require entry of a procedure or treatment. When used this should be the only code submitted in the field. Note that it is three (3) digits and does not require a crewmember position in front of the code.

74.

<b>Name of Data Element:</b>	Level of Care Provided (Nature of Incident)
<b>Priority:</b>	Mandatory
<b>Definition:</b>	Type of care available/rendered by personnel regardless of level
<b>Code:</b>	Numeric entry.
<b>Field Length:</b>	2
<b>Field Starting and Ending Position:</b>	455 - 456
<b>Data Items</b>	
01	BLS
02	ALS

**Content:** This data element is coded as a two (2) position field that provides important information about level of care rendered.

**Business Rules:** *All records submitted must have a Level of Care Provided entered.* Records with missing or invalid entry will be rejected and marked as non-compliant by the system

**Technical Comments:**

01 BLS

Is a level of care that provides treatment and transport requiring only minimal intervention. It includes the administration of oxygen and patient assisted medications as noted in the Department of Transportation Basic Curriculum.

02 ALS

Is a level of care that is able to provide advanced monitoring of patient (ECG, 12 Lead, etc.), invasive procedures that include IV therapy, IO therapy, advanced airway management, ACLS, and pharmacology intervention. This level encompasses ILS care.

75.

<b>Name of Data Element:</b>	Medication Name
<b>Priority:</b>	Essential
<b>Definition:</b>	Medication name.
<b>Code:</b>	Numeric entry.
<b>Field Length:</b>	45
<b>Field Starting and Ending Position:</b>	457 - 501
<b>Data Items:</b>	
Please refer to Appendix D for Medications List	

**Discussion and Justification:** Intended to provide planners and educators with information about which drugs are administered in the field, by whom, and for what indications. It is likely that each responder agency will have its own list of drugs, which are carried by the response vehicles, and this list should be used for the data collection efforts of that agency. The Nevada State Office of EMS derived this list to track recognized the current state approved list of medications being used in the field. It is not expected that every agency will permit its providers to use or carry all these drugs. Agencies that administer medications not listed should mark those as ‘Other’.

**Business Rules:** *Records submitted with an Incident Disposition of “Treated, transported...”, ‘Care Transferred’, ‘Treat, transported...’, ‘Treated and ...’ may have a Medication Name entered. Up to fifteen (15) items from the above data item list with the crewmember position code may be submitted. Left justify with submission(s) and back fill with appropriate spaces to meet field length. Records with invalid entry will be marked as non-compliant by the system. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.*

**Technical Comments:** This field is coded with the position of the crewmember, as identified in data elements #11 – 18, performing the procedure followed by the above data item code. For example the coding for crewmember 3 administering ‘Atropine’ and crewmember 1 administering ‘Epinephrine’ would be “306116”.

77 *Other*

This is to be coded when a crewmember administers a medication not listed in the data item list.

888 *Not Applicable*

This is to be coded if a patient was encountered and received no medications. This is not to be used if no patient was encountered or the incident does not require entry of a procedure or treatment. When used this should be the only code submitted in the field. Note that it is three (3) digits and does not require a crewmember position in front of the code.

76.

<b>Name of Data Element:</b>	Treatment Authorization
<b>Priority:</b>	Desirable
<b>Definition:</b>	Indicates the type, if any, of treatment authorization.
<b>Code:</b>	Numeric entry.
<b>Field Length:</b>	2
<b>Field Starting and Ending Position:</b>	502 - 503
<b>Data Items</b>	
01	Protocol (Standing Orders)
02	On-Line (Radio Telephone)
03	On-Scene
04	Written Orders (Patient Specific)
88	Not Applicable

**Discussion and Justification:** Enables managers of EMS systems to determine the authorization type used for emergency medical care provided on specific EMS runs. This data may be of used for determining legal accountability and for auditing the supervision of EMS systems. Only the highest level of authorization obtained for patient treatment should be selected.

**Business Rules:** *Records submitted with an Incident Disposition of “Treated, transported...”, ‘Care Transferred’, ‘Treat, transported...’, ‘Treated and ...’, ‘Patient refused...’ must have a Treatment Authorization entered.* Records with a missing or invalid entry will be marked as non-compliant by the system. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.

**Technical Comments:** Following is a more detailed explanation of the Data Items that define Treatment Authorization:

01 *Protocol (Standing Orders)*

Pre-established physician authorized procedures or guidelines for medical care of a specified clinical situation, based on patient presentation. Also known as standing orders. The pre-establishment of protocols is the responsibility of a physician having responsibility for medical direction of an EMS system.

02 *On-line (Radio Telephone)*

Immediate physician orders to EMS provider through direct telecommunications such as radio or

telephone. Also known as *on-line medical direction*.

03 *On-Scene*

Immediate orders to an EMS provider by a physician at the scene of the medical emergency, who has officially assumed responsibility for the management of the prehospital care of the patient.

04 *Written Orders (Patient Specific)*

Written orders by a physician having on-going or continuing responsibility for the medical care of the patient, to an EMS provider regarding the prehospital care of the patient. The orders must accompany the patient, must be in writing, and must be signed by the responsible physician. Also known as *advanced medical directions*. An example is "Do Not Resuscitate" orders.

88 *Not Applicable*

Citation of authorization is not applicable or indicated, such as in cases where no medical treatments are provided, or no treatments requiring explicit physician authorization are administered. Do not code this if no patient was encountered.

77.

<b>Name of Data Element:</b>	Medical Direction Facility
<b>Priority:</b>	Essential
<b>Definition:</b>	Specific Health Care Facility or Prehospital Agency that provides Medical Direction to the EMS provider on incident.
<b>Code:</b>	Numeric entry.
<b>Field Length:</b>	5
<b>Field Starting and Ending Position:</b>	504 - 508
<b>Data Items</b>	
{ 5 digit Health Facility Number)	Refer to Appendix B
{ 5 digit EMS Agency Number }	Refer to Appendix A
99999	Unknown

**Content:** This element consists of the unique 4-digit number as assigned by the Nevada State Office of EMS for a health care facility that is providing medical direction to EMS providers.

**Business Rules:** *Records submitted with an entry of 'On-Line' in Treatment Authorization must have a Medical Direction Facility entered.* Records with a missing or invalid entry will be marked as non-compliant by the system. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.

**Technical Comments:**

99999 Unknown

This code should be used when the specific facility number is not known. It is not to be coded if no patient was encountered or the incident does not require entry.

78.

<b>Name of Data Element:</b>	Destination Type
<b>Priority:</b>	Essential
<b>Definition:</b>	Health Care Facility or Prehospital Unit/Home that received patient from EMS responder providing this record.
<b>Code:</b>	Numeric entry.
<b>Field Length:</b>	2
<b>Field Starting and Ending Position:</b>	509 - 510
<b>Data Items:</b>	
01 Home	06 Hospital
02 Police/jail	07 Morgue
03 Medical Office/clinic	08 Extended Care
04 Other EMS responder (ground)	77 Other
05 Other EMS responder (air)	88 Not applicable

**Discussion and Justification:** Allows reporting by destination facilities, and allows linking when a patient is transferred between EMS responder agencies. Not applicable would be selected when there is no patient.

It is anticipated that each region or state will codify its list of hospitals in an internally consistent manner, permitting reports by facility. For purposes of the uniform data set, the first 8 categories have been defined above. For purposes of export to a larger data set, such as a national data set, all hospital destinations would be collapsed down into a single code for Hospital.

This data element is very valuable for probabilistic linkage. For instance, when an EMS responder indicates a specific hospital identifier, this can greatly facilitate linkage to outpatient and inpatient facility records.

**Business Rules:** *Records submitted with an Incident Disposition of “Treated, transported...” or ‘Care Transferred’ must have a Destination Type entered.* Records with a missing or an invalid Destination Type will be marked as non-compliant by the system. **Only one (1)** item from the above data item list can be submitted. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.

**Technical Comments:** This data element is used in conjunction with data element XX to indicate the specific receiving facility.

*04 Other EMS responder (ground)*

When this code is used, the data element XX should reflect a selection from EMS agency Numbers (Appendix A)

*05 Other EMS responder (air)*

When this code is used, the data element XX should reflect a selection from EMS agency Numbers (Appendix A)

*06 Hospital*

When this code is used, the data element XX should reflect a selection from EMS Facility Numbers (Appendix C)

*77 Other*

This code should be used when none of the other codes apply.

79.

<b>Name of Data Element:</b>	Destination Determination
<b>Priority:</b>	Essential
<b>Definition:</b>	Reason a transport destination was selected.
<b>Code:</b>	Numeric entry.
<b>Field Length:</b>	2
<b>Field Starting and Ending Position:</b>	511 – 512
<p><b>Data Items:</b></p> <p>01 Closest Facility (none below)      06 Protocol  02 Patient/Family Choice                07 Specialty Resource Center  03 Patient Physician Choice            08 On-line Medical Direction  04 Managed Care                            09 Diversion  05 Law Enforcement Choice</p>	

**Discussion and Justification:** Helps EMS managers to determine whether the choice of destination is appropriate. Items, which are defined as patient, physician, or family choice, are of interest to determine whether a trauma or referral system is functioning well, or is frequently overridden by non-medical issues.

**Business Rules:** *Records submitted with an Incident Disposition of ‘Treated, transported...’ or ‘Care Transferred’ must have a Destination Determination entered.* Records with a missing or an invalid entry will be marked as non-compliant by the system. **Only one (1)** item from the above data item list can be submitted. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.

**Technical Comments:**

80.

<b>Name of Data Element:</b>	Receiving Agency
<b>Priority:</b>	Essential
<b>Definition:</b>	Specific Health Care Facility or Prehospital Agency that received patient from EMS provider providing this record.
<b>Code:</b>	Numeric entry.
<b>Field Length:</b>	5
<b>Field Starting and Ending Position:</b>	513 - 517
<b>Data Items</b>	
{5 digit Health Facility Number} Refer to Appendix B {5 digit EMS Agency Number} Refer to Appendix A  99999 Unknown	

**Content:** This element consists of the unique 4 digit or 5 digit number as assigned by the Nevada State Office of EMS for approved health care facilities and EMS agencies.

**Business Rules:** *Records submitted with an Incident Disposition of “Treated, transported...”, ‘Care Transferred’ must have a Receiving Agency entered.* Records with a missing or invalid entry will be rejected and marked as non-compliant by the system. If the incident is appropriate to not report this data element, then this field must be submitted with the appropriate number of spaces.

**Technical Comments:** Due to EMS agency numbering being 5 digits, the receiving facilities codes need to be left justified padded with a ‘0’ to properly format this field. This data element is used in conjunction with data elements “Destination/Transferred To” to indicate the specific receiving facility.

99999 Unknown

This code should be used when the specific facility number or EMS agency number is not known.

**81.**

<b>Name of Data Element:</b>	Research 1
<b>Priority:</b>	Desirable
<b>Definition:</b>	This is an additional field that is not defined by the State and allows local or regional authorities to collect random data not defined in this data set.
<b>Code:</b>	Alpha/numeric entry.
<b>Field Length:</b>	4
<b>Field Starting and Ending Position:</b>	518 - 521

**Content:** This element consists of a four (4) character field to allow collection of short-term data points at a local or regional level. The centralization of data leads to the chance of duplication of coding for different data items. Therefore the Nevada State Health Division/EMS Office must assign the data item codes in an effort to prevent duplication. Agencies wishing to utilize this field must contact the EMS office to only receive the code numbers for their items they wish to track.

**Business Rules:** *Codes submitted in this field that were not assigned by the Nevada State Health Division/EMS Office will not be entered into the central database and marked as non-compliant by the system. This field will not effect the overall submission of a record. If the incident is appropriate to not report this data element or this field is not used by the agency, then this field must be submitted with the appropriate number of spaces.*

**Technical Comments:** It is recommend that this field be left justified with entries.

82.

<b>Name of Data Element:</b>	Research 2
<b>Priority:</b>	Desirable
<b>Definition:</b>	This is an additional field that is not defined by the State and allows local or regional authorities to collect random data not defined in this data set.
<b>Code:</b>	Alpha/numeric entry.
<b>Field Length:</b>	4
<b>Field Starting and Ending Position:</b>	522 - 525

**Content:** This element consists of a four (4) character field to allow collection of short-term data points at a local or regional level. The centralization of data leads to the chance of duplication of coding for different data items. Therefore the Nevada State Health Division/EMS Office must assign the data iteming codes in an effort to prevent duplication. Agencies wishing to utilize this field must contact the EMS office to only receive the code numbers for their items they wish to track.

**Business Rules:** Codes submitted in this field that were not assigned by the Nevada State Health Division/EMS Office will not be entered into the central database and marked as non-compliant by the system. This field will not effect the overall submission of a record. If the incident is appropriate to not report this data element or this field is not used by the agency, then this field must be submitted with the appropriate number of spaces.

**Technical Comments:** It is recommend that this field be left justified with entries.

83.

<b>Name of Data Element:</b>	Dataset Version
<b>Priority:</b>	Mandatory
<b>Definition:</b>	Reports the version of the dataset format being used.
<b>Code:</b>	Numeric entry.
<b>Field Length:</b>	2
<b>Field Starting and Ending Position:</b>	526 - 257

**Content:** This element consists of a two (2) character field used to track the version of the dataset the reported record's format is. Allows for tracking of changes in dataset and submission of old ASCII files. This will allow for backwards processing of old submission records.

**Business Rules:** *All Records submitted must have a Dataset Version entered.* Records with missing or an invalid entry will be rejected and marked as non-compliant by the system.

**Technical Comments:** The value for this field for this dataset is '01'.

## Appendix A EMS Agency List

ID	Name	ID	Name
00101	Boulder City Fire Dept.	05363	Owyhee Ambulance
00108	AMR – Las Vegas	05393	Independence Mining
00113	So. Nevada Vol. First Aid & Rescue	05406	American MedFlight
00115	Valley Hospital Flight for Life	05426	Access Air
00150	Henderson Fire Dept.	06139	ES. CO. Amb. - Fishlake Valley
00172	Clark Co. Fire Dept.	06345	ES. CO. Amb. - Goldfield
00314	Mesquite Ambulance	06346	ES. CO. Amb. - Silverpeak
00353	Sandy Valley Fire Dept.	07131	Eureka Co. Vol. Amb. - Eureka
00354	CAL – NEV – ARI Fire Dept.	07325	Eureka Co. VA – Crescent Valley
00371	National Park Service – Lake Mead	07394	Newmont Gold
01309	Carson Fire	08107	Humboldt Co. Amb. - Winnemucca
01360	Nevada Division of Forestry	08410	McDermitt Ambulance
01381	Carson Fire-Agency Vehicle	09123	Austin Vol. Amb. Service
02291	Churchill Comm. Hosp. Amb.	09175	Battle Mt. Vol. Amb. Service
02397	NAS Fallon Fire Dept.	09399	Echo Bay Ambulance Service
02424	Federal Fire Southwest Region	10134	Pahrnagat Valley FD/Amb. - Alamo
03182	Bunkerville Fire Dept.	10137	Lincoln Co. Vol. Amb. – Pioche
03185	Goodsprings Fire Dept.	10273	Meadow Valley Vol. Amb.
03187	Mt. Charleston FD	11101	Fernley Ambulance
03190	Laughlin Fire Dept.	11103	Mason Valley FPD – Yerington Amb.
03191	Searchlight Fire Dept.	11168	Smith Valley Vol. Amb.
03193	Moapa Fire Dept.	11367	Central Lyon Fire Prot. Dist.
03197	Indian Springs Fire Dept.	11375	Mason Valley FPD – Agency Veh.
03319	Las Vegas Fire Dept.	11395	Central Lyon FPD – Agency Veh.
03320	No. Las Vegas Fire Dept.	12122	Mineral Co. Amb. – Hawthorne
03376	Desert Rescue	12163	Mina VFD & Amb.
03385	Overton Fire Dept.	12330	Walker Lake Vol. Amb.
03386	Logandale Fire Dept.	12370	Walker River Tribe Amb. – Schurz
03396	Las Vegas Motor Speedway	12380	DZB Fire Dept. – Hawthorne Army Base
03407	Jean Fire Dept.	13142	Nye Co. Amb. – Tonopah
03408	Mercy Air	13316	Round Mountain Gold Amb.
03409	Specialized Medical Service Inc.	13329	Gabbs Vol. Amb. Service
03414	Air R.E.A.C.T	13321	Nye Co. Amb. – Amargosa Valley
03421	Blue Diamond Fire Dept.	13334	Nye Co. Amb. – Beatty
03428	Southwest Ambulance	13342	Nye Co. Amb. – Current Creek
03418	Motor Sports Medical	13344	Nye Co. Amb. – Smoky Valley
04130	East Fork Fire & Paramedic Dist.	13372	Bechtel Nevada
04149	Tahoe Douglas FP Dist.	13387	Adv. Security – TTR, Tonopah
04355	Tahoe Douglass FP Dist. – Agency	13388	DET 1 AFEREG – Mercury
04412	EFF & PD – Agency Vehicle	13398	Yomba Ambulance
05108	Carlin VFD	13415	Flight For Life
05118	Elko County Vol. Amb.	13422	Pahrump Fire Rescue
05347	ECVAS – Jackpot Ambulance	13432	Water Rock Rescue
05326	Wendover Ambulance Service	13434	Motor Sports Medical
05348	ECVAS – Wells Ambulance	14106	Pershing Co. Amb. – Lovelock
05351	Barrick Goldstrike Ambulance	15132	Stoney Co. VFD – Virginia City Amb.

## Appendix A EMS Agency List Continued

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<b>ID</b>	<b>Name</b>
15365	Stoney Co. VFD – Agency Vehicle
16105	Gerlach Vol. Ambulance
16302	CareFlight
16306	No. Lake Tahoe Fire Prot. Dist.
16307	Medic Air
16323	REMSA
16327	No. Lake Tahoe FPD – Agency Vehicle
16400	American MedFlight
16411	Reno Fire
16431	Sparks Fire
17127	White Pine Co. Amb. – Ely
17357	White Pine Co. Amb. – Lund
17358	White Pine Co. Amb. – AMB – Baker
17359	White Pine Co. Amb. – AMB MC GIL
17392	White Pine Co. Amb. – Ruth
17999	White Pine Co. Inclusive (for pilot)

## Appendix B Health Facility List

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ID	Name	ID	Name
90001	University Medical Center of So. Nevada	90087	Tahoe Forest Hospital
90002	Desert Springs Hospital	90088	University of Utah Hospital
90003	Nellis Air Force Base Hospital	90089	LDS Hospital
90005	Lake Mead Hospital Medical Center	90090	Saint Marks Hospital
90006	Sunrise Hospital & Medical Center	90091	Primary Childrens Hospital
90007	St. Rose Dominican Hospital	90099	Other Out of State Hospital
90008	Boulder City Hospital, Inc.	90101	Acute Rehab at Washoe Village
90009	Valley Hospital Medical Center	90102	BHC West Hills Hospital
90010	Battle Mountain General Hospital	90103	Carson Rehabilitation Center
90011	Carson Tahoe Hospital	90104	Desert Willow Treatment Center
90012	Churchill Community Hospital	90105	Dini Townsend Hospital at NNAMHS
90015	Northeastern NV Regional Hospital	90106	HealthSouth Hospital at Tenaya
90018	Grover C. Dils Medical Center & SNF	90107	HealthSouth Rehab at Henderson
90022	Nye Regional Medical Center & SNF	90108	HealthSouth Rehab of Las Vegas
90023	Pershing General Hospital	90109	HealthSouth Rehab Hospital of Reno
90024	Saint Mary's Regional Medical Center	90110	Horizon Specialty Hosp – Las Vegas
90025	Humboldt General Hosp / Harmony Manor	90111	Incline Village Community Hospital
90026	South Lyon Medical Center	90112	Integrated Health Serv of LV-Hosp
90027	Sparks Family Hospital	90113	Kindred Hospital – Las Vages
90030	Mount Grant General Hospital	90114	Kindred Hosp – LV Flamingo Campus
90031	Veterans Memorial Hospital	90115	Montevista Hospital
90032	Washoe Medical Center, Inc.	90116	Mountainview Hospital
90033	William Bee Ririe Hospital	90117	Northern Nevada Medical Center
90040	Any Nursing Facility, SNF, ICF, Rehab, Etc.	90118	Progressive Hospital
90041	Any Mental Health Facility	90119	Select Specialty Hosp – Reno, Inc.
90050	Any Other Health Care Facility	90120	Southern NV Adult Mental health Serv
90060	Beatty Medical Clinic	90121	Spring Mountain Treatment Center
90061	Alamo Medical Clinic	90122	St Rose Dominican Hosp Siena Campus
90062	Amargosa Valley Medical Clinic	90123	Summerlin Hosp Medical Center, LLC
90063	Carson Valley Emergency Health Center	90124	Tahoe Pacific Hospital
90065	Eureka County Medical Clinic	90125	UMC Rancho Rehab Center
90066	Family Emergency Medical Clinic	90126	Willow Springs Center
90067	McDermitt USPH Medical Clinic		
90068	Owyhee USPH Hospital		
90069	Pahrump Family Medical Clinic		
90070	Wendover Urgent Care Center		
90080	Barton Memorial Hospital		
90081	Bullhead Community Hospital		
90082	Dixie Medical Center		
90083	Magic Valley Reg. Medical Center		
90084	Northern Inyo Hospital		
90085	Saint Alphonse Hospital		
90086	Saint Lukes Hospital		

## Appendix C

### Nevada City/County FIPS

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FIPS ID	Name	FIPS ID	Name
	<b>Carson City County</b>	03012	Borax
01002	Brunswick	03013	Boulder City
01001	Carson City	03014	Boulder Junction
01003	Carson Colony (Indian Reservation)	03015	Bracken
01004	Carson Hot Springs	03016	Bunkerville
01005	Carson Meadows	03017	Bunkerville (Township of)
01006	Empire	03018	Cactus Springs
01007	Stewart	03019	Cal Nev Ari
	<b>Churchill County</b>	03020	Carlton Square
02001	Churchill (County)	03021	Carver Park
02002	Cold Springs	03022	Charleston Park
02003	Dixie Valley	03023	Cibola Park
02004	Eastgate	03024	Clark (CCD)
02005	Fallon	03025	Clark (County)
02006	Fallon Colony (Indian Reservation)	03026	Cottonwood Cove
02007	Fallon Indian Reservation	03027	Crystal
02008	Fallon Naval Air Station	03028	Curtis Park Manor
02009	Frenchman	03029	Desert View Point
02010	Hazen	03030	Dike
02011	Jessup	03031	Downtown
02012	Middlegate	03032	Dry Lake
02013	Miriam	03033	East Las Vegas (Whitney)
02014	Salt Wells	03034	Eastland Heights
02015	Stillwater	03035	Echo Bay
02016	Walker River Indian Reservation	03036	Elstner Estates
	<b>Clark County</b>	03037	Enterprise
03001	Airport	03038	Erie
03002	Amber	03039	Farrier
03003	Apex	03040	Federal
03004	Arden	03041	Fort Mojave Indian Reservation (Also AZ)
03005	Arrolime	03042	Garnet
03006	Arrowhead	03043	Garside
03007	Artesia Heights	03044	Glassand
03008	Bard	03046	Glendale
03009	Blue Diamond	03045	Glendale
03010	Bonanza	03047	Gold Butte
03011	Bonnie Springs	03048	Goodsprings
		03049	Goodsprings (Township of)

03050	Henderson	03094	Pittman
03051	Henderson (Township of)	03095	Primm
03052	Hillcrest Manor	03096	Ripley
03053	Huntridge	03097	Riverside
03054	Indian Springs	03098	Roach
03055	Indian Springs Air Force Auxiliary Field	03099	Searchlight
03056	Jackman	03100	Searchlight (Township of)
03057	Jean	03101	Sloan
03058	Lake Mead Base (US Navy)	03102	Spring Valley
03059	Lake Mead National Recreation Area (Also	03103	Stateline
03060	Las Vegas	03104	Stewarts Point
03061	Las Vegas (CCD)	03105	Sun Rise Acres
03062	Las Vegas (Township of)	03106	Sunrise Manor
03063	Las Vegas Acres	03107	The Lakes
03064	Las Vegas Colony (Indian Reservation)	03108	Tonopah Estates
03065	Las Vegas Highlands	03109	Tonopah Terrace
03066	Las Vegas Square	03110	Ute
03067	Laughlin	03111	Valley
03068	Lee Canyon Camp	03112	Vegas Creek
03069	Logan (Township of)	03113	Vegas Heights
03070	Logandale	03114	Vegas View
03071	Longacres Park	03115	Victory Village
03072	Lovell	03116	Virgin
03073	McCarran International Airport	03117	Wann
03074	Mead Lake	03118	Whitney
03075	Mesquite	03119	Willow Beach
03076	Moapa	03120	Winchester
03077	Moapa (Township of)		
03078	Moapa River Indian Reservation		<b>Douglas County</b>
03079	Moapa Valley	04001	Buckeye
03080	Mount Charleston	04002	Centerville
03081	Mountain Springs	04003	Douglas (County)
03082	Nellis	04004	Dresslerville
03083	Nellis Air Field (RR name for Nellis Air	04005	Edgewood
03084	Nellis Air Force Base	04006	Elks Point
03085	Nelson	04007	Gardnerville
03086	Nelson (Township of)	04008	Gardnerville Ranchos
03087	North Las Vegas	04009	Gardnerville-Minden (CCD)
03088	North Las Vegas (Township of)	04010	Genoa
03089	Overton	04011	Glenbrook
03090	Overton (Township of)	04012	Holbrook Junction
03091	Paradise	04013	Indian Hills
03092	Paradise Palms	04014	Johnson Lane
03093	Paradise Valley	04015	Kingsbury

04016 Lakeridge  
 04017 Minden  
 04018 Mottsville  
 04019 Sheridan  
 04020 Skyland  
 04021 Stateline  
 04022 Tahoe Village  
 04023 Topaz Lake  
 04024 Topaz Ranch Estates  
 04025 Walleys Hot Springs  
 04026 Washoe Indian Reservation  
 04027 Zephyr Cove  
 04028 Zephyr Cove-Round Hill Village

**Elko County**

05001 Carlin  
 05002 Charleston  
 05003 Contact  
 05004 Currie  
 05005 Deep Creek  
 05006 Deeth  
 05007 Duck Valley (Western Shoshone) Indian  
 Re  
 05008 Elburz  
 05009 Elko  
 05010 Elko (County)  
 05011 Elko (Township of)  
 05012 Halleck  
 05013 Jackpot  
 05014 Jarbidge  
 05015 Jiggs  
 05016 Lamoille  
 05017 Lee  
 05018 Metropolis  
 05019 Midas  
 05020 Mizpah  
 05021 Montello  
 05022 Mountain City  
 05023 North Fork  
 05024 Oasis  
 05025 Osino  
 05026 Owyhee  
 05027 Pequop  
 05028 Ruby Valley

05029 Ryndon  
 05030 Shanty Town  
 05031 Spring Creek  
 05032 Tuscarora  
 05033 Wells  
 05034 Wendover  
 05035 West Wendover

**Esmeralda County**

06001 Alkali  
 06002 Blair  
 06003 Coaldale Junction  
 06004 Dyer  
 06005 Esmeralda (County)  
 06006 Gemfield  
 06007 Gold Point  
 06008 Goldfield  
 06009 Lida  
 06010 McLeans  
 06011 Millers  
 06012 Silver Peak  
 06013 Silverpeak (CCD)  
 07001 Barth  
 07002 Beowawe  
 07003 Crescent Valley  
 07004 Dunphy  
 07005 Eureka  
 07006 Eureka (County)  
 07007 Palisade

**Humboldt County**

08001 Daveytown  
 08002 Denio  
 08003 Fort McDermitt Indian Reservation  
 08004 Golconda  
 08005 Humboldt (County)  
 08006 Iron Point  
 08007 McDermitt  
 08008 Orovada  
 08009 Paradise Valley  
 08010 Rose Creek  
 08011 Summit Lake Indian Reservation  
 08012 Union (Township of)

08013 Valmy  
08014 Winnemucca  
08015 Winnemucca Colony (Indian  
Reservation)

**Lander County**

09001 Argenta  
09002 Austin  
09003 Battle Mountain  
09004 Cortez  
09005 Gold Acres  
09006 Hilltop  
09007 Kingston  
09008 Lander (County)  
09009 McCoy  
09010 Te-Moak Indian Reservation  
09011 Tenabo

**Lander County**

10001 Alamo  
10002 Ash Springs (Trailer Court)  
10003 Caliente  
10004 Caselton  
10005 Caselton Heights  
10006 Cold Spring  
10007 Elgin  
10008 Etna  
10009 Hiko  
10010 Indian Cove  
10011 Lander (County)  
10012 Mendha  
10013 Panaca  
10014 Pioche  
10015 Pony Springs

**Lyon County**

11001 Churchill  
11002 Como  
11003 Dayton  
11004 Fernley  
11005 Lyon (County)  
11006 Mason Valley (Township of)  
11007 Nordyke  
11008 Pine Grove

11009 Pyramid Lake Indian Reservation  
11010 Silver City  
11011 Silver Springs  
11012 Smith  
11013 Smith Valley  
11014 Stagecoach  
11015 Sutro  
11016 Talapoosa  
11017 Wabuska  
11018 Walker River Indian Reservation  
11019 Weed Heights  
11020 Weeks  
11021 Wellington  
11022 Yerington  
11023 Yerington Indian Reservation

**Mineral County**

12001 Fletcher  
12002 Hawthorne  
12003 Hawthorne Army Ammunition plant  
12004 Luning  
12005 Mina  
12006 Mineral (County)  
12007 Mount Montgomery  
12008 Schurz  
12009 Tonopah Junction  
12010 Walker River Indian Reservation

**Nye County**

13001 Amargosa Valley  
13002 Beatty  
13003 Belmont  
13004 Carvers  
13005 Crystal  
13006 Carrant  
13007 Duckwater  
13008 Duckwater Indian Reservation  
13009 Gabbs  
13010 Lone  
13011 Johnnie  
13012 Lathrop Wells  
13013 Manhattan  
13014 Mercury  
13015 Nye (County)  
13016 Pahrump

13017 Ralston  
13018 Round Mountain  
13019 Sunnyside  
13020 Tonopah  
13021 Tonopah Air Force Station  
13022 Yomba Indian Reservation

**Pershing County**

14001 Colado  
14002 Cosgrave  
14003 Dun Glen  
14004 Humboldt  
14005 Imlay  
14006 Lovelock  
14007 Lovelock Colony (Indian Reservation)  
14008 Lower Rochester  
14009 Mill City  
14010 Nightingale  
14011 Oreana  
14012 Pershing (County)  
14013 Rochester  
14014 Rye Patch  
14015 Toulon  
14016 Trego  
14017 Tungsten  
14018 Unionville  
14019 Vernon  
14020 Woolsey

**Storey County**

15001 Clark  
15002 Gold Hill  
15003 Lockwood  
15004 Pyramid Lake Indian Reservation  
15005 Storey (County)  
15006 Virginia City

**Washoe County**

16001 Anderson  
16002 Black Springs  
16003 Border Town  
16004 Cold Springs  
16005 Crystal Bay  
16006 Empire (RR name Gypsum Mill)

16007 Flanigan  
16008 Fleish  
16009 Franktown  
16010 Galena  
16011 Gerlach  
16012 Golden Valley  
16013 Hidden Valley  
16014 Huffakers  
16015 Incline Village  
16016 Incline Village-Crystal Bay  
16017 Lakeview  
16018 Lawton (Hot Springs Resort)  
16019 Lemmon Valley  
16020 Mogul  
16021 Mustang  
16022 New Washoe City  
16023 Nixon  
16024 North Valley  
16025 Olinghouse  
16026 Panther  
16027 Patrick  
16028 Peavine  
16029 Pleasant Valley  
16030 Pyramid  
16031 Pyramid Lake Indian Reservation  
16032 Raleigh Heights  
16033 Reno  
16034 Reno Cannon International Airport  
16035 Reno-Sparks Colony (Indian Reservation)  
16036 Sand Pass  
16037 Smoke Creek  
16038 Sparks  
16039 Steamboat  
16040 Sun Valley  
16041 Sutcliffe  
16042 Thisby  
16043 Tracy-Clark  
16044 University  
16045 Verdi  
16046 Vista  
16047 Vya  
16048 Wadsworth  
16049 Washington  
16050 Washoe (County)

16051 Wunotoo  
**White Pine County**  
17001 Baker  
17002 Belmont Mill  
17003 Cannon  
17004 Cherry Creek  
17005 Ely  
17006 Ely Colony (Indian Reservation)  
17007 Goshute Indian Reservation (Also UT)  
17008 Great Basin National Park  
17009 Hamilton  
17010 Lehman Caves National Monument

17011 Lund  
17012 McGill  
17013 McGill Junction  
17014 Minerva  
17015 Osceola  
17016 Preston  
17017 Ruth  
17018 Warm Springs  
17019 White Pine (County)

**Out of State**

99003 Arizona  
99005 California  
99012 Idaho  
99037 Oregon  
99044 Utah

## Appendix D Medication List

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- 01 10% Dextrose
- 02 25% Dextrose
- 03 50% Dextrose
- 04 Acetaminophen (Tylenol) Supp.
- 05 Acetylsalicylic Acid (Aspirin) chewable
- 06 Activated Charcoal w/Sorbitol
- 07 Adenosine (Adenocard)
- 08 Afrin (Oxymetazoline Hydrochloride)
- 09 Albuterol (Proventil)
- 10 Atropine
- 11 Brethine (Terbutaline)
- 12 Bretylium (Bretylol)
- 13 Calcium Chloride
- 14 Cardizem (Diltazem)
- 15 Cordarone (Amiodarone)
- 16 Cyanide Antidote
- 17 D5W IV Solution
- 18 Diazepam (Valium)
- 19 Diphenhydramine Hydrochloride (Benadryl)
- 20 Dopamine (Intropin)
- 21 Epinephrine 1:10,000
- 22 Epinephrine 1:1000
- 23 Etomidate (Amidate)
- 24 Fentanyl
- 25 Flumazenil (Ramazicon)
- 26 Furosemide (Lasix)
- 27 Glucagon
- 28 Inapsine (Droperidol)
- 29 Ipecac
- 30 Ipratropium Bromide (Atrovent)
- 31 Lidocaine
- 32 Lidocaine lubricant
- 33 Lidocaine pre-mixed bag
- 34 Magnesium Sulfate
- 35 Meperidine Hydrochloride (Demerol)
- 36 Midazolam (Versed)
- 37 Morphine Sulfate
- 38 Nalbuphine (Nubain)
- 39 Naloxone Hydrochloride (Narcan)
- 40 Nitroglycerin Spray
- 41 Nitrous Oxide
- 42 Normal Saline IV Solution
- 43 Oral Glucose

- 44 Oxytocin (Pitocin)
- 45 Phenylephrine (Neo-Synephrine)
- 46 Procainamide (Pronestyl)
- 47 Prochlorperazine (Compazine)
- 48 Promethazine HCL (Phenergran)
- 49 Proparacaine (Alcaine)
- 50 Racemic Epinephrine (Vaponephrin)
- 51 Sodium Bicarbonate-8.4%
- 52 Sodium Chloride Flush
- 53 Solu-Medrol (Methylprednisone Succinate)
- 54 Sterile Water (Injectable)
- 55 Thiamine
- 56 Verapamil ( Calan )
- 77 Other

**Note:** This list is currently listed and numbered alphabetically. This order may change with the addition or deletion of medications. Numbers will stay assigned as listed with new numbers issued for future additions.

## Appendix E

### Flat ASCII File Format

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Element Name	Field Type	Length	Start Position	End Position
Lithocode	Numeric*	8	1	8
Agency Number	Numeric*	8	9	16
Incident Number	Alpha/Numeric*	9	17	25
PSAP Incident Number	Alpha/Numeric	9	26	34
Incident Date	Date*	8	35	42
Incident Address	Alpha/Numeric	30	43	72
Incident FIPS	Numeric*	5	73	77
Incident Type	Numeric*	2	78	79
Incident Location	Numeric*	2	80	81
Incident Disposition	Numeric*	2	82	83
Crewmember 1 Cert Type	Numeric*	2	84	85
Crewmember 1 Cert Number	Numeric	5	86	90
Crewmember 2 Cert Type	Numeric	2	91	92
Crewmember 2 Cert Number	Numeric	5	93	97
Crewmember 3 Cert Type	Numeric	2	98	99
Crewmember 3 Cert Number	Numeric	5	100	104
Crewmember 4 Cert Type	Numeric	2	105	106
Crewmember 4 Cert Number	Numeric	5	107	111
Attendant in Charge Position	Numeric*	1	112	112
Driver Position	Numeric	1	113	113
PSAP Time of Call	Numeric	4	114	117
Dispatched Time	Numeric*	4	118	121
Responding Time	Numeric	4	122	125
Arrive Scene Time	Numeric	4	126	129
Arrive Patient Time	Numeric	4	130	133
Depart Time	Numeric	4	134	137
Arrive Destination Time	Numeric	4	138	141
Available Time	Numeric*	4	142	145
Patient's First Name	Alpha/Numeric	15	146	160
Patient's Last Name	Alpha/Numeric	15	161	175
Patient's Street Address	Alpha/Numeric	30	176	205
Patient's City of Residence	Alpha/Numeric	30	206	235
Patient's State of Residence	Alpha/Numeric	2	236	237
Patient's Zip Code	Numeric	5	238	242
Patient's Social Security Number	Numeric	9	243	251
Patient's Date of Birth	Date	8	252	259
Patient's Age	Numeric	4	260	263
Patient's Gender	Numeric	2	264	265
Patient's Race / Ethnicity	Numeric	2	266	267
Vehicle Type	Numeric*	2	268	269

Element Name	Field Type	Length	Start Position	End Position
Response Mode to Scene	Numeric	2	270	271
Response Mode from Scene	Numeric	2	272	273
Mechanism of Injury	Numeric	10	274	283
Pre-Exsiting Conditions	Numeric	10	284	293
Signs and Symptoms Present	Numeric	10	294	303
Provider Impression	Numeric	2	304	305
Factors Affecting EMS Delivery	Numeric	6	306	311
Injury Description	Numeric	6	312	317
Safety Devices	Numeric	10	318	327
Motor Vehicle Impact	Numeric	6	328	333
Contributing Factors	Numeric	6	334	339
Time of Cardiac Arrest	Numeric	4	340	343
Provider of First CPR	Numeric	2	344	345
Time of First CPR	Numeric	4	346	349
Provider of First Defib	Numeric	2	350	351
Time of First Defib	Numeric	4	352	355
Time CPR Discontinued	Numeric	4	356	359
Time of Spontaneous Circulation	Numeric	4	360	363
Alcohol /Drug Use	Numeric	2	364	365
Pulse Rate	Numeric	3	366	368
Respiratory Rate	Numeric	3	369	371
Systolic Blood Pressure	Numeric	3	372	374
Diastolic Blood Pressure	Numeric	3	375	377
Palpated Blood Pressure	Numeric	1	378	378
Respiratory Effort	Numeric	2	379	380
Skin Perfusion	Numeric	2	381	382
Initial Cardiac Rhythm	Numeric	2	383	384
Final Cardiac Rhythm	Numeric	2	385	386
GCS - Eye	Numeric	2	387	388
GCS - Verbal	Numeric	2	389	390
GCS - Motor	Numeric	2	391	392
Revised Trauma Score	Numeric	2	393	394
Procedure or Treatment Name	Numeric	60	395	454
Level of Care Provided	Numeric*	2	455	456
Medication Name	Numeric	45	457	501
Treatment Authorization	Numeric	2	502	503
Medical Direction Facility	Numeric	5	504	508
Destination Type	Numeric	2	509	510
Destination Determination	Numeric	2	511	512
Receiving Agency	Numeric	5	513	517
Research 1	Numeric	4	518	521
Research 2	Numeric	4	522	525
Dataset Version	Numeric	2	526	527

Items marked with a \* are mandatory for all records submitted.

The field type denotes the expected format for that field. If the field is not used then spaces should be submitted in place of the field type.

Revised: October 29, 2003