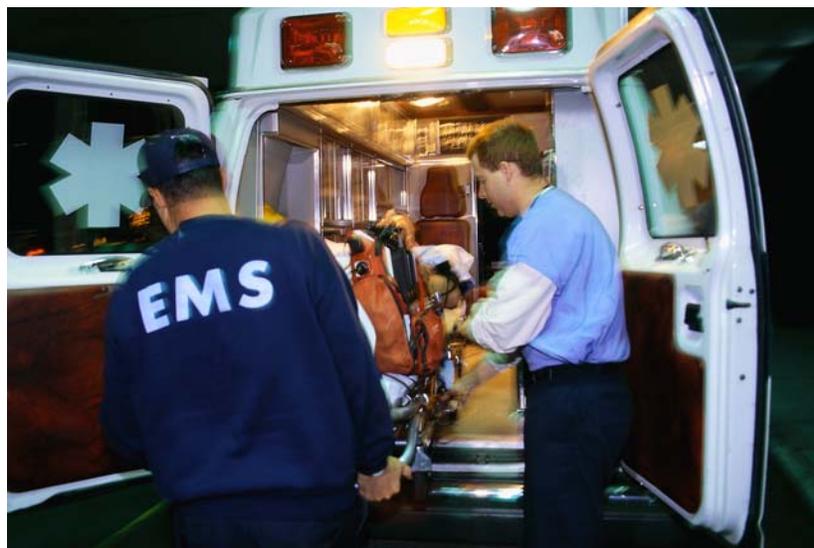


**ARIZONA DEPARTMENT OF
HEALTH SERVICES
BUREAU OF EMERGENCY MEDICAL
SERVICES AND TRAUMA SYSTEM**



**PREMIER EMS AGENCY-SYSTEM
PROGRAM
DATA DICTIONARY AND USER'S
MANUAL VERSION 4.2A**

MAY 2009

**ARIZONA DEPARTMENT OF HEALTH
SERVICES**

**DIVISION OF PUBLIC HEALTH
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This Data Dictionary and User's Manual is the official reference document for the Premier EMS Agency-System Program, the EMS data collection and quality assurance program of the Arizona Department of Health Services/Bureau of EMS and Trauma System. All Data Elements are consistent with the National Highway Transportation Safety Administration/National EMS Information System Program Dataset, Version 2.2.1.

**PREMIER EMS AGENCY PROGRAM
DATA DICTIONARY AND USER'S MANUAL VERSION 4.2A**

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SECTION I

**PREMIER EMS AGENCY-SYSTEM
REQUIRED DATA ELEMENTS BY PRIORITY EMERGENCY CATEGORY**

REQUIRED DATA ELEMENTS COMMON TO ALL PRIORITY EMERGENCY CATEGORIES

ELEMENT NAME	ELEMENT CODE
EMS Agency Number	D01 01
	E02 01
EMS Agency Name	D01 02
EMS Agency State	D01 03
EMS Agency County	D01 04
Level of Service	D01 07
Organizational Type	D01 08
Organization Status	D01 09
Statistical Year	D01 10
Total Service Size Area	D01 12
Total Service Area Population	D01 13
911 Call Volume per Year	D01 14
EMS Dispatch Volume per Year	D01 15
EMS Transport Volume per Year	D01 16
EMS Patient Contact Volume per Year	D01 17
EMS Agency Time Zone	D01 19
National Provider Identifier	D01 21
Agency Contact Zip Code	D02 07
Agency Medical Director Last Name	D03 01
Agency Medical Director Middle Name/Initial	D03 02
Agency Medical Director First Name	D03 03
Agency Medical Director Email Address	D03 11
Procedures	D04 04
Medications Given	D04 06
Protocol (a list)	D04 08
Hospitals Served	D04 11
Hospital Facility Number	D04 12
Device Name or ID	D09 02
Device Manufacturer	D09 03
Model Number	D09 04
Common Null Values	E00
Incident Number	E02 02
EMS Unit (Vehicle) Response Number	E02 03
Incident or Onset Date/Time (MM/DD/YYYY: HH/MM/SS)	E05 01
Dispatch Notified Date/Time	E05 03
Unit Notified by Dispatch Date/Time	E05 04
Unit En Route Date/Time	E05 05
Unit Arrived on Scene Date/Time	E05 06
Arrived at Patient Date/Time	E05 07
Unit Left Scene Date/Time	E05 09
Patient Arrived at Destination Date/Time	E05 10
Patient Last Name	E06 01
Patient's First Name	E06 02
Patient's Middle Initial/Name	E06 03
Patient's Social Security Number	E06 10
Patient Gender	E06 11
Patient Race	E06 12
Ethnicity	E06 13
Patient Age	E06 14
Patient Age Units	E06 15
Patient Date of Birth	E06 16
Incident Location Type	E08 07
Incident Address	E08 11
Incident City	E08 12
Incident County	E08 13
Incident State	E08 14
Incident Zip Code	E08 15
Significant Patient Medical/Surgical History	E12 10
	E12 14
	E12 15
	E12 16
Current Medication r/o, o/d	E12 17
	E16 01
	E16 02
Broselow/Luten Color	E16 02
Destination/Transferred To, Name	E20 01
Destination/Transferred To, Code	E20 02

ELEMENT NAME	ELEMENT CODE
Medication(s) Given/Administered	E18 03
Medication Administered Route	E18 04
Medication Dosage	E18 05
Medication Dosage Units	E18 06
Response to Medication	E18 07
Procedure	E19 03
Initial Vital Signs	E14 01
	E14 04
	E14 05
	E14 07
	E14 08
	E14 11
	E21-12
	E21-13
	E21-14
	E21-15
E21 16	
Device Pulse Oximetry	E21 17
PRIORITY EMERGENCY CATEGORIES (PEC 1 – 4)	
PEC-1: ST-SEGMENT ELEVATION MYOCARDIAL INFARCTION - STEMI	
ELEMENT NAME	ELEMENT CODE
12-Lead ECG Procedure	D04 04
	E19 03
	E21 02
Time of Initial 12-Lead ECG	E19 01
	E19 03
	E21 01
	E21 02
Lead Showing ST-Segment Elevation (I, II, III, AVR, AFL, AVF, V1, V2, V3, V4, V5, V6)	E21 04
	E21 06
	E21 07
Lead Showing Reciprocal Changes (I, AVL)	E21 04
	E21 06
	E21 07
12-Lead ECG Transmission Time (HH/MM/SS)	E21 01
	E21 02
	E23 09
	E23 11
Medication Administration	D04 06
	E18 03
Time of Medication Administration (HH/MM/SS)	E18 01
Oxygen	D04 06 E18_03
Nitroglycerin	
Aspirin	
Morphine	
Beta-Blockers	
Other Medication Per Medical Direction	
Medication Administered Prior to This Units EMS Care	E18 02
Pain Scale (0 - 10)	D04 04
	E14 23
Upon EMS Arrival	E14 01
After Each Medication Administration	E14 23
Upon Arrival at Destination	
Transport to Closest STEMI Center (Yes/No)	E20 16
	E20 17
Yes: STEMI Alert Transmitted to STEMI Center ED for Cath Lab Activation (Yes/No)	
Method of STEMI Alert Transmission	D04 04
No: STEMI Alert Transmitted to Closest Hospital ED	E19 01
Method of STEMI Alert Transmission	E19 03
Patient Disposition at Destination	E22 01
	E22 02
Thrombolytic Screen (The Results of the Patient's Thrombolytic Screen for Potential Thrombolytic Use)	D04 04
	E14 25
Patient's Oxygen Saturation (Pulse Oximetry/Device Pulse Oximetry)	D04 04
	E14 09
	E21 02
	E21 17

PEC-2: STROKE	
ELEMENT NAME	ELEMENT CODE
Finger Stick Glucose Level (in mg/dl)	D04 04
	E14 14
	E19 03
Cincinnati Pre-Hospital Stroke Scale	E14 24
Medication(s) Administered	E18 03
Time of Medication Administration (HH/MM/SS)	E18 01
Oxygen	E18 03
	D04 06
Glucose	E18 03
	D04 06
Morphine	E18 03
	D04 06
Other Medication Per Medical Direction	
Medication Administered Prior to This Units EMS Care	E18 02
Glasgow Coma Score-Eye	E14 15
Glasgow Coma Score-Verbal	E14 16
Glasgow Coma Score-Motor	E14 17
Initial Glasgow Coma Score	E14 01
	E14 19
Transport to Closest Primary Stroke Center (Yes/No)	E20 16
	E20 17
Yes: Stroke Alert Transmitted for Stroke Team Activation (Yes/No)	
Method of Stroke Alert Transmission	D04 04
No: Stroke Alert Transmitted to Closest Appropriate Facility ED (Yes/No)	E19 01
Method of Stroke Alert Transmission	E19 03
Patient Disposition at Destination	E22 01
	E22 02
Patient's Oxygen Saturation (Pulse Oximetry/Device Pulse Oximetry)	D04 04
	E14 09
	E21 01
	E21 02
	E21 17
PEC-3: OUT OF HOSPITAL CARDIAC ARREST	
Witnessed Arrest (Prior to EMS Arrival)	E11 01
	E11 04
Estimated Time of Collapse	E05 01
	E11 08
Medication Administered Prior to This Units EMS Care	E18 02
Medication	E18 03
S.H.A.R.E. Algorithm	E23 09
	E23 11
Intended to Use S.H.A.R.E.	E23 09
	E23 11
Pre-Compression Correctly	E23 09
	E23 11
Post-Compression Correctly	E23 09
	E23 11
Intubation Delayed Correctly	E23 09
	E23 11
IF USING S.H.A.R.E.:	
Early Epi Cycle 1	E18 01
	E18 03
Early Epi Cycle 2	E18 01
	E18 03
Early Epi Cycle 3	E18 01
	E18 03
Followed AHA 2005	E23 09
	E23 11
Time of First EMS Defibrillation	E19 01
	E19 03
Total Number of EMS Defibrillations	E21 10
	E19 01
Asystole After First Shock	E19 03
	E21 01
	E21 07
Waveform Received	E21 03
	E21 04

PEC-3: OUT OF HOSPITAL CARDIAC ARREST (Cont.)	
ELEMENT NAME	ELEMENT CODE
Pre-Arrival AED	E19_02
	E19_03
Total Number of Layperson Shocks (Prior to EMS Arrival)	E19_01
	E19_02
	E19_03
	E19_06
Presumed Etiology	E11_02
<i>Cardiac</i>	
<i>Trauma</i>	
<i>Drowning</i>	
<i>Electrocution</i>	
<i>Other, Non-Cardiac Respiratory</i>	
<i>Unknown</i>	
Location	E08_07
Initial Glasgow Coma Score	E14_01
	E14_19
Transport to Closest Cardiac Arrest Center (Hypothermia Center (Yes/No)	E20_16
	E20_17
Yes: SCA Alert Transmitted for Stroke Team Activation (Yes/No)	D04_04 E19_01 E19_03
Method of SCA Alert Transmission	
No: SCA Alert Transmitted to Closest Appropriate Facility ED (Yes/No)	
Method of SCA Alert Transmission	
Arrest After EMS Arrival	E11_01
CPR/CCC Prior to EMS Arrival	D04_04
	E11_03
	E09_01
<i>CPR/CCC By Whom</i>	E09_01
	E19_02
<i>Quality</i>	E23_09
	E23_11
<i>Type</i>	E23_09
	E23_11
Agonal	E14_11
	E14_12
Skin Temperature	E14_20
	E16_04
Clammy	E16_04
Skin Color	
Mottling	
Lividity	
Maximum CO2	E14_13
	E21_18
	E21_19
Initial Monitored Rhythm	E11_05
Rhythm on Emergency Department Arrival	E11_11
Number of Intubation Attempts	E19_03
	E19_05
Tube Confirmation	D04_04
	E19_13
Intubated on Emergency Department Arrival	E19_01
	E19_03
	E19_14
Ventilation Rate	E23_09
	E23_11
Ventilation Method	D04_04
	D09_02
	D09_03
	D09_04
	E19_04

PEC-3: OUT OF HOSPITAL CARDIAC ARREST (Cont)	
ELEMENT NAME	ELEMENT CODE
Medications Administered and Administration Times	D04_06
	E18_01
	E18_03
<i>Epinephrine</i>	E18_03
<i>Atropine</i>	
<i>Lidocaine</i>	
<i>Bicarb</i>	
<i>Fluid Bolus</i>	
Route of Medication Administration	E18_04
Response to Medication(s) Administered	E13_01 E18_07
<i>Return of Vital Signs</i>	
<i>No</i>	
<i>Pulse Only</i>	
<i>Pulse and Spontaneous Respirations</i>	
<i>Pulse and Blood Pressure Only</i>	
<i>Pulse, Blood Pressure, Spontaneous Respirations – No Improvement in LOC</i>	
<i>Pulse, Blood Pressure, Spontaneous Respirations – With Improvement in LOC</i>	
<i>Rhythm Change</i>	
EMS Pacing	E21_05
	E21_11
Auto Pulse	D09_02
	D09_03
	D09_04
	E20_10
Initial Patient Outcome	E22_01
<i>Pronounced in Field – No Transport</i>	E20_10
<i>Pronounced in Emergency Department</i>	E22_01
<i>Patient Admitted</i>	
Final Patient Outcome	E22_02
<i>Admitted – Death in Hospital</i>	
<i>Discharged Alive</i>	
<i>Discharged Disposition</i>	
<i>Not Discharged Alive</i>	
<i>Poor, Severely Disabled</i>	E13_01
<i>Fair, Home With Significant to Moderate Alteration in Lifestyle</i>	
<i>Good, Home With Moderate to Minimal Alteration in Lifestyle</i>	
<i>Excellent, Home With No Notable Medical Problems or Alteration in Lifestyle</i>	
Patient's Oxygen Saturation (Pulse Oximetry/Device Pulse Oximetry)	D04_04
	E14_09
	E21_02
	E21_17
PEC-4: TRAUMA	
Older Adults: Risk of Injury Death Increases > Age 55 Years	E06_14
	E06_15
Children: Preferential Triage to Pediatric-Capable Trauma Center	E06_14
	E06_15
PATIENT ASSESSMENT:	
Glasgow Coma Score-Eye	E14_15
Glasgow Coma Score-Verbal	E14_16
Glasgow Coma Score-Motor	E14_17
Glasgow Coma Score < 14	E14_19
Systolic Blood Pressure < 90 mmHg	E14_04
Respiratory Rate < 10 or > 29	E14_11

PEC-4: TRAUMA (Cont)	
ELEMENT NAME	ELEMENT CODE
ANATOMY OF INJURY ASSESSMENT:	
Penetrating Injuries	E10_01
	E15_02
	E15_03
	E15_04
	E15_05
	E15_06
	E15_07
	E15_08
	E15_10
	E15_02
To Head	E15_03
To Neck	E15_04
To Torso	E15_05
	E15_06
To Extremities Proximal to Elbow and Knee	E15_07
	E15_08
Flail Chest	E15_10
	E15_05
Two or More Proximal Long-Bone Fractures	E15_08, 10
Crush, De-Gloved or Mangled Extremity	
Amputation Proximal to Wrist and Ankle	
Open or Depressed Skull Fracture	E15_02
	E15_03
Pelvic Fractures	E15_09
Paralysis	E16_24
MECHANISM OF INJURY ASSESSMENT FOR LEVEL I:	
Falls:	E10_01
<i>Adult: Falls > 20 Feet (One Story = 10 Feet)</i>	E10_01, 10
<i>Children: Falls > 10 Feet or 2 to 3 Times Child's Height</i>	
High-Risk Auto Crash:	E10_01
<i>Intrusion: > 12 Inches Occupant Site</i>	E10_04 – 05
<i>Intrusion: > 18 Inches Any Site</i>	
<i>Ejection from Automobile (Partial or Complete)</i>	
<i>Death in Same Passenger Compartment</i>	E10_04
<i>Vehicle Telemetry Data Consistent with High-Risk Injury</i>	
Auto v. Pedestrian/Bicyclist:	E10_01
<i>Thrown, Run Over, or With Impact > 20 MPH</i>	E10_04
Motorcycle Crash > 20 MPH	E10_01
ASSESS SPECIAL PATIENT OR SYSTEM CONSIDERATIONS:	
Age:	E06_14 – 15, 16
<i>Older Adults: Risk of Injury Death Increases > Age 55 Years</i>	
<i>Children: Preferential Triage to Pediatric-Capable Trauma Center</i>	
Anticoagulation Disorders	E12_10
Burns:	E12_14
	E15_01
<i>Burns Without Other Trauma Mechanism: Triage to Burn Center</i>	E10_03
<i>Burns With Trauma Mechanism: Triage to Trauma Center</i>	E15_01 – 11
Time Sensitive Extremity Injury	E15_08, 10
End-Stage Renal Disease Requiring Dialysis	E12_10
Pregnancy > 20 Weeks	E12_20
EMS Provider Judgment/System Determinants	E09_15
	E09_16
	E20_16
Time of Medication Administration (HH/MM/SS)	E18_01
Oxygen	D04_06
Morphine	
<i>Other Medication Per Medical Direction</i>	
Fluid Bolus	E18_03
Medication Administered Prior to This Units EMS Care	E18_02
Medication	E18_03

PEC-4: TRAUMA (Cont)	
ELEMENT NAME	ELEMENT CODE
INTERVENTION – PROCEDURE:	
Yes: Prehospital Field Trauma (PFT) Alert Transmitted for Trauma Team Activation (Yes/No)	D04_04
Method of PFT Alert Transmission	E19_01
No: PFT Alert Transmitted to Closest Appropriate Facility ED (Yes/No)	E19_03
Method of PFT Alert Transmission	
<i>Assisted Ventilation</i>	D04_04
	D09_02
	D09_03
	D09_04
	E19_03
<i>Intubation</i>	E19_04
	D04_04
	E19_03
CPR:	
<i>Arrest Prior to EMS Arrival</i>	E11_01
<i>Arrest After EMS Arrival</i>	E11_01
<i>Time of Arrest</i>	E05_01
	E11_08
<i>ALS Intervention</i>	E04_03
	E07_34
	E07_35
Hemorrhage Control	D04_04
	E19_03
Extremity Splinting	D04_04
	E19_03
Spinal Immobilization	D04_04
	E19_03
<i>Cervical Collar</i>	D09_02 – 04 E19_04
<i>Long Board</i>	
<i>KED</i>	
Chest De-Compression:	D04_04 E23_09, 11
<i>Needle</i>	
<i>Location:</i>	
<i>Mid-Axillary</i>	
<i>Mid-Clavicular</i>	
<i>Occlusive Dressing</i>	D04_04
	D09_02
	D09_03
	D09_04
	E19_04
Intravenous Access:	D04_04
	E19_03
	E19_12
<i>Solution Type</i>	E18_03
<i>Amount Infused</i>	E18_05 – 06
<i>Needle Gauge Size</i>	E19_04
<i>Successful IV Site</i>	E19_12
Intraosseous Access:	D04_04
	E19_03
Needle Type:	D09_02 – 04 E19_04
<i>Cooks</i>	
<i>Jam Sheedy</i>	
<i>Easy IO</i>	
<i>Successful IO Site</i>	E19_12
Vital Signs After Intervention	E14_01

PEC-4: TRAUMA (Cont)	
ELEMENT NAME	ELEMENT CODE
Vital Signs Upon Emergency Department Arrival	E14 01
	E14 04
	E14 05
	E14 07
	E14 08
	E14 11
	E21 12
	E21 13
	E21 14
	E21 15
	E21 16
Transport Decision:	E07 34
	E07 35
	E07 37
Ground	E07_34, 37
Air	
Extrication > 20 Minutes	E02 08
Level I Criteria	E07 35
	E09 15
	E09 16
	E17 01
Field Intubation - Including Rapid Sequence Intubation (if applicable), Mechanical Ventilation/Respiratory Rate/etCO2/SPO2	D04 04
	D09 02
	E19 03
	E21 02
	E21 18
Tube Confirmation	E21 19
	D04 04
Carbon Dioxide (Patient's End-Tidal or Other CO2 Level):	E19 13
<i>Device CO2 or ETCO2</i>	E14 13
<i>Device CO2, ETCO2, or Invasive Pressure Monitor Units</i>	E21 18
Patient's Oxygen Saturation (Pulse Oximetry/Device Pulse Oximetry)	E21 19
	D04 04
	E14 09
	E21 01
	E21 02
If Mechanical Ventilation:	E21 17
<i>AutoVent</i>	
<i>PEEP</i>	
<i>FiO2</i>	
<i>Ventilation Rate</i>	D04_04 E23_09, 11
All Preferential Transports (Closest Appropriate Facility Bypassed):	
<i>Trauma Center</i>	E07_34 – 35 E07_36 – 37, E20_01, 16 – 17
<i>STEMI Center</i>	
<i>Stroke Center</i>	
<i>Patient Choice</i>	
<i>Hospital Diversion</i>	
<i>Cardiac Arrest Center (Hypothermia Center)</i>	
Pediatric (≤ 14 Years) Needing ALS Intervention	E06 14
	E06 15
	E07 34
Unconscious - Unknown Etiology	E07 35,
	E07 36
Use of Occupant Safety Equipment	E10 08
Airbag Deployment	E10 09
DATA ELEMENTS FOR VARIOUS ADDITIONAL PRIORITY EMERGENCY CATEGORIES	
ELEMENT NAME	ELEMENT CODE
Chief Complaint	E09 05
Duration of Chief Complaint	E09 06
Time Units of Duration of Chief Complaint	E09 07
Cardiac Rhythm	E14 03
Law Enforcement/Crash Report Number	E22 03
Fire Incident Report Number	E22 05

SECTION II

**PREMIER EMS AGENCY-SYSTEM
REQUIRED DATA ELEMENTS
DEFINITIONS, CODING, AND FORMAT DESCRIPTIONS**

EMS AGENCY NUMBER

Premier EMS Agency-System Data Element

Field Name: EMSAgencyNumber
Field Code: D01_01
Type: String
Field Width: Min. 3, Max 15
Null Values Accepted: No
Multiple Field Entry: No
Common to All PECs: Yes
National Element: Yes

Definition:

The state-assigned provider number of the responding agency

Instructions for Coding/Data Entry:

The EMS Agency Number is generated by the ADHS and provided to the applicable EMS agency. The EMS Agency Number is auto-populated by the EMS agency's specific software. If the EMS agency directly enters EMS Run Report data onto the ADHS EMS Data Collection Website, the ADHS EMS Data Collection software will auto-populate the field for each EMS Run Report based on the UserID and Password entered by the EMS agency's designated user.

Field Values:

Enter Relevant Value for the Data Element & Patient Care from Appendix – B

Additional Information:

The D01_01 EMS Agency Number is the same as E02_01 EMS Agency Number, and can be used to auto-populate E02_01 on the Patient Care Report.

EMS AGENCY NAME**Premier EMS Agency-System Data Element**

Field Name: EMSAgencyNumber
Field Code: D01_02
Type: String
Field Width: Min. 2, Max 50
Null Values Accepted: No
Multiple Field Entry: No
Common to All PECs: Yes
National Element: No

Definition:

The formal name of the agency

Instructions for Coding/Data Entry:

The EMS Agency Name is typically documented once then verified each year, and updated yearly or when changed.

Field Values:

A unique value; no variable list is possible.

EMS AGENCY STATE**Premier EMS Agency-System Data Element**

Field Name: AgencyState
Field Code: D01_03
XSD Type: String
Field Width: Min. 2, Max 2
Null Values Accepted: No
Multiple Field Entry: Yes
Common to All PECs: Yes
National Element: Yes

Definition:

The state in which the agency provides services

Instructions for Coding/Data Entry:

The EMS Agency State is typically documented once then verified each year, and updated yearly or when changed.

Field Values:

Appropriate 2 digit FIPS Code.

Data Value	Description
04	Arizona

Additional Information:

The 2 digit FIPS code is not the same as the State 2 letter abbreviation (e.g., Arizona FIPS code is *04*, the Arizona State abbreviation is *AZ*).

EMS AGENCY COUNTY**Premier EMS Agency-System Data Element**

Field Name: AgencyCounty
Field Code: D01_04
XSD Type: String
Field Width: Min. 5, Max 5
Null Values Accepted: No
Multiple Field Entry: Yes
Common to All PECs: Yes
National Element: Yes

Definition:

The county(s) for which the agency formally provides service

Instructions for Coding/Data Entry:

EMS Agency County is stored as a 5 digit FIPS code (combining the state and county code) to take into account agencies that serve more than one state and counties named the same in different states.

An EMS agency which formally provides services in more than one county inside or outside of Arizona must enter a separate 5 digit FIPS code for each State-County combination comprising the formal service area(s).

The EMS Agency County is typically documented once then verified each year, and updated yearly or when changed.

Example: The 5 digit FIPS Code for Maricopa County is 04013, derived from State FIPS and County FIPS.

FIPS State Code	State Name	FIPS County Code	County Name	Field Value
04	Arizona	013	Maricopa	04013

Field Values:

Enter appropriate 5 digit EMS Agency County Code from Appendix – C.

LEVEL OF SERVICE**Premier EMS Agency-System Data Element**

Field Name: DemographicStateCertificationLicensureLevels
Field Code: D01_07
XSD Type: String/Integer
Field Width: Min. 2, Max 30
Null Values Accepted: No
Multiple Field Entry: No
Common to All PECs: Yes
National Element: Yes

Definition:

The highest credentialed personnel's level of service which the agency provides for every EMS encounter if requested. In a tiered response system, this is the highest level of service which could be sent to any specific call

Instructions for Coding/Data Entry:

The Level of Service is typically documented once then verified each year, and updated yearly or when changed.

Field Values:

Data Value	Description
6090	EMT-Basic
6100	EMT-Intermediate
6110	EMT-Paramedic
6111	Nurse
6112	Physician
6120	First Responder

ORGANIZATIONAL TYPE**Premier EMS Agency-System Data Element**

Field Name: OrganizationType
Field Code: D01_08
XSD Type: String
Field Width: Min. 4, Max 4
Null Values Accepted: No
Multiple Field Entry: No
Common to All PECs: Yes
National Element: Yes

Definition:

The organizational structure from which EMS services are delivered (fire, hospital, county, etc.)

Instructions for Coding/Data Entry:

The Organizational Type is typically documented once then verified each year, and updated yearly or when changed.

Field Values:

Data Value	Description
5810	Community, Non-Profit
5820	Fire Department
5830	Governmental, Non-Fire
5840	Hospital
5850	Private, Non-Hospital
5860	Tribal

ORGANIZATION STATUS**Premier EMS Agency-System Data Element**

Field Name: OrganizationalStatus
Field Code: D01_09
XSD Type: Integer
Field Width: Min. 4, Max 4
Null Values Accepted: No
Multiple Field Entry: No
Common to All PECs: Yes
National Element: Yes

Definition:

The primary organizational status of the agency. The definition of Volunteer or Non-Volunteer is based on state or local terms

Instructions for Coding/Data Entry:

The Organizational Status is typically documented once then verified each year, and updated yearly or when changed.

Field Values:

Data Value	Description
5870	Mixed
5880	Non-Volunteer
5890	Volunteer

STATISTICAL YEAR**Premier EMS Agency-System Data Element**

Field Name: StatisticalYear
Field Code: D01_10
XSD Type: gYear
Field Width: Min. 1990, Max 2030
Null Values Accepted: No
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: Yes

Definition:

The year to which the information pertains

Instructions for Coding/Data Entry:

The Statistical Year is typically documented once then verified each year, and updated yearly or when changed.

Field Values:

A unique value; no variable list is possible.

Field Format: [YYYY].

TOTAL SERVICE SIZE AREA

Premier EMS Agency-System Data Element

Field Name: TotalServiceSizeArea
Field Code: D01_12
XSD Type: PositiveInteger
Field Width: Min. 1, Max 100,000,000
Null Values Accepted: Yes*
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: Yes

Definition:

The total square miles in the agency's service area

Instructions for Coding/Data Entry:

The Total Service Size Area is typically documented once then verified each year, and updated yearly or when changed.

* Accepts Null Values, but null value is blank or empty.

Field Values:

A unique value; no variable list is possible.

TOTAL SERVICE SIZE AREA POPULATION

Premier EMS Agency-System Data Element

Field Name: TotalServiceAreaPopulation
Field Code: D01_13
XSD Type: PositiveInteger
Field Width: Min. 1, Max 100,000,000
Null Values Accepted: Yes*
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: Yes

Definition:

The total population in the agency's service area based on year 2000 census data (if possible). This number does not include population changes associated with daily work flow or seasonal movements

Instructions for Coding/Data Entry:

The Total Service Size Area Population is typically documented once then verified each year, and updated yearly or when changed.

Baseline data should be taken from the 2000 Census data if possible.

* Accepts Null Values, but null value is blank or empty.

Field Values:

A unique value; no variable list is possible.

911 CALL VOLUME PER YEAR**Premier EMS Agency-System Data Element**

Field Name: CallVolumeYear911
Field Code: D01_14
XSD Type: PositiveInteger
Field Width: Min. 1, Max 100,000,000
Null Values Accepted: Yes*
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: Yes

Definition:

The number of 911 EMS calls for the calendar year

Instructions for Coding/Data Entry:

The 911 Call Volume Per Year is typically documented once then verified each year, and updated yearly or when changed.

* Accepts Null Values, but null value is blank or empty.

Field Values:

A unique value; no variable list is possible.

EMS DISPATCH VOLUME PER YEAR

Premier EMS Agency-System Data Element

Field Name: EMSDispatchVolumeYear
Field Code: D01_15
XSD Type: PositiveInteger
Field Width: Min. 1, Max 100,000,000
Null Values Accepted: Yes*
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: Yes

Definition:

The number of EMS dispatches for the calendar year

Instructions for Coding/Data Entry:

The EMS Dispatch Volume Per Year is typically documented once then verified each year, and updated yearly or when changed.

* Accepts Null Values, but null value is blank or empty.

Field Values:

A unique value; no variable list is possible.

EMS TRANSPORT VOLUME PER YEAR

Premier EMS Agency-System Data Element

Field Name: EMSTransportVolumeYear
Field Code: D01_16
XSD Type: PositiveInteger
Field Width: Min. 1, Max 100,000,000
Null Values Accepted: Yes*
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: Yes

Definition:

The number of EMS transports for the calendar year

Instructions for Coding/Data Entry:

The EMS Transport Volume Per Year is typically documented once then verified each year, and updated yearly or when changed.

* Accepts Null Values, but null value is blank or empty.

Field Values:

A unique value; no variable list is possible.

EMS PATIENT CONTACT VOLUME PER YEAR

Premier EMS Agency-System Data Element

Field Name: EMSPatientContactVolumeYear
Field Code: D01_17
XSD Type: PositiveInteger
Field Width: Min. 1, Max 100,000,000
Null Values Accepted: Yes*
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: Yes

Definition:

The number of EMS patient contacts for the calendar year

Instructions for Coding/Data Entry:

The EMS Patient Contact Volume Per Year is typically documented once then verified each year, and updated yearly or when changed.

* Accepts Null Values, but null value is blank or empty.

Field Values:

A unique value; no variable list is possible.

EMS AGENCY TIME ZONE**Premier EMS Agency-System Data Element**

Field Name: EMSAgencyTimeZone
Field Code: D01_19
XSD Type: Integer
Field Width: Min. 4, Max 4
Null Values Accepted: No
Multiple Field Entry: No
Common to All PECs: Yes
National Element: Yes

Definition:

The time zone for the EMS agency

Instructions for Coding/Data Entry:

The EMS Agency Time Zone is typically documented once then verified each year, and updated yearly or when changed.

Field Values:

“GMT” = Greenwich Meridian Time

Data Value	Description
5900	GMT-11:00 Midway Island, Samoa
5910	GMT-10:00 Hawaii
5920	GMT-9:00 Alaska
5930	GMT-8:00 Pacific Time
5940	GMT-7:00 Mountain Time
5950	GMT-6:00 Central Time
5960	GMT-5:00 Eastern Time
5970	GMT-4:00 Atlantic Time

NATIONAL PROVIDER IDENTIFIER**Premier EMS Agency-System Data Element**

Field Name: NationalProviderIdentifier
Field Code: D01_21
XSD Type: String
Field Width: Min. 3, Max 10
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: Yes
National Element: Yes

Definition:

The National Provider Identifier associated with the National Provider System (NPS) and used in all standard HIPAA transactions such as electronic claim filing

Instructions for Coding/Data Entry:

The National Provider Identifier is auto-populated by the EMS agency's specific software. If the EMS agency directly enters EMS Run Report data onto the ADHS EMS Data Collection Website, the ADHS EMS Data Collection software will auto-populate the field for each EMS Run Report based on the UserID and Password entered by the EMS agency's designated user.

Additional Information:

The National Provider Identifier is typically documented once then verified each year, and updated yearly or when changed.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable

AGENCY CONTACT ZIP CODE

Premier EMS Agency-System Data Element

Field Name: DemographicZip
Field Code: D02_07
XSD Type: String
Field Width: Min. 5, Max 10
Null Values Accepted: No
Multiple Field Entry: No
Common to All PECs: Yes
National Element: Yes

Definition:

The ZIP code of the agency contact's mailing address

Instructions for Coding/Data Entry:

The Agency Contact Zip Code is typically documented once then verified each year, and updated yearly or when changed.

The Zip code can be 5 or 9 digits.

Field Values:

A unique value; no variable list is possible.

**AGENCY MEDICAL DIRECTOR
LAST NAME**

Premier EMS Agency-System Data Element

Field Name: DemographicLastName
Field Code: D03_01
XSD Type: String
Field Width: Min. 2, Max 20
Null Values Accepted: No
Multiple Field Entry: No
Common to All PECs: Yes
National Element: No

Definition:

The last name of the EMS agency's medical director

Instructions for Coding/Data Entry:

Agency Medical Director Last Name is typically documented once by the EMS agency then verified each year, and updated yearly or when changed.

Field Values:

A unique value; no variable list is possible.

**AGENCY MEDICAL DIRECTOR
MIDDLE NAME/INITIAL**

Premier EMS Agency-System Data Element

Field Name: MiddleInitialName
Field Code: D03_02
XSD Type: String
Field Width: Min. 1, Max 20
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: Yes
National Element: No

Definition:

The middle name or initial of the EMS agency's medical director.

Instructions for Coding/Data Entry:

Agency Medical Director Middle Name/Initial is typically documented once by the EMS agency then verified each year, and updated yearly or when changed.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
Relevant Value for the Data Element	

A unique value; no variable list is possible.

**AGENCY MEDICAL DIRECTOR
FIRST NAME**

Premier EMS Agency-System Data Element

Field Name: FirstName
Field Code: D03_03
XSD Type: String
Field Width: Min. 1, Max 20
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: Yes
National Element: No

Definition:

The first name or initial of the EMS agency's medical director.

Instructions for Coding/Data Entry:

Agency Medical Director First Name is typically documented once by the EMS agency then verified each year, and updated yearly or when changed.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
Relevant Value for the Data Element	

A unique value; no variable list is possible.

**AGENCY MEDICAL DIRECTOR
EMAIL ADDRESS**

Premier EMS Agency-System Data Element

Field Name: FirstName
Field Code: D03_11
XSD Type: String
Field Width: Min. 2, Max 100
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: Yes
National Element: No

Definition:

The primary email address of the EMS agency's medical director.

Instructions for Coding/Data Entry:

Agency Medical Director First Name is typically documented once by the EMS agency then verified each year, and updated yearly or when changed.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
Relevant Value for the Data Element	

A unique value; no variable list is possible.

PROCEDURES**Premier EMS Agency-System Data Element**

Field Name: DemographicProcedure
Field Code: D04_04
XSD Type: Decimal
Field Width: Min. 0, Max 1000
Null Values Accepted: No
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Definition:

A list of procedures that the agency has implemented and available for use

Instructions for Coding/Data Entry:

Procedures based on CPT codes from the ICD-9 standard are typically documented once then verified each year, and updated yearly or when changed.

Field Values:

Data Value	Description	Data Value	Description
89.820	12 Lead ECG - Obtained	89.821	12 Lead ECG - Transmitted
101.201	Activation-Advanced Hazmat Specialty Service/Response Team	101.202	Activation-Fire Rehabilitation Specialty Service/Response Team
101.203	Activation-Other Specialty Service/Response Team	101.204	Activation-Rescue Specialty Service/Response Team
101.205	Activation-Social Services Notification/Referral	101.206	Activation-Tactical or SWAT Specialty Service/Response Team
93.930	Airway-Bagged (via tube)	96.702	Airway-BiPAP
93.931	Airway-BVM (via BVMask)	97.230	Airway-Change Tracheostomy Tube
98.130	Airway-Cleared, Opened, or Heimlich	96.051	Airway-Combitube Blind Insertion Airway Device
93.900	Airway-CPAP	31.420	Airway-Direct Laryngoscopy
96.030	Airway-EOA/EGTA	96.993	Airway-Extubation
98.131	Airway-Foreign Body Removal	96.703	Airway-Impedance Threshold Device
96.991	Airway-Intubation Confirm Colormetric ETCO2	96.992	Airway-Intubation Confirm Esophageal Bulb
97.231	Airway-Intubation of Existing Tracheostomy Stoma	96.053	Airway-King LT Blind Insertion Airway Device
96.052	Airway-Laryngeal Mask Blind Insertion Airway Device	96.010	Airway-Nasal
96.041	Airway-Nasotracheal Intubation	93.940	Airway-Nebulizer Treatment
31.110	Airway-Needle Cricothyrotomy	96.020	Airway-Oral
96.040	Airway-Orotracheal Intubation	96.790	Airway-PEEP

Field Values (Continued):

Data Value	Description	Data Value	Description
96.042	Airway-Rapid Sequence Induction	93.910	Airway-Respirator Operation (BLS)
98.150	Airway-Suctioning	31.120	Airway-Surgical Cricothyrotomy
96.700	Airway-Ventilator Operation	96.701	Airway-Ventilator with PEEP
31.421	Airway-Video Laryngoscopy	38.910	Arterial Access-Blood Draw
89.610	Arterial Line Maintenance	89.700	Assessment-Adult
89.701	Assessment-Pediatric	38.995	Blood Glucose Analysis
89.391	Capnography (CO2 Measurement)	89.510	Cardiac Monitor
99.624	Cardiac Pacing-External	99.626	Cardiac Pacing-Transvenous
99.623	Cardioversion	34.041	Chest Decompression
34.042	Chest Tube Placement	73.590	Childbirth
1.181	CNS Catheter-Epidural Maintenance	1.182	CNS Catheter-Intraventricular Maintenance
101.500	Contact Medical Control	99.601	CPR by Other External Automated Device
99.602	CPR-AutoPulse Device	99.603	CPR-Mechanical Thumper Type Device
99.604	CPR-Precordial Thump Only	99.612	CPR-Star Rescue Breathing without Compressions
99.600	CPR-Start Compressions and Ventilations	99.611	CPR-Start Compressions only without Ventilations
99.615	CPR-Stop	86.280	Decontamination
99.621	Defibrillation-Automated (AED)	99.622	Defibrillation-Manual
99.625	Defibrillation-Placement for Monitoring/Analysis	86.090	Escharotomy
100.200	Extrication	96.070	Gastric Tube Insertion-Inserted Nasally
96.071	Gastric Tube Insertion-Inserted Orally	99.290	Injections-SQ/IM
37.611	Intra-Aortic Balloon Pump Maintenance	79.700	Joint Reduction/Relocation
37.612	Left Ventricular Assist Device Maintenance	93.580	MAST
89.590	Orthostatic Blood Pressure Measurement	89.702	Pain Measurement
99.810	Patient Cooling (Cold Pack, etc.)	99.811	Patient Cooling-Post Resuscitation
101.300	Patient Loaded	101.301	Patient Loaded-Helicopter Hot-Load
101.302	Patient Off-Loaded	101.303	Patient Off-Loaded-Helicopter Hot Off-Load
93.350	Patient Warming (Hot Packs, etc.)	37.000	Pericardiocentesis
89.392	Pulse Oximetry	100.100	Rescue
99.841	Restraints-Pharmacological	99.842	Restraints-Physical

Field Values (Continued):

Data Value	Description	Data Value	Description
101.101	Specialty Center Activation-Adult Trauma	101.103	Specialty Center Activation-Cardiac Arrest
101.102	Specialty Center Activation-Pediatric Trauma	101.104	Specialty Center Activation-STEMI
101.105	Specialty Center Activation-Stroke	93.591	Spinal Immobilization
93.540	Splinting-Basic	93.450	Splinting-Traction
89.703	Temperature Measurement	89.704	Thrombolytic Screen
57.940	Urinary Catheterization	99.640	Vagal Maneuver-Carotid Massage
99.641	Vagal Maneuver-Valsalva or Other Vagal Maneuver (Not Carotid Massage)	38.990	Venous Access-Blood Draw
89.620	Venous Access-Central Line Maintenance	39.997	Venous Access-Discontinue
38.991	Venous Access-Existing Catheter	38.993	Venous Access-External Jugular Line
38.992	Venous Access-Extremity	38.994	Venous Access-Femoral Line
39.995	Venous Access-Internal Jugular Line	41.920	Venous Access-Intraosseous Adult
41.921	Venous Access-Intraosseous Pediatric	39.996	Venous Access-Subclavian Line
89.640	Venous Access-Swan Ganz Maintenance	39.998	Venous Access-Umbilical Vein Cannulation
93.057	Wound Care	93.059	Wound Care-Hemostatic Agent
93.058	Wound Care-Irrigation	93.055	Wound Care-Tasar Barb Removal
93.056	Wound Care-Tourniquet		

MEDICATIONS GIVEN**Premier EMS Agency-System Data Element**

Field Name: DemographicMedicationsGiven
Field Code: D04_06
XSD Type: String
Field Width: Min. 2, Max 30
Null Values Accepted: No
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Definition:

A list of all medications the agency has implemented and available for use

Instructions for Coding/Data Entry:

Medications Given is based upon the Drug List adopted by ADHS and is typically documented once then verified each year, and updated yearly or when changed. See Appendix – D: Authorized Drug List adopted from Table 1 of A.A.C. R9-25-503.

Field Values:

Enter relevant value from Appendix – D.

PROTOCOL**Premier EMS Agency-System Data Element**

Field Name: DeviceNameOrID
Field Code: D04_08
XSD Type: String
Field Width: Min. 2, Max 30
Null Values Accepted: No
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Definition:

A list of all of the medical treatment protocols that the EMS agency has in place and available for use. Specific Adult and Pediatric Protocols should be mapped to one of these topics if possible.

Instructions for Coding/Data Entry:

Protocols is typically documented once by the EMS agency then verified each year, and updated yearly or when changed.

Field Values:

Data Value	Description	Data Value	Description
6720	Abdominal Pain	6730	Airway
6740	Airway-Failed	6760	Airway-RSI
6770	Allergic Reaction/Anaphylaxis	6780	Altered Mental Status
6785	Altitude Sickness	6790	Asystole
6791	Atrial Fibrillation	6800	Back Pain
6810	Behavioral	6820	Bites and Envenomations
6830	Bradycardia	6840	Burns
6850	Cardiac Arrest	6860	Cardiac Chest Pain
6870	Childbirth/Labor	6875	Cold Exposure
6880	Dental Problems	6881	Device Malfunction
6885	Diarrhea	6890	Drowning/Near Drowning
6892	Diving Emergencies	6900	Electrical Injuries
6910	Epistaxis	6911	Exposure-Airway Irritants
6912	Exposure-Biological/Infectious	6913	Exposure-Blistering Agents
6914	Exposure-Cyanide	6915	Exposure-Nerve Agents
6916	Exposure-Radiologic Agents	6917	Exposure-Riot Control Agents
6920	Extremity Trauma	6925	Eye Trauma
6930	Fever	6935	Gynecologic Emergencies
6940	Head Trauma	6945	Hyperglycemia
6950	Hypertension	6960	Hyperthermia
6965	Hypoglycemia	6970	Hypotension/Shock (Non-Trauma)
6980	Hyperthermia	6990	IV Access
7000	Trauma-Multisystem	7010	Newly Born
7020	Obstetrical Emergencies	7030	Overdose/Toxic Ingestion
7040	Pain Control	7130	Post Resuscitation
7140	Pulmonary Edema	7150	Pulseless Electrical Activity (PEA)
7160	Respiratory Distress	7170	Seizure
7175	Spinal Cord Trauma	7180	Spinal Immobilization
7190	Supraventricular Tachycardia	7200	Stroke/TVA
7210	Syncope	7214	Trauma-Arrest
7215	Trauma-Amputation	7220	Universal Patient Care
7230	Ventricular Fibrillation	7232	Ventricular Ectopy
7240	Ventricular Tachycardia	7251	Vomiting

HOSPITALS SERVED**Premier EMS Agency-System Data Element**

Field Name: FacilityName
Field Code: D04_11
XSD Type: String
Field Width: Min. 2, Max 50
Null Values Accepted: No
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Definition:

A list of all hospitals the EMS agency transports to or from.

Instructions for Coding/Data Entry:

Hospitals Served is typically documented once by the EMS agency then verified each year, and updated yearly or when changed.

Field Values:

Enter Relevant Value for the Data Element & Patient Care from Appendix – A.

HOSPITAL FACILITY NUMBER**Premier EMS Agency-System Data Element**

Field Name: FacilityNumber
Field Code: D04_12
XSD Type: String
Field Width: Min. 2, Max 30
Null Values Accepted: Yes
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Definition:

The state assigned licensure number (code) for each hospital served (D04_11).

Instructions for Coding/Data Entry:

Hospital Facility Number is typically documented once by the EMS agency then verified each year, and updated yearly or when changed based on updates provided by ADHS/Bureau of EMS and Trauma System.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
Relevant Value for the Data Element & Patient Care	

Additional Information:

Enter Relevant Value for the Data Element & Patient Care from Appendix – A.

DEVICE NAME OR ID**Premier EMS Agency-System Data Element**

Field Name: DeviceNameOrID
Field Code: D09_02
XSD Type: String
Field Width: Min. 2, Max 50
Null Values Accepted: No
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Definition:

The local number or configurable ID/Name of the medical device

Instructions for Coding/Data Entry:

The Device Name or ID is typically documented once then verified each year, and updated yearly or when changed. The Device Name or ID can be provided by the medical device during electronic transmission of data.

Field Values:

A unique value; no variable list is possible.

DEVICE MANUFACTURER**Premier EMS Agency-System Data Element**

Field Name: DemographicMedicationsGiven
Field Code: D09_03
XSD Type: String
Field Width: Min. 2, Max 50
Null Values Accepted: No
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Definition:

The manufacturer of the medical device

Instructions for Coding/Data Entry:

Device Manufacturer is typically documented once then verified each year, and updated yearly or when changed.

Field Values:

A unique value; no variable list is possible.

MODEL NUMBER**Premier EMS Agency-System Data Element**

Field Name: ModelNumber
Field Code: D09_04
XSD Type: String
Field Width: Min. 2, Max 50
Null Values Accepted: No
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Definition:

The specific manufacturer's model number associated with the medical device

Instructions for Coding/Data Entry:

Model Number is typically documented once then verified each year, and updated yearly or when changed.

Field Values:

A unique value; no variable list is possible.

COMMON NULL VALUES

Premier EMS Agency-System Data Element

Field Name: N/A
Field Code: E00
XSD Type: Integer
Field Width: Min. 1, Max 2
Null Values Accepted: N/A
Multiple Field Entry: N/A
Common to All PECs: Yes
National Element: No

Definition:

These values are to be used in each of the Demographic and EMS Data Elements described in this document which have been defined to accept the E00 Null Values. Please include these variables in the implementation of the NHTSA Version 2.2.1 Dataset

Instructions for Coding/Data Entry:

Data elements being electronically stored in a database or moved from one database to another using XML the indicated field values should be applied when a data element is empty or contains a null value.

Not Applicable: (Code -25) means at the time of EMS patient care report documentation, information requested was “Not Available” to the EMS or patient event. This indicates that it is unnecessary to document mechanism of injury related information on a patient who is not traumatized.

Not Available: (Code -5) means at the time of EMS patient care report documentation, information was “Not Available” to EMS personnel. This documents that needed information did exist but the EMS personnel were unsuccessful in their attempt to obtain it.

Not Known: (Code -10) means at the time of EMS patient care report documentation, information was “Not Known” to the patient, family, and EMS personnel. This documents that there was an attempt to obtain information but it was unknown by all parties involved.

Not Recorded (Code -20) means if an EMS documentation or information system has an empty field or nothing is recorded in any data element of the NHTSA dataset, code “-20” should be inserted into the database and/or XML for that data element indicating that the EMS patient care report did not have a value for that specific data element when the EMS event or patient encounter was documented.

Not Reporting (Code -15) means if an EMS documentation or information system is not using any of the “National” data elements of the NHTSA dataset, code “-15” should be inserted into the database and/or XML for that data element.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recording
-25	Not Applicable

PATIENT CARE REPORT NUMBER

Premier EMS Agency-System Data Element

Field Name: PatientCareReportNumber
Field Code: E01_01
XSD Type: String
Field Width: Min. 3, Max 32
Null Values Accepted: No
Multiple Field Entry: No
Common to All PECs: No
National Element: Yes

Definition:

The unique number automatically assigned by the EMS agency for each patient care report (PCR). This is a unique number to the EMS agency for all of time

Instructions for Coding/Data Entry:

The Patient Care Report Number is provided by the EMS agency or may be electronically provided through the 911 or dispatch center.

Field Values:

A unique value; no variable list is possible.

SOFTWARE CREATOR**Premier EMS Agency-System Data Element**

Field Name: SoftwareCreatedBy
Field Code: E01_02
XSD Type: String
Field Width: Min. 3, Max 30
Null Values Accepted: No
Multiple Field Entry: No
Common to All PECs: No
National Element: Yes

Definition:

The name of the software vendor by whom the data collection software was developed

Instructions for Coding/Data Entry:

Software Creator is typically documented once then verified each year, and updated yearly or when changed.

Field Values:

A unique value; no variable list is possible.

SOFTWARE NAME

Premier EMS Agency-System Data Element

Field Name: SoftwareName
Field Code: E01_03
XSD Type: String
Field Width: Min. 3, Max 30
Null Values Accepted: No
Multiple Field Entry: No
Common to All PECs: No
National Element: Yes

Definition:

The name of the software package with which the data was collected by the agency

Instructions for Coding/Data Entry:

Software Name is typically documented once then verified each year, and updated yearly or when changed.

Field Values:

A unique value; no variable list is possible.

SOFTWARE VERSION**Premier EMS Agency-System Data Element**

Field Name: SoftwareVersion
Field Code: E01_04
XSD Type: String
Field Width: Min. 3, Max 30
Null Values Accepted: No
Multiple Field Entry: No
Common to All PECs: No
National Element: Yes

Definition:

The version of the software used by the agency to collect the data

Instructions for Coding/Data Entry:

Software Version is typically documented once then verified each year, and updated yearly or when changed.

Field Values:

A unique value; no variable list is possible.

EMS AGENCY NUMBER**Premier EMS Agency-System Data Element**

Field Name: Age
Field Code: E02_01
XSD Type: String
Field Width: Min. 3, Max 15
Null Values Accepted: No
Multiple Field Entry: No
Common to All PECs: Yes
National Element: Yes

Definition:

The state-assigned provider number of the responding agency

Instructions for Coding/Data Entry:

EMS Agency Number is generated by the ADHS and provided to the applicable EMS agency. EMS Agency Number is auto-populated by the EMS agency's specific software. If the EMS agency directly enters EMS Run Report data onto the ADHS EMS Data Collection Website, the ADHS EMS Data Collection software will auto-populate the field for each EMS Run Report based on the UserID and Password entered by the EMS agency's designated user.

Field Values:

A unique value; no variable list is possible

Additional Information:

E02_01 EMS Agency Number is the same as D01_01 EMS Agency Number.

INCIDENT NUMBER**Premier EMS Agency-System Data Element**

Field Name: IncidentNumber
Field Code: E02_02
XSD Type: String
Field Width: Min. 2, Max 15
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: Yes
National Element: No

Definition:

The incident number assigned by the 911 Dispatch System

Instructions for Coding/Data Entry:

Incident Number is provided by the 911 or dispatch center and electronically or verbally transmitted to the EMS agency.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
Relevant Value for the Data Element & Patient Care	

Additional Information:

If the Incident Number is known, enter the Relevant Value for the Data Element and Patient Care.

EMS UNIT (VEHICLE) RESPONSE NUMBER**Premier EMS Agency-System Data Element**

Field Name: EMSUnitResponseNumber
Field Code: E02_03
XSD Type: String
Field Width: Min. 1, Max 15
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: Yes
National Element: No

Definition:

The internal EMS response number which is unique for each EMS unit's (vehicle's) response to an incident within an agency

Instructions for Coding/Data Entry:

EMS Unit (Vehicle) Response Number is provided by the 911 or dispatch center and electronically or verbally transmitted to the EMS agency.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
Relevant Value for the Data Element & Patient Care	

Additional Information:

If the EMS (Vehicle) Response Number is known, enter the Relevant Value for the Data Element and Patient Care.

TYPE OF SERVICE REQUESTED**Premier EMS Agency-System Data Element**

Field Name: TypeOfServiceRequested
Field Code: E02_04
XSD Type: Integer
Field Width: Min. 2, Max 2
Null Values Accepted: No
Multiple Field Entry: No
Common to All PECs: Yes
National Element: Yes

Definition:

The type of service or category of service requested of the EMS service responding for this specific EMS incident

Instructions for Coding/Data Entry:

Type of Service Requested is provided by the 911 or dispatch center and electronically or verbally transmitted to the EMS agency.

Field Values:

Data Value	Description
30	911 Response (Scene)
35	Intercept
40	Inter-facility Transfer
45	Medical Transport
50	Mutual Aid
55	Standby

Extended Definitions of Field Values:

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

Inter-facility Transfer – Transfer of a patient from one hospital to another hospital

Medical Transport – Transports that are not between hospitals or that do not require an immediate response

Mutual Aid – Request from another ambulance service to provide emergent or immediate response to an incident location

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**Premier EMS Agency-System Data Element**

Field Name: EMSUnitResponseNumber
Field Code: E02_05
XSD Type: Integer
Field Width: Min. 2, Max 2
Null Values Accepted: No
Multiple Field Entry: No
Common to All PECs: No
National Element: Yes

Definition:

The primary role of the EMS service which was requested for this specific EMS incident

Instructions for Coding/Data Entry:

Primary Role of the Unit is provided by the 911 or dispatch center and electronically or verbally transmitted to the EMS agency.

Field Values:

Data Value	Description
60	Non-Transport
65	Rescue
70	Supervisor
75	Transport

Extended Definitions of Field Values:

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**Premier EMS Agency-System Data Element**

Field Name: EMSUnitResponseNumber
Field Code: E02_06
XSD Type: Integer
Field Width: Min. 1, Max 3
Null Values Accepted: Yes
Multiple Field Entry: Yes
Common to All PECs: No
National Element: Yes

Definition:

The dispatch delays, if any, associated with the dispatch of the EMS unit to the patient encounter

Instructions for Coding/Data Entry:

Type of Dispatch Delay is provided by the 911 or dispatch center and electronically or verbally transmitted to the EMS agency.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
80	Caller (Uncooperative)
85	High Call Volume
90	Language Barrier
95	Location (Inability to Obtain)
100	No Units Available
105	None
110	Other
115	Scene Safety (Not Secure for EMS)
120	Technical Failure (Computer, Phone, etc.)

Extended Definitions of Field Values:

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 Safety (Not Secure for EMS) – Notification of the EMS unit was delayed in dispatch because the scene was unsafe

Technical Failure (Computer, Phone, etc.) – Failure of phones, computers, radios, or other technical failure

TYPE OF RESPONSE DELAY**Premier EMS Agency-System Data Element**

Field Name: EMSUnitResponseNumber
Field Code: E02_07
XSD Type: Integer
Field Width: Min. 1, Max 3
Null Values Accepted: Yes
Multiple Field Entry: Yes
Common to All PECs: No
National Element: Yes

Definition:

The response delays, if any, of the unit associated with the patient encounter

Instructions for Coding/Data Entry:

Type of Response Delay is provided by the EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
125	Crowd
130	Directions
135	Distance
140	Diversion
145	HazMat
150	None
155	Other
160	Safety
165	Staff Delay
170	Traffic
175	Vehicle Crash
180	Vehicle Failure
185	Weather

Extended Definitions of Field Values:

Crowd – The presence of sufficient number of people to impair normal response

Directions – Bad or inadequate directions, 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

HazMat – Hazardous Material 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 HazMat

Staff Delay – Issues arising with crew members' ability to respond

Traffic – The sufficient amount of traffic to impair normal response

Vehicle Crash – EMS unit was involved in a crash

Vehicle Failure – EMS unit mechanical reasons (i.e., ambulance did not start, flat tire, etc.)

Weather – Adverse weather conditions impairing normal response

TYPE OF SCENE DELAY

Premier EMS Agency-System Data Element

Field Name: TypeOfSceneDelay
Field Code: E02_08
XSD Type: Integer
Field Width: Min. 1, Max 3
Null Values Accepted: Yes
Multiple Field Entry: Yes
Common to All PECs: Yes
National Element: Yes

Definition:

The scene delays, if any, of the unit associated with the patient encounter

Instructions for Coding/Data Entry:

Type of Scene Delay is provided by the EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
190	Crowd
195	Directions
200	Distance
205	Diversion
210	Extrication >20 Min.
215	HazMat
220	Language Barrier
225	None
230	Other
235	Safety
240	Staff Delay
245	Traffic
250	Vehicle Crash
255	Vehicle Failure
260	Weather

Extended Definitions of Field Values:

Crowd – The presence of sufficient number of people to impair normal response

Directions – Bad or inadequate directions resulting in the crew having difficulty finding the patient

Distance – 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

HazMat – Hazardous Material danger

Language Barrier – Difficulty communicating with the patient or bystanders because of language problems

None – Use if the total scene time was not extended

Other – Any other factor not described here

Safety – Scene safety issues not related to crowds or HazMat

Staff Delay – Total scene time issues arising with crew members

Traffic – The sufficient amount of traffic to impair normal response

Vehicle Crash – EMS unit was involved in a crash

Vehicle Failure – EMS unit had mechanical reasons (i.e., ambulance did not start, flat tire, etc.)

Weather – Adverse weather conditions impairing normal response

TYPE OF TRANSPORT DELAY

Premier EMS Agency-System Data Element

Field Name: TypeOfTransportDelay
Field Code: E02_09
XSD Type: Integer
Field Width: Min. 1, Max 3
Null Values Accepted: Yes
Multiple Field Entry: Yes
Common to All PECs: Yes
National Element: Yes

Definition:

The transport delays, if any, of the unit associated with the patient encounter

Instructions for Coding/Data Entry:

Type of Transport Delay is provided by the EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
265	Crowd
270	Directions
275	Distance
280	Diversion
285	HazMat
290	None
295	Other
300	Safety
305	Staff Delay
310	Traffic
315	Vehicle Crash
320	Vehicle Failure
325	Weather

Extended Definitions of Field Values:

Crowd – The presence of sufficient number of people to impair normal response

Directions – Bad or inadequate directions, or if the unit got lost en route

Distance – A long distance to the destination from the scene

Diversion – Diversion of the transporting unit to a different receiving hospital

HazMat – Hazardous Material danger

None – Use if the arrival of the EMS unit at the destination was not delayed

Other – Other reasons not listed here

Safety – Transport safety issues not related to crowds or HazMat

Staff Delay – Issues arising with crew members' ability to transport

Traffic – The sufficient amount of traffic to impair normal response

Vehicle Crash – EMS unit was involved in a crash

Vehicle Failure – EMS unit mechanical reasons (i.e., ambulance did not start, flat tire, etc.)

Weather – Adverse weather conditions impairing normal response

TYPE OF TURN-AROUND DELAY

Premier EMS Agency-System Data Element

Field Name: TypeOfTurnAroundDelay
Field Code: E02_10
XSD Type: Integer
Field Width: Min. 1, Max 3
Null Values Accepted: Yes
Multiple Field Entry: Yes
Common to All PECs: Yes
National Element: Yes

Definition:

The turn-around delays, if any, associated with the EMS unit associated with the patient encounter

Instructions for Coding/Data Entry:

Type of Turn-Around Delay is provided by the EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-20	Not Recorded
-25	Not Applicable
-15	Not Reporting
330	Clean-Up
335	Decontamination
340	Documentation
345	ED Overcrowding
350	Equipment Failure
355	Equipment Replenishment
360	None
365	Other
370	Staff Delay
375	Vehicle Failure

Extended Definitions of Field Values:

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 Failure – 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 (RADIO NUMBER)

Premier EMS Agency-System Data Element

Field Name: EMSUnitCallSign
Field Code: E02_12
XSD Type: String
Field Width: Min. 2, Max 15
Null Values Accepted: No
Multiple Field Entry: No
Common to All PECs: No
National Element: Yes

Definition:

The EMS unit number used to dispatch and communicate with the unit. This may be the same as the EMS Unit/Vehicle Number in many agencies

Instructions for Coding/Data Entry:

EMS Unit Call Sign (Radio Number) is provided by the 911 or dispatch center and electronically or verbally transmitted to the EMS agency.

Not Nullable. A unique value must be provided to create a unique record ID within a database.

Field Values:

If the EMS Unit Call Sign (Radio Number) is known, enter the relevant value for the data element and patient care.

RESPONSE MODE TO SCENE**Premier EMS Agency-System Data Element**

Field Name: ResponseModeToScene
Field Code: E02_20
XSD Type: Integer
Field Width: Min. 3, Max 3
Null Values Accepted: No
Multiple Field Entry: No
Common to All PECs: No
National Element: Yes

Definition:

Indication whether or not lights and/or sirens were used on the vehicle on the way to the scene

Instructions for Coding/Data Entry:

Response Mode to Scene is provided by the EMS agency or electronically provided through the 911 or dispatch center.

Field Values:

Data Value	Description
380	Initial Lights and Siren, Downgraded to No Lights or Siren
385	Initial No Lights or Sirens, Upgraded to Lights and Sirens
390	Lights and Sirens
395	No Lights or Sirens

COMPLAINT REPORTED BY DISPATCH**Premier EMS Agency-System Data Element**

Field Name: ComplaintReportedByDispatch
Field Code: E03_01
XSD Type: Integer
Field Width: Min. 1, Max 3
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: No
National Element: Yes

Definition:

The complaint dispatch reported to the responding unit

Instructions for Coding/Data Entry:

Complaint Reported by Dispatch is provided by the 911 or dispatch center and electronically or verbally transmitted to the EMS agency.

Field Values:

Data Value	Description	Data Value	Description
-25	Not Applicable	-20	Not Recorded
-15	Not Reporting	-10	Not Known
-5	Not Available	400	Abdominal Pain
405	Allergies	410	Animal Bite
415	Assault	420	Back Pain
425	Breathing Problem	430	Burns
435	CO Poisoning/HazMat	440	Cardiac Arrest
445	Chest Pain	450	Choking
455	Convulsions/Seizure	460	Diabetic Problem
465	Drowning	470	Electrocution
475	Eye Problem	480	Fall Victim
485	Headache	490	Heart Problem
495	Heat/Cold Exposure	500	Hemorrhage/Laceration
505	Industrial Accident / Inaccessible Incident/Other Entrapments (non-vehicle)	510	Ingestion/Poisoning
515	Pregnancy/Childbirth	520	Psychiatric Problem
525	Sick Person	530	Stab/Gunshot Wound
535	Stroke/CVA	540	Traffic Accident
545	Traumatic Injury	550	Unconscious/Fainting
555	Unknown Problem Man Down	560	Transfer/Inter-facility/ Palliative Care
565	MCI (Mass Casualty Incident)		

EMD PERFORMED**Premier EMS Agency-System Data Element**

Field Name: EMDPerformed
Field Code: E03_02
XSD Type: Integer
Field Width: Min. 1, Max 3
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: No
National Element: Yes

Definition:

Indication of whether EMD was performed for this EMS event

Instructions for Coding/Data Entry:

EMD Performed is provided by the 911 or dispatch center and electronically or verbally transmitted to the EMS agency.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
0	No
570	Yes, With Pre-Arrival Instructions
575	Yes, Without Pre-Arrival Instructions

Extended Definitions of Field Values:

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.

Common Null Value – Not Available – Used when EMD is not available in the provider’s primary service area. (If your dispatchers never provide EMD, this will always be the correct value).

Common Null Value – Not Known – Used when the EMS provider’s Do Not Know if EMD service was provided for this incident.

CREW MEMBER LEVEL**Premier EMS Agency-System Data Element**

Field Name: CrewMemberLevel
Field Code: E04_03
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes, via structure
Common to All PECs: No
National Element: No

Definition:

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

Instructions for Coding/Data Entry:

Crew Member Level is provided by the EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
635	Student
640	Other Healthcare Professional
645	Other Non-Healthcare Professional
6090	EMT-Basic
6100	EMT-Intermediate
6110	EMT-Paramedic
6111	Nurse
6112	Physician
6120	First Responder

INCIDENT OR ONSET DATE/TIME

Field Name: DateTime
Field Code: E05_01
XSD Type: DateTime
Field Width: Min. 1990, Max 2030
Null Values Accepted: Yes*
Multiple Field Entry: No
Common to All PECs: Yes
National Element: No

Premier EMS Agency-System Data Element**Definition:**

The date/time the injury occurred, or the date/time the symptoms or problem started

Instructions for Coding/Data Entry:

Incident or Onset Date/Time is provided by the 911 or Dispatch Center and electronically or verbally transmitted to the EMS agency.

* Accepts Null Values, but null value is blank or empty.

Field Values:

Enter the relevant value for the data element and patient care.

If the Incident or Onset Date/Time is electronically stored within a database or transmitted via XML as a “tick”, the referenced variables may also be used.

Field Format: [YYYY-MM-DD-T00:00.0Z].

PSAP CALL DATE/TIME**Premier EMS Agency-System Data Element**

Field Name: DateTime
Field Code: E05_02
XSD Type: DateTime
Field Width: Min. 1990, Max 2030
Null Values Accepted: Yes*
Multiple Field Entry: No
Common to All PECs: No
National Element: Yes

Definition:

The date/time the phone rings (911 call to public safety answering point or other designated entity) requesting EMS services

Instructions for Coding/Data Entry:

PSAP Call Date/Time is provided by the 911 or Dispatch Center and electronically or verbally transmitted to the EMS agency.

* Accepts Null Values, but null value is blank or empty.

Field Values:

If PSAP Call Date/Time is known, enter the relevant value for the data element and patient care

If the PSAP Call Date/Time is electronically stored within a database or transmitted via XML as a “tick”, the referenced variables may also be used.

Field Format: [YYYY-MM-DD-T00:00.0Z].

DISPATCH NOTIFIED DATE/TIME**Premier EMS Agency-System Data Element**

Field Name: DateTime
Field Code: E05_03
XSD Type: DateTime
Field Width: Min. 1990, Max 2030
Null Values Accepted: Yes*
Multiple Field Entry: No
Common to All PECs: Yes
National Element: No

Definition:

The date/time dispatch was notified by the 911 call taker (if a separate entity)

Instructions for Coding/Data Entry:

Dispatch Notified Date/Time is provided by the 911 or Dispatch Center and electronically or verbally transmitted to the EMS agency.

* Accepts Null Values, but null value is blank or empty.

Field Values:

If Dispatch Notified Date/Time is known, enter the relevant value for the data element and patient care.

If the Dispatch Notified Date/Time is electronically stored within a database or transmitted via XML as a “tick”, the referenced variables may also be used.

Field Format: [YYYY-MM-DD-T00:00.0Z].

UNIT NOTIFIED BY DISPATCH DATE/TIME

Premier EMS Agency-System Data Element

Field Name: DateTime
Field Code: E05_04
XSD Type: DateTime
Field Width: Min. 1990, Max 2030
Null Values Accepted: No
Multiple Field Entry: No
Common to All PECs: Yes
National Element: Yes

Definition:

The date/time the responding unit was notified by dispatch

Instructions for Coding/Data Entry:

Unit Notified by Dispatch Date/Time is provided by the 911 or Dispatch Center and electronically or verbally transmitted to the EMS agency.

Not Nullable. A unique value must be provided to create a unique record ID within a database.

Field Values:

If Unit Notified by Dispatch Date/Time is known, enter the relevant value for the data element and patient care.

If the Unit Notified by Dispatch Date/Time is electronically stored within a database or transmitted via XML as a “tick”, the referenced variables may also be used.

Field Format: [YYYY-MM-DD-T00:00.0Z].

UNIT EN ROUTE DATE/TIME**Premier EMS Agency-System Data Element**

Field Name: DateTime
Field Code: E05_05
XSD Type: Date/Time
Field Width: Min. 1990, Max 2030
Null Values Accepted: Yes*
Multiple Field Entry: No
Common to All PECs: Yes
National Element: Yes

Definition:

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

Instructions for Coding/Data Entry:

Unit En Route Date/Time is provided by the 911 or Dispatch Center and electronically or verbally transmitted to the EMS agency.

* Accepts Null Values, but null value is blank or empty.

Field Values:

If Unit En Route Date/Time is known, enter the relevant value for the data element and patient care.

If the Unit En Route Date/Time is electronically stored within a database or transmitted via XML as a “tick”, the referenced variables may also be used.

Field Format: [YYYY-MM-DD-T00:00.0Z].

UNIT ARRIVED ON SCENE DATE/TIME

Premier EMS Agency-System Data Element

Field Name: DateTime
Field Code: E05_06
XSD Type: DateTime
Field Width: Min. 1990, Max 2030
Null Values Accepted: Yes*
Multiple Field Entry: No
Common to All PECs: Yes
National Element: Yes

Definition:

The date/time the responding unit arrived on the scene; that is, the time the vehicle stopped moving

Instructions for Coding/Data Entry:

Unit Arrived on Scene Date/Time is provided by the 911 or Dispatch Center and electronically or verbally transmitted to the EMS agency.

* Accepts Null Values, but null value is blank or empty.

Field Values:

If Unit Arrived on Scene Date/Time is known, enter the relevant value for the data element and patient care.

If the Unit Arrived on Scene Date/Time is electronically stored within a database or transmitted via XML as a “tick”, the referenced variables may also be used.

Field Format: [YYYY-MM-DD-T00:00.0Z].

ARRIVED AT PATIENT DATE/TIME

Premier EMS Agency-System Data Element

Field Name: DateTime
Field Code: E05_07
XSD Type: DateTime
Field Width: Min. 1990, Max 2030
Null Values Accepted: Yes*
Multiple Field Entry: No
Common to All PECs: Yes
National Element: Yes

Definition:

The date/time the responding unit arrived at the patient's side

Instructions for Coding/Data Entry:

Arrived at Patient Date/Time is provided by the 911 or Dispatch Center and electronically or verbally transmitted to the EMS agency.

* Accepts Null Values, but null value is blank or empty.

Field Values:

If Arrived at Patient Date/Time is known, enter the relevant value for the data element and patient care.

If the Arrived at Patient Date/Time is electronically stored within a database or transmitted via XML as a "tick", the referenced variables may also be used.

Field Format: [YYYY-MM-DD-T00:00.0Z].

TRANSFER OF PATIENT CARE DATE/TIME**Premier EMS Agency-System Data Element**

Field Name: DateTime
Field Code: E05_08
XSD Type: DateTime
Field Width: Min. 1990, Max 2030
Null Values Accepted: Yes*
Multiple Field Entry: No
Common to All PECs: Yes
National Element: No

Definition:

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

Instructions for Coding/Data Entry:

Transfer of Patient Care Date/Time is provided by the 911 or Dispatch Center and electronically or verbally transmitted to the EMS agency.

* Accepts Null Values, but null value is blank or empty.

Field Values:

If Transfer of Patient Care Date/Time is known, enter the relevant value for the data element and patient care.

If Transfer of Patient Care Date/Time is electronically stored within a database or transmitted via XML as a “tick”, the referenced variables may also be used.

Field Format: [YYYY-MM-DD-T00:00.0Z].

UNIT LEFT SCENE DATE/TIME**Premier EMS Agency-System Data Element**

Field Name: DateTime
Field Code: E05_09
XSD Type: DateTime
Field Width: Min. 1990, Max 2030
Null Values Accepted: Yes*
Multiple Field Entry: No
Common to All PECs: Yes
National Element: Yes

Definition:

The date/time the responding unit left the scene (started moving)

Instructions for Coding/Data Entry:

Unit Left Scene Date/Time is provided by the 911 or Dispatch Center and electronically or verbally transmitted to the EMS agency.

* Accepts Null Values, but null value is blank or empty.

Field Values:

If Unit Left Scene Date/Time is known, enter the relevant value for the data element and patient care.

If Unit Left Scene Date/Time is electronically stored within a database or transmitted via XML as a “tick”, the referenced variables may also be used.

Field Format: [YYYY-MM-DD-T00:00.0Z].

PATIENT ARRIVED AT DESTINATION DATE/TIME

Premier EMS Agency-System Data Element

Field Name: DateTime
Field Code: E05_10
XSD Type: DateTime
Field Width: Min. 1990, Max 2030
Null Values Accepted: Yes*
Multiple Field Entry: No
Common to All PECs: Yes
National Element: Yes

Definition:

The date/time the responding unit arrived with the patient at the destination or transfer point

Instructions for Coding/Data Entry:

Patient Arrived at Destination Date/Time is provided by the 911 or Dispatch Center and electronically or verbally transmitted to the EMS agency.

* Accepts Null Values, but null value is blank or empty.

Field Values:

If Patient Arrived at Destination Date/Time is known, enter the relevant value for the data element and patient care.

If Patient Arrived at Destination Date/Time is electronically stored within a database or transmitted via XML as a “tick”, the referenced variables may also be used.

Field Format: [YYYY-MM-DD-T00:00.0Z].

UNIT BACK IN SERVICE DATE/TIME**Premier EMS Agency-System Data Element**

Field Name: DateTime
Field Code: E05_11
XSD Type: DateTime
Field Width: Min. 1990, Max 2030
Null Values Accepted: No
Multiple Field Entry: No
Common to All PECs: Yes
National Element: Yes

Definition:

The date/time the EMS unit was back in service and available for response (finished with call, but not necessarily back in home location)

Instructions for Coding/Data Entry:

Unit Back in Service Date/Time is provided by the 911 or Dispatch Center and electronically or verbally transmitted to the EMS agency.

Field Values:

If Unit Back in Service Date/Time is known, enter the relevant value for the data element and patient care.

If Unit Back in Service Date/Time is electronically stored within a database or transmitted via XML as a “tick”, the referenced variables may also be used.

Field Format: [YYYY-MM-DD-T00:00.0Z].

UNIT BACK AT HOME LOCATION DATE/TIME

Premier EMS Agency-System Data Element

Field Name: DateTime
Field Code: E05_13
XSD Type: DateTime
Field Width: Min. 1990, Max 2030
Null Values Accepted: Yes*
Multiple Field Entry: No
Common to All PECs: No
National Element: Yes

Definition:

The date/time the responding unit was back in their service area. In agencies who utilized Agency Status Management, home location means the service area as assigned through the agency status management protocol

Instructions for Coding/Data Entry:

Unit Back at Home Location Date/Time is provided by the 911 or Dispatch Center and electronically or verbally transmitted to the EMS agency.

* Accepts Null Values, but null value is blank or empty.

Field Values:

If Unit Back at Home Location Date/Time is known, enter the relevant value for the data element and patient care.

If Unit Back at Home Location Date/Time is electronically stored within a database or transmitted via XML as a “tick”, the referenced variables may also be used.

Field Format: [YYYY-MM-DD-T00:00.0Z].

LAST NAME**Premier EMS Agency-System Data Element**

Field Name: LastName
Field Code: E06_01
XSD Type: String
Field Width: Min. 2, Max 20
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: Yes
National Element: No

Definition:

The patient's last (family) name

Instructions for Coding/Data Entry:

Patient's Last Name is provided by EMS personnel or electronically through linkage with a pre-existing patient care report or hospital database.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
Relevant Value for the Data Element & Patient Care	

If Patient's Last Name is known, enter the Relevant Value for the Data Element and Patient Care.

Additional Information:

Local policy should dictate how Last Name and First Name should be created if Unknown.

FIRST NAME**Premier EMS Agency-System Data Element**

Field Name: FirstName
Field Code: E06_02
XSD Type: String
Field Width: Min. 1, Max 20
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: Yes
National Element: No

Definition:

The patient's first (given) name

Instructions for Coding/Data Entry:

Patient's First Name is provided by EMS personnel or electronically through linkage with a pre-existing patient care report or hospital database.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
Relevant Value for the Data Element & Patient Care	

If Patient's First Name is known, enter the Relevant Value for the Data Element and Patient Care.

Additional Information:

Local policy should dictate how Last Name and First Name should be created if Unknown.

MIDDLE INITIAL/NAME**Premier EMS Agency-System Data Element**

Field Name: MiddleInitialName
Field Code: E06_03
XSD Type: String
Field Width: Min. 1, Max 20
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: Yes
National Element: No

Definition:

The patient's middle name, if any

Instructions for Coding/Data Entry:

Patient's Middle Name or Initial is provided by EMS personnel or electronically through linkage with a pre-existing patient care report or hospital database.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
Relevant Value for the Data Element & Patient Care	

If Patient's Middle Name or Initial is known, enter the Relevant Value for the Data Element and Patient Care.

Additional Information:

Local policy should dictate how Last Name and First Name should be created if Unknown.

PATIENT'S HOME ZIP CODE**Premier EMS Agency-System Data Element**

Field Name: Zip
Field Code: E06_08
XSD Type: String
Field Width: Min. 2, Max 10
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: Yes
National Element: Yes

Definition:

The patient's home ZIP code of residence

Instructions for Coding/Data Entry:

Patient's Home ZIP Code is provided by EMS personnel or electronically through linkage with a pre-existing patient care report or hospital database.

Patient's Home ZIP Code can be stored as a5 or 9 digit code.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
If Patient's Home ZIP Code is known enter Relevant Value for the Data Element & Patient Care	

SOCIAL SECURITY NUMBER**Premier EMS Agency-System Data Element**

Field Name: SocialSecurityNumber
Field Code: E06_10
XSD Type: String
Field Width: Min. 2, Max 9
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: Yes
National Element: No

Definition:

The patient's social security number

Instructions for Coding/Data Entry:

The patient's Social Security Number is provided by EMS personnel or electronically through linkage with a pre-existing patient care report or hospital database.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
If Patients SSN is known enter Relevant Value for the Data Element & Patient Care	

GENDER**Premier EMS Agency-System Data Element**

Field Name: Gender
Field Code: E06_11
XSD Type: Integer
Field Width: Min. 1, Max 3
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: Yes
National Element: Yes

Definition:

The patient's gender

Instructions for Coding/Data Entry:

Gender is provided by EMS personnel or electronically through linkage with a pre-existing Patient Care Report or hospital database.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recording
-25	Not Applicable
650	Male
655	Female

RACE**Premier EMS Agency-System Data Element**

Field Name: Race
Field Code: E06_12
XSD Type: Integer
Field Width: Min. 1, Max 3
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: Yes
National Element: Yes

Definition:

The patient's race as defined by the O.M.B. (U.S. Office of Management and Budget)

Instructions for Coding/Data Entry:

Race is provided by EMS personnel or electronically through linkage with a pre-existing Patient Care Report or hospital database.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recording
-25	Not Applicable
660	American Indian or Alaskan Native
665	Asian
670	Black or African American
675	Native Hawaiian or Other Pacific Islander
680	White

Extended Definitions of Field Values:

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," "Samoan," 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.

ETHNICITY**Premier EMS Agency-System Data Element**

Field Name: Ethnicity
Field Code: E06_13
XSD Type: Integer
Field Width: Min. 1, Max 3
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: Yes
National Element: Yes

Definition:

The patient's ethnicity as defined by the O.M.B. (U.S. Office of Management and Budget)

Instructions for Coding/Data Entry:

Ethnicity is provided by EMS personnel or electronically through linkage with a pre-existing Patient Care Report or hospital database.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recording
-25	Not Applicable
690	Hispanic or Latino
695	Not Hispanic or Latino

Extended Definitions of Field Values:

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.

PATIENT AGE**Premier EMS Agency-System Data Element**

Field Name: Age
Field Code: E06_14
XSD Type: Integer
Field Width: Min. 1, Max 120
Null Values Accepted: Yes*
Multiple Field Entry: No
Common to All PECs: Yes
National Element: Yes

Definition:

The patient's age (either calculated from date of birth or best approximation)

Instructions for Coding/Data Entry:

Patient Age is provided by EMS personnel or electronically through linkage with a pre-existing Patient Care Report or hospital database.

Patient Age could be calculated from Date of Birth (E06_16)

* Accepts Null Values, but null value is blank or empty.

Field Values:

If Patient Age is known, enter the Relevant Value for the Data Element and Patient Care.

Extended Definitions of Field Values:

Calculated from Date of Birth; if DOB not available, ask age; if not possible approximate age.

PATIENT AGE UNITS**Premier EMS Agency-System Data Element**

Field Name: AgeUnits
Field Code: E06_15
XSD Type: Integer
Field Width: Min. 1, Max. 3
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: Yes
National Element: Yes

Definition:

The units which the patient's age is documented in (Hours, Days, Months, Years)

Instructions for Coding/Data Entry:

Patient Age Units is provided by EMS personnel or electronically through linkage with a pre-existing Patient Care Report or hospital database.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recording
-25	Not Applicable
700	Hours
705	Days
710	Months
715	Years

PATIENT DATE OF BIRTH

Premier EMS Agency-System Data Element

Field Name: DateOfBirth
Field Code: E06_16
XSD Type: Date
Field Width: Min. 1890, Max 2030
Null Values Accepted: No
Multiple Field Entry: No
Common to All PECs: Yes
National Element: No

Definition:

The patient's date of birth

Instructions for Coding/Data Entry:

Patient Date of Birth is provided by EMS personnel or electronically through linkage with a pre-existing Patient Care Report or hospital database.

Field Values:

If Patient Date of Birth is known, enter the Relevant Value for the Data Element and Patient Care.

Field Format: [YYYY-MM-DD].

PRIMARY METHOD OF PAYMENT**Premier EMS Agency-System Data Element**

Field Name: PrimaryMethodOfPayment
Field Code: E07_01
XSD Type: Integer
Field Width: Min. 1, Max 3
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: No
National Element: Yes

Definition:

The primary method of payment or insurance associated with this EMS encounter

Instructions for Coding/Data Entry:

Primary Method of Payment is provided by EMS personnel or electronically through linkage with a pre-existing Patient Care Report or hospital database.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
720	Insurance
725	Medicaid
730	Medicare
735	Not Billed (for any reason)
740	Other Government
745	Self Pay
750	Workers Compensation

Extended Definitions of Field Values:

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

CMS SERVICE LEVEL

Premier EMS Agency-System Data Element

Field Name: CMSServiceLevel
Field Code: E07_34
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: No
National Element: Yes

Definition:

The CMS service level for this EMS encounter

Instructions for Coding/Data Entry:

CMS Service Level is provided by EMS personnel unless the EMS agency has professional billing personnel to provide this function.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
990	BLS
995	BLS, Emergency
1000	ALS, Level 1
1005	ALS, Level 1 Emergency
1010	ALS, Level 2
1015	Paramedic Intercept
1020	Specialty Care Transport
1025	Fixed Wing (Airplane)
1030	Rotary Wing (Helicopter)

Extended Definitions of Field Values:

Basic Life Support (BLS) - Basic life support (BLS) is transportation by ground ambulance vehicle and the provision of medically necessary supplies and services, including BLS ambulance services as defined by the State. The ambulance must be staffed by an individual who is qualified in accordance with State and local laws as an emergency medical technician-basic (EMT-Basic). These laws may vary from State to State or within a State. For example, only in some jurisdictions is an EMT-Basic permitted to operate limited equipment onboard the vehicle, assist more qualified personnel in performing assessments and interventions, and establish a peripheral intravenous (IV) line.

Basic Life Support (BLS) - Emergency - When medically necessary, the provision of BLS services, as specified above, in the context of an emergency response. An emergency response is one that, at the time the ambulance provider or supplier is called, it responds immediately. An immediate response is one in which the ambulance provider/supplier begins as quickly as possible to take the steps necessary to respond to the call.

Advanced Life Support, Level 1 (ALS1) - Advanced life support, level 1 (ALS1) is the transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including the provision of an ALS assessment or at least one ALS intervention. An advanced life support (ALS) assessment is an assessment performed by an ALS crew as part of an emergency response that was necessary because the patient's reported condition at the time of dispatch was such that only an ALS crew was qualified to perform the assessment. An ALS assessment does not necessarily result in a determination that the patient requires an ALS level of service. An advanced life support (ALS) intervention is a procedure that is in accordance with State and local laws, required to be done by an emergency medical technician-intermediate (EMT-Intermediate) or EMT-Paramedic.

Advanced Life Support, Level 1 (ALS1) - Emergency - When medically necessary, the provision of ALS1 services, as specified above, in the context of an emergency response. An emergency response is one that, at the time the ambulance provider or supplier is called, it responds immediately. An immediate response is one in which the ambulance provider/supplier begins as quickly as possible to take the steps necessary to respond to the call.

Advanced Life Support, Level 2 (ALS2) - Advanced life support, level 2 (ALS2) is the transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including (1) at least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids) or (2) ground ambulance transport, medically necessary supplies and services, and the provision of at least one of the ALS2 procedures listed below: a. Manual defibrillation/cardioversion; b. Endotracheal intubation; c. Central venous line; d. Cardiac pacing; e. Chest decompression; f. Surgical airway; or g. Intraosseous line.

Paramedic Intercept (PI) - Paramedic Intercept services are ALS services provided by an entity that does not provide the ambulance transport. This type of service is most often provided for an emergency ambulance transport in which a local volunteer ambulance that can provide only basic life support (BLS) level of service is dispatched to transport a patient. If the patient needs ALS services such as EKG monitoring, chest decompression, or I.V. therapy, another entity dispatches a paramedic to meet the BLS ambulance at the scene or once the ambulance is on the way to the hospital. The ALS paramedics then provide services to the patient. This tiered approach to life saving is cost effective in many areas because most volunteer ambulances do not charge for their services and one paramedic service can cover many communities. Prior to March 1, 1999, Medicare payment could be made for these services, but only when the claim was submitted by the entity that actually furnished the ambulance transport. Payment could not be made directly to the intercept service provider. In those areas where State laws prohibit volunteer ambulances from billing Medicare and other health insurance, the intercept service could not receive payment for treating a Medicare beneficiary and was forced to bill the beneficiary for the entire service. Paramedic intercept services furnished on or after March 1, 1999, may be payable separate from the ambulance transport, subject to the requirements specified below. The intercept service(s) is:

- Furnished in a rural area;
- Furnished under a contract with one or more volunteer ambulance services; and,
- Medically necessary based on the condition of the beneficiary receiving the ambulance service.

In addition, the volunteer ambulance service involved must:

- Meet the program's certification requirements for furnishing ambulance services;
- Furnish services only at the BLS level at the time of the intercept; and,
- Be prohibited by State law from billing anyone for any service.

Finally, the entity furnishing the ALS paramedic intercept service must:

- Meet the program's certification requirements for furnishing ALS services, and,
- Bill all recipients who receive ALS paramedic intercept services from the entity, regardless of whether or not those recipients are Medicare beneficiaries.

For purposes of the paramedic intercept benefit, a rural area is an area that is designated as rural by a State law or regulation or any area outside of a Metropolitan Statistical Area or in New England, outside a New England County Metropolitan Area as defined by the Office of Management and Budget. The current list of these areas is periodically published in the Federal Register.

Specialty Care Transport (SCT) - Specialty care transport (SCT) is the interfacility transportation of a critically injured or ill beneficiary by a ground ambulance vehicle, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic. SCT is necessary when a beneficiary's condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area, for example, emergency or critical care nursing, emergency medicine, respiratory care, cardiovascular care, or a paramedic with additional training. The EMT-Paramedic level of care is set by each State. Care above that level that is medically necessary and that is furnished at a level of service above the EMT-Paramedic level of care is considered SCT. That is to say, if EMT-Paramedics - without specialty care certification or qualification - are permitted to furnish a given service in a State, then that service does not qualify for SCT. The phrase "EMT-Paramedic with additional training" recognizes that a State may permit a person who is not only certified as an EMT-Paramedic, but who also has successfully completed additional education as determined by the State in furnishing higher level medical services required by critically ill or critically injured patients, to furnish a level of service that otherwise would require a health professional in an appropriate specialty care area (for example, a nurse) to provide. "Additional training" means the specific additional training that a State requires a paramedic to complete in order to qualify to furnish specialty care to a critically ill or injured patient during an SCT.

Fixed Wing (FW) Air Ambulance - Fixed Wing air ambulance is the transportation by a fixed wing aircraft that is certified by the Federal Aviation Administration (FAA) as a fixed wing air ambulance and the provision of medically necessary services and supplies.

Rotary Wing (RW) Air Ambulance - Rotor Wing air ambulance is the transportation by a helicopter that is certified by the FAA as a rotary wing ambulance, including the provision of medically necessary supplies and services.

CONDITION CODE NUMBER**Premier EMS Agency-System Data Element**

Field Name: ConditionCodeNumber
Field Code: E07_35
XSD Type: String
Field Width: Min. 2, Max 30
Null Values Accepted: Yes
Multiple Field Entry: Yes, via structure
Common to All PECs: No
National Element: Yes

Definition:

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

Instructions for Coding/Data Entry:

Condition Code Number is provided by EMS personnel unless the EMS agency has professional billing personnel to provide this function.

Field Values:

Data Value	Description	Data Value	Description
-25	Not Applicable	-20	Not Recorded
-15	Not Reporting	-10	Not Known
-5	Not Available	8001	Severe Abdominal Pain (ALS-789.00)
8002	Abdominal Pain (ALS-789.0)	8003	Abnormal Cardiac Rhythm/Cardiac Dysrhythmia (ALS-427.9)
8004	Abnormal Skin Signs (ALS-780.8)	8005	Abnormal Vital Signs (ALS-796.4)
8006	Allergic Reaction (ALS-995.0)	8007	Allergic Reaction (BLS-692.9)
8008	Blood Glucose (ALS-790.21)	8009	Respiratory Arrest (ALS-799.1)
8010	Difficulty Breathing (ALS-786.05)	8011	Cardiac Arrest-Resuscitation in Progress (ALS-427.5)
8012	Chest Pain (non-traumatic) (ALS-786.50)	8013	Choking Episode (ALS-784.9)
8014	Cold Exposure (ALS-991.6)	8015	Cold Exposure (BLS-991.9)
8016	Altered Level of Consciousness (non-traumatic) (ALS-780.01)	8017	Convulsions/Seizure (ALS-780.39)
8018	Eye Symptoms (non-traumatic) (BLS-379.90)	8019	Non Traumatic Headache (ALS-437.9)
8020	Cardiac Symptoms other than Chest Pain (palpitations) (ALS-785.1)	8021	Cardiac Symptoms other than Chest Pain (ALS-536.2)
8022	Heat Exposure (ALS-992.5)	8023	Heat Exposure (BLS-992.2)
8024	Hemorrhage (ALS-459.0)	8025	Infectious Diseases Requiring Isolation/Public Health Risk (BLS-038.9)
8026	Hazmat Exposure (ALS-987.9)	8027	Medical Device Failure (ALS-996.0)
8028	Medical Device Failure (BLS-996.3)	8029	Neurological Distress (ALS-436.0)

Field Values (continued):

Data Value	Description	Data Value	Description
8030	Pain (severe) (ALS-780.99)	8031	Back Pain (non-traumatic possible cardiac or vascular) (ALS-742.5)
8032	Back Pain (non-traumatic with neurologic symptoms) (ALS-724.9)	8033	Poisons (all routes) (ALS-977.9)
8034	Alcohol Intoxication or Drug Overdose (BLS-305.0)	8035	Severe Alcohol Intoxication (ALS-977.3)
8036	Post-Operative Procedure Complications (BLS-998.9)	8037	Pregnancy Complication/Childbirth/Labor (ALS-650.0)
8038	Psychiatric/Behavioral (abnormal mental status) (ALS-292.9)	8039	Psychiatric/Behavioral (threat to self or others) (BLS-298.9)
8040	Sick Person-Fever (BLS-036.9)	8041	Severe Dehydration (ALS-787.01)
8042	Unconscious/Syncope/Dizziness (ALS-780.02)	8043	Major Trauma (ALS-959.8)
8044	Other Trauma (need for monitor or airway) (ALS-518.5)	8045	Other Trauma (major bleeding) (ALS-958.2)
8046	Other Trauma (fracture/dislocation) (BLS-829.0)	8047	Other Trauma (penetrating extremity) (BLS-880.0)
8048	Other Trauma (amputation digits) (BLS-886.0)	8049	Other Trauma (amputation other) (ALS-887.4)
8050	Other Trauma (suspected internal injuries) (ALS-869.0)	8051	Burns-Major (ALS-949.3)
8052	Burns-Minor (BLS-949.2)	8053	Animal Bites/Sting/Envenomation (ALS-989.5)
8054	Animal Bits/Sting/Envenomation (BLS-879.8)	8055	Lightning (ALS-944.0)
8056	Electrocution (ALS-994.8)	8057	Near Drowning (ALS-994.1)
8058	Eye Injuries (BLS-921.9)	8059	Sexual Assault (major injuries) (ALS-995.83)
8060	Sexual Assault (minor injuries) (BLS-995.8)	8061	Cardiac/Hemodynamic Monitoring Required (ALS-428.9)
8062	Advanced Airway Management (ALS-518.81)	8063	IV Meds Required (ALS-No ICD code provided)
8064	Chemical Restraint (ALS-293.0)	8065	Suctioning/Oxygen/IV Fluids Required (BLS-496.0)
8066	Airway Control/Positioning Required (BLS-786.09)	8067	Third Party Assistance/Attendant Required (BLS-496.0)
8068	Patient Safety (restraints required) (BLS-298.9)	8069	Patient Safety (monitoring required) (BLS-293.1)
8070	Patient Safety (seclusion required) (BLS-298.8)	8071	Patient Safety (risk of falling off stretcher) (BLS-781.3)
8072	Special Handling (isolation) (BLS-041.9)	8073	Special Handling (orthopedic device required) (BLS-907.2)
8074	Special Handling (positioning required) (BLS-719.45)		

**ICD-9 CODE FOR THE CONDITION
CODE NUMBER**

Premier EMS Agency-System Data Element

Field Name: ICD9CodeForConditionCodeNumber
Field Code: E07_36
XSD Type: String
Field Width: Min. 2, Max 30
Null Values Accepted: Yes
Multiple Field Entry: Yes, via structure
Common to All PECs: No
National Element: No

Definition:

The ICD-9 Code assigned by CMS for the condition code documented in E07_35. Please consult CMS documentation for detailed descriptions of these condition codes and their use

Instructions for Coding/Data Entry:

ICD-9 Code for the Condition Code Number is provided by EMS personnel unless the EMS agency has professional billing personnel to provide this function.

ICD-9 Code for the Condition Code Number should automatically be filled in based on the Condition Code Number (E07_35).

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
If ICD-9 Code for the Condition Code Number is known, enter the Relevant Value for the Data Element and Patient Care	

CONDITION CODE MODIFIER**Premier EMS Agency-System Data Element**

Field Name: ConditionCodeModifier
Field Code: E07_37
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes
Common to All PECs: No
National Element: No

Definition:

The CMS Condition Code Modifier is used to better describe the EMS ground or air medical services response and service delivery. Please consult CMS documentation for detailed descriptions of these modifiers and their use

Instructions for Coding/Data Entry:

Condition Code Modifier is provided by EMS personnel unless the EMS agency has professional billing personnel to provide this function.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
1035	A-Interfacility Transport (requires higher level of care)
1036	B-Interfacility Transport (service not available)
1037	C-ALS Response to BLS Patient
1038	D-Medically Necessary Transport (not nearest facility)
1039	E-BLS Transport of ALS Patient
1040	F-Emergency Trauma Dispatch Condition Code (patient is BLS)
1041	Air-A-Long Distance
1042	Air-B-Traffic Precludes Ground Transport
1043	Air-C-Time Precludes Ground Transport
1044	Air-D-Pick Up Point not Accessible by Ground Transport

NUMBER OF PATIENTS AT SCENE

Field Name: NumberOfPatientsAtScene
Field Code: E08_05
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: No
National Element: Yes

Premier EMS Agency-System Data Element**Definition:**

Indicator of how many total patients were at the scene

Instructions for Coding/Data Entry:

Number of Patients at Scene is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
1120	None
1125	Single
1130	Multiple

MASS CASUALTY INCIDENT**Premier EMS Agency-System Data Element**

Field Name: YesNoValues
Field Code: E08_06
XSD Type: Integer
Field Width: Min. 1, Max 2
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: No
National Element: Yes

Definition:

Indicator if this event would be considered a mass casualty incident (overwhelmed existing EMS resources)

Instructions for Coding/Data Entry:

Mass Casualty Incident is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
0	No
1	Yes

Extended Definitions of Field Values:

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**Premier EMS Agency-System Data Element**

Field Name: IncidentLocationType
Field Code: E08_07
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: No
National Element: Yes

Definition:

The kind of location where the incident happened

Instructions for Coding/Data Entry:

Incident Location Type is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
1135	Home/Residence
1140	Farm
1145	Mine or Quarry
1150	Industrial Place and Premises
1155	Place of Recreation or Sport
1160	Street or Highway
1165	Public Building (schools, gov't. offices, etc.)
1170	Trade or Service(business, bars, restaurants, etc.)
1175	Health Care Facility (clinic, hospital, nursing home)
1180	Residential Institution (nursing home, jail/prison)
1185	Lake, River, Ocean
1190	Other

Extended Definitions of Field Values:

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, waterparks, 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 ADDRESS**Premier EMS Agency-System Data Element**

Field Name: StreetAddress
Field Code: E08_11
XSD Type: String
Field Width: Min. 2, Max 30
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: No
National Element: No

Definition:

The street address (or best approximation) where the patient was found, or, if no patient, the address to which the unit responded

Instructions for Coding/Data Entry:

Incident Address is provided by the EMS agency or electronically provided through the 911 or dispatch center.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable

If Incident Address is known, enter the Relevant Value for the Data Element & Patient Care

INCIDENT CITY**Premier EMS Agency-System Data Element**

Field Name: City
Field Code: E08_12
XSD Type: String
Field Width: Min. 2, Max 30
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: No
National Element: No

Definition:

The city or township (if applicable) where the patient was found or to which the unit responded (or best approximation)

Instructions for Coding/Data Entry:

Incident City is provided by the EMS agency or electronically provided through the 911 or dispatch center.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
If Incident City is known, enter the Relevant Value for the Data Element & Patient Care	

Additional Information:

5 digit FIPS Code

Could be filled in from Incident Zip Code entry (E08_15).

INCIDENT COUNTY**Premier EMS Agency-System Data Element**

Field Name: County
Field Code: E08_13
XSD Type: String
Field Width: Min. 2, Max 5
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: Yes
National Element: No

Definition:

The county or parish where the patient was found or to which the unit responded (or best approximation)

Instructions for Coding/Data Entry:

Incident County is provided by the EMS agency or electronically provided through the 911 or dispatch center.

Additional Information:

Could be filled in from Incident Zip Code entry (E08_15).

Stored as a 5 digit FIPS code (combining the state and county code) to take into account agencies may serve more than one state and counties are often named the same from state to state.

Example: The 5 digit FIPS Code for Maricopa County, Arizona, is 04013 – derived from combining the State FIPS and the County FIPS codes (see example immediately below).

FIPS State Code	State Name	FIPS County Code	County Name	Field Value
04	Arizona	013	Maricopa	04013

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
If Incident County is known, enter the appropriate 5 digit FIPS Code	

See Appendix – C for list of County FIPS Codes for the state of Arizona.

INCIDENT STATE**Premier EMS Agency-System Data Element**

Field Name: State
Field Code: E08_14
XSD Type: String
Field Width: Min. 2, Max 3
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: Yes
National Element: No

Definition:

The state, territory, or providence where the patient was found or to which the unit responded (or best approximation).

Instructions for Coding/Data Entry:

Incident State is provided by the EMS agency or electronically provided through the 911 or dispatch center.

Additional Information:

Could be filled in from Incident Zip Code entry (E08_15).
Use the 2 digit FIPS numeric code (Not State letter abbreviation).

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
If Incident State is known, enter the Relevant 2 digit FIPS Code	

The 2 digit State FIPS code is not the same as the State 2 letter abbreviation (e.g., Arizona FIPS code is *04*, the Arizona State letter abbreviation is *AZ*).

INCIDENT ZIP CODE**Premier EMS Agency-System Data Element**

Field Name: Zip
Field Code: E08_15
XSD Type: String
Field Width: Min. 2, Max 10
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: Yes
National Element: Yes

Definition:

The Zip code of the incident location

Instructions for Coding/Data Entry:

Incident ZIP Code is provided by the EMS agency or electronically provided through the 911 or dispatch center.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
If Incident ZIP Code is known, enter the Relevant Value for the Data Element & Patient Care	

PRIOR AID**Premier EMS Agency-System Data Element**

Field Name: PriorAid
Field Code: E09_01
XSD Type: String
Field Width: Min. 2, Max 30
Null Values Accepted: Yes
Multiple Field Entry: Yes
Common to All PECs: No
National Element: Yes

Definition:

Any care which was provided to the patient prior to the arrival of this unit

Instructions for Coding/Data Entry:

Prior Aid is provided by EMS personnel.

Use Procedures List (D04_04).

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable

If Prior Aid is known, enter the Relevant Value for the Data Element and Patient Care

Extended Definitions of Field Values:

Values do not require further definition.

PRIOR AID PERFORMED BY**Premier EMS Agency-System Data Element**

Field Name: PriorAidPerformedBy
Field Code: E09_02
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes
Common to All PECs: No
National Element: Yes

Definition:

The type of individual who performed the care prior to the arrival of this unit

Instructions for Coding/Data Entry:

Prior Aid Performed By is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
1195	EMS Provider
1200	Law Enforcement
1205	Lay Person
1210	Other Healthcare Provider
1215	Patient

Extended Definitions of Field Values:

EMS Provider – Any dispatched responder who provides pre-hospital medical care.

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

Lay Person – An individual without formal medical training with no 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 PRIOR AID**Premier EMS Agency-System Data Element**

Field Name: OutcomeOfPriorAid
Field Code: E09_03
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: No
National Element: Yes

Definition:

What was the outcome or result of the care performed prior to the arrival of the unit?

Instructions for Coding/Data Entry:

Outcome of Prior Aid is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
1220	Improved
1225	Unchanged
1230	Worse

Extended Definitions of Field Values:

Values do not require further definition.

POSSIBLE INJURY**Premier EMS Agency-System Data Element**

Field Name: YesNoValues
Field Code: E09_04
XSD Type: Integer
Field Width: Min. 1, Max 2
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: No
National Element: Yes

Definition:

Indicates 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

Instructions for Coding/Data Entry:

Possible Injury is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
0	No
1	Yes

Extended Definitions of Field Values:

Values do not require further definition.

CHIEF COMPLAINT**Premier EMS Agency-System Data Element**

Field Name: ChiefComplaintNarrative
Field Code: E09_05
XSD Type: String
Field Width: Min. 2, Max 50
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: No
National Element: No

Definition:

The statement of the problem by the patient or the history provided in one or two words

Instructions for Coding/Data Entry:

Chief Complaint is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
If Chief Complaint is known, enter the Relevant Value for the Data Element & Patient Care	

DURATION OF CHIEF COMPLAINT

Field Name: DurationOfChiefComplaint
Field Code: E09_06
XSD Type: Integer
Field Width: Min. 1, Max 360
Null Values Accepted: No
Multiple Field Entry: No
Common to All PECs: No
National Element: No

Premier EMS Agency-System Data Element**Definition:**

The time duration of the chief complaint

Instructions for Coding/Data Entry:

Duration of Chief Complaint is provided by EMS personnel.

Field Values:

If Duration of Chief Complaint is known, enter the Relevant Value for the Data Element and Patient Care.

**TIME UNITS OF DURATION OF
CHIEF COMPLAINT**

Premier EMS Agency-System Data Element

Field Name: TimeUnitsOfChiefComplaint
Field Code: E09_07
XSD Type: Integer
Field Width: Min. 4, Max ?
Null Values Accepted: No
Multiple Field Entry: No
Common to All PECs: No
National Element: No

Definition:

The time units of the duration of the patient's chief complaint

Instructions for Coding/Data Entry:

Time Units of Duration of Chief Complaint is provided by EMS personnel.

Field Values:

Data Value	Description
1235	Seconds
1240	Minutes
1245	Hours
1250	Days
1255	Weeks
1260	Months
1265	Years

CHIEF COMPLAINT ANATOMIC LOCATION**Premier EMS Agency-System Data Element**

Field Name: ComplaintAnatomicLocation
Field Code: E09_11
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: No
National Element: Yes

Definition:

The primary anatomic location of the chief complaint as identified by EMS personnel

Instructions for Coding/Data Entry:

Chief Complaint Anatomic Location is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
1305	Abdomen
1310	Back
1315	Chest
1320	Extremity-Lower
1325	Extremity-Upper
1330	General/Global
1335	Genitalia
1340	Head
1345	Neck

CHIEF COMPLAINT ORGAN SYSTEM**Premier EMS Agency-System Data Element**

Field Name: ComplaintOrganSystem
Field Code: E09_12
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: No
National Element: Yes

Definition:

The primary organ system of the patient injured or medically affected. This is to be completed by EMS personnel with a minimum of an EMT-Paramedic level of credentialing

Instructions for Coding/Data Entry:

Chief Complaint Organ System is provided by EMS personnel only at the EMT-Paramedic level or higher.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
1350	Cardiovascular
1355	CNS/Neuro
1360	Endocrine/Metabolic
1365	GI
1370	Global
1375	Musculoskeletal
1380	OB/Gyn
1385	Psych
1390	Pulmonary
1395	Renal
1400	Skin

Extended Definitions of Field Values:

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**Premier EMS Agency-System Data Element**

Field Name: PrimarySymptom
Field Code: E09_13
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: No
National Element: Yes

Definition:

The primary sign and symptom present in the patient or observed by EMS personnel

Instructions for Coding/Data Entry:

Primary Symptom is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
1405	Bleeding
1410	Breathing Problem
1415	Change in Responsiveness
1420	Choking
1425	Death
1430	Device/Equipment Problem
1435	Diarrhea
1440	Drainage/Discharge
1445	Fever
1450	Malaise
1455	Mass/Lesion
1460	Mental/Psych
1465	Nausea/Vomiting
1470	None
1475	Pain
1480	Palpitations
1485	Rash/Itching
1490	Swelling
1495	Transport Only
1500	Weakness
1505	Wound

Extended Definitions of Field Values:

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**Premier EMS Agency-System Data Element**

Field Name: OtherAssociatedSymptoms
Field Code: E09_14
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes
Common to All PECs: No
National Element: Yes

Definition:

Other symptoms identified by the patient or observed by EMS personnel

Instructions for Coding/Data Entry:

Other Associated Symptoms is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
1510	Bleeding
1515	Breathing Problem
1520	Change in Responsiveness
1525	Choking
1530	Death
1535	Device/Equipment Problem
1540	Diarrhea
1545	Drainage/Discharge
1550	Fever
1555	Malaise
1560	Mass/Lesion
1565	Mental/Psych
1570	Nausea/Vomiting
1575	None
1580	Pain
1585	Palpitations
1590	Rash/Itching
1595	Swelling
1600	Transport Only
1605	Weakness
1610	Wound

Extended Definitions of Field Values:

(See extended definitions for E09_13)

PROVIDER'S PRIMARY IMPRESSION**Premier EMS Agency-System Data Element**

Field Name: ProvidersPrimaryImpression
Field Code: E09_15
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: No
National Element: Yes

Definition:

The EMS personnel's impression of the patient's primary problem or most significant condition which led to the management given to the patient (treatments, medications, or procedures)

Instructions for Coding/Data Entry:

Provider's Primary Impression is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
1615	789.0-Abdominal Pain/Problems
1620	510.80-Airway Obstruction
1625	995.30-Allergic Reaction
1630	780.09-Altered Level of Consciousness
1635	312.90-Behavioral/Psychologic Disorder
1640	427.50-Cardiac Arrest
1645	427.90-Cardiac Rhythm Disturbance
1650	786.50-Chest Pain/Discomfort
1655	250.90-Diabetic Symptoms (hypoglycemia)
1660	994.80-Electrocution
1665	780.60-Hyperthermia
1670	780.90-Hypothermia
1675	785.59-Hypovolemia/Shock
1680	987.90-Inhalation Injury (toxic gas)
1685	798.99-Obvious Death
1690	977.90-Poisoning/Drug Ingestion
1695	659.90-Pregnancy/OB Delivery
1700	786.09-Respiratory Distress
1705	799.10-Respiratory Arrest
1710	780.30-Seizure
1715	959.90-Sexual Assault/Rape
1720	987.90-Smoke Inhalation
1725	989.50-Stings/Venomous Bites
1730	436.00-Stroke/CVA
1735	780.20-Syncope/Fainting
1740	959.90-Traumatic Injury
1745	623.80-Vaginal Hemorrhage

PROVIDER'S SECONDARY IMPRESSION**Premier EMS Agency-System Data Element**

Field Name: ProvidersSecondaryImpression
Field Code: E09_16
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: No
National Element: Yes

Definition:

The EMS personnel's impression of the patient's secondary problem which led to the management given to the patient (treatments, medications, or procedures)

Instructions for Coding/Data Entry:

Provider's Secondary Impression is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
1750	789.0-Abdominal Pain/Problems
1755	510.80-Airway Obstruction
1760	995.30-Allergic Reaction
1765	780.09-Altered Level of Consciousness
1770	312.90-Behavioral/Psychologic Disorder
1775	427.50-Cardiac Arrest
1780	427.90-Cardiac Rhythm Disturbance
1785	786.50-Chest Pain/Discomfort
1790	250.90-Diabetic Symptoms (hypoglycemia)
1795	994.80-Electrocution
1800	780.60-Hyperthermia
1805	780.90-Hypothermia
1810	785.59-Hypovolemia/Shock
1815	987.90-Inhalation Injury (toxic gas)
1820	798.99-Obvious Death
1825	977.90-Poisoning/Drug Ingestion
1830	659.90-Pregnancy/OB Delivery
1835	786.09-Respiratory Distress
1840	799.10-Respiratory Arrest
1845	780.30-Seizure
1850	959.90-Sexual Assault/Rape
1855	987.90-Smoke Inhalation
1860	989.50-Stings/Venomous Bites
1865	436.00-Stroke/CVA
1870	780.20-Syncope/Fainting
1875	959.90-Traumatic Injury
1880	623.80-Vaginal Hemorrhage

CAUSE OF INJURY

Premier EMS Agency-System Data Element

Field Name: CauseOfInjury
Field Code: E10_01
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: No
National Element: Yes

Definition:

The category of the reported/suspected external cause of the injury

Instructions for Coding/Data Entry:

Cause of Injury is provided by EMS personnel.

Complete only if Possible Injury (E09_04) is answered "Yes".

Field Values:

Data Value	Description	Data Value	Description
-25	Not Applicable	-20	Not Recorded
-15	Not Reporting	-10	Not Known
-5	Not Available	1885	Bites (E906.0)
9500	Aircraft Related Accident (E84X.0)	9505	Bicycle Accident (E826.0)
9510	Bites (E906.0)	9515	Chemical Poisoning (E86X.0)
9520	Child Battering (E967.0)	9525	Drowning (E910.0)
9530	Drug Poisoning (E85X.0)	9535	Electrocution (non-lightning) (E925.0)
9540	Excessive Cold (E901.0)	9545	Excessive Heat (E900.0)
9550	Falls (E88X.0)	9555	Fire and Flames (E89X.0)
9560	Firearm Assault (E965.0)	9565	Firearm Injury (accidental) (E985.0)
9570	Firearm Self Inflicted (E955.0)	9575	Lightning (E907.0)
9580	Machinery Accidents (E919.0)	9585	Mechanical Suffocation (E913.0)
9590	Motor Vehicle Non-Traffic Accident (E82X.0)	9595	Motor Vehicle Traffic Accident (E81X.0)
9600	Motorcycle Accident (E81X.1)	9605	Non-Motorized Vehicle Accident (E848.0)
9610	Pedestrian Traffic Accident (E814.0)	9615	Radiation Exposure (E926.0)
9620	Rape (E960.1)	9625	Smoke Inhalation (E89X.2)
9630	Stabbing/Cutting Accidental (E986.0)	9635	Stabbing/Cutting Assault (E966.0)
9640	Struck by Blunt/Thrown Object (E968.2)	9645	Venomous Stings (plants, animals) (E905.0)
9650	Water Transport Accident (E83X.0)		

Extended Definitions of Field Values:

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 Assault - Includes reported cuts, punctures, or stabs to any part of the body.

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.

MECHANISM OF INJURY**Premier EMS Agency-System Data Element**

Field Name: MechanismOfInjury
Field Code: E10_03
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes
Common to All PECs: No
National Element: No

Definition:

The mechanism of the event which caused the injury

Instructions for Coding/Data Entry:

Mechanism of Injury is provided by EMS personnel.

Complete only if Possible Injury (E09_04) is answered "Yes".

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
2035	Blunt
2040	Burn
2045	Other
2050	Penetrating

VEHICULAR INJURY INDICATORS**Premier EMS Agency-System Data Element**

Field Name: VehicularIndicators
Field Code: E10_04
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes
Common to All PECs: No
National Element: No

Definition:

The kind of risk factor predictors associated with the vehicle involved in the incident

Instructions for Coding/Data Entry:

Vehicular Injury Indicators is provided by EMS personnel.

Complete only if Possible Injury (E09_04) is answered “Yes” and there is a vehicle involved.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
2055	Dash Deformity
2060	DOA Same Vehicle
2065	Ejection
2070	Fire
2075	Rollover/Roof Deformity
2080	Side Post Deformity
2085	Space Intrusion >12 Inches
2090	Steering Wheel Deformity

**AREA OF THE VEHICLE IMPACTED
BY THE COLLISION**

Premier EMS Agency-System Data Element

Field Name: AreaOfVehicleImpact
Field Code: E10_05
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes
Common to All PECs: No
National Element: No

Definition:

The area or location of impact on the vehicle

Instructions for Coding/Data Entry:

Area of the Vehicle Impacted by the Collision is provided by EMS personnel.

Complete only if Possible Injury (E09_04) is answered “Yes”, and there is a vehicle involved.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
2100	Center Front
2105	Center Rear
2110	Left Front
2115	Left Rear
2120	Left Side
2125	Right Front
2130	Right Rear
2135	Right Side
2140	Roll Over

USE OF OCCUPANT SAFETY EQUIPMENT**Premier EMS Agency-System Data Element**

Field Name: UseOfOccupantSafetyEquipment
Field Code: E10_08
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes
Common to All PECs: No
National Element: No

Definition:

Safety equipment in use by the patient at the time of the injury.

Instructions for Coding/Data Entry:

Use of Occupant Safety Equipment is provided by EMS personnel.

Complete only if Possible Injury (E09_04) is answered “Yes”.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
2170	Child Restraint
2175	Eye Protection
2180	Helmet Worn
2185	Lap Belt
2187	None
2190	Other
2195	Personal Floatation Device
2200	Protective Clothing
2205	Protective Non-Clothing Gear
2210	Shoulder Belt

AIRBAG DEPLOYMENT**Premier EMS Agency-System Data Element**

Field Name: AirbagDeployment
Field Code: E10_09
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes
Common to All PECs: No
National Element: No

Definition:

Indication of airbag deployment during the motor vehicle crash.

Instructions for Coding/Data Entry:

Airbag Deployment is provided by EMS personnel.

Complete only if Possible Injury (E09_04) is answered “Yes”, and there is a vehicle involved.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
2215	No Airbag Present
2220	No Airbag Deployed
2225	Airbag Deployed Front
2230	Airbag Deployed Side
2235	Airbag Deployed Other

HEIGHT OF FALL**Premier EMS Agency-System Data Element**

Field Name: HeightOfFall
Field Code: E10_10
XSD Type: Integer
Field Width: Min. 1, Max 50,000
Null Values Accepted: No
Multiple Field Entry: No
Common to All PECs: No
National Element: No

Definition:

The distance in feet the patient fell, measured from the lowest point of the patient to the ground

Instructions for Coding/Data Entry:

Height of Fall is provided by EMS personnel.

Complete only if Possible Injury (E09_04) is answered “Yes”.

Field Values:

If Height of Fall is known, enter the Relevant Value for the Data Element and Patient Care.

CARDIAC ARREST**Premier EMS Agency-System Data Element**

Field Name: CardiacArrest
Field Code: E11_01
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: No
National Element: Yes

Definition:

Any indication of the presence of a cardiac arrest any time associated with the EMS event

Instructions for Coding/Data Entry:

Cardiac Arrest is provided by EMS personnel.

If Cardiac Arrest is answered “Yes”, all other Required Data Elements in Section E11 must be answered.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
0	No
2240	Yes, Prior to EMS Arrival
2245	Yes, After EMS Arrival

CARDIAC ARREST ETIOLOGY**Premier EMS Agency-System Data Element**

Field Name: CardiacArrestEtiology
Field Code: E11_02
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: No
National Element: Yes

Definition:

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

Instructions for Coding/Data Entry:

Cardiac Arrest Etiology is provided by EMS personnel.

Complete Cardiac Arrest Etiology only if Cardiac Arrest (E11_01) is answered “Yes” or “Yes, After EMS Arrival”.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
2250	Presumed Cardiac
2255	Trauma
2260	Drowning
2265	Respiratory
2270	Electrocution

RESUSCITATION ATTEMPTED**Premier EMS Agency-System Data Element**

Field Name: ResuscitationAttempted
Field Code: E11_03
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes
Common to All PECs: No
National Element: Yes

Definition:

Indication of an attempt to resuscitate the patient who is in cardiac arrest (attempted, not attempted due to DNR, etc.)

Instructions for Coding/Data Entry:

Resuscitation Attempted is provided by EMS personnel.

Complete Resuscitation Attempted only if Cardiac Arrest (E11_01) is answered “Yes” or “Yes, After EMS Arrival”.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
2280	Attempted Defibrillation
2285	Attempted Ventilation
2290	Initiated Chest Compression
2295	Not Attempted-Considered Futile
2300	Not Attempted-DNR Orders

ARREST WITNESSED BY**Premier EMS Agency-System Data Element**

Field Name: ArrestWitnessedBy
Field Code: E11_04
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: No
National Element: No

Definition:

Indication of who the cardiac arrest was witnessed by

Instructions for Coding/Data Entry:

Arrest Witnessed By is provided by EMS personnel.

Complete Arrest Witnessed By only if Cardiac Arrest (E11_01) is answered “Yes” or “Yes, After EMS Arrival”.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
2310	Witnessed by Healthcare Provider
2315	Witnessed by Lay Person
2320	Not Witnessed

**FIRST MONITORED
RHYTHM OF THE PATIENT**

Premier EMS Agency-System Data Element

Field Name: FirstMonitoredRhythm
Field Code: E11_05
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: No
National Element: No

Definition:

Documentation of what the first monitored rhythm which was noted

Instructions for Coding/Data Entry:

First Monitored Rhythm of the Patient is provided by EMS personnel.

Complete First Monitored Rhythm of the Patient only if Cardiac Arrest (E11_01) is answered “Yes” or “Yes, After EMS Arrival”.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
2325	Asystole
2330	Bradycardia
2335	Normal Sinus Rhythm
2340	Other
2345	PEA (Pulseless Electrical Activity)
2350	Unknown AED Non-Shockable Rhythm
2355	Unknown AED Shockable Rhythm
2360	Ventricular Fibrillation
2365	Ventricular Tachycardia

**ESTIMATED TIME OF ARREST
PRIOR TO EMS ARRIVAL**

Premier EMS Agency-System Data Element

Field Name: EstimatedTimeOfArrestPriorToEMS
Field Code: E11_08
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: No
National Element: No

Definition:

The length of time the patient was down (estimated) before the responding unit arrived at the patient

Instructions for Coding/Data Entry:

Estimated Time of Arrest Prior to EMS Arrival is provided by EMS personnel.

Complete Estimated Time of Arrest Prior to EMS Arrival only if Cardiac Arrest (E11_01) is answered “Yes”.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
2390	>20 Minutes
2395	15-20 Minutes
2400	10-15 Minutes
2405	8-10 Minutes
2410	6-8 Minutes
2415	4-6 Minutes
2420	2-4 Minutes
2425	0-2 Minutes

**CARDIAC RHYTHM ON
ARRIVAL AT DESTINATION****Premier EMS Agency-System Data Element**

Field Name: CardiacRhythmAtDestination
Field Code: E11_11
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes
Common to All PECs: No
National Element: No

Definition:

The patient's cardiac rhythm upon delivery or transfer to the destination

Instructions for Coding/Data Entry:

Cardiac Rhythm on Arrival at Destination is provided by EMS personnel.

Complete Cardiac Rhythm on Arrival at Destination only if Cardiac Arrest (E11_01) is answered "Yes" or "Yes, After EMS Arrival".

Field Values:

Data Value	Description	Data Value	Description
-25	Not Applicable	-20	Not Recorded
-15	Not Reporting	-10	Not Known
-5	Not Available	2455	12 Lead ECG-Anterior Ischemia
2460	12 Lead ECG-Inferior Ischemia	2465	12 Lead ECG-Lateral Ischemia
2470	Agonal/Idioventricular	2475	Artifact
2480	Asystole	2485	Atrial Fibrillation/Flutter
2490	AV Block-1st Degree	2495	AV Block-2nd Degree-Type 1
2500	AV Block-2nd-Type 2	2505	AV Block-3rd Degree
2510	Junctional	2515	Left Bundle Branch Block
2520	Normal Sinus Rhythm	2525	Other
2530	Paced Rhythm	2535	PEA (Pulseless Electrical Activity)
2540	Premature Atrial Contractions	2545	Premature Ventricular Contractions
2550	Right Bundle Branch Block	2555	Sinus Arrhythmia
2560	Sinus Bradycardia	2565	Sinus Tachycardia
2570	Supraventricular Tachycardia	2575	Torsades De Points
2580	Unknown AED Non-Shockable Rhythm	2585	Unknown AED Shockable Rhythm
2590	Ventricular Fibrillation	2595	Ventricular Tachycardia

BARRIERS TO PATIENT CARE**Premier EMS Agency-System Data Element**

Field Name: BarriersToPatientCare
Field Code: E12_01
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes
Common to All PECs: No
National Element: Yes

Definition:

Indication of whether or not there were any patient specific barriers to serving the patient at the scene

Instructions for Coding/Data Entry:

Barriers to Patient Care is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
2600	Developmentally Impaired
2605	Hearing Impaired
2610	Language
2615	None
2620	Physically Impaired
2625	Physically Restrained
2630	Speech Impaired
2635	Unattended or Unsupervised (including minors)
2640	Unconscious

Extended Definitions of Field Values:

Values do not require further definition.

MEDICATION ALLERGIES**Premier EMS Agency-System Data Element**

Field Name: MedicationAllergies
Field Code: E12_08
XSD Type: String
Field Width: Min. 2, Max 30
Null Values Accepted: Yes
Multiple Field Entry: Yes
Common to All PECs: No
National Element: No

Definition:

The patient's medication allergies.

Instructions for Coding/Data Entry:

Medication Allergies is provided by EMS personnel or electronically through linkage with a pre-existing patient care report or hospital database.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
Enter Relevant Value for the Data Element and Patient Care	

Additional Information:

If patient, family, medical information documentation or other source(s) deny patient has medication allergies, enter NKDA (No Known Drug Allergies)

MEDICAL/SURGICAL HISTORY**Premier EMS Agency-System Data Element**

Field Name: MedicalSurgicalHistory
Field Code: E12_10
XSD Type: String
Field Width: Min. 2, Max 30
Null Values Accepted: Yes
Multiple Field Entry: Yes
Common to All PECs: Yes
National Element: No

Definition:

The patient's pre-existing medical and surgical history

Instructions for Coding/Data Entry:

Medical/Surgical History is provided by EMS personnel or electronically through linkage with a pre-existing patient care report or hospital database.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
If Med/Surg History known, enter the Relevant Value for the Data Element and Patient Care	

CURRENT MEDICATIONS**Premier EMS Agency-System Data Element**

Field Name: CurrentMedicationName
Field Code: E12_14
XSD Type: String
Field Width: Min. 2, Max 30
Null Values Accepted: No
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Definition:

The medications the patient currently takes

Instructions for Coding/Data Entry:

Current Medication is provided by EMS personnel or electronically through linkage with a pre-existing patient care report or hospital database.

If the Current Medications is not included in the Drug List in the EMS Database, enter the drug(s) as a multiple text configuration.

Field Values:

Enter the relevant value for the data element and patient care, including “None”, using the established Drug List in the EMS Database.

CURRENT MEDICATION DOSE**Premier EMS Agency-System Data Element**

Field Name: CurrentMedicationDose
Field Code: E12_15
XSD Type: Decimal
Field Width: Min. 0, Max 1,000,000
Null Values Accepted: No
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Definition:

The numeric dose or amount of the patient's current medication

Instructions for Coding/Data Entry:

Current Medication Dose is provided by EMS personnel or electronically through linkage with a pre-existing patient care report or hospital database.

Field Values:

Enter the relevant value for the data element and patient care.

CURRENT MEDICATION DOSAGE UNIT**Premier EMS Agency-System Data Element**

Field Name: CurrentMedicationDosageUnit
Field Code: E12_16
XSD Type: Integer
Field Width: Min. 4, Max 4
Null Values Accepted: No
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Definition:

The dosage unit of the patient's current medication

Instructions for Coding/Data Entry:

Current Medication Dosage Unit is provided by EMS personnel or electronically through linkage with a pre-existing patient care report or hospital database.

Field Values:

Data Value	Description
2785	GMS
2790	INCHES
2795	IU
2800	KVO (TKO)
2805	L/MIN
2810	LITERS
2815	LPM
2820	MCG
2825	MCG/KG/MIN
2830	MEQ
2835	MG
2840	MG/KG/MIN
2845	ML
2850	ML/HR
2855	OTHER
2860	PUFFS

**CURRENT MEDICATION
ADMINISTRATION ROUTE**

Premier EMS Agency-System Data Element

Field Name: CurrentMedicationAdministrationRoute
Field Code: E12_17
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Definition:

The administration route (po, SQ, etc.) of the patient's current medication

Instructions for Coding/Data Entry:

Current Medication Administration Route is provided by EMS personnel or electronically through linkage with a pre-existing patient care report or hospital database.

Field Values:

Data Value	Description	Data Value	Description
-25	Not Applicable	-20	Not Recorded
-15	Not Reporting	-10	Not Known
-5	Not Available	2865	Endotracheal Tube
2870	Gastrostomy	2875	Inhalation
2880	Intramuscular	2890	Intraocular
2895	Intravenous	2900	Nasal
2905	Nasal Prongs	2910	Nasogastric
2915	Ophthalmic	2920	Oral
2925	Other/Miscellaneous	2930	Otic
2935	Non Re-Breather Mask	2940	Rectal
2945	Subcutaneous	2950	Sublingual
2955	Topical	2960	Tracheostomy
2965	Transdermal	2970	Urethral
2975	Ventrimask	2980	Wound

ALCOHOL/DRUG USE INDICATORS**Premier EMS Agency-System Data Element**

Field Name: AlcoholDrugUseIndicators
Field Code: E12_19
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes
Common to All PECs: No
National Element: Yes

Definition:

Any indicators for the potential use of Alcohol or Drugs by the patient

Instructions for Coding/Data Entry:

Alcohol/Drug Use Indicators is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
2985	Smell of Alcohol on Breath
2990	Patient Admits to Alcohol Use
2995	Patient Admits to Drug Use
3000	Alcohol and/or Drug Paraphernalia at Scene

PREGNANCY**Premier EMS Agency-System Data Element**

Field Name: YesNoValues
Field Code: E12_20
XSD Type: Integer
Field Width: Min. 1, Max 2
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: No
National Element: No

Definition:

Any indication of the possibility by the patient's history of current pregnancy

Instructions for Coding/Data Entry:

Pregnancy data element is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
0	No
1	Yes

RUN REPORT NARRATIVE

Field Name: RunReportNarrative
Field Code: E13_01
XSD Type: String
Field Width: Min. 2, Max 4000
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: No
National Element: No

Premier EMS Agency-System Data Element**Definition:**

The narrative of the run report

Instructions for Coding/Data Entry:

Run Report Narrative is provided by EMS personnel but could be auto-generated based on the information entered into an electronic patient care report.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
If Run Report Narrative is known, enter the Relevant Value for the Data Element and Patient Care	

DATE/TIME VITAL SIGNS TAKEN**Premier EMS Agency-System Data Element**

Field Name: DateTime
Field Code: E14_01
XSD Type: DateTime
Field Width: Min. 1990, Max 2030
Null Values Accepted: Yes*
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Definition:

The date/time vital signs taken

Instructions for Coding/Data Entry:

Date/Time Vital Signs Taken is provided by EMS personnel or may be provided electronically through a medical device.

If the Date/Time Vital Signs Taken is electronically stored within a database or transmitted via XML as a “tick”, the referenced variables may also be used.

Multiple entry configuration allows for multiple sets of vital signs.

* Accepts Null Values, but null value is blank or empty.

Field Values:

Enter the relevant value for the data element and patient care.

Field Format: [YYYY-MM-DD-T00:00.0Z].

CARDIAC RHYTHM**Premier EMS Agency-System Data Element**

Field Name: CardiacRhythm
Field Code: E14_03
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes*
Common to All PECs: No
National Element: No

Definition:

The initial cardiac rhythm of the patient as interpreted by EMS personnel

Instructions for Coding/Data Entry:

Cardiac Rhythm is provided by EMS personnel or may be provided electronically through a medical device.

* Multiple Field Entry (1) Yes, via structure, (2) Yes for each E14_01 Date/Time.

Field Values:

Data Value	Description	Data Value	Description
-25	Not Applicable	-20	Not Recorded
-15	Not Reporting	-10	Not Known
-5	Not Available	2455	12 Lead ECG-Anterior Ischemia
2460	12 Lead ECG-Inferior Ischemia	2465	12 Lead ECG-Lateral Ischemia
2470	Agonal/Idioventricular	2475	Artifact
2480	Asystole	2485	Atrial Fibrillation/Flutter
2490	AV Block-1st Degree	2495	AV Block-2nd Degree-Type 1
2500	AV Block-2nd-Type 2	2505	AV Block-3rd Degree
2510	Junctional	2515	Left Bundle Branch Block
2520	Normal Sinus Rhythm	2525	Other
2530	Paced Rhythm	2535	PEA (Pulseless Electrical Activity)
2540	Premature Atrial Contractions	2545	Premature Ventricular Contractions
2550	Right Bundle Branch Block	2555	Sinus Arrhythmia
2560	Sinus Bradycardia	2565	Sinus Tachycardia
2570	Supraventricular Tachycardia	2575	Torsades De Points
2580	Unknown AED Non-Shockable Rhythm	2585	Unknown AED Shockable Rhythm
2590	Ventricular Fibrillation	2595	Ventricular Tachycardia

SBP (SYSTOLIC BLOOD PRESSURE)

Premier EMS Agency-System Data Element

Field Name: SBP
Field Code: E14_04
XSD Type: Integer
Field Width: Min. 0, Max 400
Null Values Accepted: Yes*
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Definition:

The patient's systolic blood pressure

Instructions for Coding/Data Entry:

SBP (Systolic Blood Pressure) is provided by EMS personnel or may be provided electronically through a medical device.

Could be collected from Device Systolic Blood Pressure (E21_14).

* Accepts Null Values, but null value is blank or empty.

Field Values:

Enter the relevant value for the data element and patient care.

DBP (DIASTOLIC BLOOD PRESSURE)

Premier EMS Agency-System Data Element

Field Name: DBP
Field Code: E14_05
XSD Type: Integer
Field Width: Min. 0, Max 300
Null Values Accepted: Yes*
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Definition:

The patient's diastolic blood pressure.

Instructions for Coding/Data Entry:

DBP (Diastolic Blood Pressure) is provided by EMS personnel or may be provided electronically through a medical device.

Could be collected from Device Diastolic Blood Pressure (E21_15).

* Accepts Null Values, but null value is blank or empty.

Field Values:

Enter the relevant value for the data element and patient care.

PULSE RATE**Premier EMS Agency-System Data Element**

Field Name: PulseRate
Field Code: E14_07
XSD Type: Integer
Field Width: Min. 0, Max 500
Null Values Accepted: Yes*
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Definition:

The patient's pulse rate, palpated or auscultated, expressed as a number per minute

Instructions for Coding/Data Entry:

Pulse Rate is provided by EMS personnel or may be provided electronically through a medical device.

Could be collected from Device Pulse Rate (E21_13).

* Accepts Null Values, but null value is blank or empty.

Field Values:

Enter the relevant value for the data element and patient care.

ELECTRONIC MONITOR RATE**Premier EMS Agency-System Data Element**

Field Name: ElectronicMonitorRate
Field Code: E14_08
XSD Type: Integer
Field Width: Min. 0, Max 500
Null Values Accepted: Yes*
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Definition:

The patient's heart rate as recorded by an electronic monitoring device (ECG, pulse oximetry, etc.)

Instructions for Coding/Data Entry:

Electronic Monitor Rate is provided by EMS personnel or may be provided electronically through a medical device.

Could be collected from Device Heart Rate (E21_12).

* Accepts Null Values, but null value is blank or empty.

Field Values:

Enter the relevant value for the data element and patient care.

PULSE OXIMETRY**Premier EMS Agency-System Data Element**

Field Name: PulseOximetry
Field Code: E14_09
XSD Type: Integer
Field Width: Min.0, Max 100
Null Values Accepted: Yes*
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Definition:

The patient's oxygen saturation

Instructions for Coding/Data Entry:

Pulse Oximetry is provided by EMS personnel or may be provided electronically through a medical device.

Could be collected from Device Pulse Oximetry (E21_17).

* Accepts Null Values, but null value is blank or empty.

Field Values:

Enter the relevant value for the data element and patient care.

RESPIRATORY RATE**Premier EMS Agency-System Data Element**

Field Name: RespiratoryRate
Field Code: E14_11
XSD Type: Integer
Field Width: Min. 0, Max 100
Null Values Accepted: Yes*
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Definition:

The patient's respiratory rate expressed as a number per minute

Instructions for Coding/Data Entry:

Respiratory Rate is provided by EMS personnel or may be provided electronically through a medical device.

Could be collected from Device Respiratory Rate (E21_16).

* Accepts Null Values, but null value is blank or empty.

Field Values:

Enter the relevant value for the data element and patient care.

RESPIRATORY EFFORT**Premier EMS Agency-System Data Element**

Field Name: RespiratoryEffort
Field Code: E14_12
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes, via structure
Common to All PECs: No
National Element: No

Definition:

The patient's respiratory effort

Instructions for Coding/Data Entry:

Respiratory Effort is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
3190	Labored
3195	Fatigued
3200	Absent
3205	Not Assessed

CARBON DIOXIDE**Premier EMS Agency-System Data Element**

Field Name: CarbonDioxide
Field Code: E14_13
XSD Type: Integer
Field Width: Min. 0, Max 100
Null Values Accepted: Yes*
Multiple Field Entry: Yes, via structure
Common to All PECs: No
National Element: No

Definition:

The patient's end-titile or other CO2 level

Instructions for Coding/Data Entry:

Carbon Dioxide is provided by EMS personnel or may be provided electronically through a medical device.

Could be collected from Device CO2 or ETCO2 (E21_18).

* Accepts Null Values, but null value is blank or empty.

Field Values:

Enter the relevant value for the data element and patient care.

BLOOD GLUCOSE LEVEL**Premier EMS Agency-System Data Element**

Field Name: BloodGlucoseLevel
Field Code: E14_14
XSD Type: Integer
Field Width: Min. 0, Max 2000
Null Values Accepted: Yes*
Multiple Field Entry: Yes, via structure
Common to All PECs: No
National Element: No

Definition:

The patient's blood glucose level

Instructions for Coding/Data Entry:

Blood Glucose Level is provided by EMS personnel or may be provided electronically through a medical device.

* Accepts Null Values, but null value is blank or empty.

Field Values:

Enter the relevant value for the data element and patient care.

GLASGOW COMA SCORE-EYE**Premier EMS Agency-System Data Element**

Field Name: GCSEye
Field Code: E14_15
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes*
Multiple Field Entry: Yes, via structure
Common to All PECs: No
National Element: No

Definition:

The patient's Glasgow Coma Score Eye Opening

Instructions for Coding/Data Entry:

Glasgow Coma Score-Eye is provided by EMS personnel.

* Accepts Null Values, but null value is blank or empty.

Field Values:

Data Value	Description
For All Age Groups: 1	Does Not Open Eyes
For All Age Groups: 2	Open Eyes to Painful Stimulation
For All Age Groups: 3	Opens Eyes to Verbal Stimulation
For All Age Groups: 4	Opens Eyes Spontaneously

GLASGOW COMA SCORE-VERBAL**Premier EMS Agency-System Data Element**

Field Name: GCSVerbal
Field Code: E14_16
XSD Type: Integer
Field Width: Min. 1, Max 5
Null Values Accepted: Yes*
Multiple Field Entry: Yes, via structure
Common to All PECs: No
National Element: No

Definition:

The patient's Glasgow Coma Score Verbal

Instructions for Coding/Data Entry:

Glasgow Coma Score-Verbal is provided by EMS personnel.

* Accepts Null Values, but null value is blank or empty.

Field Values:

Data Value	Description
Patients 0-23 Months: 1	None
Patients 0-23 Months: 2	Persistent Cry
Patients 0-23 Months: 3	Inappropriate Cry
Patients 0-23 Months: 4	Cries, Inconsolable
Patients 0-23 Months: 5	Smiles, Coos, Cries Appropriately
Patients >5 Years: 1	None
Patients >5 Years: 2	Non-Specified Sounds
Patients >5 Years: 3	Inappropriate Words
Patients >5 Years: 4	Confused Conversation or Speech
Patients >5 Years: 5	Oriented and Appropriate Speech
Patients 2-5 Years: 1	None
Patients 2-5 Years: 2	Grunts
Patients 2-5 Years: 3	Cries and/or Screams
Patients 2-5 Years: 4	Inappropriate Words
Patients 2-5 Years: 5	Appropriate Words

GLASGOW COMA SCORE-MOTOR**Premier EMS Agency-System Data Element**

Field Name: GCSMotor
Field Code: E14_17
XSD Type: Integer
Field Width: Min. 1, Max 6
Null Values Accepted: Yes*
Multiple Field Entry: Yes, via structure
Common to All PECs: No
National Element: No

Definition:

The patient's Glasgow Coma Score Motor

Instructions for Coding/Data Entry:

Glasgow Coma Score-Motor is provided by EMS personnel.

* Accepts Null Values, but null value is blank or empty.

Field Values:

Data Value	Description
Patients Up to 5 Years: 1	None
Patients Up to 5 Years: 2	Extensor Posturing in Response to Painful Stimulation
Patients Up to 5 Years: 3	Flexor Posturing in Response to Painful Stimulation
Patients Up to 5 Years: 4	General Withdrawal in Response to Painful Stimulation
Patients Up to 5 Years: 5	Localization of Painful Stimulation
Patients Up to 5 Years: 6	Spontaneous
Patients >5 Years: 1	None
Patients >5 Years: 2	Extensor Posturing in Response to Painful Stimulation
Patients >5 Years: 3	Flexor Posturing in Response to Painful Stimulation
Patients >5 Years: 4	General Withdrawal in Response to Painful Stimulation
Patients >5 Years: 5	Localization of Painful Stimulation
Patients >5 Years: 6	Obeys Commands with Appropriate Motor Responses

TOTAL GLASGOW COMA SCORE**Premier EMS Agency-System Data Element**

Field Name: TotalGCS
Field Code: E14_19
XSD Type: Integer
Field Width: Min. 1, Max 15
Null Values Accepted: Yes*
Multiple Field Entry: Yes, via structure
Common to All PECs: No
National Element: No

Definition:

The patient's total Glasgow Coma Score

Instructions for Coding/Data Entry:

Total Glasgow Coma Score is provided by EMS personnel but could be auto-generated based on the information entered onto an electronic patient care report.

Calculated from Glasgow Coma Score-Eye (E14_15), Glasgow Coma Score-Verbal (E14_16), and Glasgow Coma Score-Motor (E14_17).

* Accepts Null Values, but null value is blank or empty.

Field Values:

Enter the relevant value for the data element and patient care.

TEMPERATURE**Premier EMS Agency-System Data Element**

Field Name: Temperature
Field Code: E14_20
XSD Type: Decimal
Field Width: Min. 0, Max 50
Null Values Accepted: Yes*
Multiple Field Entry: Yes, via structure
Common to All PECs: No
National Element: No

Definition:

The patient's body temperature in degrees celsius/centigrade

Instructions for Coding/Data Entry:

Temperature is provided by EMS personnel or may be provided electronically through a medical device.

* Accepts Null Values, but null value is blank or empty.

Field Values:

Enter the relevant value for the data element and patient care.

PAIN SCALE**Premier EMS Agency-System Data Element**

Field Name: PainScale
Field Code: E14_23
XSD Type: Integer
Field Width: Min.0, Max 10
Null Values Accepted: Yes*
Multiple Field Entry: Yes, via structure
Common to All PECs: No
National Element: No

Definition:

The patient's indication of pain from a scale of 0 to 10

Instructions for Coding/Data Entry:

Pain Scale is provided by the EMS agency.

EMS Personnel enter a value from 0 to 10.

* Accepts Null Values, but null value is blank or empty.

Field Values:

Enter the relevant value for the data element and patient care (0 to 10).

STROKE SCALE**Premier EMS Agency-System Data Element**

Field Name: StrokeScale
Field Code: E14_24
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes, via structure
Common to All PECs: No
National Element: No

Definition:

The patient's Los Angeles or Cincinnati Stroke Scale results

Instructions for Coding/Data Entry:

Stroke Scale is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
3275	Cincinnati Stroke Scale Negative
3280	Cincinnati Stroke Scale Non-Conclusive
3285	Cincinnati Stroke Scale Positive
3290	Los Angeles Stroke Scale Negative
3295	Los Angeles Stroke Scale Non-Conclusive
3300	Los Angeles Stroke Scale Positive

THROMBOLYTIC SCREEN**Premier EMS Agency-System Data Element**

Field Name: ThrombolyticScreen
Field Code: E14_25
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes, via structure
Common to All PECs: No
National Element: No

Definition:

The results of the patient's Thrombolytic Screen for potential Thrombolytic use

Instructions for Coding/Data Entry:

Thrombolytic Screen is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
3305	Definitive Contraindications to Thrombolytic Use
3310	No Contraindications to Thrombolytic Use
3315	Possible Contraindications to Thrombolytic Use

NHTSA INJURY MATRIX EXTERNAL/SKIN**Premier EMS Agency-System Data Element**

Field Name: NHTSAInjuryMatrix
Field Code: E15_01
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes
Common to All PECs: No
National Element: No

Definition:

The type of injury identified and associated with the External body (including burns)

Instructions for Coding/Data Entry:

NHTSA Injury Matrix External/Skin is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
3320	Amputation
3325	Bleeding Controlled
3330	Bleeding Uncontrolled
3335	Burn
3340	Crush
3345	Dislocation Fracture
3350	Gunshot
3355	Laceration
3360	Pain Without Swelling/Bruising
3365	Puncture/Stab
3370	Soft Tissue Swelling/Bruising

NHTSA INJURY MATRIX HEAD**Premier EMS Agency-System Data Element**

Field Name: NHTSAInjuryMatrix
Field Code: E15_02
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes
Common to All PECs: No
National Element: No

Definition:

The type of injury identified and associated with the Head (excluding face, neck, cervical spine, and ear)

Instructions for Coding/Data Entry:

NHTSA Injury Matrix External Head is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
3320	Amputation
3325	Bleeding Controlled
3330	Bleeding Uncontrolled
3335	Burn
3340	Crush
3345	Dislocation Fracture
3350	Gunshot
3355	Laceration
3360	Pain Without Swelling/Bruising
3365	Puncture/Stab
3370	Soft Tissue Swelling/Bruising

NHTSA INJURY MATRIX FACE

Field Name: NHTSAInjuryMatrix

Field Code: E15_03

XSD Type: Integer

Field Width: Min. 1, Max 4

Null Values Accepted: Yes

Multiple Field Entry: Yes

Common to All PECs: No

National Element: No**Premier EMS Agency-System Data Element**

Definition:

The type of injury identified and associated with the Face (including ear)

Instructions for Coding/Data Entry:

NHTSA Injury Matrix Face is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
3320	Amputation
3325	Bleeding Controlled
3330	Bleeding Uncontrolled
3335	Burn
3340	Crush
3345	Dislocation Fracture
3350	Gunshot
3355	Laceration
3360	Pain Without Swelling/Bruising
3365	Puncture/Stab
3370	Soft Tissue Swelling/Bruising

NHTSA INJURY MATRIX NECK**Premier EMS Agency-System Data Element**

Field Name: NHTSAInjuryMatrix
Field Code: E15_04
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes
Common to All PECs: No
National Element: No

Definition:

The type of injury identified and associated with the Neck

Instructions for Coding/Data Entry:

NHTSA Injury Matrix Neck is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
3320	Amputation
3325	Bleeding Controlled
3330	Bleeding Uncontrolled
3335	Burn
3340	Crush
3345	Dislocation Fracture
3350	Gunshot
3355	Laceration
3360	Pain Without Swelling/Bruising
3365	Puncture/Stab
3370	Soft Tissue Swelling/Bruising

NHTSA INJURY MATRIX THORAX**Premier EMS Agency-System Data Element**

Field Name: NHTSAInjuryMatrix
Field Code: E15_05
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes
Common to All PECs: No
National Element: No

Definition:

The type of injury identified and associated with the Thorax (excluding the thoracic spine)

Instructions for Coding/Data Entry:

NHTSA Injury Matrix Thorax is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
3320	Amputation
3325	Bleeding Controlled
3330	Bleeding Uncontrolled
3335	Burn
3340	Crush
3345	Dislocation Fracture
3350	Gunshot
3355	Laceration
3360	Pain Without Swelling/Bruising
3365	Puncture/Stab
3370	Soft Tissue Swelling/Bruising

NHTSA INJURY MATRIX ABDOMEN**Premier EMS Agency-System Data Element**

Field Name: NHTSAInjuryMatrix
Field Code: E15_06
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes
Common to All PECs: No
National Element: No

Definition:

The type of injury identified and associated with the Abdomen (excluding the lumbar spine)

Instructions for Coding/Data Entry:

NHTSA Injury Matrix Abdomen is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
3320	Amputation
3325	Bleeding Controlled
3330	Bleeding Uncontrolled
3335	Burn
3340	Crush
3345	Dislocation Fracture
3350	Gunshot
3355	Laceration
3360	Pain Without Swelling/Bruising
3365	Puncture/Stab
3370	Soft Tissue Swelling/Bruising

NHTSA INJURY MATRIX SPINE**Premier EMS Agency-System Data Element**

Field Name: NHTSAInjuryMatrix
Field Code: E15_07
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes
Common to All PECs: No
National Element: No

Definition:

The type of injury identified and associated with the Spine

Instructions for Coding/Data Entry:

NHTSA Injury Matrix Spine is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
3320	Amputation
3325	Bleeding Controlled
3330	Bleeding Uncontrolled
3335	Burn
3340	Crush
3345	Dislocation Fracture
3350	Gunshot
3355	Laceration
3360	Pain Without Swelling/Bruising
3365	Puncture/Stab
3370	Soft Tissue Swelling/Bruising

**NHTSA INJURY MATRIX
UPPER EXTREMITIES**

Premier EMS Agency-System Data Element

Field Name: NHTSAInjuryMatrix
Field Code: E15_08
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes
Common to All PECs: No
National Element: No

Definition:

The type of injury identified and associated with the Upper Extremities

Instructions for Coding/Data Entry:

NHTSA Injury Matrix Upper Extremities is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
3320	Amputation
3325	Bleeding Controlled
3330	Bleeding Uncontrolled
3335	Burn
3340	Crush
3345	Dislocation Fracture
3350	Gunshot
3355	Laceration
3360	Pain Without Swelling/Bruising
3365	Puncture/Stab
3370	Soft Tissue Swelling/Bruising

NHTSA INJURY MATRIX PELVIS**Premier EMS Agency-System Data Element**

Field Name: NHTSAInjuryMatrix
Field Code: E15_09
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes
Common to All PECs: No
National Element: No

Definition:

The type of injury identified and associated with the Pelvis

Instructions for Coding/Data Entry:

NHTSA Injury Matrix Pelvis is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
3320	Amputation
3325	Bleeding Controlled
3330	Bleeding Uncontrolled
3335	Burn
3340	Crush
3345	Dislocation Fracture
3350	Gunshot
3355	Laceration
3360	Pain Without Swelling/Bruising
3365	Puncture/Stab
3370	Soft Tissue Swelling/Bruising

**NHTSA INJURY MATRIX
LOWER EXTREMITIES**

Premier EMS Agency-System Data Element

Field Name: NHTSAInjuryMatrix
Field Code: E15_10
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes
Common to All PECs: No
National Element: No

Definition:

The type of injury identified and associated with the Lower Extremities

Instructions for Coding/Data Entry:

NHTSA Injury Matrix Lower Extremities is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
3320	Amputation
3325	Bleeding Controlled
3330	Bleeding Uncontrolled
3335	Burn
3340	Crush
3345	Dislocation Fracture
3350	Gunshot
3355	Laceration
3360	Pain Without Swelling/Bruising
3365	Puncture/Stab
3370	Soft Tissue Swelling/Bruising

NHTSA INJURY MATRIX UNSPECIFIED

Field Name: NHTSAInjuryMatrix
Field Code: E15_11
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes
Common to All PECs: No
National Element: No

Premier EMS Agency-System Data Element**Definition:**

The type of injury identified and associated with Unspecified

Instructions for Coding/Data Entry:

NHTSA Injury Matrix Unspecified is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
3320	Amputation
3325	Bleeding Controlled
3330	Bleeding Uncontrolled
3335	Burn
3340	Crush
3345	Dislocation Fracture
3350	Gunshot
3355	Laceration
3360	Pain Without Swelling/Bruising
3365	Puncture/Stab
3370	Soft Tissue Swelling/Bruising

ESTIMATED BODY WEIGHT**Premier EMS Agency-System Data Element**

Field Name: EstimatedBodyWeight
Field Code: E16_01
XSD Type: Integer
Field Width: Min. 1 Max 500
Null Values Accepted: No
Multiple Field Entry: No
Common to All PECs: Yes
National Element: No

Definition:

The patient's body weight in kilograms, either measured or estimated

Instructions for Coding/Data Entry:

Estimated Body Weight is provided by EMS personnel.

Field Values:

Enter the relevant value for the data element and patient care.

BROSELOW/LUTEN COLOR**Premier EMS Agency-System Data Element**

Field Name: BroselowLutenColor
Field Code: E16_02
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: Yes
National Element: No

Definition:

The Broselow/Luten Color as taken from the tape

Instructions for Coding/Data Entry:

Broselow/Luten Color is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
3375	Blue
3380	Green
3385	Grey
3390	Orange
3395	Pink
3400	Purple
3405	Red
3410	White
3415	Yellow

SKIN ASSESSMENT**Premier EMS Agency-System Data Element**

Field Name: SkinAssessment
Field Code: E16_04
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes, via structure
Common to All PECs: No
National Element: No

Definition:

The assessment of the patient's skin on examination

Instructions for Coding/Data Entry:

Skin Assessment is provided by EMS personnel.

Skin Assessment is associated in Database schema to Date/Time (E16_03) to allow for multiple assessments.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
3420	Normal
3425	Not Done
3430	Clammy
3435	Cold
3440	Cyanotic
3445	Jaundiced
3450	Lividity
3455	Mottled
3460	Pale
3465	Warm

CHEST/LUNGS ASSESSMENT**Premier EMS Agency-System Data Element**

Field Name: ChestLungsAssessment
Field Code: E16_07
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes, via structure
Common to All PECs: No
National Element: No

Definition:

The assessment of the patient's chest on examination

Instructions for Coding/Data Entry:

Chest/Lungs Assessment is provided by EMS personnel.

Chest/Lungs Assessment is associated in Database schema to Date/Time (E16_03) to allow for multiple assessments.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
3530	Normal
3535	Not Done
3540	Accessory Muscles
3545	Decreased Breath Sounds-Left
3550	Decreased Breath Sounds-Right
3555	Flail Segment-Left
3560	Flail Segment-Right
3565	Increased Effort
3570	Normal Breath Sounds
3575	Rales
3580	Rhonchi/Wheezing
3585	Tenderness-Left
3590	Tenderness-Right

NEUROLOGICAL ASSESSMENT**Premier EMS Agency-System Data Element**

Field Name: NeurologicalAssessment
Field Code: E16_24
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes, via structure
Common to All PECs: No
National Element: No

Definition:

The assessment of the patient's neurological status on examination

Instructions for Coding/Data Entry:

Neurological Assessment is provided by EMS personnel.

Neurological Assessment is associated in Database schema to Date/Time (E16_03) to allow for multiple assessments.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
4125	Normal
4130	Not Done
4135	Abnormal Gait
4140	Facial Droop
4145	Seizure
4150	Speech Normal
4155	Speech Slurred
4160	Tremors
4165	Weakness-Left Sided
4170	Weakness-Right Sided

PROTOCOLS USED**Premier EMS Agency-System Data Element**

Field Name: ProtocolsUsed
Field Code: E17_01
XSD Type: String
Field Width: Min. 2, Max 30
Null Values Accepted: Yes
Multiple Field Entry: Yes
Common to All PECs: No
National Element: No

Definition:

The protocol used by EMS personnel to direct the clinical care of the patient

Instructions for Coding/Data Entry:

Protocols Used is provided by EMS personnel.

Use the List from Protocols (D04_08).

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
If Protocol known, enter the relevant value for the data element and patient care	

DATE/TIME MEDICATION ADMINISTERED

Field Name: DateTime
Field Code: E18_01
XSD Type: DateTime
Field Width: Min. 1990, Max 2030
Null Values Accepted: Yes*
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Premier EMS Agency-System Data Element**Definition:**

The date/time the medication was administered to the patient

Instructions for Coding/Data Entry:

Date/Time Medication Administered is provided by EMS personnel.

This Data Element is a multiple entry configuration which allows for multiple medication administrations to be documented.

* Accepts Null Values, but null value is blank or empty.

Field Values:

If Date/Time Medication Administered is known, enter the relevant value for the data element and patient care.

If the Date/Time Medication Administered is electronically stored within a database or transmitted via XML as a “tick”, the referenced variables may also be used.

Field Format: [YYYY-MM-DD-T00:00.0Z].

**MEDICATION ADMINISTERED
PRIOR TO THIS UNITS EMS CARE**

Premier EMS Agency-System Data Element

Field Name: YesNoValues
Field Code: E18_02
XSD Type: Integer
Field Width: Min. 1, Max 2
Null Values Accepted: Yes
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Definition:

Indicates that the medication administered which is documented was administered prior to this EMS unit's care

Instructions for Coding/Data Entry:

Medication Administered Prior to this Unit's EMS Care is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
0	No
1	Yes

MEDICATION GIVEN**Premier EMS Agency-System Data Element**

Field Name: MedicationGiven
Field Code: E18_03
XSD Type: String
Field Width: Min. 2, Max 30
Null Values Accepted: Yes
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: Yes

Definition:

The medication given to the patient

Instructions for Coding/Data Entry:

Medication Given is provided by EMS personnel.

Use List for Medications (D04_06).

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
If Medication Given is known, enter the relevant value Care from App.– D	

MEDICATION ADMINISTERED ROUTE**Premier EMS Agency-System Data Element**

Field Name: MedicationAdministeredRoute
Field Code: E18_04
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Definition:

The route that the medication was administered to the patient

Instructions for Coding/Data Entry:

Medication Administered Route is provided by EMS personnel.

Field Values:

Data Value	Description	Data Value	Description
-25	Not Applicable	-20	Not Recorded
-15	Not Reporting	-10	Not Known
-5	Not Available	4175	Endotracheal Tube
4180	Gastrostomy Tube	4185	Inhalation
4190	Intramuscular	4191	Intraosseous
4200	Intraocular	4205	Intravenous
4210	Nasal	4215	Nasal Prongs
4220	Nasogastric	4225	Ophthalmic
4230	Oral	4235	Other/Miscellaneous
4240	Otic	4245	Re-Breather Mask
4250	Rectal	4255	Subcutaneous
4260	Sublingual	4265	Topical
4270	Tracheostomy	4275	Transdermal
4280	Urethral	4285	Ventrimask
4290	Wound		

MEDICATION DOSAGE**Premier EMS Agency-System Data Element**

Field Name: MedicationDosage
Field Code: E18_05
XSD Type: Decimal
Field Width: Min. 0, Max 1,000,000
Null Values Accepted: No
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Definition:

The dose or amount of medication given to the patient

Instructions for Coding/Data Entry:

Medication Dosage is provided by EMS personnel.

Field Values:

Enter the Relevant Value for the Data Element & Patient Care.

MEDICATION DOSAGE UNITS**Premier EMS Agency-System Data Element**

Field Name: MedicationDosageUnits
Field Code: E18_06
XSD Type: Integer
Field Width: Min. 4, Max 4
Null Values Accepted: No
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Definition:

The units of medication dosage given to the patient

Instructions for Coding/Data Entry:

Medication Dosage Unit is provided by EMS personnel.

Field Values:

Data Value	Description
4295	GMS
4300	INCHES
4305	IU
4310	KVO (TKO)
4315	L/MIN
4320	LITERS
4325	LPM
4330	MCG
4335	MCG/KG/MIN
4340	MEQ
4345	MG
4350	MG/KG/MIN
4355	ML
4360	ML/HR
4365	OTHER
4370	PUFFS

RESPONSE TO MEDICATION**Premier EMS Agency-System Data Element**

Field Name: ResponseToMedication
Field Code: E18_07
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Definition:

The patient's response to the medication

Instructions for Coding/Data Entry:

Response to Medication is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
4375	Improved
4380	Unchanged
4385	Worse

MEDICATION COMPLICATION**Premier EMS Agency-System Data Element**

Field Name: MedicationComplication
Field Code: E18_08
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes, via structure*
Common to All PECs: Yes
National Element: Yes

Definition:

Any complication (abnormal effect on the patient) associated with the administration of the medication to the patient by EMS

Instructions for Coding/Data Entry:

Medication Complication is provided by EMS personnel.

Multiple Field Entries * (1) Yes, via structure, (2) Yes for each E14_01 Date/Time

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
4390	None
4395	Altered Mental Status
4400	Apnea
4405	Bleeding
4410	Bradycardia
4415	Diarrhea
4420	Extravasation
4425	Hypertension
4430	Hyperthermia
4435	Hypotension
4440	Hypoxia
4445	Injury
4450	Itching/Urticaria
4455	Nausea
4460	Other
4465	Respiratory Distress
4470	Tachycardia
4475	Vomiting

**DATE/TIME PROCEDURE
PERFORMED SUCCESSFULLY**

Premier EMS Agency-System Data Element

Field Name: DateTime
Field Code: E19_01
XSD Type: DateTime
Field Width: Min. 1990, Max 2030
Null Values Accepted: Yes*
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Definition:

The date/time the procedure was performed on the patient

Instructions for Coding/Data Entry:

Date/Time Procedure Performed Successfully is provided by EMS personnel.

If the Date/Time is electronically stored within a database or transmitted via XML as a “tick”, the referenced variables may also be used.

* Accepts Null Values, but null value is blank or empty.

Field Values:

Enter the Relevant Value for the Data Element & Patient Care.

Field Format: [YYYY-MM-DD-T00:00.0Z].

**PROCEDURE PERFORMED PRIOR
TO THIS UNIT'S EMS CARE**

Premier EMS Agency-System Data Element

Field Name: YesNoValues
Field Code: E19_02
XSD Type: Integer
Field Width: Min. 1, Max 2
Null Values Accepted: Yes
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Definition:

Indicates that the procedure which was performed and documented was performed prior to this EMS unit's care.

Instructions for Coding/Data Entry:

Procedure Performed Prior to this Unit's EMS Care is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
0	No
1	Yes

PROCEDURE**Premier EMS Agency-System Data Element**

Field Name: Procedure
Field Code: E19_03
XSD Type: Decimal
Field Width: Min. 0, Max 1000
Null Values Accepted: Yes
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: Yes

Definition:

The procedure performed on the patient.

Instructions for Coding/Data Entry:

Procedure is provided by EMS personnel.

Use Procedures List (D04_04).

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable

Enter relevant value for the data element and patient care.

Additional Information:

If Airway Procedure leads to “Intubation”, then Airway-intubation confirmation procedures from D04_04 and Destination Confirmation of Tube Placement (E19_14) must be completed.

SIZE OF PROCEDURE EQUIPMENT**Premier EMS Agency-System Data Element**

Field Name: SizeOfProcedureEquipment
Field Code: E19_04
XSD Type: String
Field Width: Min. 2, Max 20
Null Values Accepted: Yes
Multiple Field Entry: Yes, via structure
Common to All PECs: No
National Element: No

Definition:

The size of the equipment used in the procedure on the patient

Instructions for Coding/Data Entry:

Size of Procedure Equipment is provided by EMS personnel.

Size of Procedure Equipment can be entered as text or configured as a List Box with the specific size associated with each procedure listed in D04_04.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
If Size of Procedure Equipment used is known, enter relevant value for the data element and patient care	

NUMBER OF PROCEDURE ATTEMPTS**Premier EMS Agency-System Data Element**

Field Name: NumberOfProcedureAttempts
Field Code: E19_05
XSD Type: Integer
Field Width: Min. 1, Max 100
Null Values Accepted: Yes
Multiple Field Entry: Yes, via structure
Common to All PECs: No
National Element: Yes

Definition:

The number of attempts taken to complete a procedure or intervention regardless of success

Instructions for Coding/Data Entry:

Number of Procedure Attempts is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
If Number of Procedure Attempts is known, enter relevant value for the data element and patient care	

Extended Definitions of Field Values:

Clarification of the term 'attempt' – An active attempt to perform the procedure. Specific examples include:

Oral airways – The tip of the airway or the laryngoscope breaks the plane of the teeth

Nasal airways – The tip of the airway breaks the plane of the nares

Surgical airways – The skin over the intended airway site is broken

Vascular access – The skin over the intended access site is broken

PROCEDURE SUCCESSFUL**Premier EMS Agency-System Data Element**

Field Name: YesNoValues
Field Code: E19_06
XSD Type: Integer
Field Width: Min. 1, Max 2
Null Values Accepted: Yes
Multiple Field Entry: Yes, via structure
Common to All PECs: No
National Element: Yes

Definition:

Indication of whether or not the procedure performed on the patient was successful

Instructions for Coding/Data Entry:

Procedure Successful is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
0	No
1	Yes

Extended Definitions of Field Values:

Clarification of the term 'successful' - An indication of whether the procedure / intervention was completed as intended, regardless of the patient's response or outcome.

PROCEDURE COMPLICATION

Premier EMS Agency-System Data Element

Field Name: ProcedureComplication
Field Code: E19_07
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes*
Common to All PECs: No
National Element: Yes

Definition:

Any complication associated with the performance of the procedure on the patient

Instructions for Coding/Data Entry:

Procedure Complication is provided by EMS personnel.

Multiple Field Entries * (1) Yes, via structure, (2) Yes for each E14_01 Date/Time

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
4500	None
4505	Altered Mental Status
4510	Apnea
4515	Bleeding
4520	Bradycardia
4525	Diarrhea
4530	Esophageal Intubation-Immediately
4535	Esophageal Intubation-Other
4540	Extravasation
4545	Hypertension
4550	Hyperthermia
4555	Hypotension
4560	Hypoxia
4565	Injury
4570	Itching/Urticaria
4575	Nausea
4580	Other
4585	Respiratory Distress
4590	Tachycardia
4595	Vomiting

Extended Definitions of Field Values:

Clarification of the term 'complication' - These are complications caused by the performance of the procedure by EMS.

4530 - *Esophageal Intubation-immediately detected* means the misplacement/displacement of the airway was detected in the prehospital setting

4535 - *Esophageal Intubation-other* means the misplacement / displacement of the airway was detected in the hospital or clinical setting

SUCCESSFUL IV SITE**Premier EMS Agency-System Data Element**

Field Name: SuccessfullIVSite
Field Code: E19_12
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes
Common to All PECs: No
National Element: No

Definition:

The location of the IV site (if applicable) on the patient

Instructions for Coding/Data Entry:

Successful IV Site is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
4635	Antecubital-Left
4640	Antecubital-Right
4645	External Jugular-Left
4650	External Jugular-Right
4655	Femoral-Left IV
4660	Femoral-Left Distal IO
4665	Femoral-Right IV
4670	Femoral-Right IO
4675	Forearm-Left
4680	Forearm-Right
4685	Hand-Left
4690	Hand-Right
4695	Lower Extremity-Left
4700	Lower Extremity-Right
4705	Other
4710	Scalp
4715	Sternal IO
4720	Tibia IO-Left
4725	Tibia IO-Right
4730	Umbilical

TUBE CONFIRMATION**Premier EMS Agency-System Data Element**

Field Name: TubeConfirmation
Field Code: E19_13
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes
Common to All PECs: No
National Element: No

Definition:

Endotracheal Tube placement verification at the time the airway procedure was done

Instructions for Coding/Data Entry:

Tube Confirmation is provided by EMS personnel.

Tube Confirmation is associated with Procedure (E19_03) if Airway Procedure leads to Intubation.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
4735	Auscultation of Bilateral Breath Sounds
4740	Colormetric CO2 Detector Confirmation
4745	Digital CO2 Confirmation
4750	Esophageal Bulb Aspiration Confirmation
4755	Negative Auscultation of the Epigastrium
4760	Visualization of the Chest Rising with Ventilation
4765	Visualization of Tube Passing Through the Cords
4770	Waveform CO2 Confirmation

**DESTINATION CONFIRMATION
OF TUBE PLACEMENT**

Premier EMS Agency-System Data Element

Field Name: DestinationConfirmation
OfTubePlacement
Field Code: E19_14
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes
Common to All PECs: No
National Element: No

Definition:

Endotracheal Tube location verification on the arrival at the Destination (if applicable)

Instructions for Coding/Data Entry:

Destination Confirmation of Tube Placement is provided by EMS personnel.

Destination Confirmation of Tube Placement is associated with Procedure (E19_03) if Airway Procedure leads to Intubation.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
4775	Auscultation of Bilateral Breath Sounds
4780	Colormetric CO2 Detector Confirmation
4785	Digital CO2 Confirmation
4790	Esophageal Bulb Aspiration Confirmation
4795	Negative Auscultation of the Epigastrium
4800	Visualization of the Chest Rising with Ventilation
4805	Visualization of Tube Passing Through the Cords
4810	Waveform CO2 Confirmation

DESTINATION/TRANSFERRED TO, NAME**Premier EMS Agency-System Data Element**

Field Name: DestinationTransferredToID
Field Code: E20_01
XSD Type: String
Field Width: Min. 2, Max 50
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: Yes
National Element: No

Definition:

The destination the patient was delivered or transferred to

Instructions for Coding/Data Entry:

Destination/Transferred To, Name is typically documented once by the EMS agency then verified each year, and updated yearly or when changed based on updates provided by ADHS/Bureau of EMS and Trauma System.

Field Values:

CODE	NAME
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
If Destination/Transferred to Name is known, enter Relevant Value for the Data Element & Patient Care from App- A	

DESTINATION/TRANSFERRED TO, CODE**Premier EMS Agency-System Data Element**

Field Name: DestinationTransferredToCode
Field Code: E20_02
XSD Type: String
Field Width: Min. 2, Max 50
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: Yes
National Element: No

Definition:

The code of the destination the patient was delivered or transferred to, if present and available

Instructions for Coding/Data Entry:

Destination/Transferred To, Code is typically documented once by the EMS agency then verified each year, and updated yearly or when changed based on updates provided by ADHS/Bureau of EMS and Trauma System.

Field Values:

CODE	NAME
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable

If Destination/Transferred to Code is known, enter Relevant Value for the Data Element & Patient Care from App- A

DESTINATION ZIP CODE**Premier EMS Agency-System Data Element**

Field Name: Zip
Field Code: E20_07
XSD Type: String
Field Width: Min. 2, Max 10
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: No
National Element: Yes

Definition:

The destination ZIP code in which the patient was delivered or transferred to

Instructions for Coding/Data Entry:

Destination ZIP Code is provided by the EMS agency or may be electronically provided through the 911 or dispatch center.

Can be a 5 or 9 digit ZIP Code.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
If Destination ZIP Code is known, enter relevant value for the data element and patient care	

INCIDENT/PATIENT DISPOSITION**Premier EMS Agency-System Data Element**

Field Name: IncidentPatientDisposition
Field Code: E20_10
XSD Type: Integer
Field Width: Min. 4, Max 4
Null Values Accepted: No
Multiple Field Entry: No
Common to All PECs: No
National Element: Yes

Definition:

Type of disposition treatment and/or transport of the patient.

Instructions for Coding/Data Entry:

Incident/Patient Disposition is provided by EMS personnel.

Field Values:

Data Value	Description
4815	Cancelled
4820	Dead at Scene
4825	No Patient Found
4830	No Treatment and Released
4835	Patient Refused Care
4840	Treated and Released
4845	Treated, Transferred Care
4850	Treated, Transported by EMS
4855	Treated, Transported by Law Enforcement
4860	Treated, Transported by Private Vehicle

Extended Definitions of Field Values:

4815 - *Cancelled* - Cancelled prior to patient contact

4820 - *Dead at Scene* - Either dead on arrival or dead after arrival with field resuscitation not successful and not transported

4825 - *No Patient Found* - EMS was unable to find a patient at the scene

4830 - *No treatment required* - Assessment resulted in no identifiable condition requiring treatment by EMS

4835 - *Patient Refused Care* - Patient refused to give consent or withdrew consent for care

4840 - *Treated and released* - The patient was treated by EMS but did not require transport to the hospital

4845 - *Treated, Transferred Care* - The patient was treated but care was transferred to another EMS unit

4850 - *Treated, transported by EMS* - The patient was treated and transported by the reporting EMS unit

4855 - *Treated, transported by law Enforcement* - The patient was treated and transported by a law enforcement unit

4860 - *Treated, Transported by Private Vehicle* - The patient was treated and transported by means other than EMS or law enforcement

TRANSPORT MODE FROM SCENE**Premier EMS Agency-System Data Element**

Field Name: TransportModeFromScene
Field Code: E20_14
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: No
National Element: Yes

Definition:

Indication to whether or not lights and/or sirens were used on the vehicle while leaving the scene

Instructions for Coding/Data Entry:

Transport Mode from Scene is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available`
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
4955	Initial Lights and Siren, Downgraded to No Lights or Siren
4960	Initial No Lights or Sirens, Upgraded to Lights and Sirens
4965	Lights and Sirens
4970	No Lights or Sirens

REASON FOR CHOOSING DESTINATION**Premier EMS Agency-System Data Element**

Field Name: ReasonForChoosingDestination
Field Code: E20_16
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: Yes
National Element: Yes

Definition:

The reason the unit chose to deliver or transfer the patient to the destination

Instructions for Coding/Data Entry:

Reason for Choosing Destination is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
4990	Closest Facility (none below)
4995	Diversion
5000	Family Choice
5005	Insurance Status
5010	Law Enforcement Choice
5015	On-Line Medical Direction
5020	Other
5025	Patient Choice
5030	Patient's Physician's Choice
5035	Protocol
5040	Specialty Resource Center

Extended Definitions of Field Values:

Closest Facility (none below) – The closest hospital/facility.

Diversion – First choice hospital/facility is unable to accept patient.

Family Choice – Transported to hospital/facility chosen by the patients' family or a person acting on the patient's behalf.

Insurance Status – The hospital/facility is chosen based on insurance coverage.

Law Enforcement Choice – Transported to hospital/facility chosen by Law Enforcement.

On-Line Medical Direction – Transported to hospital/facility as directed by medical control either on-line or on-scene.

Other – Not one of the other options listed.

Patient Choice – Transported to hospital/facility of patient's choice.

Patient's Physicians Choice – Transported to hospital/facility chosen by the patient's physician.

Protocol – Patient transport to alternate facility in accordance with Medical Director approved protocols/guidelines.

Specialty Resource Center – Transport to a specialty facility based upon unique needs of the patient.

TYPE OF DESTINATION**Premier EMS Agency-System Data Element**

Field Name: TypeOfDestination
Field Code: E20_17
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: Yes
National Element: Yes

Definition:

The type of destination the patient was delivered or transferred to

Instructions for Coding/Data Entry:

Type of Destination is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available`
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
5045	Home
5050	Hospital
5055	Medical Office/Clinic
5060	Morgue
5065	Nursing Home
5070	Other
5075	Other EMS Responder (air)
5080	Other EMS Responder (ground)
5085	Police/Jail

Extended Definitions of Field Values:

Values do no require further definition.

EVENT DATE/TIME**Premier EMS Agency-System Data Element**

Field Name: DateTime
Field Code: E21_01
XSD Type: DateTime
Field Width: Min. 1990, Max 2030
Null Values Accepted: Yes*
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Definition:

The time of the event recorded by the device's internal clock

Instructions for Coding/Data Entry:

Event Date/Time provided by medical device and electronically transmitted to the EMS database for further use.

* Accepts Null Values, but null value is blank or empty.

If the Date/Time is electronically stored within a database or transmitted via XML as a "tick", the referenced variables may also be used.

Field Values:

Enter the relevant value for the data element and patient care

Field Format: [YYYY-MM-DD-T00:00.0Z].

MEDICAL DEVICE EVENT NAME**Premier EMS Agency-System Data Element**

Field Name: MedicalDeviceEventID
Field Code: E21_02
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Definition:

The type of event documented by the medical device

Instructions for Coding/Data Entry:

Medical Device Event Name provided by medical device and electronically transmitted to the EMS database for further use.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
5090	12-Lead ECG
5095	Analysis (Button Pressed)
5100	CO2
5105	Date Transmitted
5110	Defibrillation
5115	ECG-Monitor
5120	Heart Rate
5125	Invasive Pressure 1
5130	Invasive Pressure 2
5135	No Shock Advised
5140	Non-Invasive BP
5145	Pacing Electrical Capture
5150	Pacing Started
5155	Pacing Stopped
5160	Patient Connected
5165	Power On
5170	Pulse Oximetry
5175	Pulse Rate
5180	Respiratory Rate
5185	Shock Advised
5190	Sync Off
5195	Sync On

WAVEFORM GRAPHIC TYPE

Field Name: WaveFormGraphicType

Field Code: E21_03

XSD Type: Integer

Field Width: Min. 4, Max 4

Null Values Accepted: No

Multiple Field Entry: Yes, as associated
with E21_01 Date/Time

Common to All PECs: No

National Element: No**Premier EMS Agency-System Data Element**

Definition:

The type of waveform file stored in Waveform Graphic (E21_04)

Instructions for Coding/Data Entry:

Waveform Graphic Type provided by medical device and electronically transmitted to the EMS database for further use.

Field Values:

Data Value	Description
5200	JPG
5205	PDF

WAVEFORM GRAPHIC

Premier EMS Agency-System Data Element

Field Name: WaveFormGraphic
Field Code: E21_04
XSD Type: Base64Binary
Field Width: N/A
Null Values Accepted: No
Multiple Field Entry: Yes, as associated
with E21_01 Date/Time
Common to All PECs: No
National Element: No

Definition:

The graphic waveform file in a PDF or JPG format

Instructions for Coding/Data Entry:

Waveform Graphic provided by medical device and electronically transmitted to the EMS database for further use.

Field Values:

Enter Relevant Value for the Data Element & Patient Care.

AED, PACING, OR CO2 MODE**Premier EMS Agency-System Data Element**

Field Name: AEDPacingOrCO2Mode
Field Code: E21_05
XSD Type: Integer
Field Width: Min. 4, Max 4
Null Values Accepted: No
Multiple Field Entry: Yes, via structure
Common to All PECs: No
National Element: No

Definition:

The mode of operation the device is operating in during the defibrillation, pacing, or rhythm analysis by the device (if applicable for the event)

Instructions for Coding/Data Entry:

AED, Pacing, or CO2 Mode provided by medical device and electronically transmitted to the EMS database for further use.

Field Values:

Data Value	Description
5210	Automated
5215	Manual
5220	Advisory
5225	Demand
5230	Sensing
5235	Mid-Stream
5240	Side-Stream

ECG LEAD**Premier EMS Agency-System Data Element**

Field Name: ECGLead
Field Code: E21_06
XSD Type: Integer
Field Width: Min. 4, Max 4
Null Values Accepted: No
Multiple Field Entry: Yes, via structure
Common to All PECs: No
National Element: No

Definition:

The lead or source which the medical device used to obtain the rhythm (if appropriate for the event)

Instructions for Coding/Data Entry:

ECG Lead by medical device and electronically transmitted to the EMS database for further use.

Field Values:

Data Value	Description
5245	I
5250	II
5255	III
5260	AVR
5265	AVL
5270	AVF
5275	V1
5280	V2
5285	V3
5290	V4
5295	V5
5300	V6
5305	PADDLE

ECG INTERPRETATION

Premier EMS Agency-System Data Element

Field Name: ECGInterpretation
Field Code: E21_07
XSD Type: String
Field Width: Min. 1, Max 2000
Null Values Accepted: No
Multiple Field Entry: Yes, via structure
Common to All PECs: No
National Element: No

Definition:

The interpretation of the rhythm by the device (if appropriate for the event)

Instructions for Coding/Data Entry:

ECG Interpretation provided by medical device and electronically transmitted to the EMS database for further use.

Field Values:

Enter Relevant Value for the Data Element & Patient Care.

TOTAL NUMBER OF SHOCKS DELIVERED

Field Name: TotalNumberOfShocks

Field Code: E21_10

XSD Type: Integer

Field Width: Min. 1, Max 100

Null Values Accepted: No

Multiple Field Entry: Yes, via structure

Common to All PECs: No

National Element: No**Premier EMS Agency-System Data Element**

Definition:

The number of times the patient was defibrillated, if the patient was defibrillated during the patient encounter

Instructions for Coding/Data Entry:

Total Number of Shocks Delivered provided by medical device and electronically transmitted to the EMS database for further use.

Field Values:

Enter Relevant Value for the Data Element & Patient Care.

PACING RATE

Premier EMS Agency-System Data Element

Field Name: PacingRate
Field Code: E21_11
XSD Type: Integer
Field Width: Min. 1, Max 1000
Null Values Accepted: No
Multiple Field Entry: Yes, via structure
Common to All PECs: No
National Element: No

Definition:

The rate the device was calibrated to pace during the event, if applicable

Instructions for Coding/Data Entry:

Pacing Rate provided by medical device and electronically transmitted to the EMS database for further use.

Field Values:

Enter Relevant Value for the Data Element & Patient Care.

DEVICE HEART RATE

Premier EMS Agency-System Data Element

Field Name: PulseRate
Field Code: E21_12
XSD Type: Integer
Field Width: Min. 0, Max 500
Null Values Accepted: No
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Definition:

The heart rate electronically obtained by the device (if appropriate for the event)

Instructions for Coding/Data Entry:

Device Heart Rate provided by medical device and electronically transmitted to the EMS database for further use.

Field Values:

Enter Relevant Value for the Data Element & Patient Care.

DEVICE PULSE RATE

Field Name: PulseRate
Field Code: E21_13
XSD Type: Integer
Field Width: Min. 0, Max 500
Null Values Accepted: No
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Premier EMS Agency-System Data Element**Definition:**

The pulse rate as measured from the pulse oximeter, non-invasive pressure, or invasive pressure transducers (if appropriate for the event)

Instructions for Coding/Data Entry:

Device Pulse Rate provided by medical device and electronically transmitted to the EMS database for further use.

Field Values:

Enter Relevant Value for the Data Element & Patient Care.

DEVICE SYSTOLIC BLOOD PRESSURE**Premier EMS Agency-System Data Element**

Field Name: SBP
Field Code: E21_14
XSD Type: Integer
Field Width: Min. 0, Max 400
Null Values Accepted: No
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Definition:

The Systolic Blood Pressure as measured either through non-invasive blood pressure monitor, invasive blood pressure monitor 1, or invasive blood pressure monitor 2 (if appropriate for the event)

Instructions for Coding/Data Entry:

Device Systolic Blood Pressure provided by medical device and electronically transmitted to the EMS database for further use.

Field Values:

Enter Relevant Value for the Data Element & Patient Care.

DEVICE DIASTOLIC BLOOD PRESSURE

Premier EMS Agency-System Data Element

Field Name: DBP
Field Code: E21_15
XSD Type: Integer
Field Width: Min. 0, Max 300
Null Values Accepted: No
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Definition:

The Diastolic Blood Pressure as measured either through non-invasive blood pressure monitor, invasive blood pressure monitor 1, or invasive blood pressure monitor 2 (if appropriate for the event)

Instructions for Coding/Data Entry:

Device Diastolic Blood Pressure provided by medical device and electronically transmitted to the EMS database for further use.

Field Values:

Enter Relevant Value for the Data Element & Patient Care.

DEVICE RESPIRATORY RATE**Premier EMS Agency-System Data Element**

Field Name: INCIDENTNUMBER
Field Code: E21_16
XSD Type: Integer
Field Width: Min. 0, Max 100
Null Values Accepted: No
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Definition:

The Respiratory Rate as calculated from the device through one of the various monitoring parameters (if appropriate for the event)

Instructions for Coding/Data Entry:

Device Respiratory Rate provided by medical device and electronically transmitted to the EMS database for further use.

Field Values:

Enter Relevant Value for the Data Element & Patient Care.

DEVICE PULSE OXIMETRY**Premier EMS Agency-System Data Element**

Field Name: DeviceO2
Field Code: E21_17
XSD Type: Integer
Field Width: Min. 0, Max 100
Null Values Accepted: No
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Definition:

The Oxygen Saturation as measured from the pulse oximeter in % (if appropriate for the event)

Instructions for Coding/Data Entry:

Device Pulse Oximetry provided by medical device and electronically transmitted to the EMS database for further use.

Field Values:

Enter Relevant Value for the Data Element & Patient Care.

DEVICE CO2 OR ETCO2

Field Name: DeviceCO2
Field Code: E21_18
XSD Type: Integer
Field Width: Min. 0, Max 100
Null Values Accepted: No
Multiple Field Entry: Yes, via structure
Common to All PECs: No
National Element: No

Premier EMS Agency-System Data Element**Definition:**

The Carbon Dioxide or end-tidal Carbon Dioxide as measured from the device transducers (if appropriate for the event)

Instructions for Coding/Data Entry:

Device CO2 or ETCO2 provided by medical device and electronically transmitted to the EMS database for further use.

Field Values:

Enter Relevant Value for the Data Element & Patient Care.

**DEVICE CO2, ETCO2, OR INVASIVE
PRESSURE MONITOR UNITS**

Premier EMS Agency-System Data Element

Field Name: DeviceCO2etCO2OrInvasivePressureUnits
Field Code: E21_19
XSD Type: Integer
Field Width: Min. 4, Max 4
Null Values Accepted: No
Multiple Field Entry: Yes, via structure
Common to All PECs: No
National Element: No

Definition:

The Units of Carbon Dioxide, end-tidal Carbon Dioxide, invasive pressure monitor 1, or invasive pressure monitor 2 as measured from the device transducers (if appropriate for the event)

Instructions for Coding/Data Entry:

Device CO2, ETCO2, or Invasive Pressure Monitor Units provided by medical device and electronically transmitted to the EMS database for further use.

Field Values:

Data Value	Description
5320	kPa
5325	% Volume
5330	mmHg

EMERGENCY DEPARTMENT DISPOSITION

Field Name: EmergencyDepartmentDisposition
Field Code: E22_01
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: Yes
National Element: Yes

Premier EMS Agency-System Data Element**Definition:**

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

Instructions for Coding/Data Entry:

Emergency Department Disposition may be collected by EMS agency/administration or electronically through linkage with a pre-existing patient care report or hospital database.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
5335	Admitted to Hospital Floor
5340	Admitted to Hospital ICU
5345	Death
5350	Not Applicable (not transported to ED)
5355	Released
5360	Transferred

HOSPITAL DISPOSITION**Premier EMS Agency-System Data Element**

Field Name: HospitalDisposition
Field Code: E22_02
XSD Type: Integer
Field Width: Min. 1, Max 4
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: Yes
National Element: Yes

Definition:

Indication of how the patient was dispositioned from the hospital, if admitted

Instructions for Coding/Data Entry:

Hospital Disposition may be collected by EMS agency/administration or electronically through linkage with a pre-existing patient care report or hospital database.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
5365	Death
5370	Discharged
5375	Transfer to Hospital
5380	Transfer to Nursing Home
5385	Transfer to Other
5390	Transfer to Rehabilitation Facility

**LAW ENFORCEMENT/CRASH
REPORT NUMBER**

Premier EMS Agency-System Data Element

Field Name: LawEnforcementCrashReportNumber
Field Code: E22_03
XSD Type: String
Field Width: Min. 2, Max20
Null Values Accepted: Yes
Multiple Field Entry: No
Common to All PECs: No
National Element: No

Definition:

The unique number associated with the law enforcement or crash report which can be used for linkage at a later date

Instructions for Coding/Data Entry:

Law Enforcement/Crash Report Number may be collected by EMS agency/administration or electronically through linkage with a pre-existing patient care report or hospital database.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable

Enter relevant value for the data element and patient care.

FIRE INCIDENT REPORT NUMBER

Field Name: FireIncidentReportNumber

Field Code: E22_05

XSD Type: String

Field Width: Min. 2, Max 20

Null Values Accepted: Yes

Multiple Field Entry: No

Common to All PECs: No

National Element: No**Premier EMS Agency-System Data Element**

Definition:

The unique number associated with the fire incident report which can be used for linkage at a later date

Instructions for Coding/Data Entry:

Fire Incident Report Number may be collected by EMS agency/administration or electronically through linkage with a pre-existing patient care report or hospital database.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable

Enter relevant value for the data element and patient care.

RESEARCH SURVEY FIELD**Premier EMS Agency-System Data Element**

Field Name: ResearchField
Field Code: E23_09
XSD Type: String
Field Width: Min. 2, Max 30
Null Values Accepted: Yes
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Definition:

A customizable field to be used by local agencies for additional documentation or research

Instructions for Coding/Data Entry:

Research Survey Field is provided by EMS personnel.

Field Values:

Data Value	Description
-5	Not Available
-10	Not Known
-15	Not Reporting
-20	Not Recorded
-25	Not Applicable
Enter relevant value for the data element and patient care	

RESEARCH SURVEY FIELD TITLE

Field Name: ResearchTitle
Field Code: E23_11
XSD Type: String
Field Width: Min. 2, Max 30
Null Values Accepted: No
Multiple Field Entry: Yes, via structure
Common to All PECs: Yes
National Element: No

Premier EMS Agency-System Data Element

Definition:

A customizable field to be used by local agencies for additional documentation or research

Instructions for Coding/Data Entry:

Research Survey Field Title provided by EMS personnel.

Field Values:

Enter relevant value for the data element and patient care.

APPENDIX – A
HOSPITAL FACILITY NUMBERS (CODES)/NAMES

Definition:

A customizable list box that includes Arizona Department of Health Services (ADHS) assigned licensure numbers (codes) for Arizona health care facilities, and alpha-numeric codes for other types of health care institutions.

Instructions for Coding/Data Entry:

The health care facilities listed in Appendix – A are typically documented once by the EMS agency then verified each year, and updated yearly or when changed based on updates provided by ADHS/Bureau of EMS and Trauma System.

Appendix – A List Box of Hospital Facility Numbers (Codes)/Names is used by EMS personnel to populate Premier EMS Data Elements E20_01 (Destination/Transferred To, Name) and E20_02 Destination/Transferred To, Code). Appendix – A is used for generating the single or multiple entry configurations for D04_11 (Hospitals Served) and D04_12 (Hospital Facility Number).

Field Values:

CODE	NAME	CODE	NAME
MED1442	Arizona Heart Hosp	MED0565	Kindred Hospital – Tucson
MED2787	Arizona Orthopedic Surgical Hosp	MED0245	Kingman Reg'l Med Ctr
MED2312	Arizona Spine & Joint Hosp	MED0207	La Paz Reg'l Hosp-Parker
MED0209	Arrowhead Hosp	MED0247	Little Colorado Med Ctr
MED2157	Banner Baywood Heart Hosp	MED0483	Los Ninos Hosp
MED0239	Banner Baywood Med Ctr	MED0223	Maricopa Med Ctr
MED0241	Banner Boswell Hosp	MED0224	Maryvale Hosp
MED0217	Banner Del E. Webb Hosp	MED1574	Mayo Clinic Hospital
MED0216	Banner Desert Med Ctr	MED3311	Mercy Gilbert Med Ctr
MED2910	Banner Estrella Med Ctr	MED0226	Mesa General Hosp
MED3557	Banner Gateway Med Ctr (Gilbert)	MED0206	Mount Graham Reg'l Med Ctr
MED0219	Banner Good Samaritan Med Ctr	MED3289	Mountain Valley Regional Rehab. Hospital
MED0238	Banner Thunderbird Med Ctr	MED3488	Mountain Vista Med Ctr
MED0194	Benson Hosp	MED0196	Northern Cochise Comm Hosp
MED0343	Carondelet Holy Cross Hosp-Nogales	MED0251	Northwest Med Ctr-Tucson
MED0253	Carondelet St. Joseph's Hosp-Tucson	MED2944	Northwest Med Ctr Oro Vly
MED0254	Carondelet St. Mary's Hosp & Hlth Ctr	EMS0001	Other EMS Destination
MED0258	Casa Grande Reg'l Med Ctr	OOS0010	Out of State-Acute Care Facil.-CA
MED2124	Chandler Reg'l Hosp	OOS0011	Out of State-Acute Care Facil.-CO
MED0205	Cobre Vly Comm Hosp	OOS0012	Out of State-Acute Care Facil.-Mex
MED0205	Copper Queen Comm Hosp	OOS0013	Out of State-Acute Care Facil.-NV
MED1397	Cornerstone Hosp of Southeast Arizona	OOS0014	Out of State-Acute Care Facil.-NM
UNK0001	Davis Monthan AFB Hosp-Tucson	OOS0015	Out of State-Acute Care.-Othr Cntry-Not Mex
MED0201	Flagstaff Med Ctr	OOS0016	Out of State-Acute Care.-Othr State not listed
MED3150	Gilbert Hosp	OOS0017	Out of State-Acute Care Facil.-UT
MED2568	Greenbaum Surgical Specialty Hospital	MED0203	Page Hosp
MED0244	Havasu Reg'l Med Ctr	MED2149	Paradise Vly Hosp
MED0230	John C. Lincoln Hosp-Deer Vly	MED0204	Payson Reg'l Med Ctr
MED0222	John C. Lincoln Hosp-North Mtn.	MED0228	Phoenix Baptist Hosp
MED3573	Kindred Hospital – Northwest Phoenix	MED2170	Phoenix Children's Hosp
MED0340	Kindred Hospital – Phoenix	MED2590	Promise Hospital
MED2199	Kindred Hospital – Scottsdale	MED3007	PHS-Chinle Compreh. Health Care Facil.

CODE	NAME	CODE	NAME
MED3010	PHS-Hopi Healthcare Ctr	MED3005	PHS-Fort Defiance Indian Hosp
MED3009	PHS-Hu Hu Kam Mem'l. Hosp.	MED3008	PHS-Fort Yuma Indian Hosp
UNK0007	PHS-Kayenta Health Ctr (EMS transport)	MED1864	Surgical Specialty Hosp of AZ
MED3011	PHS-Parker Indian Health Ctr	MED0237	Tempe St. Luke's Hosp
MED3013	PHS-Phoenix Indian Med Ctr	MED1129	Tucson Heart Hosp
MED3014	PHS-San Carlos Indian Hosp	MED0256	Tucson Med Ctr Healthcare
MED3012	PHS-Sells Indian Hosp	MED0257	University Med Ctr-Tucson
UNK0066	PHS-Supai Clinic (EMS transport)	MED2863	University Physicians Hosp at Kino
MED3006	PHS-Tuba City Reg'l Healthcare Corp.	UNS0001	Unspecified Acute Care Hosp
MED3003	PHS-Whiteriver Indian Health Service	UNS0011	Urgent Care Facil. (EMS transfer only)
UNK0012	R. W. Bliss Army Hosp-Fort Huachuca	UNK0014	VA-Carl T. Hayden VA Med Ctr
MED0192	Sage Mem'l Hosp-Ganado	UNK0013	VA-Northern AZ VA Healthcare
MED0235	Scottsdale Healthcare-Osborn	UNK0015	VA-Southern AZ VA Healthcare Sys
MED0236	Scottsdale Healthcare-Shea	MED3174	Vly View Med Ctr (Ft Mohave)
MED3513	Scottsdale Healthcare-Thompson Peak	MED0260	Verde Vly Med Ctr-Cottonwood
MED0532	Select Specialty Hospital - Phoenix	MED0811	Verde Vly Med Ctr-Sedona Campus
MED2151	Select Specialty Hospital - Arizona	MED2640	West Vly Hosp
MED2117	Select Specialty Hospital - Scottsdale	MED0243	Western Arizona Reg'l Med Ctr
MED0198	Sierra Vista Reg'l Health Ctr	MED0193	White Mountain Reg'l Med. Ctr
MED0199	Southeast Arizona Med Ctr-Douglas	MED2277	Wickenburg Reg'l Med Ctr
MED2125	St. Joseph's Hosp & Med Ctr-Phoenix	MED3183	Yavapai Reg'l Med Ctr-East
MED0234	St. Luke's Med Ctr-Phoenix	MED0261	Yavapai Reg'l Med Ctr-West
MED0246	Summit Healthcare Reg'l Med Ctr	MED0262	Yuma Reg'l Med Ctr
		MED2543	Yuma Rehabilitation Hospital

APPENDIX – B: EMS AGENCY CODES

EMS AGENCY CODES WERE ASSIGNED IN THE FOLLOWING MANNER:

EMS Agency Air Transporter code assignment:

System code TA (Transport Air) + B + assigned number = Agencies on BEMSTS Air Ambulance License List

System code TA (Transport Air) + N + assigned number = Agencies NOT on BEMSTS Air Ambulance License List

EMS Agency Ground Transporter code assignment:

For CON holders (on BEMSTS Ground Transport List), system code = TG (Transport Ground) + an assigned number

For IHS transporters, system code = TG (Transport Ground) + IHS + an assigned number

For any other transporter not on BEMSTS list and NOT IHS, system code = TG (Transport Ground) + OTH + an assigned number

For an unknown EMS ground transporter option, system code = TG (Transport Ground) + UNK + an assigned number

EMS Agency 1st Response Non-Transport code assignment:

For First Responders who are also BEMSTS CON holders, the system code = FRT + an assigned #

For First Responders who are NOT BEMSTS CON holders, the system code = FRN + an assigned #

EMS TRANSPORTER AIR TRANSPORTER			
Data Value	Description	Data Value	Description
TAB001	Aerocare Med. Transport System (Scottsdale)	TAN014	MCAS Search and Rescue (SAR) - Marines (Yuma)
TAB002	Aerocare Med. Transport-AeroMed Chinle/Winslow/Show Low	TAB011	Medical Express Int'l.
TAB003	Air Evac Svcs.	TAN004	Military Air Transport (not on this list)
TAB004	AirCARE1 International	TAB012	Native American Air Ambul. - OMNI Flight
TAN001	AirMed	TAN015	Other Air Search and Rescue (not on this list)
TAB005	Arizona Lifeline	TAN005	Other Air Transporter (not on this list)
TAN011	Border Patrol Search & Rescue	TAN006	Other Fixed Wing Ambul. Air Transport
TAN012	California Highway Patrol -CHP (California)	TAN007	Other Rotor Ambul. Air Transport
TAN002	Care Flight/REMSA (Nevada)	TAN008	Out of State Air Transporter (not on this list)
TAB006	Classic Lifeguard Aeromedical Svc.	TAN009	San Juan Regional Air Care (New Mexico)
TAB007	DPS - Department of Public Safety (Air Rescue AZ)	TAB013	Sun Care Air Ambulance
TAB008	Eagle Air Med (was Golden Eagle)	TAB014	Tri State Care Flight
TAN003	Gallup Med Flight (New Mexico)	TAN010	Unknown Air Provider (not specified)
TAB009	Guardian Air (Flagstaff)	TAB015	Coast to Coast Air Ambulance
TAN013	Lifeguard Air Emergency Services (New Mexico)	TAB016	Trauma Flight, Inc.
TAB010	LifeNet (Arizona)	TAB017	Angel Medflight Worldwide Air Ambu
EMS GROUND TRANSPORTER			
Data Value	Description	Data Value	Description
TGCON001	Action Medical Svc. - Ganado	TGCON037	Lakeside Fire District
TGCON002	Action Medical Svc. - Winslow	TGCON038	Life Line Ambulance Svc.
TGCON003	Ajo Ambulance	TGCON015	Lifestar EMS
TGCON004	American Ambulance	TGCON039	Mayer Fire District Ambulance Svc.
TGCON005	American Comtrans	TGOTH003	Military Ground Transport
TGCON006	Arizona Ambulance Transport of Douglas	TGCON040	Mohave Valley Fire Dept. Ambulance Svc.
TGCON007	Avra Valley Fire District	TGCON041	Montezuma-Rimrock Fire District
TGCON008	Beaver Dam-Littlefield Fire District	TGCON042	Motorsport Medical Svc. (Las Vegas)
TGCON009	Bisbee Fire Dept.	TGCON043	Nogales Ambulance Svc. (Nogales Fire)
TGCON010	Black Canyon Fire Dept.	TGOTH001	Other AZ EMS Ground Transport Agency
TGCON011	Blue Ridge Fire Dist.	TGOTH002	Out of State EMS Ground Transport Agency
TGCON012	Buckeye Valley Vol. Rescue Unit (Buckeye Fire)	TGCON050	PMT- Professional Medical Transport
TGCON013	Bullhead City Fire Dept. Ambulance Svc.	TGCON044	Page Fire Dept. Ambulance Svc., City of
TGCON014	Camp Verde Fire and EMS	TGCON045	Phoenix Fire Dept.
TGCON016	Colorado City Fire Dist.	TGCON046	Picture Rocks Fire Dept.
TGCON017	Daisy Mountain Fire District	TGCON047	Pine/Strawberry Fire Dist.
TGCON018	Douglas Fire Dept. Ambul. Svc., City of	TGCON048	Pinetop Vol. Fire District
TGCON019	Drexel Heights Fire District	TGCON049	Pinewood Fire Dist.
TGCON020	Elfrida Ambulance Svc./Fire Dist.	TGCON051	Puerco Valley Ambulance Svc.
TGCON021	Eloy Fire District Ambulance Svc.	TGCON052	Rincon Valley Fire District
TGCON022	Forest Lakes Fire District	TGCON053	Rio Rico Fire District

EMS GROUND TRANSPORTER (Cont.)			
Data Value	Description	Data Value	Description
TGCON023	Fort Mojave Mesa Fire Dist.	TGCON054	River Medical Inc.
TGCON024	Fry Fire District	TGCON056	Rural/Metro Corp. (Pima)
TGCON025	Gila Bend Rescue / Ambulance	TGCON057	Rural Metro Corp. (Pinal) - TRI-CITY MED
TGCON026	Golden Shores Fire Dist. Ambul. Svc.	TGCON058	Rural/Metro Corp. (Yuma)
TGCON027	Golder Ranch Fire District	TGCON055	Rural/Metro Corp. - AMT (Maricopa)
TGCON028	Grapevine Mesa Fire District	TGCON059	Sacred Mountain Medical Svc.
TGCON029	Greenlee County Ambulance Svc.	TGCON060	San Manuel Fire Dist. Assoc.
TGCON030	Guardian Medical Transport	TGCON061	Sedona Fire District
TGCON031	Healthcare Innovations	TGCON062	Show Low EMS
TGCON032	Heber-Overgaard Fire Dept.	TGCON063	Sierra Vista Fire Dept.
TGCON033	Holbrook EMS	TGCON064	Snowflake/Taylor Ambulance Svc.
TGIHS001	IHS- Ak-Chin Fire Dept.	TGCON065	Somerton Fire Dept.
TGIHS003	IHS- Chinle Service Unit	TGCON066	Southwest Ambulance & Rescue of AZ
TGIHS004	IHS- Fort Defiance EMS	TGCON068	Southwest Ambulance (Maricopa)
TGIHS002	IHS- Fort McDowell Fire Dept.	TGCON070	Southwest Ambulance (Yavapai)
TGIHS005	IHS- Gila River EMS/Fire	TGCON067	Southwest Ambulance of Casa Grande
TGIHS006	IHS- Hopi EMS	TGCON069	Southwest Ambulance of Safford
TGIHS007	IHS- Kayenta EMS	TGCON071	St. Johns Emergency Svcs.
TGIHS008	IHS- Navajo Nation EMS/Fire	TGCON072	Sun City West Fire Dist. Ambul., Fire District of SCW
TGIHS009	IHS- Other Tribal EMS Transport	TGCON073	Sun Lakes Fire District
TGIHS010	IHS- Pascua Pueblo Fire Dept.	TGCON074	Sunsites-Pearce Fire District
TGIHS016	IHS- Peach Springs Ambulance Service	TGCON075	Superior Emergency Medical Svcs.
TGIHS011	IHS- Salt River Fire Dept.	TGCON076	Three Points Fire District
TGIHS012	IHS- San Carlos Apache EMS	TGCON077	Tonto Basin Fire District
TGIHS019	IHS- Sells Service Unit IHS EMS Rescue	TGCON078	Tri-City Fire District Ambulance Svc.
TGIHS013	IHS- Shiprock EMS	TGCON079	Tri-Valley Ambulance Svc.
TGIHS014	IHS- Teec Nos Pos EMS	TGCON080	Tubac Fire District Ambulance Svc.
TGIHS015	IHS- Tuba City EMS	TGCON081	Tucson Fire Dept.
TGIHS017	IHS- White Mountain Apache Tribe EMS (Whiteriver)	TGUNK001	Unknown EMS Ground Transport (not specified)
TGIHS018	IHS- Winslow EMS	TGCON082	Verde Valley Ambulance Co.
TGCON034	Kearny Ambulance Svc., Town of	TGCON083	Verde Valley Fire District
TGCON035	Kord's Southwest	TGCON084	Whetstone Fire District Ambulance Svc.
TGCON036	Lake Mohave Ranchos Fire District	TGCON085	White Mountain Ambulance Svc.
EMS FIRST REPONDER NON-TRANSPORT			
Data Value	Description	Data Value	Description
FRT0001	Action Medical Svc. - Ganado	FRN0202	Northern AZ Consolidated Fire Dist. #1
FRN0001	Action Medical Svc. - Kayenta	FRN0102	Northwest Fire Rescue Dist.
FRT0002	Action Medical Svc. - Winslow	FRN0103	Nutrisio Vol. Fire Dist.
FRN0002	Aguila Fire Dist.	FRN0104	Oatman Fire Dist.
FRT0003	Ajo Ambulance	FRN0105	Oracle Vol. Fire Dist.
FRN0003	Ajo Gibson Vol. Fire Dept.	FRN0106	Other AZ EMS First Responder
FRN0004	Ak-Chin Fire Dept.	FRN0198	Other Military EMS First Responder
FRN0005	Alpine Fire Dist.	FRN0107	Other Tribal EMS First Responder
FRT0004	American Ambulance	FRN0108	Out of State EMS First Responder
FRT0005	American Comtrans	FRT0044	Page Fire Dept. Ambulance Svc., City of
FRN0006	Apache Junction Fire Dist.	FRN0109	Palo Verde NGS Fire Dept.
FRT0006	Arizona Ambulance Transport of Douglas	FRN0110	Palominas Fire Dist.
FRN0007	Arizona City Fire Dist.	FRN0203	Parker Fire Dist.
FRN0008	Ash Fork Fire Dist.	FRN0206	Parks-Belmont Fire Dept.
FRN0009	Avondale Fire-Rescue	FRN0112	Pascua Pueblo Fire Dept.
FRT0007	Avra Valley Fire District	FRN0113	Patagonia Fire Dept.
FRN0010	Babocomari Fire Dist.	FRN0114	Payson Fire Dept.
FRT0008	Beaver Dam-Littlefield Fire District	FRN0115	Peach Springs Ambulance Service
FRN0011	Beaver Valley Fire Dist.	FRN0116	Peoples Valley Fire Dist.
FRN0012	Benson Vol. Fire Dept.	FRN0117	Peoria Fire Dept.
FRT0009	Bisbee Fire Dept.	FRT0045	Phoenix Fire Dept.
FRT0010	Black Canyon Fire Dept.	FRN0118	Phoenix Fire Haz Mat Team
FRT0011	Blue Ridge Fire Dept.	FRN0119	Phoenix Indian Medical Service Unit EMS
FRN0013	Border Patrol Rescue Services	FRT0046	Picture Rocks Fire Dist.
FRN0014	Bouse Volunteer Fire Dist.	FRN0120	Pima Fire Department
FRN0015	Bowie Fire Dist.	FRN0121	Pine Lake Fire Dist.

EMS FIRST REPONDER NON-TRANSPORT (Cont.)

Data Value	Description	Data Value	Description
FRN0016	Buckeye Valley Fire Dist.	FRT0047	Pine/Strawberry Fire Dist.
FRT0012	Buckeye Valley Vol. Rescue Unit	FRT0048	Pinetop Vol. Fire District
FRN0017	Buckskin Fire Dist.	FRT0049	Pinewood Fire Dept.
FRT0013	Bullhead City Fire Dept. Ambulance Svc.	FRN0122	Pinion Pine Fire Dist.
FRT0014	Camp Verde Fire and EMS	FRN0123	Pleasant Valley Fire Dist.
FRN0018	Canyon Fire Dist.	FRT0050	PMT- Professional Medical Transport
FRN0019	Casa Grande Fire Dept., City of	FRN0124	Police Department
FRN0020	Catalina Foothills Fire Dist.	FRN0125	Ponderosa Fire Dist.
FRN0021	Central AZ Mountain Rescue Assoc.	FRN0126	Prescott Fire Dept.
FRN0022	Central Yavapai Fire Dist.	FRT0051	Puerto Valley Ambulance Svc./Fire
FRN0023	Chandler Fire Dept.	FRN0127	Quartzsite Fire Dist.
FRN0024	Chinle Community Fire Dept.	FRN0128	Queen Creek Fire Dept.
FRN0025	Chino Valley Fire Dist.	FRN0129	Queen Valley Fire Dist.
FRN0026	Chloride Fire Dist.	FRN0130	Regional Fire and Rescue Dept.
FRN0027	Christopher Kohls Fire Dist.	FRT0052	Rincon Valley Fire District
FRN0028	Cibecue Fire Dept.	FRT0053	Rio Rico Fire District
FRN0029	Circle City-Morristown Fire Dist.	FRN0131	Rio Verde Fire Dist.
FRN0030	Clarkdale Fire Dist.	FRT0054	River Medical Inc. (Lake Havasu)
FRN0031	Clay Springs-Pinedale Fire Dist.	FRN0132	Round Valley/Oxbow Estates Fire Dist.
FRT0016	Colorado City Fire Dept.	FRT0055	Rural/Metro Corp. - AMT (Maricopa)
FRN0032	Colorado River Indian Tribes EMS	FRT0056	Rural/Metro Corp. (Pima)
FRN0033	Concho Fire Dist.	FRT0057	Rural Metro Corp. (Pinal) - TRI-CITY MED
FRN0034	Congress Fire Dist.	FRT0058	Rural/Metro Corp. (Yuma)
FRN0035	Coolidge Fire Dept.	FRN0133	RW Bliss Army Ambulance
FRN0036	Corona de Tucson Fire Dist.	FRN0134	Sabino Vista Fire Dist.
FRN0037	Cottonwood Fire Dept.	FRN0135	Sacaton Fire & Ambul.
FRN0038	County Sheriff's Ofc.	FRT0059	Sacred Mountain Medical Svc.
FRN0039	County Sheriff's Ofc. - Search and Rescue Team	FRN0136	Safford Rural Fire Dist.
FRN0040	Crown King Fire Dist.	FRN0137	Sage Memorial Hosp. Ambul. (Ganado)
FRT0017	Daisy Mountain Fire District	FRN0138	Salt River Fire Dept. (Salt River Pima)
FRN0041	Davis-Monthan AFB Vol. Fire Dept.	FRN0139	San Carlos Apache EMS
FRN0042	Desert Hills Fire Dist.	FRN0140	San Jose Fire Dist.
FRN0043	Diamond Star Fire Dist.	FRN0141	San Luis Fire Dept.
FRT0018	Douglas Fire Dept. Ambul. Svc., City of	FRT0060	San Manuel Fire Dist.
FRN0044	DPS - Department of Public Safety	FRN0142	Scottsdale Fire Dept.
FRT0019	Drexel Heights Fire District	FRN0143	Search and Rescue Unit (not on this list)
FRN0045	Dudleyville Fire Dist.	FRT0061	Sedona Fire District
FRN0046	Duncan Valley Rural Fire Dist.	FRN0144	Seligman Fire Dist.
FRN0199	East Verde Park Fire Dist.	FRN0145	Sells Service Unit IHS EMS Rescue
FRN0047	Ehrenberg Fire Dist.	FRN0146	Sheriff's Office - IHS
FRN0048	El Mirage Fire Dept.	FRN0147	Sherwood Forest Estates Fire Dist.
FRN0049	Elephant Head Vol. Fire Dept.	FRN0148	Shiprock IHS EMS
FRT0020	Elfrida Ambulance Svc./Fire Dist.	FRT0062	Show Low EMS
FRT0021	Eloy Fire District Ambulance Svc.	FRN0149	Show Low Fire Dist.
FRN0050	Flagstaff Fire Dept.	FRT0063	Sierra Vista Fire Dept.
FRN0051	Flagstaff Ranch Fire Dist.	FRN0150	Silverbell Army Heliport Fire Dept.
FRN0052	Florence Fire Dept.	FRN0151	Snowflake Fire Dept.
FRT0022	Forest Lakes Fire Dept.	FRT0064	Snowflake/Taylor Ambulance Svc.
FRN0053	Fort Defiance Fire Dept.	FRT0065	Somerton Fire Dept.
FRN0054	Fort Huachuca Fire Dept.	FRN0152	Sonoita-Elgin Fire Dist.
FRN0055	Fort McDowell Fire Dept.	FRN0153	South Tucson Fire Dept.
FRT0023	Fort Mojave Mesa Fire Dist.	FRN0154	Southern Arizona Rescue Association
FRN0056	Fort Valley Fire Dist.	FRT0066	Southwest Ambulance & Rescue of AZ
FRN0057	Fountain Hills Fire Dept.	FRT0067	Southwest Ambulance (Maricopa)
FRT0024	Fry Fire District	FRT0068	Southwest Ambulance (Yavapai)
FRN0058	Ganado Fire Dist.	FRT0069	Southwest Ambulance of Casa Grande
FRN0059	Gila Bend Fire Dist.	FRT0070	Southwest Ambulance of Safford
FRT0025	Gila Bend Rescue / Ambulance	FRN0155	Springerville Vol. Fire Dept.
FRN0060	Gila River EMS/Fire	FRN0156	St. David Vol. Fire Dist.
FRN0061	Gilbert Fire Dept.	FRT0071	St. Johns Emergency Svcs./Fire
FRN0062	Gisela Valley Fire Dist.	FRN0157	Stanfield Fire Dist.

EMS FIRST REPONDER NON-TRANSPORT (Cont.)			
Data Value	Description	Data Value	Description
FRN0063	Glendale Fire Dept.	FRN0158	Summit Fire Dist.
FRN0064	Globe Fire Dept.	FRN0159	Sun City Fire Dist.
FRT0026	Golden Shores Fire Dept. Ambul. Svc.	FRT0072	Sun City West Fire Dist. Ambul., Fire District of SCW
FRN0065	Golden Valley Fire Dist.	FRT0073	Sun Lakes Fire District
FRT0027	Golder Ranch Fire District	FRN0160	Sun Valley Fire Dist.
FRN0066	Goldfield Ranch Fire Dist.	FRN0161	Sunnyside Fire Dist.
FRN0067	Goodyear Fire Dept.	FRT0074	Sunsites-Pearce Fire District
FRN0068	Grand Canyon Nat. Park Fire Dept.	FRT0075	Superior Emergency Medical Svcs.
FRN0069	Grande Buttes Fire Dist.	FRN0162	Surprise Fire Dept.
FRT0028	Grapevine Mesa Fire District	FRN0163	Tacna Vol. Fire Dept.
FRN0070	Green Valley Fire Dist.	FRN0164	Tanque Verde Valley Fire Dist.
FRN0071	Greenhaven Fire Dist.	FRN0165	Taylor Fire Dept.
FRT0029	Greenlee County Ambulance Svc.	FRN0166	Teec Nos Pos BIA Fire
FRN0072	Greer Fire Dist.	FRN0167	Teec Nos Pos EMS
FRN0073	Groom Creek Fire Dist.	FRN0204	Tempe County Island Fire Dist.
FRN0074	Guadalupe Fire Dept.	FRN0168	Tempe Fire Dept.
FRT0030	Guardian Medical Transport	FRT0076	Three Points Fire District
FRN0075	Harquahala Valley Fire Dist.	FRN0169	Thunderbird Fire Dist.
FRT0031	Healthcare Innovations	FRN0170	Tohono O'odham Nation Fire Dept.
FRT0032	Heber-Overgaard Fire Dept.	FRN0171	Tolleson Fire Dept.
FRN0200	Hellsgate Fire Dist.	FRN0172	Tombstone Fire Dept.
FRN0076	Heritage Hills Fire Dist.	FRN0173	Tonopah Valley Fire Dist.
FRN0077	Highlands Fire Dist.	FRT0077	Tonto Basin Fire District
FRT0033	Holbrook EMS	FRN0174	Tonto Rim Search and Rescue
FRN0078	Hopi EMS	FRN0175	Tonto Village Fire Dist.
FRN0079	Houston Mesa Fire Dist.	FRT0078	Tri-City Fire District Ambulance Svc.
FRN0080	Hualapai Valley Fire Dist.	FRT0079	Tri-Valley Ambulance Svc.
FRN0081	Junipine Fire Dist.	FRN0176	Truxton Fire Dist.
FRN0082	Kachina Village Fire Dept.	FRN0177	Tuba City Fire & Rescue
FRN0083	Kaibab Estates (West) Fire Dist.	FRT0080	Tubac Fire District Ambulance Svc.
FRN0084	Kayenta Fire Dept.	FRN0178	Tucson C.C. Estates Fire Dist.
FRT0034	Kearny Ambulance Svc., Town of	FRT0081	Tucson Fire Dept.
FRN0085	Kingman Fire Dept., City of	FRN0179	Tusayan Fire Dist.
FRT0035	Kord's Southwest	FRN0180	Unknown EMS First Responder (not specified)
FRN0086	La Canada Fire Dist.	FRN0181	Valle Vista Fire Dist.
FRN0087	Lake Havasu Fire Dept., City of	FRT0082	Verde Valley Ambulance Co.
FRT0036	Lake Mohave Ranchos Fire District	FRT0083	Verde Valley Fire District
FRT0037	Lakeside Fire District	FRN0182	Vernon Fire Dist.
FRN0088	Laveen Fire Dist.	FRN0205	Walker Fire Protection Assoc., Inc.
FRT0038	Life Line Ambulance Svc.	FRT0084	Whetstone Fire District Ambulance Svc.
FRT0015	Lifestar EMS	FRN0183	Whispering Pines Fire Dist.
FRN0089	Linden Fire Dist.	FRT0085	White Mountain Ambulance Svc.
FRN0090	Lockheed Martin Aerospace Fire Dept.	FRN0184	White Mountain Apache Tribe EMS (Whiteriver)
FRN0091	Mammoth Fire Dist.	FRN0185	White Mountain Lake Fire Dist.
FRN0092	Maricopa Fire Dist.	FRN0186	Why Fire Dist.
FRT0039	Mayer Fire District Ambulance Svc.	FRN0187	Wickenburg Rural Fire Dist.
FRN0197	MCAS Fire Dept. (Marines) - Yuma	FRN0188	Williamson Valley Fire Dist.
FRN0093	McMullen Valley Fire Dist.	FRN0189	Winslow Fire Dept.
FRN0094	McNeal Fire Department	FRN0190	Winslow IHS EMS
FRN0095	Mesa Fire Dept.	FRN0191	Wittman Fire Dist.
FRT0040	Mohave Valley Fire Dist. Ambulance Svc.	FRN0192	Yarnell Fire Dist.
FRT0041	Montezuma-Rimrock Fire District	FRN0193	Yavapai Apache Tribe Fire Dept.
FRN0096	Mormon Lake Fire Dist.	FRN0194	Yucca Fire Dist.
FRT0042	Motorsport Medical Svc. (Las Vegas)	FRN0195	Yuma Fire Dept.
FRN0097	Mount Lemmon Fire Dist.	FRN0196	Yuma Proving Grounds Fire Dept.
FRN0201	Mountain Vista Fire Dist.		
FRN0098	Naco Fire Dist.		
FRN0099	National Forest Service or National Park Service		
FRN0100	Navajo Nation EMS/Fire		
FRT0043	Nogales Ambulance Svc./Nogales Fire Dept.		
FRN0101	Nogales Suburban Fire Dist.		

APPENDIX – C**NEMSIS-RELATED FEDERAL INFORMATION PROCESSING STANDARDS (“FIPS”) CODES**

COUNTY NAME	FIPS COUNTY CODE	STATE ALPHA CODE	FIPS STATE CODE	EMS AGENCY COUNTY CODE
Apache	001	AZ	04	04001
Cochise	003	AZ	04	04003
Coconino	005	AZ	04	04005
Gila	007	AZ	04	04007
Graham	009	AZ	04	04009
Greenlee	011	AZ	04	04011
La Paz	012	AZ	04	04012
Maricopa	013	AZ	04	04013
Mohave	015	AZ	04	04015
Navajo	017	AZ	04	04017
Pima	019	AZ	04	04019
Pinal	021	AZ	04	04021
Santa Cruz	023	AZ	04	04023
Yavapai	025	AZ	04	04025
Yuma	027	AZ	04	04027

**APPENDIX – D: AUTHORIZED DRUG LIST
(FROM A.A.C. R9-25-503 TABLE 1)**

Authorization for Administration, Monitoring, and Assistance in Patient Self-Administration of Agents by EMT Certification; Identification of Transport Agents; Administration Requirements; and Minimum Supply Requirements for Agents

KEY:
A = Authorized to administer the agent
M = Authorized to monitor IV administration of the agent during interfacility transport, if the IV was started at the sending health care institution
PA = Authorized to assist in patient self-administration of the agent
TA = Transport agent for an EMT with the specified certification
IFIP = Agent shall be administered by infusion pump on interfacility transports
IP = Agent shall be administered by infusion pump
SVN = Agent shall be administered by small volume nebulizer
SVN or MDI = Agent shall be administered by small volume nebulizer or metered dose inhaler
* = Optional agent for a BLS ambulance that is not primarily serving as the first emergency medical services provider arriving on scene in response to an emergency dispatch
** = The minimum supply for an EMT assigned to respond by bicycle or on foot is 2 cubic feet.
*** = An EMT-B may administer if authorized under R9-25-505.
[] = Minimum supply required if an EMS provider chooses to make the optional agent available for EMT administration

Agent	Minimum Supply	EMT-P	EMT-I(99) Cert. < 1/6/07	EMT-I(99) Cert. ≥ 1/6/07	EMT-I(85)	EMT-B
Adenosine	30 mg	A	A	A	-	-
Albuterol SulfateSVN or MDI (sulfite free)	10 mg	A	A	A	A	-
Amiodarone IFIP	Optional [300 mg]	A	A	-	-	-
Antibiotics	None	TA	TA	TA	TA	-
Antiemetics: Promethazine HCl Ondansetron HCl Prochlorperazine edisylate	Optional [25 mg] [4 mg] [10 mg]	A A A	A A A	A A A	A A A	- - -
Aspirin	324 mg	A	A	A	A	A
Atropine Sulfate	4 prefilled syringes, total of 4 mg	A	A	A	-	-
Atropine Sulfate	8 mg multidose vial (1)	A	A	A	A	-
Blood	None	TA	TA	-	-	-
Bronchodilator, inhaler	None	PA	PA	PA	PA	PA
Calcium Chloride	1 g	A	A	-	-	-
Charcoal, Activated (without sorbitol)	Optional [50 g]	A	A	A	A	A
Colloids	None	TA	TA	TA	TA	-
Corticosteroids IP	None	TA	TA	TA	TA	-
Dexamethasone	Optional [8 mg]	A	A	A	A	-
Dextrose	50 g	A	A	A	A	-
Dextrose, 5% in H2O	Optional [250 mL bag (1)]	A	A	A	A	M***
Diazepam	20 mg	A	A	A	A	-
Diazepam Rectal Delivery Gel	Optional [20 mg]	A	A	A	A	-
Diltiazem IFIP or Verapamil HCl	25 mg 10 mg	A A	A A	- -	- -	- -
Diphenhydramine HCl	50 mg	A	A	A	A	-
Diuretics	None	TA	TA	TA	-	-
Dopamine HCl IFIP	400 mg	A	A	-	-	-
Electrolytes/Crystalloids (Commercial Preparations)	None	TA	TA	TA	TA	M
Epinephrine Auto-Injector	2 adult auto-injectors* 2 pediatric auto-injectors*	-	-	-	-	A
Epinephrine Auto-Injector	Optional [2 adult auto-injectors 2 pediatric auto-injectors]	A	A	A	A	-
Epinephrine HCl, 1:1,000	2 mg	A	A	A	A	-
Epinephrine HCl, 1:1,000	30 mg multidose vial (1)	A	A	A	-	-
Epinephrine HCl, 1:10,000	5 mg	A	A	A	-	-

Agent	Minimum Supply	EMT-P	EMT-I(99) Cert. < 1/6/07	EMT-I(99) Cert. ≥ 1/6/07	EMT-I(85)	EMT-B
Etomidate	Optional [40 mg]	A	-	-	-	-
Fosphenytoin Na IP or Phenytoin Na IP	None	TA	TA	-	-	-
Furosemide or, If Furosemide is not available, Bumetanide	100 mg 4 mg	A A	A A	A A	A A	- -
Glucagon IFIP	2 mg	A	A	A	A	-
Glucose, oral	Optional [30 gm]	A	A	A	A	A
Glycoprotein IIb/IIIa Inhibitors	None	TA	TA	-	-	-
H2 Blockers	None	TA	TA	TA	TA	-
Heparin Na IP	None	TA	TA	-	-	-
Ipratropium Bromide 0.02%SVN or MDI	5 mL	A	A	A	A	-
Lactated Ringers	1 L bag (2)	A	A	A	A	M***
Lidocaine HCl IV	3 prefilled syringes, total of 300 mg 1 g vials or premixed infusion, total of 2 g	A	A	A	-	-
Lorazepam	Optional [8 mg]	A	A	A	A	-
Magnesium Sulfate IFIP	5 g	A	A	-	-	-
Methylprednisolone Sodium Succinate	250 mg	A	A	A	A	-
Midazolam	Optional [10 mg]	A	A	-	-	-
Morphine Sulfate	20 mg	A	A	A	A	-
Nalmefene HCl	Optional [4 mg]	A	A	A	A	-
Naloxone HCl	10 mg	A	A	A	A	-
Nitroglycerin IV Solution IP	None	TA	TA	-	-	-
Nitroglycerin Sublingual Spray or Nitroglycerin Tablets	1 bottle 1 bottle	A A	A A	A A	A A	PA PA
Nitrous Oxide	Optional [Nitrous oxide 50% / Oxygen 50% fixed ratio setup with O2 fail-safe device and self-administration mask, 1 setup]	A	A	A	A	-
Normal Saline	1 L bag (2) 250 mL bag (1) 50 mL bag (2)	A	A	A	A	M***
Oxygen	13 cubic feet**	A	A	A	A	A
Oxytocin	Optional [10 units]	A	A	A	A	-
Phenobarbital Na IP	None	TA	TA	-	-	-
Phenylephrine Nasal Spray 0.5%	1 bottle	A	A	A	A	-
Potassium Salts IP	None	TA	TA	-	-	-
Procainamide HCl IP	None	TA	TA	-	-	-
Racemic Epinephrine SVN	None	TA	TA	-	-	-
Sodium Bicarbonate 8.4%	100 mEq	A	A	A	A	-
Succinylcholine	Optional [400 mg]	A	-	-	-	-
Theophylline IP	None	TA	TA	-	-	-
Thiamine HCl	100 mg	A	A	A	A	-
Total Parenteral Nutrition, with or without lipids IFIP	None	TA	TA	-	-	-
Vasopressin	Optional [40 units]	A	A	-	-	-
Vitamins	None	TA	TA	TA	TA	-

Historical Note

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). New R9-25-503 recodified from R9-25-803 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3). Amended by exempt rulemaking at 13 A.A.R. 27, effective January 6, 2007 (Supp. 06-4). Amended by exempt rulemaking at 13 A.A.R. 578, effective January 31, 2007 (Supp. 07-1).

EXHIBIT - 1

**ARIZONA STATE TRAUMA REGISTRY DATA ELEMENTS
& PREMIER EMS AGENCY-SYSTEM DATA ELEMENTS TRANSLATION TABLE**

REQUIRED TRAUMA REGISTRY DATA ELEMENTS	REQUIRED EMS DATA ELEMENTS	
DEMOGRAPHIC DATA ELEMENTS	CODE	DATA ELEMENT DESCRIPTION
Reporting Facility Site ID	D04_11	Hospitals Served
	D04_12	Hospital Facility Number
	E20_02	Destination/Transferred To, Code
Registration Number	NT	No NEMSIS Translation
Medical Record Number	E12_02	Sending Facility Medical Record Number
	E12_03	Destination Medical Record Number
Hospital Admission Date	NT	No NEMSIS Translation
Admission Status	E22_01	Emergency Department Disposition
	E22_02	Hospital Disposition
Patient Last Name	E06_01	Last Name
Patient First Name	E06_02	First Name
Patient Middle Initial	E06_03	Middle Initial/Name
Social Security Number	E06_10	Social Security Number
Date of Birth	E06_16	Date of Birth
Age	E06_14	Age
Units of Age	E06_15	Age Units
Gender	E06_11	Gender
Race	E06_12	Race
Ethnicity	E06_13	Ethnicity
Zip Code of Residence	E06_08	Patient's Home Zip Code
City of Residence	E06_05	Patient's Home City
County of Residence	E06_06	Patient's Home County
State of Residence	E06_07	Patient's Home State
Country of Residence	E06_09	Patient's Home Country
Alternate Home Residence	NT	No NEMSIS Translation
Co-Morbid Conditions (Pre-Existing)	E12_10	Medical/Surgical History
INJURY DATA ELEMENTS	CODE	DATA ELEMENT DESCRIPTION
Injury Date	E05_01	Incident or Onset Date/Time
Injury Time		
Actual versus Estimated Injury Time	E05_01	Incident or Onset Date/Time
Injury Location ICD-9-CM E-code (E849)	E08_07	Incident Location Type
Street Location of Injury	E08_11	Incident Address
Zip Code of Injury	E08_15	Incident ZIP Code
City of Injury	E08_12	Incident City
County of Injury	E08_13	Incident County
State of Injury	E08_14	Incident State
Primary ICD-9-CM E-code Injury Descriptor	E10_01	Cause of Injury
Additional ICD-9-CM E-code Injury Descriptor		
Trauma Type	E10_03	Mechanism of Injury
Work-Related	E07_15	Work-Related
Patient Occupational Industry	E07_16	Patient's Occupational Industry
Patient Occupation	E07_17	Patient's Occupation
Patient Position in Vehicle	E10_06	Seat Row Location of Patient in Vehicle
	E10_07	Position of Patient in the Seat of the Vehicle
Protective Devices	E10_08	Use of Occupant Safety Equipment
Child Specific Restraint		
Airbag Deployment		
Airbag Deployment	E10_09	Airbag Deployment
Safety Equipment Issues	NT	No NEMSIS Translation

REQUIRED TRAUMA REGISTRY DATA ELEMENTS	REQUIRED EMS DATA ELEMENTS	
PREHOSPITAL TRANSPORT DATA ELEMENTS	CODE	DATA ELEMENT DESCRIPTION (Cont.)
EMS Provider Type	D01_07	Level of Service
	D01_08	Organizational Type
Transport Mode (Into Reporting Facility)	E07_34	CMS Service Level
	E07_37	Condition Code Modifier
Other Transport Modes	E07_34	CMS Service Level
	E07_37	Condition Code Modifier
Transport Agency	D01_01	EMS Agency Number
	D01_02	EMS Agency Name
	E02_01	EMS Agency Number
Run Sheet Available?	NT	No NEMSIS Translation
Run Sheet Date	NT	No NEMSIS Translation
Transported From	E08_07	Incident Location Type
Date EMS Provider Notified	E05_04	Unit Notified by Dispatch Date/Time
Time EMS Provider Notified		
Date EMS Provider Left for Scene	E05_05	Unit En Route Date/Time
Time EMS Provider Left for Scene		
Date EMS Provider Arrived at Scene	E05_06	Unit Arrived on Scene Date/Time
Time EMS Provider Arrived at Scene		
Date of EMS Patient Contact	E05_07	Arrived at Patient Date/Time
Time of EMS Patient Contact		
Date EMS Provider Departed Scene	E05_09	Unit Left Scene Date/Time
Time EMS Provider Departed Scene		
Date of Arrival at Destination	E05_10	Patient Arrived at Destination Date/Time
Time of Arrival at Destination		
EMS Destination	E20_01	Destination/Transferred To, Name
	E20_02	Destination/Transferred To, Code
Total EMS Response Time (Minutes)	Calc.	E05_06 – E05_05
Total EMS Scene Time (Minutes)	Calc.	E05_09 – E06_06
Transport Time - Scene to Destination (Minutes)	Calc.	E05_10 – E05_09
Total EMS Time (Minutes)	Calc.	E05_10 – E05_04
System Access	D04_08	Protocol (list)
	E17_01	Protocols Used
Triage Criteria	E09_15	Providers Primary Impression
	D04_08	Protocol
	E06_14	Age
	E06_15	Age Units
	E06_16	Date of Birth
	E09_15	Providers Primary Impression
	E10_01	Cause of Injury
	E10_04	Vehicular Injury Indicators
	E10_10	Height of Fall
	E12_10	Medical/Surgical History
	E12_20	Pregnancy
	E14_04	SBP (Systolic Blood Pressure)
	E14_11	Respiratory Rate
	E14_19	Total Glasgow Coma Score
	E15_02	NHTSA Injury Matrix Head
	E15_04	NHTSA Injury Matrix Neck
	E15_05	NHTSA Injury Matrix Thorax
	E15_07	NHTSA Injury Matrix Spine
	E15_08	NHTSA Injury Matrix Upper Extremities
	E15_09	NHTSA Injury Matrix Pelvis
	E15_10	NHTSA Injury Matrix Lower Extremities
	E15_11	NHTSA Injury Matrix Unspecified
	E16_07	Chest/Lungs Assessment
	E16_24	Neurological Assessment
	E17_01	Protocols Used
	E20_16	Reason for Choosing Destination
	E21_14	Device Systolic Blood Pressure
E21_16	Device Respiratory Rate	

REQUIRED TRAUMA REGISTRY DATA ELEMENTS	REQUIRED EMS DATA ELEMENTS	
PREHOSPITAL TRANSPORT DATA ELEMENTS (Cont.)	CODE	DATA ELEMENT DESCRIPTION (Cont.)
Date of Measurement of Vital Signs	E14_01	Date/Time Vital Signs Taken
Time of Measurement of Vital Signs		
Initial Field Pulse Rate	E14_07	Pulse Rate
	E14_08	Electronic Monitor Rate
	E21_12	Device Heart Rate
	E21_13	Device Pulse Rate
Initial Field Respiratory Rate	E14_11	Respiratory Rate
	E21_16	Device Respiratory Rate
Initial Field Oxygen Saturation	E14_09	Pulse Oximetry
	E21_17	Device Pulse Oximetry
Field Airway Management Details	D04_04	Procedures (list)
	D04_06	Medications Given (list)
	E18_03	Medication Given
	E18_04	Medication Administered Route
	E19_03	Procedure
	E19_05	Number of Procedure Attempts
	E19_06	Procedure Successful
Field Intubation Status	E19_13	Tube Confirmation
	E19_14	Destination Confirmation of Tube Placement
Field Paralytic Agent in Effect	D04_06	Medications Given (list)
	E07_35	Condition Code Number (using value 8064)
Initial Field Systolic Blood Pressure	E14_04	SBP (Systolic Blood Pressure)
	E21_14	Device Systolic Blood Pressure
Initial Field GCS - Eye Opening	E14_15	Glasgow Coma Score-Eye
Initial Field GCS - Verbal Response	E14_16	Glasgow Coma Score-Verbal
Initial Field GCS - Motor Response	E14_17	Glasgow Coma Score-Motor
Initial Field GCS - Total	E14_19	Total Glasgow Coma Score
Field Revised Trauma Score	E14_27	Revised Trauma Score
REFERRING/TRANSFER HOSPITAL DATA ELEMENTS	CODE	DATA ELEMENT DESCRIPTION
Interfacility Transfer	E02_04	Type of Service Requested
Date of Arrival at First Referring Hospital	E05_10	Patient Arrived at Destination Date/Time
Time of Arrival at First Referring Hospital		
Date of Transfer from First Referring Hospital	NT	No NEMSIS Translation
Time of Transfer from First Referring Hospital		
Transferring Facility (First Referring)	E20_01	Destination/Transferred To, Name
	E20_02	Destination/Transferred To, Code
Length of Stay in First Referring Hospital (Hours)	NT	No NEMSIS Translation
Destination Facility	E20_01	Destination/Transferred To, Name
	E20_02	Destination/Transferred To, Code
Date of Arrival at Second Referring Hospital	E05_10	Patient Arrived at Destination Date/Time
Time of Arrival at Second Referring Hospital		
Date of Transfer from Second Referring Hospital	NT	No NEMSIS Translation
Time of Transfer from Second Referring Hospital		
Transferring Facility (Second Referring)	E20_01	Destination/Transferred To, Name
	E20_02	Destination/Transferred To, Code
Length of Stay in Second Referring Hospital (Hours)	NT	No NEMSIS Translation
Destination Facility	E20_01	Destination/Transferred To, Name
	E20_02	Destination/Transferred To, Code
Vital Signs Designation (If First or Second Referring)	NT	No NEMSIS Translation
Initial Respiratory Rate in Referring Facility	NT	No NEMSIS Translation
Initial Systolic Blood Pressure in Referring Facility	NT	No NEMSIS Translation
Initial GCS Total in Referring Facility	NT	No NEMSIS Translation
Initial Revised Trauma Score in Referring Facility	NT	No NEMSIS Translation

REQUIRED TRAUMA REGISTRY DATA ELEMENTS	REQUIRED EMS DATA ELEMENTS	
ED/TRAUMA DATA ELEMENTS	CODE	DATA ELEMENT DESCRIPTION
ED/Hospital Arrival Date	E05_10	Patient Arrived at Destination Date/Time
ED/Hospital Arrival Time	E20_17	Type of Destination
ED Exit Date	NT	No NEMSIS Translation
ED Exit Time	NT	No NEMSIS Translation
Length of Stay in ED (Hours)	NT	No NEMSIS Translation
Complete Trauma Team Arrival Time	NT	No NEMSIS Translation
ED Discharge Disposition	E22_01	Emergency Department Disposition
ED Discharge Destination Hospital	E20_01	Destination/Transferred To, Name
	E20_02	Destination/Transferred To, Code
Discharge Transport Agency	D01_01	EMS Agency Number
	D01_02	EMS Agency Name
	E02_01	EMS Agency Number
Transfer Reason	E07_37	Condition Code Modifier
ED/Hospital Initial Pulse Rate	NT	No NEMSIS Translation
ED/Hospital Initial Respiratory Rate	NT	No NEMSIS Translation
ED/Hospital Initial Respiratory Assistance	NT	No NEMSIS Translation
ED/Hospital Initial Oxygen Saturation	NT	No NEMSIS Translation
ED/Hospital Initial Supplemental Oxygen	NT	No NEMSIS Translation
ED/Hospital Intubation Status	E19_14	Destination Confirmation of Tube Placement
ED/Hospital Paralytic Agent in Effect	NT	No NEMSIS Translation
ED/Hospital Initial Systolic Blood Pressure	NT	No NEMSIS Translation
ED/Hospital Initial GCS - Eye Opening	NT	No NEMSIS Translation
ED/Hospital Initial GCS - Verbal Response	NT	No NEMSIS Translation
ED/Hospital Initial GCS - Motor Response	NT	No NEMSIS Translation
ED/Hospital Initial GCS - Total	NT	No NEMSIS Translation
ED/Hospital Initial GCS Assessment Qualifiers	NT	No NEMSIS Translation
ED/Hospital Initial Temperature	NT	No NEMSIS Translation
ED/Hospital Initial Units of Temperature	NT	No NEMSIS Translation
ED/Hospital Initial Temperature Route	NT	No NEMSIS Translation
ED/Hospital Initial Revised Trauma Score	NT	No NEMSIS Translation
Alcohol Use Indicator	E12_19	Alcohol/Drug Use Indicators
Blood Alcohol Content (mg/dl)	NT	No NEMSIS Translation
Drug Use Indicator	E12_19	Alcohol/Drug Use Indicators
Toxicology Substances Found	NT	No NEMSIS Translation
DISCHARGE DATA ELEMENTS	CODE	DATA ELEMENT DESCRIPTION
Hospital Discharge Date	NT	No NEMSIS Translation
Hospital Discharge Time		
Hospital Admission Length of Stay (Days)	NT	No NEMSIS Translation
Total Length of Hospital Stay - ED plus Admission (Days)	NT	No NEMSIS Translation
Final Outcome - Dead or Alive	E22_01	Emergency Department Disposition
	E22_02	Hospital Disposition
Total ICU Length of Stay (Days)	NT	No NEMSIS Translation
Total Ventilator Days	NT	No NEMSIS Translation
Hospital Discharge Disposition	E22_02	Hospital Disposition
Hospital Discharge Destination Hospital	E20_01	Destination/Transferred To, Name
	E20_02	Destination/Transferred To, Code
Discharge Transport Agency	D01_01	EMS Agency Number
	D01_02	EMS Agency Name
	E02_01	EMS Agency Number
Transfer Reason	E07_37	Condition Code Modifier
Autopsy Identification Number	NT	No NEMSIS Translation
Injury Diagnoses - ICD-9-CM N-codes	E07_35	Condition Code Number
	E07_36	ICD-9 Code for the Condition Code Number
AIS Six-Digit Injury Identifier	NT	No NEMSIS Translation
AIS Severity Code	NT	No NEMSIS Translation
AIS Body Region of Injury	NT	No NEMSIS Translation
Injury Severity Score	NT	No NEMSIS Translation
Probability of Survival	NT	No NEMSIS Translation
ED/Hospital Procedure Location	NT	No NEMSIS Translation
ED/Hospital Procedure Start Date	NT	No NEMSIS Translation
ED/Hospital Procedure Start Time	NT	No NEMSIS Translation

REQUIRED TRAUMA REGISTRY DATA ELEMENTS	REQUIRED EMS DATA ELEMENTS	
DISCHARGE DATA ELEMENTS (Cont.)	CODE	DATA ELEMENT DESCRIPTION
ED/Hospital ICD-9-CM Procedure Codes	NT	No NEMSIS Translation
Hospital Complications	NT	No NEMSIS Translation
Primary Method of Payment	E07_01	Primary Method of Payment
Secondary Method of Payment	NT	No NEMSIS Translation
Total Hospital Charges	NT	No NEMSIS Translation
Total Reimbursements	NT	No NEMSIS Translation

Note: EMS Data Elements and Codes in **red** regular type **are Required** Premier EMS Agency-System Program.
 EMS Data Elements and Codes in *green italics* are **not Required** by the Premier EMS Agency-System Program.
 Blue shaded NEMSIS data elements are those requiring confirmation of appropriate match to ASTR data elements.

EXHIBIT - 2
PREMIER EMS AGENCY-SYSTEM
DATA ELEMENTS FIELD POPULATION ASSIGNMENT TABLE

LIST OF PREMIER EMS AGENCY-SYSTEM PROGRAM REQUIRED DATA ELEMENTS				
Element Code	Data Element Name	National	Non-National	Annual or
		Total 83	Total 114	Total 93 – 96
D01 Agency General Information		15	1	16
D01 01	EMS Agency Number	X		X
D01 02	EMS Agency Name		X	X
D01 03	EMS Agency State	X		X
D01 04	EMS Agency County	X		X
D01 07	Level of Service	X		X
D01 08	Organizational Type	X		X
D01 09	Organization Status	X		X
D01 10	Statistical Year	X		X
D01 12	Total Service Size Area	X		X
D01 13	Total Service Area Population	X		X
D01 14	911 Call Volume per Year	X		X
D01 15	EMS Dispatch Volume per Year	X		X
D01 16	EMS Transport Volume per Year	X		X
D01 17	EMS Patient Contact Volume per Year	X		X
D01 19	EMS Agency Time Zone	X		X
D01 21	National Provider Identifier	X		X
D02 Agency Contact Information		1		1
D02 07	Agency Contact Zip Code	X		X
Agency Medical Director Information			4	4
D03 01	Agency Medical Director Last Name		X	X
D03 02	Agency Medical Director Middle Name/Initial		X	X
D03 03	Agency Medical Director First Name		X	X
D03 11	Agency Medical Director Email Address		X	X
D04 Agency Configuration Information			5	5
D04 04	Procedures		X	X
D04 06	Medications Given		X	X
D04 08	Protocol (a list)		X	X
D04 11	Hospitals Served		X	X
D04 12	Hospital Facility Number		X	X
D09 Medical Device Information			3	3
D09 02	Device Name or ID		X	X
D09 03	Device Manufacturer		X	X
D09 04	Model Number		X	X
E00 Common EMS Values			1	
E00	Common Null Values		X	
E01 Record Information		4		3 - 4
E01 01	Patient Care Report Number	X		X
E01 02	Software Creator	X		X
E01 03	Software Name	X		X
E01 04	Software Version	X		X
E02 Unit/Agency Information		10	2	7 - 8
E02 01	EMS Agency Number	X		X
E02 02	Incident Number		X	X
E02 03	EMS Unit (Vehicle) Response Number		X	X
E02 04	Type of Service Requested	X		X
E02 05	Primary Role of the Unit	X		X
E02 06	Type of Dispatch Delay	X		X
E02 07	Type of Response Delay	X		
E02 08	Type of Scene Delay	X		
E02 09	Type of Transport Delay	X		
E02 10	Type of Turn-Around Delay	X		
E02 12	EMS Unit Call Sign (Radio Number)	X		X
E02 20	Response Mode to Scene	X		X
E03 Unit/Call Information		2	0	2
E03 01	Complaint Reported by Dispatch	X		X
E03 02	EMD Performed	X		X
E04 Unit/Personnel Information		0	1	
E04 03	Crew Member Level		X	

Element	Data Element Name	National	Non-National	Annual or
E05 Times		9	2	11
E05 01	Incident or Onset Date/Time		X	X
E05 02	PSAP Call Date/Time	X		X
E05 03	Dispatch Notified Date/Time		X	X
E05 04	Unit Notified by Dispatch Date/Time	X		X
E05 05	Unit En Route Date/Time	X		X
E05 06	Unit Arrived on Scene Date/Time	X		X
E05 07	Arrived at Patient Date/Time	X		X
E05 08	Transfer of Patient Care Date/Time		X	X
E05 09	Unit Left Scene Date/Time	X		X
E05 10	Patient Arrived at Destination Date/Time	X		X
E05 11	Unit Back in Service Date/Time	X		X
E05 13	Unit Back at Home Location Date/Time	X		X
E06 Patient		6	1	0
E06 01	Patient's Last Name		X	X
E06 02	Patient's First Name		X	X
E06 03	Patient's Middle Initial/Name		X	X
E06 08	Patient's Home Zip Code	X		X
E06 10	Patient's Social Security Number		X	X
E06 11	Gender	X		X
E06 12	Race	X		X
E06 13	Ethnicity	X		X
E06 14	Age	X		X
E06 15	Age Units	X		X
E06 16	Date of Birth		X	X
E07 Billing		3	2	4
E07 01	Primary Method of Payment	X		X
E07 34	CMS Service Level	X		X
E07 35	Condition Code Number	X		X
E07 36	ICD-9 Code for the Condition Code Number		X	X
E07 37	Condition Code Modifier		X	X
E08 Scene		4	2	3
E08 05	Number of Patients at Scene	X		
E08 06	Mass Casualty Incident	X		
E08 07	Incident Location Type	X		
E08 13	Incident County		X	X
E08 14	Incident State		X	X
E08 15	Incident ZIP Code	X		X
E09 Situation		10	3	0
E09 01	Prior Aid	X		
E09 02	Prior Aid Performed by	X		
E09 03	Outcome of the Prior Aid	X		
E09 04	Possible Injury	X		
E09 05	Chief Complaint		X	
E09 06	Duration of Chief Complaint		X	
E09 07	Time Units of Duration of Chief Complaint		X	
E09 11	Chief Complaint Anatomic Location	X		
E09 12	Chief Complaint Organ System	X		
E09 13	Primary Symptom	X		
E09 14	Other Associated Symptoms	X		
E09 15	Providers Primary Impression	X		
E09 16	Provider's Secondary Impression	X		
E10 Situation/Trauma		1	6	0
E10 01	Cause of Injury	X		
E10 03	Mechanism of Injury		X	
E10 04	Vehicular Injury Indicators		X	
E10 05	Area of the Vehicle impacted by the collision		X	
E10 10	Height of Fall		X	
E10 08	Use of Occupant Safety Equipment		X	
E10 09	Airbag Deployment		X	
E11 Situation/CPR		3	4	0
E11 01	Cardiac Arrest	X		
E11 02	Cardiac Arrest Etiology	X		
E11 03	Resuscitation Attempted	X		
E11 04	Arrest Witnessed by		X	
E11 05	First Monitored Rhythm of the Patient		X	
E11 08	Estimated Time of Arrest Prior to EMS Arrival		X	
E11 11	Cardiac Rhythm on Arrival at Destination		X	

Element	Data Element Name	National	Non-National	Annual or
E12 Medical History		2	7	0
E12_01	Barriers to Patient Care	X		
E12_08	Medication Allergies		X	
E12_10	Medical/Surgical History		X	
E12_14	Current Medications		X	
E12_15	Current Medication Dose		X	
E12_16	Current Medication Dosage Unit		X	
E12_17	Current Medication Administration Route		X	
E12_19	Alcohol/Drug Use Indicators	X		
E12_20	Pregnancy		X	
E13 Narrative		0	1	0
E13_01	Run Report Narrative		X	
E14 Assessment/Vital Signs		0	19	12 - 13
E14_01	Date/Time Vital Signs Taken		X	X
E14_03	Cardiac Rhythm		X	X
E14_04	SBP (Systolic Blood Pressure)		X	X
E14_05	DBP (Diastolic Blood Pressure)		X	X
E14_07	Pulse Rate		X	X
E14_08	Electronic Monitor Rate		X	X
E14_09	Pulse Oximetry		X	X
E14_11	Respiratory Rate		X	X
E14_12	Respiratory Effort		X	
E14_13	Carbon Dioxide		X	X
E14_14	Blood Glucose Level		X	X
E14_15	Glasgow Coma Score-Eye		X	
E14_16	Glasgow Coma Score-Verbal		X	
E14_17	Glasgow Coma Score-Motor		X	
E14_19	Total Glasgow Coma Score		X	X
E14_20	Temperature		X	X
E14_23	Pain Scale		X	X
E14_24	Stroke Scale		X	
E14_25	Thrombolytic Screen		X	
E15 Assessment/Injury		0	11	0
E15_01	NHTSA Injury Matrix External/Skin		X	
E15_02	NHTSA Injury Matrix Head		X	
E15_03	NHTSA Injury Matrix Face		X	
E15_04	NHTSA Injury Matrix Neck		X	
E15_05	NHTSA Injury Matrix Thorax		X	
E15_06	NHTSA Injury Matrix Abdomen		X	
E15_07	NHTSA Injury Matrix Spine		X	
E15_08	NHTSA Injury Matrix Upper Extremities		X	
E15_09	NHTSA Injury Matrix Pelvis		X	
E15_10	NHTSA Injury Matrix Lower Extremities		X	
E15_11	NHTSA Injury Matrix Unspecified		X	
E16 Assessment/Exam		0	5	0
E16_01	Estimated Body Weight		X	
E16_02	Broselow/Luten Color		X	
E16_04	Skin Assessment		X	
E16_07	Chest/Lungs Assessment		X	
E16_24	Neurological Assessment		X	
E17 Intervention		0	1	0
E17_01	Protocols Used		X	
E18 Intervention/Medication		2	6	0
E18_01	Date/Time Medication Administered		X	
E18_02	Medication Administered Prior to this Units EMS Care		X	
E18_03	Medication Given	X		
E18_04	Medication Administered Route		X	
E18_05	Medication Dosage		X	
E18_06	Medication Dosage Units		X	
E18_07	Response to Medication		X	
E18_08	Medication Complication	X		

Element	Data Element Name	National	Non-National	Annual or
E19 Intervention/Procedure		4	6	0
E19 01	Date/Time Procedure Performed Successfully		X	
E19 02	Procedure Performed Prior to this Units EMS Care		X	
E19 03	Procedure	X		
E19 04	Size of Procedure Equipment		X	
E19 05	Number of Procedure Attempts	X		
E19 06	Procedure Successful	X		
E19 07	Procedure Complication	X		
E19 12	Successful IV Site		X	
E19 13	Tube Confirmation		X	
E19 14	Destination Confirmation of Tube Placement		X	
E20 Disposition		5	2	3
E20 01	Destination/Transferred To, Name		X	X
E20 02	Destination/Transferred To, Code		X	X
E20 07	Destination Zip Code	X		X
E20 10	Incident/Patient Disposition	X		
E20 14	Transport Mode from Scene	X		
E20 16	Reason for Choosing Destination	X		
E20 17	Type of Destination	X		
E21 Medical Device Data		0	17	17
E21 01	Event Date/Time		X	X
E21 02	Medical Device Event Name		X	X
E21 03	Waveform Graphic Type		X	X
E21 04	Waveform Graphic		X	X
E21 05	AED, Pacing, or CO2 Mode		X	X
E21 06	ECG Lead		X	X
E21 07	ECG Interpretation		X	X
E21 10	Total Number of Shocks Delivered		X	X
E21 11	Pacing Rate		X	X
E21 12	Device Heart Rate		X	X
E21 13	Device Pulse Rate		X	X
E21 14	Device Systolic Blood Pressure		X	X
E21 15	Device Diastolic Blood Pressure		X	X
E21 16	Device Respiratory Rate		X	X
E21 17	Device Pulse Oximetry		X	X
E21 18	Device CO2 or etCO2		X	X
E21 19	Device CO2, etCO2, or Invasive Pressure Monitor Units		X	X
E22 Outcome and Linkage		2	2	4
E22 01	Emergency Department Disposition	X		X
E22 02	Hospital Disposition	X		X
E22 03	Law Enforcement/Crash Report Number		X	X
E22 05	Fire Incident Report Number		X	X
E23 Miscellaneous		0	2	0
E23 09	Research Survey Field		X	
E23 11	Research Survey Field Title		X	
TOTAL: NATIONAL AND NON-NATIONAL DATA ELEMENTS:		199		
	EMS agency or may be electronically provided through the 911 or dispatch center			
	EMS personnel unless the EMS agency has professional billing personnel to provide this function			
	EMS personnel or may be provided electronically through medical device			
	EMS personnel or electronically through linkage with a pre-existing Patient Care Report or hospital database			
	EMS agency: could be collected by EMS agency administration or electronically provided through linkage with hospital database			

EXHIBIT – 3
PREMIER DATA ELEMENTS NAME AND DESCRIPTIVE INFORMATION SUMMARY TABLE

DATA ELEMENT NAME	DATA ELEMENT ID	TYPE	FIELD WIDTH	NULL VALUES?	MULTIPLE ENTRY?	NATIONAL ELEMENT?
EMS Agency Number	D01_01	String	3-15	No	No	Yes
EMS Agency Name	D01_02	String	2-50	No	No	No
EMS Agency State	D01_03	String	2-2	No	Yes	Yes
EMS Agency County	D01_04	String	5-5	Yes	Yes	Yes
Level of Service	D01_07	String/Integer	2-30	No	No	Yes
Organizational Type	D01_08	String	4-4	No	No	Yes
Organization Status	D01_09	Integer	4-4	No	No	Yes
Statistical Year	D01_10	gYear	Years: 1990-2030	No	Yes, via structure	Yes
Total Service Size Area	D01_12	Positive Integer	1-100M	Yes*	Yes, via structure	Yes
Total Service Area Population	D01_13	Positive Integer	1-100M	Yes*	Yes, via structure	Yes
911 Call Volume per Year	D01_14	Positive Integer	1-100M	Yes*	Yes, via structure	Yes
EMS Dispatch Volume per Year	D01_15	Positive Integer	1-100M	Yes*	Yes, via structure	Yes
EMS Transport Volume per Year	D01_16	Positive Integer	1-100M	Yes*	Yes, via structure	Yes
EMS Patient Contact Volume per Year	D01_17	Positive Integer	1-100M	Yes*	Yes, via structure	Yes
EMS Agency Time Zone	D01_19	Integer	4-4	No	Yes	Yes
National Provider Identifier	D01_21	String	3-10	Yes	No	Yes
Agency Contact Zip Code	D02_07	String	5-10	No	No	Yes
Agency Medical Director Last Name	D03_01	String	2-20	No	No	No
Agency Medical Director Middle Name/Initial	D03_02	String	1-20	Yes	No	No
Agency Medical Director First Name	D03_03	String	1-20	Yes	No	No
Agency Medical Director Email Address	D03_11	String	2-100	Yes	No	No
Procedures	D04_04	Decimal	0-1K	No	Yes, via structure	No
Medications Given	D04_06	String	2-30	No	Yes, via structure	No
Protocol (a list)	D04_08	String	2-30	No	Yes, via structure	No
Hospitals Served	D04_11	String	2-50	No	Yes, via structure	No
Hospital Facility Number	D04_12	String	2-30	Yes	Yes, via structure	No
Device Name or ID	D09_02	String	2-50	No	Yes, via structure	No
Device Manufacturer	D09_03	String	2-50	No	Yes, via structure	No
Model Number	D09_04	String	2-50	No	Yes, via structure	No
Common Null Values	E00	Integer	1-2	N/A	N/A	No
Patient Care Report Number	E01_01	String	3-32	No	No	Yes
Software Creator	E01_02	String	3-30	No	No	Yes
Software Name	E01_03	String	3-30	No	No	Yes
Software Version	E01_04	String	3-30	No	No	Yes
EMS Agency Number	E02_01	String	3-15	No	No	Yes
Incident Number	E02_02	String	2-15	Yes	No	No
EMS Unit (Vehicle) Response Number	E02_03	String	1-15	Yes	No	No
Type of Service Requested	E02_04	Integer	2-2	No	No	Yes
Primary Role of the Unit	E02_05	Integer	2-2	No	No	Yes
Type of Dispatch Delay	E02_06	Integer	1-3	Yes	Yes	Yes
Type of Response Delay	E02_07	Integer	1-3	Yes	Yes	Yes

DATA ELEMENT NAME	DATA ELEMENT ID	TYPE	FIELD WIDTH	NULL VALUES?	MULTIPLE ENTRY?	NATIONAL ELEMENT?
Type of Scene Delay	E02_08	Integer	1-3	Yes	Yes	Yes
Type of Transport Delay	E02_09	Integer	1-3	Yes	Yes	Yes
Type of Turn-Around Delay	E02_10	Integer	1-3	Yes	Yes	Yes
EMS Unit Call Sign (Radio Number)	E02_12	String	2-15	No	No	Yes
Response Mode to Scene	E02_20	Integer	3-3	No	No	Yes
Complaint Reported by Dispatch	E03_01	Integer	1-3	Yes	No	Yes
EMD Performed	E03_02	Integer	1-3	Yes	No	Yes
Crew Member Level	E04_03	Integer	1-4	Yes	Yes, via structure	No
Incident or Onset Date/Time	E05_01	Date/Time	Years: 1990-2030	Yes*	No	No
PSAP Call Date/Time	E05_02	Date/Time	Years: 1990-2030	Yes*	No	Yes
Dispatch Notified Date/Time	E05_03	Date/Time	Years: 1990-2030	Yes*	No	No
Unit Notified by Dispatch Date/Time	E05_04	Date/Time	Years: 1990-2030	Yes*	No	Yes
Unit En Route Date/Time	E05_05	Date/Time	Years: 1990-2030	Yes*	No	Yes
Unit Arrived on Scene Date/Time	E05_06	Date/Time	Years: 1990-2030	Yes*	No	Yes
Arrived at Patient Date/Time	E05_07	Date/Time	Years: 1990-2030	Yes*	No	Yes
Transfer of Patient Care Date/Time	E05_08	Date/Time	Years: 1990-2030	Yes*	No	Yes
Unit Left Scene Date/Time	E05_09	Date/Time	Years: 1990-2030	Yes*	No	Yes
Patient Arrived at Destination Date/Time	E05_10	Date/Time	Years: 1990-2030	Yes*	No	Yes
Unit Back in Service Date/Time	E05_11	Date/Time	Years: 1990-2030	No	No	Yes
Unit Back at Home Location Date/Time	E05_13	Date/Time	Years: 1990-2030	Yes*	No	Yes
Patient's Last Name	E06_01	String	2-20	Yes	No	No
Patient's First Name	E06_02	String	1-20	Yes	No	No
Patient's Middle Initial/Name	E06_03	String	1-20	Yes	No	No
Patient's Home Zip Code	E06_08	String	2-10	Yes	No	Yes
Patient's Social Security Number	E06_10	String	2-9	Yes	No	No
Gender	E06_11	Integer	1-3	Yes	No	Yes
Race	E06_12	Integer	1-3	Yes	No	Yes
Ethnicity	E06_13	Integer	1-3	Yes	No	Yes
Age	E06_14	Integer	1-120	Yes*	No	Yes
Age Units	E06_15	Integer	1-3	Yes	No	Yes
Date of Birth	E06_16	Date	Years: 1890-2030	No	No	No
Primary Method of Payment	E07_01	Integer	1-3	Yes	No	Yes
CMS Service Level	E07_34	Integer	1-4	Yes	No	Yes
Condition Code Number	E07_35	String	2-30	Yes	Yes, via structure	Yes
ICD-9 Code for the Condition Code Number	E07_36	String	2-30	Yes	Yes, via structure	No
Condition Code Modifier	E07_37	Integer	1-4	Yes	Yes	No
Number of Patients at Scene	E08_05	Integer	1-4	Yes	No	Yes
Mass Casualty Incident	E08_06	Integer	1-2	Yes	No	Yes
Incident Location Type	E08_07	Integer	1-4	Yes	No	Yes
Incident Address	E08_11	String	2-30	Yes	No	No
Incident City	E08_12	String	2-30	Yes	No	No
Incident County	E08_13	String	2-5	Yes	No	No
Incident State	E08_14	String	2-3	Yes	No	No
Incident ZIP Code	E08_15	String	2-10	Yes	No	Yes
Prior Aid	E09_01	String	2-30	Yes	Yes	Yes

DATA ELEMENT NAME	DATA ELEMENT ID	TYPE	FIELD WIDTH	NULL VALUES?	MULTIPLE ENTRY?	NATIONAL ELEMENT?
Prior Aid Performed by	E09_02	Integer	1-4	Yes	Yes	Yes
Outcome of the Prior Aid	E09_03	Integer	1-4	Yes	No	Yes
Possible Injury	E09_04	Integer	1-2	Yes	No	Yes
Chief Complaint	E09_05	String	2-50	Yes	No	No
Duration of Chief Complaint	E09_06	Integer	1-360	No	No	No
Time Units of Duration of Chief Complaint	E09_07	Integer	4-?	No	No	No
Chief Complaint Anatomic Location	E09_11	Integer	1-4	Yes	No	Yes
Chief Complaint Organ System	E09_12	Integer	1-4	Yes	No	Yes
Primary Symptom	E09_13	Integer	1-4	Yes	No	Yes
Other Associated Symptoms	E09_14	Integer	1-4	Yes	Yes	Yes
Providers Primary Impression	E09_15	Integer	1-4	Yes	No	Yes
Provider's Secondary Impression	E09_16	Integer	1-4	Yes	No	Yes
Cause of Injury	E10_01	Integer	1-4	Yes	No	Yes
Mechanism of Injury	E10_03	Integer	1-4	Yes	Yes	No
Vehicular Injury Indicators	E10_04	Integer	1-4	Yes	Yes	No
Area of the Vehicle impacted by the collision	E10_05	Integer	1-4	Yes	Yes	No
Use of Occupant Safety Equipment	E10_08	Integer	1-4	Yes	Yes	No
Airbag Deployment	E10_09	Integer	1-4	Yes	Yes	No
Height of Fall	E10_10	Integer	1-50K	No	No	No
Cardiac Arrest	E11_01	Integer	1-4	Yes	No	Yes
Cardiac Arrest Etiology	E11_02	Integer	1-4	Yes	No	Yes
Resuscitation Attempted	E11_03	Integer	1-4	Yes	Yes	Yes
Arrest Witnessed by	E11_04	Integer	1-4	Yes	No	No
First Monitored Rhythm of the Patient	E11_05	Integer	1-4	Yes	No	No
Estimated Time of Arrest Prior to EMS Arrival	E11_08	Integer	1-4	Yes	No	No
Cardiac Rhythm on Arrival at Destination	E11_11	Integer	1-4	Yes	Yes	No
Barriers to Patient Care	E12_01	Integer	1-4	Yes	Yes	Yes
Medication Allergies	E12_08	String	2-30	Yes	Yes	No
Medical/Surgical History	E12_10	String	2-30	Yes	Yes	No
Current Medications	E12_14	String	2-30	No	Yes, via structure	No
Current Medication Dose	E12_15	Decimal	0-1M	No	Yes, via structure	No
Current Medication Dosage Unit	E12_16	Integer	4-4	No	Yes, via structure	No
Current Medication Administration Route	E12_17	Integer	1-4	Yes	Yes, via structure	No
Alcohol/Drug Use Indicators	E12_19	Integer	1-4	Yes	Yes	Yes
Pregnancy	E12_20	Integer	1-2	Yes	No	No
Run Report Narrative	E13_01	String	2-4K	Yes	No	No
Date/Time Vital Signs Taken	E14_01	Date/Time	Years: 1990-2030	Yes*	Yes, via structure	No
Cardiac Rhythm	E14_03	Integer	1-4	Yes	Yes**	No
SBP (Systolic Blood Pressure)	E14_04	Integer	0-400	Yes	Yes, via structure	No
DBP (Diastolic Blood Pressure)	E14_05	Integer	0-300	Yes	Yes, via structure	No
Pulse Rate	E14_07	Integer	0-500	Yes*	Yes, via structure	No
Electronic Monitor Rate	E14_08	Integer	0-500	Yes*	Yes, via structure	No
Pulse Oximetry	E14_09	Integer	0-100	Yes*	Yes, via structure	No
Respiratory Rate	E14_11	Integer	0-100	Yes*	Yes, via structure	No
Respiratory Effort	E14_12	Integer	1-4	Yes*	Yes, via structure	No
Carbon Dioxide	E14_13	Integer	0-100	Yes*	Yes, via structure	No
Blood Glucose Level	E14_14	Integer	0-2K	Yes*	Yes, via structure	No

DATA ELEMENT NAME	DATA ELEMENT ID	TYPE	FIELD WIDTH	NULL VALUES?	MULTIPLE ENTRY?	NATIONAL ELEMENT?
Glasgow Coma Score-Eye	E14_15	Integer	1-4	Yes*	Yes, via structure	No
Glasgow Coma Score-Verbal	E14_16	Integer	1-5	Yes*	Yes, via structure	No
Glasgow Coma Score-Motor	E14_17	Integer	1-6	Yes*	Yes, via structure	No
Total Glasgow Coma Score	E14_19	Integer	1-15	Yes*	Yes, via structure	No
Temperature	E14_20	Decimal	0-50	Yes*	Yes, via structure	No
Pain Scale	E14_23	Integer	0-10	Yes*	Yes, via structure	No
Stroke Scale	E14_24	Integer	1-4	Yes	Yes, via structure	No
Thrombolytic Screen	E14_25	Integer	1-4	Yes	Yes, via structure	No
NHTSA Injury Matrix External/Skin	E15_01	Integer	1-4	Yes	Yes	No
NHTSA Injury Matrix Head	E15_02	Integer	1-4	Yes	Yes	No
NHTSA Injury Matrix Face	E15_03	Integer	1-4	Yes	Yes	No
NHTSA Injury Matrix Neck	E15_04	Integer	1-4	Yes	Yes	No
NHTSA Injury Matrix Thorax	E15_05	Integer	1-4	Yes	Yes	No
NHTSA Injury Matrix Abdomen	E15_06	Integer	1-4	Yes	Yes	No
NHTSA Injury Matrix Spine	E15_07	Integer	1-4	Yes	Yes	No
NHTSA Injury Matrix Upper Extremities	E15_08	Integer	1-4	Yes	Yes	No
NHTSA Injury Matrix Pelvis	E15_09	Integer	1-4	Yes	Yes	No
NHTSA Injury Matrix Lower Extremities	E15_10	Integer	1-4	Yes	Yes	No
NHTSA Injury Matrix Unspecified	E15_11	Integer	1-4	Yes	Yes	No
Estimated Body Weight	E16_01	Integer	1-500	No	No	No
Broselow/Luten Color	E16_02	Integer	1-4	Yes	No	No
Skin Assessment	E16_04	Integer	1-4	Yes	Yes, via structure	No
Chest/Lungs Assessment	E16_07	Integer	1-4	Yes	Yes, via structure	No
Neurological Assessment	E16_24	Integer	1-4	Yes	Yes, via structure	No
Protocols Used	E17_01	String	2-30	Yes	Yes	No
Date/Time Medication Administered	E18_01	Date/Time	Years: 1990-2030	Yes*	Yes, via structure	No
Medication Administered Prior to this Units EMS Care	E18_02	Integer	1-2	Yes	Yes, via structure	No
Medication Given	E18_03	String	2-30	Yes	Yes, via structure	Yes
Medication Administered Route	E18_04	Integer	1-4	Yes	Yes, via structure	No
Medication Dosage	E18_05	Decimal	0-1M	No	Yes, via structure	No
Medication Dosage Units	E18_06	Integer	4-4	No	Yes, via structure	No
Response to Medication	E18_07	Integer	1-4	Yes	Yes, via structure	No
Medication Complication	E18_08	Integer	1-4	Yes	Yes**	Yes
Date/Time Procedure Performed Successfully	E19_01	Date/Time	Years: 1990-2030	Yes*	Yes, via structure	No
Procedure Performed Prior to this Units EMS Care	E19_02	Integer	1-2	Yes	Yes, via structure	No
Procedure	E19_03	Decimal	0-1K	Yes	Yes, via structure	Yes
Size of Procedure Equipment	E19_04	String	2-20	Yes	Yes, via structure	No
Number of Procedure Attempts	E19_05	Integer	1-100	Yes	Yes, via structure	Yes
Procedure Successful	E19_06	Integer	1-2	Yes	Yes, via structure	Yes

DATA ELEMENT NAME	DATA ELEMENT ID	TYPE	FIELD WIDTH	NULL VALUES?	MULTIPLE ENTRY?	NATIONAL ELEMENT?
Procedure Complication	E19_07	Integer	1-4	Yes	Yes**	Yes
Successful IV Site	E19_12	Integer	1-4	Yes	Yes	No
Tube Confirmation	E19_13	Integer	1-4	Yes	Yes	No
Destination Confirmation of Tube Placement	E19_14	Integer	1-4	Yes	Yes	No
Destination/Transferred To, Name	E20_01	String	2-50	Yes	No	No
Destination/Transferred To, Code	E20_02	String	2-50	Yes	No	No
Destination Zip Code	E20_07	String	2-10	Yes	No	Yes
Incident/Patient Disposition	E20_10	Integer	4-4	No	No	Yes
Transport Mode from Scene	E20_14	Integer	1-4	Yes	No	Yes
Reason for Choosing Destination	E20_16	Integer	1-4	Yes	No	Yes
Type of Destination	E20_17	Integer	1-4	Yes	No	Yes
Event Date/Time	E21_01	Date/Time	Years: 1990-2030	Yes*	Yes, via structure	No
Medical Device Event Name	E21_02	Integer	1-4	Yes	Yes, via structure	No
Waveform Graphic Type	E21_03	Integer	4-4	No	Yes, as assoc. /w E21_01 Date/Time	No
Waveform Graphic	E21_04	Base64Binary	N/A	No	Yes, as assoc. /w E21_01 Date/Time	No
AED, Pacing, or CO2 Mode	E21_05	Integer	4-4	No	Yes, via structure	No
ECG Lead	E21_06	Integer	4-4	No	Yes, via structure	No
ECG Interpretation	E21_07	String	1-2K	No	Yes, via structure	No
Total Number of Shocks Delivered	E21_10	Integer	1-100	No	Yes, via structure	No
Pacing Rate	E21_11	Integer	1-1K	No	Yes, via structure	No
Device Heart Rate	E21_12	Integer	0-500	No	Yes, via structure	No
Device Pulse Rate	E21_13	Integer	0-500	No	Yes, via structure	No
Device Systolic Blood Pressure	E21_14	Integer	0-400	No	Yes, via structure	No
Device Diastolic Blood Pressure	E21_15	Integer	0-300	No	Yes, via structure	No
Device Respiratory Rate	E21_16	Integer	0-100	No	Yes, via structure	No
Device Pulse Oximetry	E21_17	Integer	0-100	No	Yes, via structure	No
Device CO2 or etCO2	E21_18	Integer	0-100	No	Yes, via structure	No
Device CO2, etCO2, or Invasive Pressure Monitor Units	E21_19	Integer	4-4	No	Yes, via structure	No
Emergency Department Disposition	E22_01	Integer	1-4	Yes	No	Yes
Hospital Disposition	E22_02	Integer	1-4	Yes	No	Yes
Law Enforcement/Crash Report Number	E22_03	String	2-20	Yes	No	No
Fire Incident Report Number	E22_05	String	2-20	Yes	No	No
Research Survey Field	E23_09	String	2-30	Yes	Yes, via structure	No
Research Survey Field Title	E23_11	String	2-30	No	Yes, via structure	No

* = Accepts Null Values, but null value is blank or empty.

** = Multiple Field Entry (1) Yes, via structure, (2) Yes for each E14_01 Date/Time.

EXHIBIT - 4
HIPAA AND THE ARIZONA DEPARTMENT OF HEALTH SERVICE

The Health Insurance Portability and Accountability Act (HIPAA) permits disclosure of protected health information and related records to a public health authority for public health and health oversight activities (45 CFR 164.512(b)(1)(i); 45 CFR 164.512(d)). In addition, HIPAA permits disclosure of protected health information as required by law (45 CFR 164.512(a)). These disclosures are permitted without authorization by the individual who is the subject of the protected health information (45 CFR 164.512).

The Arizona Department of Health Services (ADHS) is a public health authority and health oversight agency as mandated by the State of Arizona. To perform public health and health oversight activities, ADHS collects and receives protected health information and related records as required or permitted by law. The Department does have policies in place to protect confidential data.

To obtain a copy of the Notice of Public Health Certification for the Division of Public Health Services or to request data from the State EMS Database (AZ-MATRIX), please contact the EMS Data Manager at (602) 364-3188.

For general ADHS and HIPAA-related information or to request information in an alternate format, visit the Department's website at <http://azdhs.gov/its/hipaa/index.htm>.

EXHIBIT - 5
EMS DATA SUBMISSION SCHEDULE

All participating EMS agencies must submit their PCR data to the State EMS Database according to the following schedule:

QUARTER	EMS RUN DATE	PCR DATA DUE DATE
Quarter One	January 1 – March 31	April 30 of the same year
Quarter Two	April 1 – June 30	July 31 of the same year
Quarter Three	July 1 – September 30	October 31 of the same year
Quarter Four	October 1 – December 31	January 31 of the same year

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PREMIER EMS AGENCY-SYSTEM DATA DICTIONARY & USER'S MANUAL

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