

December 18, 2008

Dear PA EMS Provider,

Many methods are used to improve the delivery of EMS across Pennsylvania; of which one is the analysis of the information that is gathered from your patient care reports (PCRs). In 2009, Pennsylvania will be implementing a nationwide system for collecting patient care report data. With these new standards, you can expect to see changes and upgrades in your reporting software.

Although your individual software vendor may provide you with information about the data elements that are collected, the Pennsylvania Emergency Health Services Council (PEHSC), in cooperation with the PA Department of Health, has developed this document to assist you with accurately completing your PCR.

Please find attached to this letter a provider-level version of the PA Department of Health, Bureau of EMS updated data element manual. Each data element is explained in detail so as to ensure consistency in how EMS providers across the Commonwealth are completing the patient care report. For example, this manual will provide guidance on an issue such as an assisted living facility being categorized as a place of residence or a health care facility. The content of this manual was developed as a reference to accompany the National EMS Information System (NEMSIS) Data Dictionary and PA Data Dictionary, which can be referenced online at www.health.state.pa.us/ems.

Please take time to familiarize yourself with this document and the data elements. If you have any questions, please don't hesitate to contact your regional EMS council. For your convenience, we have also created an online discussion board where you can seek clarification on any other questions you may have regarding PCR completion. This online forum can be found at www.pehsc.org/discussion.

Sincerely,

JR Henry
President
PA Emergency Health Services Council

Joseph Schmider
Director – Bureau of EMS
PA Department of Health

Preface

This document has been developed to provide guidance in completing Pennsylvania EMS patient care reports. There are several terms and definitions used frequently throughout this document, so to make navigation of this manual as easy as possible, those definitions, along with an example of the manual format, have been outlined below. The content of this manual will be updated regularly as changes to both the Federal and Pennsylvania required data elements are made.

Common Definitions

Destination – Any location to which a patient is transported. This includes facilities and fixed location types, but may also include a location where a transfer of care occurs such as a landing zone or rendezvous point.

All additional relevant elements such as “Condition of Patient at Destination,” and “Destination Basis” should be completed by the transporting unit based on the criteria above. They do not refer exclusively to arrival at a hospital.

Null Values

Many elements within this manual may not be able to have values entered for them depending on the type of call or condition of the patient encountered. To address these circumstances, “common null values” are an option in many of the elements. Common null values simply provide you options to select/enter when there are no more appropriate options to select.

For your reference, common null values may include such options as:

- Not Applicable, Not Reporting, Not Available, Not Recorded, Not Known

These choices should be used in the following circumstances:

- Not Applicable – At the time of the EMS patient care report documentation, information requested was not applicable to the EMS or patient event. For example, it is unnecessary and non-logical to document mechanism or injury-related information on a patient who was not traumatized.
- Not Available – At the time the EMS patient care report is complete, the information was not available to EMS personnel. The information did exist but the EMS personnel were unsuccessful in their attempt to obtain it.
- Not Known – At the time the EMS patient care report is complete, the information was not known to patient, family, and EMS personnel. The information may exist but it was unknown by all parties involved.
- Not Recorded – If an EMS documentation or information system has an empty field or nothing is recorded in any data element of the NHTSA dataset, this code should be used to indicate that the EMS patient care report did not have a value for that specific element. *Please note that this is not a recommended selection and may constitute an incomplete record.*

- Not Reporting – If an EMS documentation or information system is not using any of the “national” data elements of the NHTSA dataset, this code should be inserted into the database.

Minimum Required Elements

The following elements must be completed for each patient care report. Null values are not acceptable for these elements. For elements referencing a FIPS code, Pennsylvania FIPS codes must be utilized. They can found online at www.health.state.pa.us/ems. In all cases when a patient care report is completed, if any element is applicable it should be completed.

- Crew Member ID
- Crew Member Role
- Crew Member Level
- Incident City – FIPS (Municipal Code Value from PA FIPS List)
- Incident County – FIPS Code
- Incident State – FIPS Code
- PCR Number
- Software Vendor
- Software Name
- Software Version
- EMS Agency Number
- Type of service request
- Primary role of unit
- EMS unit number
- Mode to scene
- Dispatch time
- Back in service time (available)
- Incident/Patient Disposition

Manual Format

This element manual has been formatted for you to easily locate any element for which you are seeking clarification. Each of the elements have been presented to you in the following format:

Title of the Element
<p><u>Brief Description/Summary of the Data Element:</u> This section will provide a brief synopsis of the element.</p>
<p><u>Possible Data Options:</u> This section will provide a list of possible options that can be chosen/selected for each element.</p>
<p><u>Additional Relevant Information:</u> This section will provide some additional insight into the element, which may include examples of when to use the specific element.</p>

Pennsylvania

EMS Field Provider

Data Element Manual

Version 1.1

(Revised December 2008)

As Adapted From
The Pennsylvania Version of
NEMSIS
NHTSA Version 2.2.1 Data Dictionary

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INCIDENT NUMBER

Brief Description/Summary of the Data Element: The incident number assigned by the 911 Dispatch System.

Possible Data Options: “Free Text” can be entered (numbers and letters only) as well as any of the null values (Not Applicable, Not Reporting, Not Available, and Not Known.)

TYPE OF SERVICE REQUESTED*

Brief Description/Summary of the Data Element: The type of service or category of service requested of the EMS service responding for this specific EMS incident.

Possible Data Options: 911 Response (scene), Interfacility transfer, mutual aid, intercept, medical transport, standby

Additional Relevant Information:

- 911 Response (scene) – Emergent or immediate response to an incident location, regardless of method of notification (for example, 911, direct dial, walk-in, or flagging down)
 - Intercept – When one EMS provider meets a transporting EMS unit with the intent of receiving a patient or providing a higher level of care. *ALS providers who rendezvous (even if at the original scene) with a BLS unit and transport on the BLS unit should select this option even though it may have been a 911 Response to a scene. Air-medical units who are receiving a patient from a ground-unit should also select this option.*
 - Inter-facility Transfer – Transfer of a patient from one hospital to another hospital. This option should be selected even though you may have been requested through the 911 system. *For example, if requested for an emergency transfer of a patient from one hospital to another hospital for specialty care.*
 - Medical Transport – Transports that are not between hospitals or that do not require an immediate response. *Examples: Transfer of a patient from the hospital to a nursing home.*
 - Mutual Aid – Request from another ambulance service to provide emergent or immediate response to an incident location. *Examples of this may include the request of a bariatric unit for transport or for another unit to respond to provide medical assistance or additional equipment.*
 - Standby – Initial request for service was not tied to a patient, but to a situation where a person may become ill or injured.
-

PRIMARY ROLE OF THE UNIT*

Brief Description/Summary of the Data Element: The primary role of the EMS service which was requested for this specific EMS incident.

Possible Data Options: Non-Transport, Supervisor, Rescue, Transport

Additional Relevant Information:

- Non-transport – The unit’s role in this incident is to provide EMS care but is not intended to provide transport.
- Rescue – The unit’s role in this incident is to provide rescue services.
- Supervisor – The unit’s role in this incident is as a supervisor.
- Transport – The unit’s role in this incident is to provide transportation of the patient, even if no transport happened.

TYPE OF DISPATCH DELAY

**Please note that this information may quite often be unavailable, and should be officially recorded by the dispatch center before it is documented in an EMS patient care report. The definition of “delay” should be determined by each individual EMS agency or dispatch center.*

Brief Description/Summary of the Data Element: The dispatch delays, if any, associated with the dispatch of the EMS units to the patient encounter. Multiple options can be selected.

Possible Data Options: High Call Volume, Location (inability to obtain), Scene Not Secure for EMS, Language Barrier, Technical Failure (computer, phones, etc), Caller (uncooperative), No Units Available, Other, None, Technical Failure, or any of the null values. Multiple options can be selected.

Additional Relevant Information:

- Caller Uncooperative – Caller uncooperative (i.e. does not answer questions.)
- High Call Volume – High call volume in the dispatch center caused delayed notification of the EMS unit.
- Language Barrier – Difficulty communicating with the caller because of language problems.
- Location (inability to obtain) – Inability to determine where to dispatch the EMS unit
- No Units Available – Lack of available EMS units
- None – Use if the dispatch of the EMS unit was not delayed.
- Other – Dispatch was delayed for reasons not listed here.
- Scene Not Secure for EMS – Notification of the EMS unit was delayed in dispatch because the scene was unsafe.
- Technical Failure (Computers, phones, etc.) – Failure of phones, computers, radios, or other technical failure.

The following four elements relate to types of delays potentially encountered during an EMS event. The definition of “delay” and “long distance” should be determined by each EMS service as determined to be outside of the “normal” operations for that agency unless otherwise defined by another appropriate governmental entity.

TYPE OF RESPONSE DELAY

Brief Description/Summary of the Data Element: The response delays, if any, associated with the EMS response.

Possible Data Options: Crowds, Directions, Distance, Diversion, Haz-Mat, None, Other, Safety, Staff Delay, Safety, Vehicle Crash, Traffic, Vehicle Failure, Weather or any of the null values. Multiple options can be selected.

Additional Relevant Information:

- Crowds – Crowds caused a response delay
- Directions – Bad or inadequate direction or if the unit got lost en route
- Distance – A long distance to the scene from the unit’s location when dispatched
- Diversion – Diversion of the initially dispatched unit to another incident
- Haz-Mat – Hazardous Materials Danger
- None – Use if the arrival of the EMS unit at the scene was not delayed
- Other – Other reasons not listed here
- Safety – Scene safety issues not related to crowds or haz-mat
- Staff Delay – Issues arising with crew members ability to respond
- Traffic – Heavy traffic
- Vehicle Crash – The EMS unit was involved in a crash
- Vehicle Failure – The EMS unit had mechanical failure (i.e. ambulance did not start, flat tire, etc.)
- Weather – Bad weather

TYPE OF SCENE DELAY

Brief Description/Summary of the Data Element: The scene delays, if any, of the unit associated with the patient encounter. This includes a delay in making patient contact.

Possible Data Options: Crowds, Directions, Distance, Diversion, Extrication > 20 min, Haz-Mat, None, Other, Safety, Staff Delay, Safety, Vehicle Crash, Traffic, Vehicle Failure, Weather, Language Barrier or any of the null values. Multiple options can be selected.

Additional Relevant Information:

- Crowds – Crowds caused a scene delay
- Directions – Bad or inadequate directions resulting in the crew having difficulty finding the patient after arriving on-scene.
- Distance – A long distance between the ambulance and the patient
- Diversion – Need to find receiving hospital not on diversion before departing the scene
- Extrication > 20 min. – Extrication of patient that took longer than 20 minutes
- Haz-Mat – Hazardous Materials Danger
- None – Use if the total scene time was not extended
- Other – Other reasons not listed here
- Safety – Scene safety issues not related to crowds or haz-mat
- Staff Delay – Issues arising with crew members (crew injury, etc.)
- Language Barrier – Difficulty communicating with the patient or bystanders because of language problems
- Traffic – Traffic conditions
- Vehicle Crash – The EMS unit was involved in a crash while at the scene
- Vehicle Failure – The EMS unit had mechanical failure (i.e. ambulance did not start, flat tire, etc.)

- Weather – Bad weather
-

TYPE OF TRANSPORT DELAY

Brief Description/Summary of the Data Element: The transport delays associated with the patient encounter.

Possible Data Options: Crowds, Directions, Distance, Diversion, Haz-Mat, None, Other, Safety, Staff Delay, Safety, Vehicle Crash, Traffic, Vehicle Failure, Weather or any of the null values. Multiple options can be selected.

Additional Relevant Information:

- Crowds – Crowds caused a transport delay
 - Directions – Bad or inadequate direction or if the unit got lost en route
 - Distance – A long distance to the destination from the scene, including delays caused by detours.
 - Diversion – Diversion of the transporting unit to a different receiving hospital.
 - Haz-Mat – Hazardous Materials Danger
 - None – Use if the arrival of the EMS unit at the destination was not delayed
 - Other – Other reasons not listed here. *For example, the ambulance drives up on a motor vehicle crash during transport.*
 - Safety – Scene safety issues not related to crowds or haz-mat
 - Staff Delay – Issues arising with crew members ability to transport once transport is initiated
 - Traffic – Heavy traffic
 - Vehicle Crash – The EMS unit was involved in a crash
 - Vehicle Failure – The EMS unit had mechanical failure (i.e. ambulance did not start, flat tire, etc.)
 - Weather – Bad weather
-

TYPE OF TURN-AROUND DELAY

Brief Description/Summary of the Data Element: The turn-around delays, if any, associated with the EMS unit with the EMS incident, which cause a delay in the EMS unit returning to service.

Possible Data Options: Clean-up, Decontamination, Documentation, ED Over-crowding, Equipment Failure, Equipment Replacement, None, Other, Staff Delay, Vehicle Failure or any of the null values. Multiple options can be selected.

Additional Relevant Information:

- Clean-up – EMS unit clean up takes longer than normal
- Decontamination – EMS unit decontamination
- Documentation – Patient care documentation takes longer than normal.
- ED Over-crowding – Over-crowding in the hospital emergency department
- Equipment failures – Equipment failure with the exception of the EMS unit
- Equipment replacement – Re-supply of the EMS unit takes longer than normal

- None – There were no delays in returning to service
- Other – Any other reason not listed here
- Staff Delay – Issues arising with crew members
- Vehicle Failure – EMS unit mechanical reasons (i.e. ambulance did not start, flat tire, etc.)

EMS UNIT CALL SIGN (DECAL NUMBER)*

Brief Description/Summary of the Data Element: The EMS unit number. This is the seven digit number issued to the EMS unit during the licensure/inspection process, and it can be found on the vehicle licensure decal issued by the PA Department of Health.

RESPONSE MODE TO SCENE*

Brief Description/Summary of the Data Element: Indication whether or not lights and/or sirens (L&S) were used on the vehicle on the way to the scene.

Possible Data Options: Initial L&S, Downgraded to no L&S, L&S, No L&S, No L&S, Upgraded to L&S

COMPLAINT REPORTED BY DISPATCH

**Please note that the “null values” are accepted for this element, so “not applicable” may be a suitable option if you are dispatched on an incident that does not fall into one of these categories.*

Brief Description/Summary of the Data Element: The complaint dispatch reported to the responding unit.

Possible Data Options:

Abdominal Pains	Allergies	Animal Bite	Assault	Back Pain	Breathing Problems
Burns	Cardiac Arrest	Chest Pains	Choking	CO Poisoning/ HazMat	Convulsions/ Seizures
Diabetic Problem	Drowning	Electrocution	Eye Problems	Fall Victim	Headache
Heart Problems	Heat/Cold Exposure	Hemorrhage/ Laceration	Industrial Accident	Ingestion/ Poisoning	Mass Casualty Incident
Pregnancy/Childbirth	Psychiatric Problem	Sick Person	Stab/ Gunshot Wound	Stroke/CVA	Traffic Accident
Transfer/Interfacility	Traumatic Injury	Unconscious/Fainting	Unknown Problem	or any of the null values	

EMD PERFORMED

**Please note that this information may quite often be unavailable, and should be officially recorded by the dispatch center before it is documented in an EMS patient care report.*

Brief Description/Summary of the Data Element: Indication of whether or not EMD was performed for this event.

Possible Data Options: No, Yes (with pre-arrival instructions), Yes (without pre-arrival instructions), or any common null value

Additional Relevant Information:

- No – EMD was not performed for this incident
- Yes (with pre-arrival instructions) – EMD was performed for this incident and the caller was given instructions on how to provide treatment (CPR, bleeding control, etc.) for the patient.
- Yes (without pre-arrival instructions) – EMD was performed for this incident but no treatment instructions were given.

CREW MEMBER ID*

**At least one crew member must be listed for every patient care report completed. For each crew member listed, an associated crew member role and crew member level is also required.*

Brief Description/Summary of the Data Element: The State Certification/Licensure ID number assigned to the crew member.

Possible Data Options: six-digit PA certification number. For the role of a provider who is not provided with a certification number by the PA Department of Health (i.e. Ambulance Attendants/drivers), the Crew Member ID must be six characters, which is assigned by each EMS service, beginning with the letter "A". (example - A12345)

CREW MEMBER ROLE*

**Remember, although this element specifies the role of transporting crew members, other providers who provided care or initiated procedures should have their involvement documented in the narrative and/or "flow-chart" portion of the patient care report.*

Brief Description/Summary of the Data Element: The role of the crew member during transport of this call.

Possible Data Options: Driver, Primarily/Secondary/Third patient care giver, Other.

Additional Relevant Information:

- Driver – the driver during the time of patient transport or during the response if there was not transport required.
- Primary Patient Care Giver – the individual responsible for the patient care during the transport of the patient, or if not transported, the individual responsible for the assessment and treatment of the patient on scene.
- Secondary Patient Care Giver – the individual assisting the primary patient care giver

- Third Patient Care Giver – the individual assisting the primary and secondary patient care givers
-

CREW MEMBER LEVEL*

Brief Description/Summary of the Data Element: The functioning level of the EMS crew member during this EMS patient encounter.

Possible Data Options: EMT-Basic, EMT-Paramedic, Other (non-EMS) Healthcare Professional, Prehospital Physician, Prehospital Nurse (PHRN), First Responder, EMT-Intermediate, Student, Other Non-Healthcare Professional.

Additional Relevant Information: In instances where providers are certified at multiple levels, the certification level at which the provider functioned during this call should be utilized. *Remember, not all possible data options are applicable in Pennsylvania.*

***The next ten elements address date/time data. This information is often recorded by the local EMA or public safety answering point (PSAP); however if these elements are recorded at the service or provider level, a standardized system should be utilized to ensure consistency and accuracy** Because of this, null values are options for all of these “date/time” elements except for Unit Notified By Dispatch Date/Time and the Unit Back In Service Date/Time elements.*

PSAP CALL DATE/TIME

Brief Description/Summary of the Data Element: The date/time the phone rings at a public safety answering point requesting EMS services.

DISPATCH NOTIFIED DATE/TIME

Brief Description/Summary of the Data Element: The date/time dispatch was notified by the 911 call taker (if a separate entity).

UNIT NOTIFIED BY DISPATCH DATE/TIME*

Brief Description/Summary of the Data Element: The date/time the responding unit was notified by dispatch.

UNIT EN ROUTE DATE/TIME

Brief Description/Summary of the Data Element: The date/time the unit responded.

Additional Relevant Information: Identified as the time the vehicle physically starts moving

UNIT ARRIVED ON SCENE DATE/TIME

Brief Description/Summary of the Data Element: The date/time the vehicle stopped moving on the scene.

ARRIVED AT PATIENT DATE/TIME

Brief Description/Summary of the Data Element: The date/time the responding unit arrived at the patient's side.

UNIT LEFT SCENE DATE/TIME

Brief Description/Summary of the Data Element: The date/time the responding unit left the scene (started moving).

PATIENT ARRIVED AT DESTINATION DATE/TIME

Brief Description/Summary of the Data Element: The date/time the responding unit arrived with the patient at the destination or transfer point (when the wheels stop moving).

UNIT BACK IN SERVICE DATE/TIME*

Brief Description/Summary of the Data Element: The date/time the unit was back in service and available for response.

Additional Relevant Information: This is the date/time that the unit is finished with the call, but not necessarily back in the home location

UNIT BACK AT HOME LOCATION DATE/TIME

Brief Description/Summary of the Data Element: The date/time the responding unit was back in their service area.

Additional Relevant Information: In agencies who utilized Agency Status Management (system status management), the home location means the service area as assigned through the agency status management protocol.

PATIENT'S HOME ZIP CODE

Brief Description/Summary of the Data Element: The patient's home 5- or 9-digit ZIP code of residence. Null values are acceptable, however this element must be completed if there was a patient.

GENDER

Brief Description/Summary of the Data Element: The patient's gender.

Possible Data Options: Male or Female. Null values are acceptable.

RACE

Brief Description/Summary of the Data Element: The patient's race as defined by the OMB (US Office of Management and Budget).

Possible Data Options: Asian, Native Hawaiian/Pacific Islander, Other Race, American Indian/Alaska Native, Black/African American, White or any of the null values.

Additional Relevant Information:

White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as "White" or indicate heritage such as Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish.

Black or African American - A person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as "Black, African Am., or Negro," or indicate heritage such as African American, Afro American, Kenyan, Nigerian, or Haitian.

American Indian and Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. It includes "Asian Indian," "Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," and "Other Asian."

Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other

Pacific Islands - It includes people who indicate their race as "Native Hawaiian," "Guamanian or Chamorro," "Samoa," and "Other Pacific Islander."

Other race - Includes all other responses not included in the "White", "Black or African American", "American Indian and Alaska Native", "Asian" and "Native Hawaiian or Other Pacific Islander" race categories described above. For patients who identify themselves as biracial, they should be asked which race they most associate themselves with.

ETHNICITY

Brief Description/Summary of the Data Element: The patient's ethnicity as defined by the OMB (US Office of Management and Budget).

Possible Data Options: Hispanic/Latino or Not Hispanic/Latino or any of the null values.

Additional Relevant Information:

- Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race
 - Not Hispanic or Latino – A person not of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race
-

AGE

Brief Description/Summary of the Data Element: The patient's age.

Possible Data Options: A numeric value or left blank if there was no patient associated with this report.

Additional Relevant Information: Either calculated from date of birth or best approximation

AGE UNITS

Brief Description/Summary of the Data Element: The units in which the age is documented.

Possible Data Options: Hours, Days, Months, Years or left blank if there was no patient associated with this report..

Additional Relevant Information *This information may automatically populate based on the date of birth that is entered.*

DATE OF BIRTH

Brief Description/Summary of the Data Element: The patient's date of birth. This should be left blank if no patient was associated with this event.

PRIMARY METHOD OF PAYMENT

Brief Description/Summary of the Data Element: The primary method of payment or type of insurance information associated with this EMS encounter.

Possible Data Options: Medicaid, Not Billed, Self Pay, Insurance, Medicare, Other Government, Worker's Compensation, or any of the null values.

Additional Relevant Information:

Note - *This element is not about what insurance the patient has, but rather how your agency will be reimbursed for this incident.*

Commercial Insurance - Use this value if this incident will be billed to a commercial insurance plan such as health insurance or auto insurance that is paid for privately by the patient, the patient's family, or the patient's employer (excluding Worker's Compensation).

Medicaid - Use this value if this incident will be billed to Medicaid, the state/federal program that pays for medical assistance for individuals and families with low incomes and resources.

Medicare - Use this value if this incident will be billed to Medicare, the federal health insurance program for people 65 and older, or persons under 65 with certain disabilities

Not Billed (for any reason) - Use this value if the patient will not be billed at all for this incident

Other Government (not Medicare, Medicaid, or Worker's Comp) - Use this value if this incident will be billed to a government insurance policy besides Medicare, Medicaid, or Worker's Compensation

Self Pay / Patient Has No Insurance - Use this value if this incident will be billed to the patient directly, or if the patient has no insurance policy that will pay for this incident

Worker's Compensation - Use this value if this incident will be billed to Worker's Compensation

Not Applicable - (e.g.; agency never bills for service or if the call is non-billable)

Not Available - Use this value if this incident will be billed but the type of insurance is not known

WORK RELATED

Brief Description/Summary of the Data Element: Indication of whether or not the injury is work related.

Possible Data Options: Yes, No, Unknown, Not applicable or any of the null values.

CMS SERVICE LEVEL

**Please note that this information may be "pre-loaded" by your software vendor or service administrator. It is strongly encouraged that EMS agencies obtain additional education on CMS levels from a billing agency if appropriate. Additional information on these levels is available by referencing the PA NEMESIS Data Dictionary at www.health.state.pa.us/ems.*

Brief Description/Summary of the Data Element: The CMS service level for this EMS encounter.

Possible Data Options: Not Applicable, Not Recorded, Unknown, BLS, BLS Emergency, ALS Level 1, ALS Level 2, ALS, Level 1 Emergency, Paramedic Intercept, Specialty Care Transport, Fixed Wing, Rotary Wing or any of the null values.

Additional Relevant Information:

Basic Life Support (BLS)

Basic Life Support (BLS) - Emergency

Advanced Life Support, Level 1 (ALS1)

Advanced Life Support, Level 1 (ALS1) - Emergency

Advanced Life Support, Level 2 (ALS2)

Paramedic Intercept (PI)

Specialty Care Transport (SCT)

Fixed Wing (FW) Air Ambulance

Rotary Wing (RW) Air Ambulance

CONDITION CODE NUMBER

Brief Description/Summary of the Data Element: The condition codes are used to better describe the service and patient care delivery by an EMS service. Please consult CMS documentation for detailed descriptions of these condition codes and their use.

Possible Data Options: See Appendix 2. Null values are also accepted.

NUMBER OF PATIENTS AT SCENE

Brief Description/Summary of the Data Element: Indication of the number of patients at the scene.

Possible Data Options: Single, Multiple, None or any of the null values.

MASS CASUALTY INCIDENT

Brief Description/Summary of the Data Element: Indicator if this event would be considered a mass casualty incident (overwhelmed existing EMS resources).

Possible Data Options: Yes or No or any of the null values.

Additional Relevant Information:

- Yes – Indicator if this event would be considered a Mass Casualty Incident (anything overwhelming existing EMS resources).

- A mass casualty incident is defined as an event which generates more patients at one time than locally available resources can manage using routine procedures or resulting in a number of victims large enough to disrupt the normal course of emergency and health care services and would require additional non-routine assistance.

INCIDENT LOCATION TYPE

Brief Description/Summary of the Data Element: The kind of location where the incident happened.

Possible Data Options: Home/Residence, Farm, Mine/Quarry, Industrial Place, Recreation/Sport place, Street/Highway, Public, Trade or Service, Healthcare facility, Residential Institution, Lake/River/Ocean, Other Location or any of the null values.

Additional Relevant Information:

Home / Residence - Any home, apartment, or residence (not just the patient's home). Includes the yard, driveway, garage, pool, garden, or walk of a home, apartment, or residence. Excludes assisting living facilities.

Farm – A place of agriculture, except for a farmhouse, Includes land under cultivation and non-residential farm buildings.

Mine or Quarry – Includes sand pits, gravel pits, iron ore pits, and tunnels under construction.

Industrial Place and Premises – A place where things are made or are being built, includes construction sites, factories, warehouses, industrial plants, docks, and railway yards.

Place of Recreation or Sport – Includes amusement parks, public parks and playgrounds, sports fields/courts/courses, sports stadiums, skating rinks, gymnasiums, swimming pools, water parks, and resorts.

Street or Highway – Any public street, road, highway, or avenue including boulevards, sidewalks and ditches.

Public Building (schools, government offices) – Any publicly owned building and its grounds, including schools and government offices.

Trade or Service (business, bars, restaurants, etc.) – Any privately owned building used for business and open to the public. Includes bars, restaurants, office buildings, churches, stores, bus/railway stations. Excludes health care facilities.

Health Care Facility (clinic, hospital) – A place where health care is delivered, includes, clinics, doctor's offices, and hospitals.

Residential Institution (nursing home, assisted living, jail / prison) – A place where people live that is not a private home, apartment, or residence. Includes, nursing homes, assisted living, jail/prison, orphanage, and group homes. (Where assisted living has a medical resource individual available but does not provide patient care on a regular basis.)

Lake, River, Ocean – Any body of water, except swimming pools.

Other Location – Any place that does not fit any of the above categories (this should be very rare).

INCIDENT CITY*

Brief Description/Summary of the Data Element: The city or township (if applicable) where the patient was found or to which the unit responded (or best approximation)

Additional Relevant Information: Obtained using five digit federal FIPS code. The FIPS code for the municipality of the call should be used, regardless of whether or not a specific institution has its own FIPS code. A current list of PA FIPS codes can be found at www.health.state.pa.us/ems.

INCIDENT COUNTY*

Brief Description/Summary of the Data Element: The county or parish where the patient was found or to which the unit responded.

Additional Relevant Information: Obtained from five-digit county FIPS codes. PA FIPS codes can be found online at www.health.state.pa.us/ems.

INCIDENT STATE*

Brief Description/Summary of the Data Element: The state, territory, or providence where the patient was found or to which the unit responded, entered from the list of FIPS codes. PA FIPS codes can be found online at www.health.state.pa.us/ems.

INCIDENT ZIP CODE

Brief Description/Summary of the Data Element: The ZIP code of the incident location entered as either 5 or 9 digits.

PRIOR AID

Brief Description/Summary of the Data Element: Any care which was provided to the patient prior to the arrival of this unit.

Possible Data Options: List created from the procedures and medication codes or any of the null values.

PRIOR AID PERFORMED BY

Brief Description/Summary of the Data Element: The type of individual who performed the care prior to the arrival of this unit.

Possible Data Options: EMS Provider, Law Enforcement, Lay Person, Other Healthcare Provider, Patient or any of the null values.

Additional Relevant Information:

EMS Provider – Any dispatched responder who provides pre-hospital medical care. Fire department personnel are included here.

Law Enforcement – Officer whose primary role is not to provide pre-hospital medical care.

Lay Person – An individual without formal medical training with or duty to respond to the incident.

Other Healthcare Provider – Physician, Registered Nurse or other person, not dispatched, that indicates they work in a healthcare related field.

Patient – Person needing emergency medical services treatment or transportation.

OUTCOME OF THE PRIOR AID

Brief Description/Summary of the Data Element: What was the outcome on patient condition resulting from the care performed prior to the arrival of this unit?

Possible Data Options: Improved, Unchanged, Worse, Unknown or any of the null values.

POSSIBLE INJURY

Brief Description/Summary of the Data Element: Indicates that the reason for the EMS encounter was related to an injury or traumatic event. This data element provides documentation to classify the EMS reason for encounter as either injury or non-injury related based on mechanism and not on actual injury.

Possible Data Options: Yes or No or any of the null values.

CHIEF COMPLAINT

Brief Description/Summary of the Data Element: The statement of the problem by the patient as a direct quote or, if the patient is non-verbal, a statement of the problem as reported by the EMS Provider or family/bystanders. Null values can be used here if absolutely necessary.

CHIEF COMPLAINT ANATOMIC LOCATION

Brief Description/Summary of the Data Element: The primary anatomic location of the chief complaint as identified by EMS personnel.

Possible Data Options: Back, Lower Extremity, Upper Extremity, General/Global, Head, Chest, Genitalia, Neck or any of the null values.

CHIEF COMPLAINT ORGAN SYSTEM

Brief Description/Summary of the Data Element: The primary organ system of the patient injured or medically affected.

Possible Data Options: CNS/Neuro, GI, Musculoskeletal, Psych, Renal, Cardiovascular, Endocrine/Metabolic, Global, OB/GYN, Pulmonary, Skin or any of the null values.

Additional Relevant Information:

Cardiovascular – heart, arteries, veins

CNS / Neuro – brain, spinal cord, nerves

Endocrine / Metabolic – diabetes, thyroid, liver

GI / Abdomen – mouth, esophagus, stomach, intestines

Global – other organs and systems or multiple organs and systems

Musculoskeletal / Injury – muscles, bones, joints, tendons, ligaments, cartilage

OB / GYN – female reproductive system

Psychiatric / Behavioral – mental, emotional, behavioral

Respiratory – lungs, trachea, airway

Renal / GU Problems – kidneys, male reproductive system

Skin – external (*look up definition*)

PRIMARY SYMPTOM

Brief Description/Summary of the Data Element: The primary sign and symptom present in the patient or observed by EMS personnel.

Possible Data Options: Breathing Problem, Choking, Device/Equipment problem, Drainage/Discharge, Malaise, Mental/Psych, None, Palpitations, Swelling, Weakness, Bleeding, Change in responsiveness, Death, Diarrhea, Fever, Mass/Lesion, Nausea/Vomiting, Pain, Rash/Itching, Transport Only, Wound or any of the null values.

Additional Relevant Information:

Bleeding – Active, Inactive, Internal or External.

Device / Equipment Problem – Patient device (i.e., ICD, Implantable Defibrillator, Insulin Pump, Portacath, Central Line, etc.).

Malaise – General non-specific feeling of illness.

Palpitations – The sensation of a rapidly or irregularly beating heart; fluttering, pounding racing, skipping a beat, jumping around in the chest.

Wound – A type of physical trauma wherein the skin is torn, cut or punctured (i.e., an open wound). This field value is not defined as blunt force trauma causing, for example, a contusion (i.e., a closed wound).

Transport Only – The patient presents with no identifiable injury or illness.

OTHER ASSOCIATED SYMPTOMS

Brief Description/Summary of the Data Element: Other symptoms identified by the patient or observed by EMS personnel.

Possible Data Options: Same as Primary Symptom

PROVIDER'S PRIMARY IMPRESSION

Brief Description/Summary of the Data Element: The EMS personnel's impression of the patient's primary problem or most significant condition which led to the management given to the patient (treatments, medications, or procedures).

Possible Data Options:

Airway Obstruction	Altered LOC	Cardiac Arrest	Chest Pain	Electrocution	Hypothermia
Inhalation Injury	Poisoning	Respiratory Distress	Seizures	Smoke Inhalation	Stroke/CVA
Traumatic Injury	Abdominal Pain	Allergic Reaction	Psychiatric Problem	Cardiac Problem	Hypoglycemia
Hyperthermia	Shock/Hypovolemia	Obvious Death	Pregnancy/OB	Respiratory Arrest	Sexual Assault
Stings/Bites	Syncope/Fainting	Vaginal Bleeding	or any of the null values.		

Additional Relevant Information: Possible choices are pulled from ICD-9 codes

PROVIDER'S SECONDARY IMPRESSION

Brief Description/Summary of the Data Element: The EMS personnel's impression of the patient's secondary problem or which led to the management given to the patient (treatments, medication, or procedures).

Possible Data Options: Same as Provider's Primary Impression

Additional Relevant Information: Possible choices are pulled from ICD-9 codes

CAUSE OF INJURY

Brief Description/Summary of the Data Element: The category of the reported/suspected external cause of the injury.

Possible Data Options:

Motor Vehicle Traffic Accident	Pedestrian Traffic Accident	Motor Vehicle Non-Traffic Accident	Bicycle Accident
Water Transport Accident	Aircraft Related Accident	Drug Poisoning	Chemical Poisoning
Falls	Fire and Flames	Smoke Inhalation	Excessive Heat
Excessive Cold	Venomous stings (plants, animals)	Bites	Lightning
Drowning	Mechanical Suffocation	Machinery Accidents	Electrocution (non-lightning)
Radiation Exposure	Firearm Injury (accidental)	Firearm Assault	Firearm (self-inflicted)
Rape	Stabbing/Cutting Assault	Motorcycle Accident	Stabbing/Cutting Accidental
Struck By Blunt/Thrown Object	Non-Motorized Vehicle Accident	Child Battering	

Additional Relevant Information:

Motor vehicle traffic accident - Includes any motor vehicle incident occurring on a public road or highway. Public road or highway includes any road open to the use of the public for purposes of vehicular traffic as a matter of right or custom.

Motor vehicle non-traffic accident - Includes any motor vehicle incident occurring entirely off public roadways or highways. For instance an incident involving an All Terrain Vehicle (ATV) in an off the road location would be counted under this sub-category.

Pedestrian Traffic Accident - Includes responses in which a motor vehicle/pedestrian incident occurs on a public road or highway where the pedestrian was injured. Includes individuals on skates, in baby carriages, in wheelchairs, on skateboards, etc.

Bicycle Accident - Includes bicycle-related incidents not involving a motorized vehicle.

Water Transport - Includes all incidents related to a watercraft. Excludes drowning incidents unless they are related to watercraft use. Thus, if a person falls out of a boat and drowns, it should be counted within this category. If a person drowns in a swimming pool or bathtub, it should be counted under Drowning.

Aircraft Related Crash - Excludes spacecraft.

Drug Poisoning - Includes poisoning by drugs, medicinal substances, or biological products.

Chemical Poisoning - Includes poisoning by solid or liquid substances, gases, and vapors, which are not included under Drug Poisoning.

Falls - Excludes falls which occur in the context of other external causes of injury such as fire, or falling in incidents involving Machinery. These types of injuries should be coded as such.

Fire and Flames - Includes burning by fire, asphyxia or poisoning from conflagration or ignition, and fires secondary to explosions. Excludes injuries related to Machinery, and vehicle related incidents, which should be counted under their respective sub-categories.

Smoke Inhalation - Includes smoke and fume inhalation from conflagration.

Excessive Heat - Includes thermal injuries related to weather or heat produced by man, such as in a boiler room or factory. Excludes heat injury from conflagration, this should be counted under Fire and Flames.

Excessive Cold - Includes cold injury due to weather exposure, or cold produced by man, such as in a freezer.

Venomous Stings (Plant, Animals) - Includes stings from spiders, scorpions, insects, marine life or plants. Excludes "bites" and should be coded as such.

Bites - Includes bites (e.g., dogs, snakes and lizards, etc.). Excludes venomous stings which should be coded as such.

Lightning - Excludes falling off an object secondary to lightning and injuries from fire secondary to lightning.

Drowning - Includes responses to drowning/near drowning that are not related to watercraft use. Includes swimming and snorkeling incidents, bathtubs, hot tubs, holding ponds, buckets, etc.

Mechanical Suffocation - Includes suffocation in bed or cradle (crib death), closed space suffocation, plastic bag, hanging, etc.

Machinery Accidents - Includes responses in which machinery in operation was involved.

Electrocution (Non-Lightning) - Includes responses in which an incident related to electric current from exposed wire, faulty appliance, high voltage cable, live rail, or open electric socket. Excludes electrocution by lightning.

Radiation Exposure - Excludes complications of radiation therapy.

Rape - This sub-category should be entered in all instances where there was sufficient suspicion by the EMS responder that the responder would be required by law to report the case to authorities as a suspected case of rape.

Stabbing/Cutting Assault - Includes reported cuts, punctures, or stabs to any part of the body resulting from an assault.

Stabbing/Cutting Accidental - Includes reported cuts, punctures, or stabs to any part of the body resulting from an accident.

Child Battering - Includes all forms of suspected child battering. This sub-category should be entered in all instances where there was sufficient suspicion by the EMS responder that the responder would be required by law to report the case to authorities as a suspected case of child abuse.

INTENT OF THE INJURY

Brief Description/Summary of the Data Element: The intent of the individual inflicting the injury.

Possible Data Options: Intentional-Self, Intentional-Other (assault), Unintentional or any of the null values.

VEHICULAR INJURY INDICATORS

Brief Description/Summary of the Data Element: The kind of risk factor predictors associated with the vehicle involved in the incident.

Possible Data Options: DOA Same Vehicle, Fire, Side Post Deformity, Steering Wheel Deformity, Dash Deformity, Ejection, Rollover/Roof Deformity, Space Intrusion >1 foot, Windshield Spider/Star or any of the null values.

USE OF OCCUPANT SAFETY EQUIPMENT

Brief Description/Summary of the Data Element: Safety equipment in use by the patient at the time of the injury

Possible Data Options: Eye Protection, Lap Belt, Other, Protective Clothing, Shoulder Belt, Child Restraint, Helmet, None, Personal Flotation Device, Protective non-clothing gear or any of the null values.

HEIGHT OF FALL

Brief Description/Summary of the Data Element: The actual of best approximated distance in feet the patient fell, measured from the lowest point of the patient to the ground.

Possible Data Options: Numerical value to be entered

AIRBAG DEPLOYMENT

Brief Description/Summary of the Data Element: Indication of Airbag deployment during the motor vehciel crash. This is to be completed only if “Possible Injury” element is marked “YES.”

Possible Data Options: No Airbag deployed, Airbag deployed (side), Airbag deployed (front), Airbag deployed other (knee, airbelt, etc.), No airbag present, and all null values.

CARDIAC ARREST

Brief Description/Summary of the Data Element: Indiciation of the presence of a cardiac arrest at any time associated with the EMS event

Possible Data Options: No, Yes (prior to EMS arrival), Yes (after EMS arrival) or any of the null values.

Additional Relevant Information: If “Yes” is selected, all other data points referring to the situation/CPR should be addressed

CARDIAC ARREST ETIOLOGY

Brief Description/Summary of the Data Element: Indication of the etiology or cause of the cardiac arrest (classified as cardiac, non-cardiac, etc.)

Possible Data Options: Trauma, Respiratory, Other, Presumed Cardiac, Drowning, Electrocution or any of the null values.

RESUSCITATION ATTEMPTED (MULTIPLE SELECTION PERMITTED)

Brief Description/Summary of the Data Element: Indication of an EMS provider’s attempt to resuscitate the patient who is in cardiac arrest.

Possible Data Options: Attempted Ventilation, Not Attempted – Considered Futile, Not Attempted – Signs of Circulation Present, Attempted Defibrillation, Initiated Chest Compressions, Not-Attempted DNR Orders Present or any of the null values.

ARREST WITNESSED BY

Brief Description/Summary of the Data Element: Indication of who the cardiac arrest was witnessed by.

Possible Data Options: Lay Person, Healthcare provider, not witnessed or any of the null values.

FIRST MONITORED RHYTHM OF THE PATIENT

Brief Description/Summary of the Data Element: Documentation of what the first monitored rhythm which was noted.

Possible Data Options: Bradycardia, Other, Unknown AED Non-Shockable Rhythm, Unknown AED Shockable Rhythm, Ventricular Fibrillation, Asystole, Normal Sinus Rhythm, PEA, Ventricular Tachycardia or any of the null values.

CARDIAC RHYTHM ON ARRIVAL AT DESTINATION

Brief Description/Summary of the Data Element: The patient's cardiac rhythm upon deliver or transfer to the destination.

Possible Data Options: Standard list of cardiac rhythms are available to choose from or any null value can be used

BARRIERS TO PATIENT CARE

Brief Description/Summary of the Data Element: Indication of whether or not there were any patient specific barriers to serving the patient at the scene.

Possible Data Options: Hearing Impaired, None, Physically Restrained, Unattended or Unsupervised (including minors), Developmentally Impaired, Language, Physically Impaired, Speech Impaired, Unconscious or any of the null values.

MEDICATION ALLERGIES

Brief Description/Summary of the Data Element: The patient's medication allergies.

Possible Data Options: Medications can be selected from a drop-down list of FDA approved medications or entered as free-text or any null value can be used.

MEDICAL/SURGICAL HISTORY

Brief Description/Summary of the Data Element: The patient's pre-existing medical and surgery history.

Possible Data Options: A list of ICD-9 procedure codes should be entered; otherwise, medical/surgical history can be entered as free-text or any of the null values can also be used.

CURRENT MEDICATIONS

Brief Description/Summary of the Data Element: The medications the patient currently takes.

Possible Data Options: Medications can be selected from a drop-down list of FDA approved medications or entered as free-text

ALCOHOL/DRUG USE INDICATORS

Brief Description/Summary of the Data Element: Indicators for the potential use of Alcohol or Drugs by the patient.

Possible Data Options: Patient admits to alcohol use, Alcohol and/or Drug Paraphernalia at scene, Smell of alcohol of breath, Pt admits to drug use, None or any of the null values.

RUN REPORT NARRATIVE

Brief Description/Summary of the Data Element: The narrative of the run report.

Additional Relevant Information: Large capacity space for free-text

CARDIAC RHYTHM

Brief Description/Summary of the Data Element: The initial Cardiac Rhythm of the patient as interpreted by EMS personnel

Possible Data Options: Standard list of cardiac rhythms are available to choose from or null values can be used.

SBP (SYSTOLIC BLOOD PRESSURE)

Brief Description/Summary of the Data Element: The patient's systolic blood pressure entered as a numeric value.

DBP (DIASTOLIC BLOOD PRESSURE)

Brief Description/Summary of the Data Element: The patient's diastolic blood pressure entered as a numeric value. If a blood pressure is palpated, this should be left blank.

METHOD OF BLOOD PRESSURE MEASUREMENT

Brief Description/Summary of the Data Element: Indication of the method of blood pressure procedure.

Possible Data Options: Arterial Line, Manual Cuff, Automated Cuff, Palpated Cuff, Venous Line

PULSE RATE

Brief Description/Summary of the Data Element: The patient's pulse rate, palpated or auscultated, expressed as a number per minute.

ELECTRONIC MONITOR RATE

Brief Description/Summary of the Data Element: The patient's heart rate as recorded by an electronic monitoring device (ECG, Pulse oximetry, etc.).

RESPIRATORY RATE

Brief Description/Summary of the Data Element: The patient's respiratory rate expressed as a number per minute.

GLASGOW COMA SCORE - EYE

Brief Description/Summary of the Data Element: The patient's GCS for Eye Opening.

Possible Data Options: 1, 2, 3, or 4

Additional Relevant Information:

- 1 = Does Not Open Eyes
 - 2 = Opens Eyes to Painful Stimulation
 - 3 = Opens Eyes to Verbal Stimulation
 - 4 = Opens Eyes Spontaneously
-

GLASGOW COMA SCORE - VERBAL

Brief Description/Summary of the Data Element: The patient's Glasgow Coma Score for Verbal Response

Possible Data Options: 1, 2, 3, 4, or 5

Additional Relevant Information:

- 1 = No verbal response in any age group
- 2 =
 - Persistent Crying in Patients Age 0-23 months
 - Grunting in Patients age 2-5 years
 - Non-specified sounds in patients age 5-adult
- 3 =

- Inappropriate Crying in Patients Age 0-23 months
- Cries and/or Screams in Patients age 2-5 years
- Inappropriate words in patients age 5-adult
- 4 =
 - Crying, but inconsolable in Patients Age 0-23 months
 - Inappropriate Words in Patients age 2-5 years
 - Confused Conversation in patients age 5-adult
- 5 =
 - Smiling, Cooing, or Crying in Patients Age 0-23 months
 - Appropriate Words in Patients age 2-5 years
 - Oriented and Appropriate Speech in patients age 5-adult

GLASGOW COMA SCORE - MOTOR

Brief Description/Summary of the Data Element: The patient's Glasgow Coma Score for Motor Response

Possible Data Options: 1, 2, 3, 4, 5 or 6

Additional Relevant Information:

<u>Glasgow Coma Score</u>	<u>Patients up to 5 years of age</u>	<u>Patients greater than 5 years of age</u>
1	No Motor Response	No Motor Response
2	Extensor Response in response to painful stimulation	Extensor Response in response to painful stimulation
3	Flexor posturing in response to painful stimulation	Flexor posturing in response to painful stimulation
4	General Withdrawal in response to painful stimulation	General Withdrawal in response to painful stimulation
5	Localization of painful stimulation	Localization of painful stimulation
6	Spontaneous and purposeful movement	Obeys commands with appropriate motor response

REVISED TRAUMA SCORE

Brief Description/Summary of the Data Element: The patient's Revised Trauma Score entered as a numeric value

Additional Relevant Information: Based on summing the values assigned to three components of patient assessment (Systolic Blood Pressure, GCS, and Respiratory Rate, which were assessed at the same time

<u>Score Value</u>	<u>Systolic Blood Pressure</u>	<u>Glasgow Coma Score</u>	<u>Respiratory Rate</u>
4	>89 mm Hg	13-15	10-29 per minute

3	76-89 mm Hg	9-12	>29 per minute
2	50-75 mm Hg	6-8	6-9 per minute
1	1-49 mm Hg	4-5	1-5 per minute
0	No Pulse	3	None/Spontaneous

PEDIATRIC TRAUMA SCORE

Brief Description/Summary of the Data Element: The Trauma Score for patient's age 12 and under.

Possible Data Options: Calculated by adding the appropriate response for each of the following components: Airway, CNS, Open Wounds, Size, Skeletal Injuries, SBP

Additional Relevant Information:

<u>Component</u>	<u>Score = 2</u>	<u>Score = 1</u>	<u>Score = -1</u>
Airway	Normal	Maintainable	Un-Maintainable or Intubated
Neurological Assessment	Awake	Altered Mental Status/Obtunded	Coma/Abnormal Flexion
Open Wounds	None	Minor	Major/Penetrating
Size/Weight	> 20 kg	10-20 kg	< 10 kg
Skeletal Injury	None	Closed Fracture	Open/Multiple Fractures
Systolic Blood Pressure	>90 mmHg (or palpable radial pulse)	50-90 mmHg (or palpable femoral pulse)	<50 mmHg (or no palpable pulses)

NHTSA INJURY MATRIX

Brief Description/Summary of the Data Element: Type of injury identified and associated with the external body/skin (including burns).

Possible Data Options: Bleeding-Controlled, Burn, Dislocation/Fracture, Laceration, Puncture/Stab, Amputation, Bleeding – Uncontrolled, Crush, Gunshot, Pain without swelling/bruising, Soft tissue swelling/bruising or any of the null values.

Additional Relevant Information: NHTSA Injury Matrix Evaluations are present for the following body areas with the same data options:

- External/Skin
- Head
- Face
- Neck
- Thorax
- Abdomen
- Spine
- Upper Extremities
- Pelvis

- Lower Extremities
- Unspecified Body Area

MEDICATION GIVEN

Brief Description/Summary of the Data Element: The medication given to the patient or any of the null values.

MEDICATION DOSAGE

Brief Description/Summary of the Data Element: The dose or amount of medication given to the patient.

MEDICATION DOSAGE UNITS

Brief Description/Summary of the Data Element: The units of medication dosage given to the patient.

Possible Data Options: GMS, IU, L/MIN, LPM, MCGKG/MIN, MG, ML, Other, Inches, KVO (TKO), LITERS, MCG, MEQ, MG/KG/MIN, ML/HR, Puffs

MEDICATION CREW MEMBER ID

Brief Description/Summary of the Data Element: The statewide assigned ID number of the EMS crew member giving the treatment to the patient.

Possible Data Options: One of the previously listed crew members or one of the null values.

MEDICATION COMPLICATION

Brief Description/Summary of the Data Element: Any complication (abnormal effect on the patient) associated with the administration of the medication to the patient by EMS.

Possible Data Options: Altered Mental Status, Bleeding, Diarrhea, Hypertension, Hypotension, Injury, Nausea, Respiratory Distress, Vomiting, None, Apnea, Bradycardia, Extravasation, Hyperthermia, hypoxia, Itching/Urticaria, Other, Tachycardia or any of the null values.

PROCEDURE PERFORMED PRIOR TO THIS UNIT'S EMS CARE

Brief Description/Summary of the Data Element: Indications that the procedure which was performed and documented was performed prior to this EMS unit's care.

Possible Data Options: Yes, No, or any of the null values.

PROCEDURE

Brief Description/Summary of the Data Element: The procedure performed on the patient.

Possible Data Options: Procedure codes are populated from procedures approved for use in Pennsylvania or null values can be used.

NUMBER OF PROCEDURE ATTEMPTS

Brief Description/Summary of the Data Element: The number of attempts (as defined by state protocol) taken to complete a procedure or intervention regardless of success.

Possible Data Options: A numerical value should be entered if a procedure was attempted or null values can be used.

PROCEDURE CREW MEMBER ID

Brief Description/Summary of the Data Element: The statewide assigned ID number of the EMS crew member performing the procedure on the patient.

Possible Data Options: One of the personnel listed as a crew member or one of the null values.

PROCEDURE SUCCESSFUL

Brief Description/Summary of the Data Element: Indication of whether or not the procedure performed on the patient was successful. This must be completed, and null values are not acceptable, if a procedure was attempted.

Possible Data Options: Yes, No, or any null value

PROCEDURE COMPLICATION

Brief Description/Summary of the Data Element: Any complication associated with the performance of the procedure on the patient. This must be completed if a procedure was attempted.

Possible Data Options: Altered Mental Status, Bleeding, Diarrhea, Hypertension, Hypotension, Injury, Nausea, Respiratory Distress, Vomiting, None, Apnea, Bradycardia, Extravasation, Hyperthermia, hypoxia, Itching/Urticaria, Other, Tachycardia or any of the null values.

PROCEDURE AUTHORIZATION

Brief Description/Summary of the Data Element: The type of procedure authorization obtained. This must be completed if a procedure was attempted.

Possible Data Options: On-Scene, Written Orders (patient specific), On-Line, Protocol (standing orders) or any of the null values.

SUCCESSFUL IV SITE

Brief Description/Summary of the Data Element: The location of the IV site (if applicable) on the patient.

Possible Data Options: Antecubital, External Jugular, Femoral, Forearm, Hand, Lower Extremity, Scalp, Tibia IO, Umbilical, Sternal IO, Other or any of the null values.

Additional Relevant Information: Each site is given the option of right or left, as appropriate.

DESTINATION/TRANSFERRED TO (CODE)

Brief Description/Summary of the Data Element: The code of the destination the patient was delivered or transferred to, if present and available. This element is not applicable if no transport occurred.

Possible Data Options: A list of destination/facility codes can be found online at www.health.state.pa.us/ems.

DESTINATION ZIP CODE

Brief Description/Summary of the Data Element: The destination ZIP code in which the patient was delivered or transferred to. This element is not applicable if no transport occurred.

Possible Data Options: 5 or 9 digit ZIP code

INCIDENT/PATIENT DISPOSITION*

Brief Description/Summary of the Data Element: Type of disposition treatment and/or transport of the patient

Possible Data Options: Cancelled, No Patient Found, Patient Refused Care, Treated/Transferred Care, Treated/Transported by Law Enforcement, Dead at Scene, No Treatment Required, Treated and Released, Treated/Transported by EMS, Treated/Transported by Private Vehicle

Additional Relevant Information:

- Cancelled - Cancelled prior to patient contact
- Dead at Scene - Either dead on arrival or dead after arrival with field resuscitation not successful and not transported
- No Patient Found - EMS was unable to find a patient at the scene. *For example, if EMS personnel arrival at the scene of a motor vehicle crash and all persons indicate they are "okay" and the technician sees no signs or symptoms that would warrant evaluation or treatment, no patient encounter has been made as noted in the BLS Protocol #112.*
- No treatment required - Assessment resulted in no identifiable condition requiring treatment by EMS
- Patient Refused Care - Patient refused to give consent or withdrew consent for care. Patients who refuse transport to the hospital yet, in the provider's opinion, should be evaluated in the emergency department are included in this category whether they have received treatment or not.
- Treated and released - The patient was treated by EMS but did not require transport to the hospital.
- Treated, Transferred Care - The patient was treated but care was transferred to another EMS unit
- Treated, transported by EMS - The patient was treated and transported by the reporting EMS unit
- Treated, transported by law Enforcement - The patient was treated and transported by a law enforcement unit
- Treated, Transported by Private Vehicle - The patient was treated and transported by means other than EMS or law enforcement

TRANSPORT MODE FROM SCENE

Brief Description/Summary of the Data Element: Indication whether or not lights and/or sirens (L&S) were used on the vehicle while leaving the scene

Possible Data Options: No L&S, Initial no L&S/Upgraded to L&S, Initial L&S/Downgraded to No L&S, L&S Utilized

CONDITION OF PATIENT AT DESTINATION

Brief Description/Summary of the Data Element: The condition of the patient after care by EMS for all patients at the time of release or transfer.

Possible Data Options: Unchanged, Improved, Worsened or any of the null values.

REASON FOR CHOOSING DESTINATION

Brief Description/Summary of the Data Element: The reason the unit chose to deliver or transfer the patient to the destination

Possible Data Options: Diversion, Insurance Status, On-Line Medical Direction, Patient Choice, Protocol, Closest Facility, Family Choice, Law Enforcement Choice, Other, Patient's Physician's Choice, Specialty Resource Center or any of the null values.

TYPE OF DESTINATION

Brief Description/Summary of the Data Element: The type of destination the patient was delivered or transferred to

Possible Data Options: Hospital, Morgue (includes coroner's office), Other, Other EMS (ground), Other EMS (air), Home, Medical Office/Clinic, Nursing Home, Police/Jail

EMERGENCY DEPARTMENT DISPOSITION

Pennsylvania is not currently reporting on this element; please select "Not Reporting." Future collection of this element may occur

Brief Description/Summary of the Data Element: The known disposition of the patient from the ED

Possible Data Options: Transferred, Released, Death, Admitted to Hospital, Admitted to Hospital ICU or any of the null values.

Additional Relevant Information: May not be known by EMS providers. Could be collected by EMS Administration or electronically provided through linkage with hospital databases.

HOSPITAL DISPOSITION

***Pennsylvania is not currently reporting on this element; please select "Not Reporting." Future collection of this element may occur**

Brief Description/Summary of the Data Element: Indication of how the patient was dispositioned from the hospital, if admitted

Possible Data Options: Discharged, Transfer to Nursing Home, Transfer to Rehabilitation Facility, Death, Transfer to Other, Transfer to Hospital or any of the null values.

PERSONAL PROTECTIVE EQUIPMENT USED

Brief Description/Summary of the Data Element: The PPE which was used by EMS personnel during the patient contact

Possible Data Options: Gloves, Level A, B, or C suit, Mask, Other, eye protection or any of the null values.

RESEARCH SURVEY FIELD & FIELD TITLE

Brief Description/Summary of the Data Element: A customizable field to be used by local agencies for additional documentation or research

WHO GENERATED THIS REPORT

Brief Description/Summary of the Data Element: The statewide assigned ID number of the EMS crew member which completed this patient care report

Possible Data Options: One of the personnel listed as a crew member.

ADMINISTRATIVE SECTION

The elements listed within this section are more commonly used by the software vendors and EMS/QRS service managers and are updated and verified yearly or when changed.

LEVEL OF SERVICE

**Please note that not all certification levels referenced within this manual are applicable to EMS practices in Pennsylvania.*

Brief Description/Summary of the Data Element: The highest EMS-credentialed personnel's level of service which the agency provides for every EMS encounter if requested.

Possible Data Options: In a tiered response system, this is the highest level of service which could be sent to any specific call by that service. (First Responder, EMT-B, EMT-I, EMT-P, Nurse, Physician)

Additional Relevant Information: For example: the "Level of Service" is EMT-B even if a Paramedic is functioning in an EMT-B capacity while off-duty or while providing care on a unit licensed at the basic life support (BLS) level without the availability of advanced life support (ALS) equipment.

PROCEDURES (MULTIPLE CHOICE)

Brief Description/Summary of the Data Element: A list of all procedures that the agency has implemented and available for use.

Possible Data Options: See Appendix 1. The "code" of the procedure is referenced, not the free text. Procedures should be limited to those listed in Appendix 1.

MEDICATIONS GIVEN (MULTIPLE ENTRY PERMITTED)

Brief Description/Summary of the Data Element: A list of all medications the agency has implemented and available for use.

Possible Data Options: Any of the medications identified as an approved pre-hospital medication by the PA Department of Health.

Additional Relevant Information: The list may contain any generic or trade name of a drug approved by the FDA and administered by EMS. The current PA approved prehospital drug list is available online at www.health.state.pa.us/ems. If you currently carry or use medications not on the PA approved prehospital drug list, a copy of your protocol for use of those additional medications should be submitted to the PA Department of Health's State EMS Medical Director.

PROTOCOL (MULTIPLE ENTRY PERMITTED)

Brief Description/Summary of the Data Element: A list of all of the treatment protocols that the agency has in place and available for use.

Possible Data Options: The list of available protocols can be found by referencing the current version of the statewide ALS and BLS protocols.

Additional Relevant Information: Specific Adult or Pediatric Protocols should be mapped to one of these topics if possible.

ORGANIZATIONAL TYPE

Brief Description/Summary of the Data Element: The organizational structure from which EMS Services are delivered

Possible Data Options: Community, non-profit; Governmental non-fire; Private non-hospital; Fire Dept; Tribal; Hospital

ORGANIZATION STATUS

Brief Description/Summary of the Data Element: The primary organizational status of the agency.

Possible Data Options: Volunteer, Non-volunteer, or Mixed

STATISTICAL YEAR

Brief Description/Summary of the Data Element: The year to which the information pertains

Additional Relevant Information: Formatted as a four-digit year [YYYY]

TOTAL SERVICE SIZE AREA

Brief Description/Summary of the Data Element: The total square miles in the agency's service area listed as a numerical value.

TOTAL SERVICE AREA POPULATION

Brief Description/Summary of the Data Element: The total population in the agency's service area based on year 2000 census data (if possible) and entered as a numeric value..

Possible Data Options: This number does not include population changes associated with daily work flow or seasonal movements

911 CALL VOLUME PER YEAR

Brief Description/Summary of the Data Element: The number of 911 EMS calls for the calendar year entered as a numeric value.

EMS DISPATCH VOLUME PER YEAR

Brief Description/Summary of the Data Element: The number of EMS dispatches for the calendar year entered as a numeric value.

EMS TRANSPORT VOLUME PER YEAR

Brief Description/Summary of the Data Element: The number of EMS transports for the calendar year entered as a numeric value.

EMS PATIENT CONTACT VOLUME PER YEAR

Brief Description/Summary of the Data Element: The number of EMS patient contacts for the calendar year entered as a numeric value.

EMS AGENCY NUMBER (AFFILIATE NUMBER)*

Brief Description/Summary of the Data Element: The state-assigned provider number of the responding agency

Possible Data Options: Five-digit State Affiliate Number

EMS AGENCY STATE

Brief Description/Summary of the Data Element: The state(s) in which the Agency provides services.

Additional Relevant Information: May include multiple states. This value is entered as a FIPS Code.

EMS AGENCY COUNTY

Brief Description/Summary of the Data Element: The county(s) for which the agency formally provides service

Additional Relevant Information: May include multiple counties. This value is entered as a FIPS code.

EMS AGENCY TIME ZONE

Brief Description/Summary of the Data Element: The time zone for the EMS agency

Possible Data Options: Midway Island/Samoa, Alaska, Mountain Time, Eastern Time, Hawaii, Pacific Time, Central Time, Atlantic Time

NATIONAL PROVIDER IDENTIFIER

Brief Description/Summary of the Data Element: The National Provider Identifier associated with National Provider System (NPS) and used in all standard HIPAA transactions such as electronic claim filing

Possible Data Options: Not Applicable, Not Reporting, Not Available, Not Recorded, Not Known

AGENCY CONTACT ZIP CODE

Brief Description/Summary of the Data Element: The ZIP code of the Agency contact's mailing address

Possible Data Options: 5 or 9 Digit ZIP code

HOSPITAL FACILITY NUMBER

Brief Description/Summary of the Data Element: The state assigned licensure number (code) for each Hospital Served

Possible Data Options: A list of current Pennsylvania Hospital Codes can be found online at www.health.state.pa.us/ems.

Additional Relevant Information: This list is updated regularly by the Department of Health

PATIENT CARE REPORT NUMBER*

Brief Description/Summary of the Data Element: The unique number automatically assigned by the EMS agency for each PCR.

Additional Relevant Information: This is a unique number to the EMS agency for all of time.

SOFTWARE CREATOR*

Brief Description/Summary of the Data Element: The name of the software vendor who created the data collection software

SOFTWARE NAME*

Brief Description/Summary of the Data Element: The name fo the software package with which the data was collected by the agency

SOFTWARE VERSION*

Brief Description/Summary of the Data Element: The version of the software used by the agency to collect data

Appendix 1

Appendix 1 - Procedures

Field Values

89.820 12 Lead ECG
93.931 Airway-BVM
98.130 Airway-Cleared
93.900 Airway-CPAP
96.991 Airway-Intubation Confirm CO2
96.052 Airway-Laryngeal Mask
96.041 Airway-Nasotracheal Intubation
31.110 Airway-Needle Cricothyrotomy
96.040 Airway-Orotracheal Intubation
96.042 Airway-Rapid Sequence Induction
98.150 Airway-Suctioning
96.700 Airway-Ventilator Operation
38.910 Arterial Access-Blood Draw
89.700 Assessment-Adult
38.995 Blood Glucose Analysis
89.510 Cardiac Monitor
99.626 Cardiac Pacing-Transvenous
99.640 Carotid Massage
34.042 Chest Tube Placement
1.181 CNS Catheter-Epidural Maintenance
99.600 CPR
86.280 Decontamination
99.622 Defibrillation-Manual
100.200 Extrication
37.611 Intra-Aortic Balloon Pump
96.070 Nasogastric Tube Insertion
89.702 Pain Measurement
100.100 Rescue
99.842 Restraints-Physical
93.540 Splinting-Basic
89.703 Temperature Measurement
57.940 Urinary Catheterization
89.620 Venous Access-Central Line Maintenance
38.991 Venous Access-Existing Catheter
38.992 Venous Access-Extremity
39.995 Venous Access-Internal Jugular Line
41.921 Venous Access-Intraosseous Pediatric
89.640 Venous Access-Swan Ganz Maintenance
93.930 Airway-Bagged
97.230 Airway-Change Tracheostomy Tube
96.051 Airway-Combitube
96.030 Airway-EOA/EGTA
96.992 Airway-Intubation Confirm Esophageal Bulb
96.010 Airway-Nasal
93.940 Airway-Nebulizer Treatment
96.020 Airway-Oral
96.790 Airway-PEEP
93.910 Airway-Respirator Operation (BLS)
31.120 Airway-Surgical Cricothyrotomy
96.701 Airway-Ventilator with PEEP
89.610 Arterial Line Maintenance
89.701 Assessment-Pediatric
89.391 Capnography
99.624 Cardiac Pacing-External
99.623 Cardioversion
34.041 Chest Decompression
73.590 Childbirth
1.182 CNS Catheter-Intraventricular Maintenance
99.601 CPR by External Automated Device
99.621 Defibrillation-Automated (AED)
99.625 Defibrillation-Placement for Monitoring/Analysis
99.290 Injections-SQ/IM
93.580 MAST
89.590 Orthostatic Blood Pressure Measurement
89.392 Pulse Oximetry
99.841 Restraints-Pharmacological
93.591 Spinal Immobilization
93.450 Splinting-Traction
89.704 Thrombolytic Screen
38.990 Venous Access-Blood Draw
39.997 Venous Access-Discontinue
38.993 Venous Access-External Jugular Line
38.994 Venous Access-Femoral Line
41.920 Venous Access-Intraosseous Adult
39.996 Venous Access-Subclavian Line
93.057 Wound Care

Appendix 2

Appendix 2 – Condition Codes

Field Values

- 25 Not Applicable
 - 15 Not Reporting
 - 5 Not Available
 - 8002 Abdominal Pain (ALS-789.00)

 - 8004 Abnormal Skin Signs (ALS-780.8)
 - 8006 Allergic Reaction (ALS-995.0)
 - 8008 Blood Glucose (ALS-790.21)
 - 8010 Difficulty Breathing (ALS-786.05)
 - 8012 Chest Pain (non-traumatic) (ALS-786.50)
 - 8014 Cold Exposure (ALS-991.6)
 - 8016 Altered Level of Consciousness (non-traumatic) (ALS-780.01)
 - 8018 Eye Symptoms (non-traumatic) (BLS-379.90)
 - 8020 Cardiac Symptoms other than Chest Pain (palpitations) (ALS-785.1)
 - 8022 Heat Exposure (ALS-992.5)
 - 8024 Hemorrhage (ALS-459.0)

 - 8026 Hazmat Exposure (ALS-987.9)
 - 8028 Medical Device Failure (BLS-996.3)
 - 8030 Pain (Severe) (ALS-780.99)

 - 8032 Back Pain (non-traumatic with neurologic symptoms) (ALS-724.9)
 - 8034 Alcohol Intoxication or Drug Overdose (BLS-305.0)
 - 8036 Post-Operative Procedure Complications (BLS-998.9)
 - 8038 Psychiatric/Behavioral (abnormal mental status) (ALS-292.9)
 - 8040 Sick Person-Fever (BLS-036.9)
 - 8042 Unconscious/Syncope/Dizziness (ALS-780.02)
 - 8044 Other Trauma (need for monitor or airway) (ALS-518.5)
 - 8046 Other Trauma (fracture/dislocation) (BLS-829.0)
 - 8048 Other Trauma (amputation digits) (BLS-886.0)
 - 8050 Other Trauma (suspected internal injuries) (ALS-869.0)
 - 8052 Burns-Minor (BLS-949.2)
 - 8054 Animal Bites/Sting/Envenomation (BLS-879.8)
 - 8056 Electrocutation (ALS-994.8)

 - 8058 Eye Injuries (BLS-921.9)
 - 8060 Sexual Assault (minor injuries) (BLS-995.8)
 - 8062 Advanced Airway Management (ALS-518.81)
 - 8064 Chemical Restraint (ALS-293.0)
 - 8066 Airway Control/Positioning Required (BLS-786.09)
 - 8068 Patient Safety (restraints required) (BLS-298.9)
 - 8070 Patient Safety (seclusion required) (BLS-298.8)
 - 8072 Special Handling (Isolation) (BLS-041.9)

 - 8074 Special Handling (positioning required) (BLS-719.45)
- 20 Not Recorded
 - 10 Not Known
 - 8001 Severe Abdominal Pain (ALS-789.00)
 - 8003 Abnormal Cardiac Rhythm/Cardiac Dysrhythmia (ALS-427.9)
 - 8005 Abnormal Vital Signs (ALS-796.4)
 - 8007 Allergic Reaction (BLS-692.9)
 - 8009 Respiratory Arrest (ALS-799.1)
 - 8011 Cardiac Arrest-Resuscitation in Progress (ALS-427.5)
 - 8013 Choking Episode (ALS-784.9)
 - 8015 Cold Exposure (BLS-991.9)
 - 8017 Convulsions/Seizures (ALS-780.39)

 - 8019 Non Traumatic Headache (ALS-437.9)
 - 8021 Cardiac Symptoms other than Chest Pain (atypical pain) (ALS-536.2)
 - 8023 Heat Exposure (BLS-992.2)
 - 8025 Infectious Diseases requiring Isolation/Public Health Risk (BLS-038.9)
 - 8027 Medical Device Failure (ALS-996.0)
 - 8029 Neurologic Distress (ALS-436.0)
 - 8031 Back Pain (non-traumatic possible cardiac or vascular) (ALS-724.5)
 - 8033 Poisons (all routes) (ALS-977.9)

 - 8035 Severe Alcohol Intoxication (ALS-977.3)
 - 8037 Pregnancy Complication/Childbirth/Labor (ALS-650.0)
 - 8039 Psychiatric/Behavioral (threat to self or others) (BLS-298.9)
 - 8041 Severe Dehydration (ALS-787.01)
 - 8043 Major Trauma (ALS-959.8)
 - 8045 Other Trauma (major bleeding) (ALS-958.2)
 - 8047 Other Trauma (penetrating extremity) (BLS-880.0)
 - 8049 Other Trauma (amputation other) (ALS-887.4)
 - 8051 Burns-Major (ALS-949.3)
 - 8053 Animal Bites/Sting/Envenomation (ALS-989.5)
 - 8055 Lightning (ALS-994.0)
 - 8057 Near Drowning (ALS-994.1)

 - 8059 Sexual Assault (major injuries) (ALS-995.83)
 - 8061 Cardiac/Hemodynamic Monitoring Required (ALS-428.9)
 - 8063 IV Meds Required (ALS-No ICD code provided)
 - 8065 Suctioning/Oxygen/IV fluids required (BLS-496.0)
 - 8067 Third Party Assistance/Attendant Required (BLS-496.0)
 - 8069 Patient Safety (monitoring required) (BLS-293.1)
 - 8071 Patient Safety (risk of falling off stretcher) (BLS-781.3)
 - 8073 Special Handling (orthopedic device required) (BLS-907.2)