Technical Manual for the Emergency Medical Services Incident Reporting System Version 2.2 (EMSIRS-2)

Revised 8/21/2007

Changes made from Version 2.0

- Added Data Elements S1, S2 and S3 (Software creator, name and version fields)
- Data Element #3: Type of Service Requested
  - Added value 35 'Intercept'
- Data Element #4: Unit ID / Call Sign
  - Eliminated validations
- Data Element #12 Type of Response Delay
  - Changed calculation to match NEMSIS 2.2.1 using #22 Unit Arrived on Scene and #20 Unit Notified
- Data Element #33: Primary Method of Payment
  - Corrected value for 'Self Pay / Patient Has No Insurance' from value 750 to value 745
- Data Element #34: Level of Service Provided
  - Added value 1015 'Paramedic Intercept'
- Data Element #35: Condition Code
  - Deleted all references to pending status
  - Changed Field Type to 'numeric'
  - Changed field length to '4'
  - Added all values
- Data Element #41: Outcome of Prior Aid
  - Changed from multiple entry to single entry
- Data Element #48: Provider's Secondary Impression
  - Corrected value for 'Respiratory Arrest' from value 1835 to value 1840
  - Corrected value for "Respiratory Distress' from value 1840 to value 1835
- Data Element #49: Cause of Injury
  - Corrected all values to match NEMSIS 2.2.1
  - Added 'Motorcycle crash'
  - Added 'Struck by blunt or thrown object'
  - Added 'Non-motorized vehicle crash'
  - Deleted 'Stabbed'
  - Added 'Stabbing/cutting unintentional'
  - Added 'Stabbing/cutting assault'
- Data Element #57: Alcohol/Drug Use Indicators
  - Changed value for 'No Indicators of Alcohol/Drug Use' from value -25 to value 3001
  - Added value -25 'Not Applicable'
- Data Element #65: Medication Given
  - Changed field type to numeric
  - Changed field length to 5
  - Added numeric codes for all medications
- Data Element #67: Intervention/Procedure
  - Added value 99.601 'CPR – Automatic compression device'
  - Added value 39.997 'Venous access – discontinue'
  - Added value 39.995 'Venous access – internal jugular line'
  - Added value 39.996 'Venous access – subclavian line'
  - Added value 99.69 'Vagal maneuver'
  - Corrected spelling of 'massage' in value 99.640 'Carotid massage'
  - Amended value 96.070 from 'Nasogastric tube' to 'Nasogastric tube insertion'
- Data Element #73: Destination
  - Changed value of Free-standing Emergency Center from 6000 to 1999
  - Deleted value 7777 for all out-of-state hospitals
  - Added codes for specific hospitals in border states
- Data Element #76: Reason for Choosing Destination
  - Added value 5040 'Specialty Resource Center'
- Data Element #78: Type of Destination
  - Corrected all values to match NEMSIS 2.2.1

Data Element # S1: Software Creator
NEMSIS Element ID: E01_02
Field Type: string Field Length: 30 Multiple Entry: No
Allowed Values:

Validations & Crosschecks:

Data Element # S2: Software Name
NEMSIS Element ID: E01_03
Field Type: string Field Length: 30 Multiple Entry: No
Allowed Values:

Validations & Crosschecks:

Data Element # S3: Software Version
NEMSIS Element ID: E01_04
Field Type: string Field Length: 30 Multiple Entry: No
Allowed Values:

Validations & Crosschecks:

Data Element # 1: EMS Agency Number
NEMSIS Element ID: E02_01
Field Type: string Field Length: 7 Multiple Entry: No
Allowed Values:
Any valid EMS Agency Identification Number
Validations & Crosschecks:
1. Only valid values are in EMS Agency Database

Data Element # 2: Incident/PCR Number
NEMSIS Element ID: E01_01
Field Type: string Field Length: 10 Multiple Entry: No
Allowed Values:
Any alphanumeric entry
Validations & Crosschecks:
1. Cannot be repeated for an agency <u>ever</u>
2. Minimum length 3 characters

Data Element # 3: Type of Service Requested
NEMSIS Element ID: E02_04
Field Type: numeric Field Length: 2 Multiple Entry: No
Allowed Values:
30 - Scene Response
35 - Intercept
40 - ED-to-ED Transfer
50 - Mutual Aid
Validations & Crosschecks:
1. Must be value **1175** (Healthcare Facility) if value **40** (ED-to-ED Transfer) then Element #38 (Incident Location Type)
2. NHTSA 2 values **45** and **55** not accepted

Data Element # 4: Unit ID / Call Sign
NEMSIS Element ID: E02_12
Field Type: string Field Length: 15 Multiple Entry: No
Allowed Values:
Any alphanumeric value
Validations & Crosschecks:
No validations or crosschecks for Data Element #4

Data Element # 5: Primary Role of the Reporting Unit
NEMSIS Element ID: E02_05
Field Type: number Field Length: 2 Multiple Entry: No
Allowed Values:
60 - Non-transport
65 - Rescue
70 - Supervisor
75 - Transport
Validations & Crosschecks:
No validations or crosschecks for Data Element #5

Data Element # 6: Crew Certification/License Levels
NEMSIS Element ID: E04_03
Field Type: numeric Field Length: 4 Multiple Entry: Yes, 6
Allowed Values:
635 - Student (EMS or other healthcare)
640 - Other healthcare provider
645 - Other non-healthcare provider
6120 - First Responder
6090 - EMT-Basic
6100 - EMT-Intermediate
6110 - EMT-Paramedic
6111 - Nurse (RN or LPN)
6112 - Physician (MD or DO)
Validations & Crosschecks:
1. If Element #34 (Level of Service) is value **995**, **1005**, or **1010** (BLS, ALS Level 1, or ALS Level 2), then must have at least two (2) values **6090**, **6100**, or **6110** (EMT-B, EMT-I, or EMT-P) listed
2. If Element #74 (Incident / Patient Disposition) is value **4850** (Transported by EMS), then must have at least two (2) values **6090**, **6100**, **6110**, **6111**, or **6112** (EMTs, Nurses, or Physicians). Cannot be only value **635**, **640**, **645**, or **6120** (First Responders or 'Others')
3. If Element #34 (Level of Service) is value **1005** or **1010** (ALS Level 1 or ALS Level 2) then must have at least one (1) value **6100** or **6110** (EMT-I or EMT-P)

Data Element # 7: Incident Address
NEMSIS Element ID: E08_11
Field Type: string Field Length: 30 Multiple Entry: No
Allowed Values:
Any alphanumeric entry
Validations & Crosschecks:
1. Minimum 3 characters

Data Element # 8: Incident City/Village/Township
NEMSIS Element ID: E08_12
Field Type: string Field Length: 5 Multiple Entry: No
Allowed Values:
Any valid FIPS Code.
Validations & Crosschecks:
1. Only valid values are valid FIPS Codes

Data Element # 9: Incident ZIP Code
NEMSIS Element ID: E08_15
Field Type: string Field Length: 5 Multiple Entry: No
Allowed Values:
Any valid 5-digit ZIP Code
Validations & Crosschecks:
1. Must start with 43, 44, or 45

Data Element # 10: Incident County
NEMSIS Element ID: E08_13
Field Type: string Field Length: 3 Multiple Entry: No
NOTE: These values are FIPS Codes, not the old standard Ohio County codes
Allowed Values:

001-Adams	**045**-Fairfield	**089**-Licking	**133**-Portage
003-Allen	**047**-Fayette	**091**-Logan	**135**-Preble
005-Ashland	**049**-Franklin	**093**-Lorain	**137**-Putnam
007-Ashtabula	**051**-Fulton	**095**-Lucas	**139**-Richland
009-Athens	**053**-Gallia	**097**-Madison	**141**-Ross
011-Auglaize	**055**-Geauga	**099**-Mahoning	**143**-Sandusky
013-Belmont	**057**-Greene	**101**-Marion	**145**-Scioto
015-Brown	**059**-Guernsey	**103**-Medina	**147**-Seneca
017-Butler	**061**-Hamilton	**105**-Meigs	**149**-Shelby
019-Carroll	**063**-Hancock	**107**-Mercer	**151**-Stark
021-Champaign	**065**-Hardin	**109**-Miami	**153**-Summit
023-Clark	**067**-Harrison	**111**-Monroe	**155**-Trumbull
025-Clermont	**069**-Henry	**113**-Montgomery	**157**-Tuscarawas
027-Clinton	**071**-Highland	**115**-Morgan	**159**-Union
029-Columbiana	**073**-Hocking	**117**-Morrow	**161**-Van Wert
031-Coshocton	**075**-Holmes	**119**-Muskingum	**163**-Vinton
033-Crawford	**077**-Huron	**121**-Noble	**165**-Warren
035-Cuyahoga	**079**-Jackson	**123**-Ottawa	**167**-Washington
037-Darke	**081**-Jefferson	**125**-Paulding	**169**-Wayne
039-Defiance	**083**-Knox	**127**-Perry	**171**-Williams
041-Delaware	**085**-Lake	**129**-Pickaway	**173**-Wood
043-Erie	**087**-Lawrence	**131**-Pike	**175**-Wyandot

Validations & Crosschecks:
No validations and crosschecks for Data Element #10

Data Element # 11: Type of Dispatch Delay
NEMSIS Element ID: E02_06
Field Type: numeric Field Length: 3 Multiple Entry: Yes, 4
Allowed Values:

80 - Caller (Uncooperative)
85 - High Call Volume
90 - Language Barrier
95 - Location (Unable to obtain)
100 - No Units Available
105 - None
110 - Other
115 - Scene Safety (Not secure for EMS)
120 - Technical Failure (Computer, Phone, etc.)
-10 - Not Known
-25 - Not Applicable

Validations & Crosschecks:

1. If Element #20 (Unit Notified By Dispatch) is greater than Element #19 (Initial Call for Help) by more than three (3) minutes then values **105** and **-25** (None and Not Applicable) cannot be used

Data Element # 12: Type of Response Delay
NEMSIS Element ID: E02_07
Field Type: numeric Field Length: 3 Multiple Entry: Yes, 4
Allowed Values:

125 - Crowd
130 - Directions
135 - Distance
140 - Diverted
145 - HazMat
150 - None
155 - Other
160 - Safety
165 - Staff Delay
170 - Traffic
175 - EMS Unit Involved in Vehicle Crash
180 - EMS Unit Vehicle Failure
185 - Weather
-25 - Not Applicable

Validations & Crosschecks:

1. If Element #22 (Unit Arrived on Scene) is greater than Element #20 (Unit Notified By Dispatch) by more than twenty (20) minutes then value **150** (None) cannot be used
2. -25 (Not Applicable) can only be used if Element #74 (Incident Disposition) is value 4185 (Cancelled)

Data Element # 13: Type of Scene Delay
NEMSIS Element ID: E02_08
Field Type: numeric Field Length: 3 Multiple Entry: Yes, 4
Allowed Values:

190 - Crowd
195 - Directions
200 - Distance
205 - Diversion
210 - Extrication >20 minutes
215 - HazMat
220 - Language Barrier
225 - None
230 - Other
235 - Safety
240 - Staff Delay
245 - Traffic
250 - EMS Unit Involved in Vehicle Crash
255 - EMS Unit Vehicle Failure
260 - Weather
-25 - Not Applicable

Validations & Crosschecks:

1. If Element #3 (Type of Service Requested) is value **40** (ED-to-ED Transfer) then any value may be used for this element
2. If Element #3 (Type of Service Requested) is <u>not</u> value **40** (ED-to-ED Transfer) <u>and</u> if Element #24 (Unit Left Scene) is greater than Element #22 (Unit Arrived On Scene) by more than thirty (30) minutes then value **225** (None) cannot be used
3. -25 (Not Applicable) cannot be used if Element #74 (Incident Disposition) is value 4850 (Treated, Transported by EMS)

Data Element # 14: Type of Transport Delay
NEMSIS Element ID: E02_09
Field Type: numeric Field Length: 3 Multiple Entry: Yes, 4
Allowed Values:

265 - Crowd
270 - Directions
275 - Distance
280 - Diversion
285 - HazMat
290 - None
295 - Other
300 - Safety
305 - Staff Delay
310 - Traffic
315 - EMS Unit Involved in Vehicle Crash
320 - EMS Unit Vehicle Failure
325 - Weather
-25 - Not Applicable

Validations & Crosschecks:

1. If Element #3 (Type of Service Requested) is value **40** (ED-to-ED Transfer) then any value may be used for this element
2. If Element #3 (Type of Service Requested) is <u>not</u> value **40** (ED-to-ED Transfer) <u>and</u> if Element #25 (Arrival at Destination) is greater than Element #24 (Unit Left Scene) by more than thirty (30) minutes then value **290** (None) cannot be used
3. -25 (Not Applicable) cannot be used if Element #74 (Incident Disposition) is value 4850 (Treated, Transported by EMS)

Data Element # 15: Type of Return to Service Delay

NEMSIS Element ID: E02_10

Field Type: numeric Field Length: 3 Multiple Entry: Yes, 4

Allowed Values:

330 - Clean up
335 - Decontamination
340 - Documentation
345 - ED Overcrowding
350 - Equipment Failure
355 - Equipment Replenishment
360 - None
365 - Other
370 - Staff Delay
375 - EMS Unit Failure
-25 - Not Applicable

Validations & Crosschecks:

1. If Element #26 (Incident Completed) is greater than Element #25 (Arrival at Destination) by more than thirty (30) minutes then value **360** (None) cannot be used
2. -25 (Not Applicable) cannot be used if Element #74 (Incident Disposition) is value 4850 (Treated, Transported by EMS)

Data Element # 16: Response Mode to Scene

NEMSIS Element ID: E02_20

Field Type: numeric Field Length: 3 Multiple Entry: No

Allowed Values:

380 - Initial Lights and Sirens, Downgraded to No Lights or Sirens
385 - Initial No Lights or Sirens, Upgraded to Lights and Sirens
390 - Lights and Sirens
395 - No Lights or Sirens

Validations & Crosschecks:

No validations or crosschecks for Data Element #16

Data Element # 17: Complaint Reported by Dispatch
NEMSIS Element ID: E03_01
Field Type: numeric Field Length: 3 Multiple Entry: No
NOTE: Values are not in numeric order because of wording differences from NHTSA-2
Allowed Values:

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 / Seizures
460 - Diabetic Problem
465 - Drowning
470 - Electrocution
475 - Eye Problem
480 - Fall Victim
485 - Headache
490 - Heart Problems
495 - Heat / Cold Exposure
500 - Hemorrhage / Laceration
525 - Illness not listed here
505 - Industrial Accident
510 - Ingestion / Poisoning
545 - Injury not listed here
515 - Pregnancy / Childbirth
520 - Psychiatric Problems
530 - Stab / Gunshot Wound
535 - Stroke / CVA
540 - Traffic Accident
550 - Unconscious / Fainting
555 - Unknown Problem / Person Down
560 - ED-to-ED Transfer
565 - Mass Casualty Incident

Validations & Crosschecks:

1. Must be value **560** (ED-to-ED Transfer) if Element #3 (Type of Service Requested) is value **40** (ED-to-ED Transfer)

Data Element # 18: Emergency Medical Dispatch (EMD) Performed
NEMSIS Element ID: E03_02
Field Type: numeric Field Length: 3 Multiple Entry: No
Allowed Values:
570 - Yes, with Pre-Arrival Instructions
575 - Yes, without Pre-Arrival Instructions
0 - No
-10 - Unknown
Validations & Crosschecks:
No validations or crosschecks for Data Element #18

Data Element # 19: Date/Time of Initial Call for Help
NEMSIS Element ID: E05_02
Field Type: Date/Time Field Length: 14 Multiple Entry: No
Allowed Values:
Any valid date/time
Validations & Crosschecks:
1. May be **blank**
2. Date must be equal to or greater than Element #32 (Patient's DOB), if given
3. Date cannot be later than the date the incident is submitted to EMSIRS

Data Element # 20: Unit Notified by Dispatch Date/Time
NEMSIS Element ID: E05_04
Field Type: DateTime Field Length: 14 Multiple Entry: No
Allowed Values:
Any valid date/time
Validations & Crosschecks:
1. Date must be equal to or greater than Element #32 (Patient's DOB), if given
2. Must be equal to or greater than Element #19 (Initial Call for Help), if given
3. Date cannot be later than the date the incident is submitted to EMSIRS

Data Element # 21: Unit En Route Date/Time
NEMSIS Element ID: E05_05
Field Type: DateTime Field Length: 14 Multiple Entry: No
Allowed Values:
Any valid date/time
Validations & Crosschecks:
1. May be **blank** if Element #74 (Incident Disposition) is value **4185** (Cancelled)
2. Date must be equal to or greater than Element #32 (Patient's DOB), if given
3. Must be equal to or greater than Element #20 (Unit Notified by Dispatch)
4. Date cannot be later than the date the incident is submitted to EMSIRS

Data Element # 22: Unit Arrived on Scene Date/Time
NEMSIS Element ID: E05_06
Field Type: DateTime Field Length: 14 Multiple Entry: No
Allowed Values:
Any valid date/time
Validations & Crosschecks:
1. May be **blank** if Element #74 (Incident Disposition) is value **4185** (Cancelled)
2. Must be equal to or greater than Element #21 (Unit En Route)
3. Date cannot be later than the date the incident is submitted to EMSIRS

Data Element # 23: Arrived at Patient Date/Time
NEMSIS Element ID: E05_07
Field Type: DateTime Field Length: 14 Multiple Entry: No
Allowed Values:
Any valid date/time
Validations & Crosschecks:
1. Must be **blank** if Element #74 (Incident Disposition) is value **4185** or **4825** (Cancelled or No Patient Found)
2. Must be equal to or greater than Element #22 (Unit Arrived on Scene) if Element #74 (Incident Disposition) is value **4850** (Treated and Transported by EMS)
3. Date cannot be later than the date the incident is submitted to EMSIRS

Data Element # 24: Unit Left Scene for Hospital Date/Time
NEMSIS Element ID: E05_09
Field Type: DateTime Field Length: 14 Multiple Entry: No
Allowed Values:
Any valid date/time
Validations & Crosschecks:
1. Must be **blank** if Element #74 (Incident Disposition) is <u>not</u> value **4850** (Treated, Transported by EMS)
2. Must be equal to or greater than Element #23 (Arrived at Patient)) if Element #74 (Incident Disposition) is value **4850** (Treated and Transported by EMS)
3. Date cannot be later than the date the incident is submitted to EMSIRS

Data Element # 25: Patient Arrived at Destination Date/Time
NEMSIS Element ID: E05_10
Field Type: DateTime Field Length: 14 Multiple Entry: No
Allowed Values:
Any valid date/time
Validations & Crosschecks:
1. Must be **blank** if Element #74 (Incident Disposition) is <u>not</u> value **4850** (Treated, Transported by EMS)
2. Must be equal to or greater than Element #24 (Unit Left Scene for Hospital)) if Element #74 (Incident Disposition) is value **4850** (Treated and Transported by EMS)
3. Date cannot be later than the date the incident is submitted to EMSIRS

Data Element # 26: Date/Time Incident Completed
NEMSIS Element ID: E05_11
Field Type: DateTime Field Length: 14 Multiple Entry: No
Allowed Values:
Any valid date/time
Validations & Crosschecks:
1. Must be equal to or later than Element #20 (Unit Notified by Dispatch)
2. Date cannot be later than the date the incident is submitted to EMSIRS

Data Element # 27: Date/Time Unit Available for Next Incident
NEMSIS Element ID: E05_13
Field Type: DateTime Field Length: 14 Multiple Entry: No
Allowed Values:
Any valid date/time

Validations & Crosschecks:

1. Must be equal to or later than Element #20 (Unit Notified by Dispatch)
2. Date cannot be later than the date the incident is submitted to EMSIRS

Data Element # 28: Patient's Home ZIP Code

NEMSIS Element ID: E06_08

Field Type: string Field Length: 5 Multiple Entry: No

Allowed Values:

Any valid 5-digit ZIP Code

Validations & Crosschecks:

No validations or crosschecks for Data Element #28

Data Element # 29: Gender

NEMSIS Element ID: E06_11

Field Type: numeric Field Length: 3 Multiple Entry: No

Allowed Values:

650 - Male
655 - Female
-10 - Unknown

Validations & Crosschecks:

1. May be value **-10** (Unknown) if Element #74 (Incident Disposition) is value **4815** or **4825** (No Patient Found or Cancelled)
2. Must be value **655** (Female) for any of the following conditions:
    a. If Element #44 (Complaint Organ System) is value **1380** (Obstetric/Gynecologic)
    b. If Element #47 (Provider's Primary Impression) is value **1695** (Pregnancy/OB) or value **1745** (Vaginal Hemorrhage)
    c. If Element #48 (Provider's Secondary Impression) is value **1830** or **1880** (Pregnancy/OB or Vaginal Hemorrhage)
    d. If Element #65 (Medication Given) is value **54155** (oxytocin)
    e. If Element #67 (Procedure) is value **73.590** (Childbirth)

Data Element # 30: Race

NEMSIS Element ID: E06_12

Field Type: numeric Field Length: 3 Multiple Entry: No

Allowed Values:

660 - American Indian / Alaska Native
665 - Asian
670 - Black or African-American
675 - Native Hawaiian / Pacific Islander
680 - White
685 - Other Race
-10 - Unknown

Validations & Crosschecks:

1. May be **blank** if Element #74 (Incident Disposition) is value **4825** or **4815** (No Patient Found or Cancelled)

Data Element # 31: Ethnicity
NEMSIS Element ID: E06_13
Field Type: numeric Field Length: 3 Multiple Entry: No
Allowed Values:

690 - Hispanic or Latino
695 - Not Hispanic or Latino
-10 - Unknown

Validations & Crosschecks:

1. May be **blank** if Element #74 (Incident Disposition) is value **4825** or **4815** (No Patient Found or Cancelled)

Data Element # 32: Date of Birth
NEMSIS Element ID: E06_16
Field Type: Date Field Length: 8 Multiple Entry: No
NOTE: Must be answered for all incidents where patient contact was made. See EMSIRS-2 Data Dictionary for standardized methods of estimation.
Allowed Values:

Any valid date

Validations & Crosschecks:

1. Must be **blank** if Element #74 (Incident Disposition) is value **4825** or **4815** (No Patient Found or Cancelled)
2. Must be equal to or less than Element #19 (Initial Call for Help)

Data Element # 33: Primary Method of Payment
NEMSIS Element ID: E07_01
Field Type: numeric Field Length: 3 Multiple Entry: No
Allowed Values:

720 - Commercial Insurance
725 - Medicaid
730 - Medicare
735 - Not Billed (for any reason)
740 - Other Government (not Medicare, Medicaid, or Worker's Comp)
745 - Self Pay / Patient Has No Insurance
-10 - Unknown
750 - Worker's Compensation

Validations & Crosschecks:

1. Must be **blank** if Element #74 (Incident Disposition) is value **4825** or **4815** (No Patient Found or Cancelled)

Data Element # 34: Level of Service Provided
NEMSIS Element ID: E07_34
Field Type: numeric Field Length: 4 Multiple Entry: No
NOTE: NHTSA-2 values 990, 1000, 1015, and 1025 not accepted by EMSIRS-2
Allowed Values:

995 - BLS, Emergency
1005 - ALS, Level 1 Emergency
1010 - ALS, Level 2
1015 - Paramedic Intercept
1020 - Specialty Care Transport
1030 - Rotary Wing (Helicopter)
-25 - Not Applicable

Validations & Crosschecks:

1. Must be value **-25** (Not Applicable) if Element #74 (Incident Disposition) is value **4815, 4825, 4830,** or **4835** (Cancelled, No Patient Found, No Treatment Required, or Patient Refused Care)
2. If Element #6 (Crew Certification/License Levels) does not have at least one value **6100** or **6110**, then cannot be values **1005** or **1010** (ALS Level 1, or ALS Level 2)

Data Element # 35: Condition Code
NEMSIS Element ID: E07_35
Field Type: numeric Field Length: 4 Multiple Entry: No
Allowed Values:

8001-Severe Abdominal Pain (ALS-789.00)
8002-Abdominal Pain (ALS-789.00)
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/Seizures (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 (atypical 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-Neurologic Distress (ALS-436.0)
8030-Pain (Severe) (ALS-780.99)
8031-Back Pain (non-traumatic possible cardiac or vascular) (ALS-724.5)
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 Bites/Sting/Envenomation (BLS-879.8)
8055-Lightning (ALS-994.0)
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)

Validations & Crosschecks:

Data Element # 36: Number of Patients at Scene
NEMSIS Element ID: E08_05
Field Type: numeric Field Length: 4 Multiple Entry: No
Allowed Values:
1120 - None
1125 - Single
1130 - Multiple
Validations & Crosschecks:
1. Must be value **1120** (None) if Element #74 (Incident Disposition) is value **4825** or **4815** (No Patient Found or Cancelled)
2. Must be value **1130** (Multiple) if Element #37 (Mass Casualty Incident) is value **1** (Yes)

Data Element # 37: Mass Casualty Incident
NEMSIS Element ID: E08_06
Field Type: numeric Field Length: 1 Multiple Entry: No
Allowed Values:
0 - No
1 - Yes
Validations & Crosschecks:
1. Cannot be value **1** (Yes) if Element #36 (Number of Patients on Scene) is value **1120** or **1125** (None or Single)

Data Element # 38: Incident Location Type
NEMSIS Element ID: E08_07
Field Type: numeric Field Length: 4 Multiple Entry: No
Allowed Values:

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
1170 - Trade or Service
1175 - Health Care Facility
1180 - Residential Institution (nursing home, jail/prison, group home)
1185 - Lake, River, Reservoir
1190 - Other Location

Validations & Crosschecks:

1. Must be value **1175** (Health Care Facility) if Element #3 (Type of Service Requested) is value **40** (ED-to-ED Transfer)

Data Element # 39: Prior Aid
NEMSIS Element ID: E09_01
Field Type: string Field Length: 30 Multiple Entry: Yes, 10
Allowed Values:

Any value from Medications (Data Element #65) and/or Procedures (Data Element #67)
-25 - Prior Aid was not provided
-10 - Unknown if Prior Aid was provided

Validations & Crosschecks:

1. May not be value **-25** (Prior Aid was not provided) if Element #40 (Prior Aid Performed By) is given
2. May not be value **-25** (Prior Aid was not provided) if Element #41 (Outcome of Prior Aid) is given
3. Must be **blank** if Element #3 (Type of Service Requested) is value **40** (ED-to-ED Transfer)

Data Element # 40: Prior Aid Performed By
NEMSIS Element ID: E09_02
Field Type: numeric Field Length: 4 Multiple Entry: Yes, 10
Allowed Values:

1195 - EMS Provider
1200 - Law Enforcement
1205 - Lay Person
1210 - Other Healthcare Provider
1215 - Patient

Validations & Crosschecks:

1. Must be **blank** if Element #39 (Prior Aid) is value **-10** or **-25**
2. Must be **blank** if Element #3 (Type of Service Requested) is value **40** (ED-to-ED Transfer)

Data Element # 41: Outcome of the Prior Aid
NEMSIS Element ID: E09_03
Field Type: numeric Field Length: 4 Multiple Entry: No
Allowed Values:

1220 - Improved
1225 - Unchanged
1230 - Worse
-10 - Unknown

Validations & Crosschecks:

1. Must be **blank** if Element #39 (Prior Aid) is value **-10** or **-25**
2. Must be **blank** if Element #3 (Type of Service Requested) is value **40** (ED-to-ED Transfer)

Data Element # 42: Injury Present
NEMSIS Element ID: E09_04
Field Type: numeric Field Length: 3 Multiple Entry: No
Allowed Values:

0 - No
1 - Yes
-10 - Unknown
-25 - Not Applicable

Validations & Crosschecks:

1. Must be value **-25** (Not Applicable) if Element #49 (Cause of Injury) is value **-25** (Not Applicable)
2. Must be value **-25** (Not Applicable) if Element #74 (Incident Disposition) is value **4825** or **4815** (No Patient Found or Cancelled)
3. May be value **-10** (Unknown) if Element #74 (Incident Disposition) is value **4830** or **4835** (No Treatment Required or Patient Refused Care)
4. Must be value **1** (Yes) if Element #67 (Procedures) contains any of the following:
    a. Value **34.041** (Chest Decompression)
    b. Value **93.580** (MAST)
    c. Value **93.591** (Spinal Immobilization)
    d. Value **93.540** (Splinting)
    e. Value **93.450** (Splinting – traction)
    f. Value **93.057** (Wound Care)
5. Must be value **1** (Yes) if Element #45 (Primary Symptom) is value **1505** (Wound)
6. Must be value **1** (Yes) if Element #47 (Provider's Primary Impression) is one of the following:
    a. Value **1660** (Electrocution)
    b. Value **1715** (Sexual Assault / Rape)
    c. Value **1740** (Traumatic Injury)

Data Element # 43: Complaint Anatomic Location
NEMSIS Element ID: E09_11
Field Type: numeric Field Length: 4 Multiple Entry: No
Allowed Values:

1305 - Abdomen
1310 - Back
1315 - Chest
1320 - Extremity-Lower
1325 - Extremity-Upper
1330 - General/Global/Whole Body
1335 - Genitalia
1340 - Head
1345 - Neck
-25 - Not Applicable

Validations & Crosschecks:

1. Must be value **-25** (Not applicable) if Element #74 (Incident Disposition) is value **4825** or **4815** (No Patient Found or Cancelled)
2. May not be value **-25** if Element #24 (Unit Left Scene for Hospital) is answered

Data Element # 44: Complaint Organ System
NEMSIS Element ID: E09_12
Field Type: numeric Field Length: 4 Multiple Entry: No
Allowed Values:

1350 - Cardiovascular
1355 - CNS/Neurologic
1360 - Endocrine/Metabolic
1365 - Gastrointestinal
1370 - Global/Whole Body
1375 - Musculoskeletal
1380 - Obstetric/Gynecologic
1385 - Psychiatric
1390 - Pulmonary
1395 - Renal
1400 - Skin
-25 - Not Applicable

Validations & Crosschecks:

1. Must be value **-25** (Not applicable) if Element #74 (Incident Disposition) is value **4825** or **4815** (No Patient Found or Cancelled)
2. May not be value **-25** (Not applicable) if Element #24 (Unit Left Scene for Hospital) is answered
3. If value **1380** (Obstetric/Gynecologic) then Element #29 (Gender) must be value **655** (Female)

Data Element # 45: Primary Symptom
NEMSIS Element ID: E09_13
Field Type: numeric Field Length: 4 Multiple Entry: No
Allowed Values:

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 (General, non-specific feeling of illness)
1455 - Mass/Lesion
1460 - Mental/Psychiatric
1465 - Nausea/Vomiting
1470 - None
1475 - Pain
1480 - Palpitations
1485 - Rash/Itching
1490 - Swelling
1500 - Weakness
1505 - Wound
-25 - Not Applicable

Validations & Crosschecks:

1. Must be value **-25** (Not applicable) if Element #74 (Incident Disposition) is value **4825** or **4815** (No Patient Found or Cancelled)
2. May not be value **-25** (Not applicable) if Element #24 (Unit Left Scene for Hospital) is answered
3. If value **1505** (Wound) then Element #42 (Injury Present) must be value **1** (Yes)
4. If value **1470** (None) then Element #46 (Other Associated Symptoms) must also be value **1470** (none)
5. NHTSA 2 value **1495** (Transport only) not accepted

Data Element # 46: Other Associated Symptoms
NEMSIS Element ID: E09_14
Field Type: numeric Field Length: 4 Multiple Entry: Yes, 5
Allowed Values:

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 (General, non-specific feeling of illness)
1560 - Mass/Lesion
1565 - Mental/Psychiatric
1570 - Nausea/Vomiting
1575 - None
1580 - Pain
1585 - Palpitations
1590 - Rash/Itching
1595 - Swelling
1605 - Weakness
1610 - Wound
-25 - Not applicable

Validations & Crosschecks:

1. Must be value **-25** (Not applicable) if Element #74 (Incident Disposition) is value **4825** or **4815** (No Patient Found or Cancelled)
2. May not be value **-25** (Not applicable) if Element #24 (Unit Left Scene for Hospital) is answered
3. If value **1505** (Wound) then Element #42 (Injury Present) must be value **1** (Yes)
4. Must be value **1470** (None) if Element #45 (Primary Symptom) is value **1470** (None)
5. NHTSA 2 value **1495** (Transport only) not accepted

Data Element # 47: Provider's Primary Impression
NEMSIS Element ID: E09_15
Field Type: numeric Field Length: 4 Multiple Entry: No
Allowed Values:

1615 - Abdominal pain / problems
1620 - Airway obstruction
1625 - Allergic reaction
1630 - Altered level of consciousness
1635 - Behavioral / psychiatric disorder
1640 - Cardiac arrest
1645 - Cardiac rhythm disturbance
1650 - Chest pain / discomfort
1655 - Diabetic symptoms
1660 - Electrocution
1665 - Hyperthermia
1670 - Hypothermia
1675 - Hypovolemia / shock
1680 - Inhalation injury (toxic gas)
1685 - Obvious death
1690 - Poisoning / drug ingestion
1695 - Pregnancy / OB delivery
1700 - Respiratory distress
1705 - Respiratory arrest
1710 - Seizure
1715 - Sexual assault / rape
1720 - Smoke inhalation
1725 - Stings / venomous bites
1730 - Stroke / CVA
1735 - Syncope / fainting
1740 - Traumatic injury
1745 - Vaginal hemorrhage
-25 - Not applicable

Validations & Crosschecks:

1. Must be value **-25** (Not applicable) if Element #74 (Incident Disposition) is value **4825** or **4815** (No Patient Found or Cancelled)
2. May be value **-25** (Not applicable) if Element #74 (Incident Disposition) is value **4830** or **4835** (No Treatment Required or Patient Refused Care)
3. May not be value **-25** (Not applicable) if Element #24 (Unit Left Scene for Hospital) is answered
4. Element #29 (Gender) must be value **655** (Female) if the following are used:
    a. Value **1695** (Pregnancy / OB delivery)
    b. Value **1745** (Vaginal hemorrhage)
5. Element #42 (Injury Present) must be value **1** (Yes) if the following are used:
    a. Value **1660** (Electrocution)
    b. Value **1715** (Sexual Assault / Rape)
    c. Value **1740** (Traumatic Injury)

Data Element # 48: Provider's Secondary Impression
NEMSIS Element ID: E09_16
Field Type: numeric Field Length: 4 Multiple Entry: No
Allowed Values:

1750 - Abdominal pain / problems
1755 - Airway obstruction
1760 - Allergic reaction
1765 - Altered level of consciousness
1770 - Behavioral / psychiatric disorder
1775 - Cardiac arrest
1780 - Cardiac rhythm disturbance
1785 - Chest pain / discomfort
1790 - Diabetic symptoms
1795 - Electrocution
1800 - Hyperthermia
1805 - Hypothermia
1810 - Hypovolemia / shock
1815 - Inhalation injury (toxic gas)
1820 - Obvious death
1825 - Poisoning / drug ingestion
1830 - Pregnancy / OB delivery
1835 - Respiratory arrest
1840 - Respiratory distress
1845 - Seizure
1850 - Sexual assault / rape
1855 - Smoke inhalation
1860 - Stings / venomous bites
1865 - Stroke / CVA
1870 - Syncope / fainting
1875 - Traumatic injury
1880 - Vaginal hemorrhage
-25 - Not applicable

Validations & Crosschecks:

1. Must be value **-25** (Not applicable) if Element #74 (Incident Disposition) is value **4825** or **4815** (No Patient Found or Cancelled)
2. May be value **-25** (Not applicable) if Element #74 (Incident Disposition) is value **4830** or **4835** (No Treatment Required or Patient Refused Care)
3. Element #29 (Gender) must be value **655** (Female) if the following are used:
    a. Value **1695** (Pregnancy / OB delivery)
    b. Value **1745** (Vaginal hemorrhage)
4. Element #42 (Injury Present) must be value **1** (Yes) if the following are used:
    a. Value **1660** (Electrocution)
    b. Value **1715** (Sexual Assault / Rape)
    c. Value **1740** (Traumatic Injury)

Data Element # 49: Cause of Injury
NEMSIS Element ID: E10_01
Field Type: numeric Field Length: 4 Multiple Entry: No
Allowed Values:

1885 - Bites (E906.0)
9500 - Aircraft related accident (E84X.0)
9505 - Bicycle Accident (E826.0)
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 crash (E82X.0)
9595 - Motor Vehicle traffic crash (E81X.0)
9600 - Motorcycle crash (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)
-25 - Not applicable
-10 - Unknown

Validations & Crosschecks:

1. Must be value **-25** (Not applicable) if Element #74 (Incident Disposition) is value **4825** or **4815** (No Patient Found or Cancelled)
2. Must be value **-25** (Not applicable) if Element #42 (Injury Present) is value **0** (No)
3. May not be value **-25** (Not applicable) if Element #42 (Injury Present) is value **1** (Yes)

Data Element # 50: Injury Type
NEMSIS Element ID: E10_03
Field Type: numeric Field Length: 4 Multiple Entry: No
Allowed Values:

2035 - Blunt
2050 - Penetrating
2040 - Burns
2045 - Other
-25 - No Injury Present

Validations & Crosschecks:

1. Must be value **-25** (Not applicable) if Element #74 (Incident Disposition) is value **4825** or **4815** (No Patient Found or Cancelled)
2. Must be value **-25** (Not applicable) if Element #42 (Injury Present) is value **0** (No)
3. May not be value **-25** (Not applicable) if Element #42 (Injury Present) is value **1** (Yes)
4. Must be value **2045** (Other) if Element #49 (Cause of Injury) is one of the following:
    a. Value **1915** (Drug poisoning)
    b. Value **1920** (Chemical poisoning)
    c. Value **1945** (Excessive cold)
5. Must be value **2040** (Burns) if Element #49 (Cause of Injury) is one of the following::
    d. Value **1930** (Fire & flames)
    e. Value **1980** (Electrocution)

Data Element # 51: Protective Devices Used
NEMSIS Element ID: E10_08
Field Type: numeric Field Length: 4 Multiple Entry: Yes, 4
Allowed Values:

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
-10 - Not Known
-25 - Not Applicable

Validations & Crosschecks:

1. Must be value **-25** (Not applicable) if Element #74 (Incident Disposition) is value **4825** or **4815** (No Patient Found or Cancelled)
2. Must be value **-25** (Not applicable) if Element #42 (Injury Present) is value **0** (No)
3. May not be value **-25** (Not applicable) if Element #42 (Injury Present) is value **1** (Yes)

Data Element # 52: Airbag Deployment
NEMSIS Element ID: E10_09
Field Type: numeric Field Length: 4 Multiple Entry: Yes, 3
Allowed Values:

2215 - No Airbag Present
2220 - No Airbag Deployed
2225 - Airbag Deployed Front
2230 - Airbag Deployed Side
2235 - Airbag Deployed Other (knee, air belt, etc.)
-10 - Not Known
-25 - Not Applicable

Validations & Crosschecks:

1. Must be value **-25** (Not applicable) if Element #74 (Incident Disposition) is value **4825** or **4815** (No Patient Found or Cancelled)
2. Must be value **-25** (Not applicable) if Element #42 (Injury Present) is value **0** (No)
3. May not be value **-25** (Not applicable) if Element #49 (Cause of Injury) is:
    a. Value **1885** (Motor vehicle traffic crash)
    b. Value **1895** (Motor vehicle non-traffic crash)

Data Element # 53: Cardiac Arrest
NEMSIS Element ID: E11_01
Field Type: numeric Field Length: 4 Multiple Entry: No
Allowed Values:

2240 - Yes, Prior to EMS Arrival
2245 - Yes, After EMS Arrival
0 - No
-25 - Not applicable

Validations & Crosschecks:

1. Must be value **-25** (Not applicable) if Element #74 (Incident Disposition) is value **4825** or **4815** (No Patient Found or Cancelled)
2. Must be either value **2240** (Yes, Prior) or value **2245** (Yes, After) if Element #39 (Prior Aid) contains:
    a. Value **99.600** (CPR)
    b. Value **99.621** (Defibrillation – Automated)
    c. Value **99.622** (Defibrillation – Manual)
3. Must be either value **2240** (Yes, Prior) or value **2245** (Yes, After) Element #67 (Intervention/Procedure) contains:
    a. Value **99.600** (CPR)
    b. Value **99.621** (Defibrillation – Automated)
    c. Value **99.622** (Defibrillation – Manual)

Data Element # 54: Cause of Cardiac Arrest
NEMSIS Element ID: E11_02
Field Type: numeric Field Length:4 Multiple Entry: No
Allowed Values:

2250 - Presumed Cardiac
2255 - Trauma
2260 - Drowning
2265 - Respiratory
2270 - Electrocution
2275 - Other
-25 - Not applicable

Validations & Crosschecks:

1. Must be value **-25** (Not applicable) if Element #74 (Incident Disposition) is value **4825** or **4815** (No Patient Found or Cancelled)
2. Must be value **-25** (Not applicable) if Element #53 (Cardiac Arrest) is value **0** (No)
3. May not be value **-25** (Not applicable) if Element #39 (Prior Aid) contains:
    d. Value **99.600** (CPR)
    e. Value **99.621** (Defibrillation – Automated)
    a. Value **99.622** (Defibrillation – Manual)
4. May not be value **-25** (Not applicable) if Element #67 (Intervention/Procedure) contains:
    f. Value **99.600** (CPR)
    g. Value **99.621** (Defibrillation – Automated)
    a. Value **99.622** (Defibrillation – Manual)

Data Element # 55: Resuscitation Attempted
NEMSIS Element ID: E11_03
Field Type: numeric Field Length: 4 Multiple Entry: Yes, 3
Allowed Values:

2280 - Attempted Defibrillation
2285 - Attempted Ventilation
2290 - Initiated Chest Compressions
2295 - Not Attempted-Considered Futile / DOA
2300 - Not Attempted-DNR Orders
2305 - Not Attempted-Signs of Circulation

Validations & Crosschecks:

1. Must be value **-25** (Not applicable) if Element #74 (Incident Disposition) is value **4825** or **4815** (No Patient Found or Cancelled)
2. Must be value **-25** (Not applicable) if Element #53 (Cardiac Arrest) is value **0** (No)
3. May not be value **-25** (Not applicable) if Element #39 (Prior Aid) contains:
    a. Value **99.600** (CPR)
    b. Value **99.621** (Defibrillation – Automated)
    b. Value **99.622** (Defibrillation – Manual)
4. May not be value **-25** (Not applicable) if Element #67 (Intervention/Procedure) contains:
    a. Value **99.600** (CPR)
    b. Value **99.621** (Defibrillation – Automated)
    a. Value **99.622** (Defibrillation – Manual)
5. Must include Attempted Defibrillation if Element #67 (Intervention/Procedures) contains:
    a. Value **99.621** (Defibrillation – Automated)
    b. Value **99.622** (Defibrillation – Manual)
6. Must include Initiated Chest Compressions if Procedures (Element #67) includes:
    a. Value **99.600** (CPR)

Data Element # 56: Barriers to Standard Patient Care
NEMSIS Element ID: E12_01
Field Type: numeric Field Length: 4 Multiple Entry: Yes, 4
Allowed Values:

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
-25 - Not Applicable

Validations & Crosschecks:

1. Must be value **-25** (Not applicable) if Element #74 (Incident Disposition) is value **4825** or **4815** (No Patient Found or Cancelled)

Data Element # 57: Alcohol/Drug Use Indicators
NEMSIS Element ID: E12_19
Field Type: numeric Field Length: 4 Multiple Entry: Yes, 4
Allowed Values:

2985 - Smell of Alcohol on Breath
2990 - Patient Admits to Alcohol Use
2995 - Patient Admits to Drug Use
3000 - Alcohol and/or Drug Paraphernalia at Scene
3001 - None
-10 - Unknown
-25 - No Indicators of Alcohol/Drug Use

Validations & Crosschecks:

1. Must be value **-25** (Not applicable) if Element #74 (Incident Disposition) is value **4825** or **4815** (No Patient Found or Cancelled)

Data Element # 58: Initial Systolic Blood Pressure
NEMSIS Element ID: E14_04
Field Type: numeric Field Length: 3 Multiple Entry: No
Allowed Values:

Any positive numeric value less than 300.

Validations & Crosschecks:

1. Must be **blank** if Element #74 (Incident Disposition) is value **4825** or **4815** (No Patient Found or Cancelled)
2. Must be between 0 and 299
3. Must be equal to or higher than Element # 59 (Initial Diastolic Blood Pressure)

Data Element # 59: Initial Diastolic Blood Pressure
NEMSIS Element ID: E14_05
Field Type: numeric Field Length: 3 Multiple Entry: No
Allowed Values:

Any positive numeric value less than 200.

Validations & Crosschecks:

1. Must be **blank** if Element #74 (Incident Disposition) is value **4825** or **4815** (No Patient Found or Cancelled)
2. Must be between 0 and 199
3. Must be equal to or lower than Element # 58 (Initial Systolic Blood Pressure)

Data Element # 60: Initial Pulse Rate
NEMSIS Element ID: E14_07
Field Type: numeric Field Length: 3 Multiple Entry: No
Allowed Values:

Any positive numeric value less than 300.

Validations & Crosschecks:

1. Must be **blank** if Element #74 (Incident Disposition) is value **4825** or **4815** (No Patient Found or Cancelled)
2. Must be between 0 and 299

Data Element # 61: Initial Respiratory Rate
NEMSIS Element ID: E14_11
Field Type: numeric Field Length: 2 Multiple Entry: No
Allowed Values:
Any positive numeric value.
Validations & Crosschecks:
1. Must be null **blank** if Element #74 (Incident Disposition) is value **4825** or **4815** (No Patient Found or Cancelled)
2. Must be between 0 and 99

Data Element # 62: Initial Glasgow Coma Score – Eye Opening
NEMSIS Element ID: E14_15
Field Type: numeric Field Length: 1 Multiple Entry: No
Allowed Values:
All ages
1 - None
2 - To pain
3 - To voice
4 - Spontaneous
Validations & Crosschecks:
1. Must be **blank** if Element #74 (Incident Disposition) is value **4825** or **4815** (No Patient Found or Cancelled)

Data Element # 63: Initial Glasgow Coma Score – Verbal Response
NEMSIS Element ID: E14_16
Field Type: numeric Field Length: 1 Multiple Entry: No
Allowed Values:
Patients >5 years old
1 - None
2 - Incomprehensible sounds
3 - Inappropriate words
4 - Confused
5 - Oriented

Patients 2-5 years old
1 - No response
2 - Incomprehensible sounds (agitated, inconsolable)
3 - Inappropriate cries (inconsistently consolable, moaning)
4 - Confused (cries but is consolable, inappropriate interaction)
5 - Oriented (smiles, oriented to sounds, follows objects, interacts)

Patients <2 year old
1 - No response
2 - Moans to pain
3 - Cries to pain
4 - Irritable cries
5 - Coos, babbles
Validations & Crosschecks:
1. Must be **blank** if Element #74 (Incident Disposition) is value **4825** or **4815** (No Patient Found or Cancelled)
2. Must be between 1 and 5

Data Element # 64: Initial Glasgow Coma Score – Motor Response
NEMSIS Element ID: E14_17
Field Type: numeric Field Length: 1 Multiple Entry: No
Allowed Values:

Patients >5 years old
1 - None
2 - Extensor posturing in response to painful stimulation
3 - Flexor posturing in response to painful stimulation
4 - Withdraws from painful stimulation
5 - Localizes painful stimulation
6 - Obeys commands

Patients 0 to 5 years old
1 - None
2 - Abnormal extension
3 - Abnormal flexion
4 - Withdraws from pain
5 - Localizes pain
6 - Normal spontaneous movement

Validations & Crosschecks:
1. Must be null **blank** if Element #74 (Incident Disposition) is value **4825** or **4815** (No Patient Found or Cancelled)
2. Must be between 1 and 6

Data Element # 65: Medication Given
NEMSIS Element ID: E18_03
Field Type: Numeric Field Length: 5 Multiple Entry: Yes, 25
NOTE: Codes are taken from the CDC's Ambulatory Care Drug Database System
Allowed Values:

70021 - Activated Charcoal
50005 - Acetaminophen
50080 - Adenosine
70359 - Albuterol
51380 - Albuterol/Ipratropium
50210 - Aminophylline
50223 - Amiodarone
50280 - Amyl Nitrate
56360 - Anistreplase
50410 - Aspirin
50420 - Atropine
50665 - Bretylium Tosylate
05418 - Calcium Chloride
05430 - Calcium Gluconate
51150 - Chlorpromazine
51635 - Dexamethasone
51647 - Dextran
51675 - Dextrose
51695 - Diazepam
51780 - Digoxin
51803 - Diltiazem
51810 - Dimenhydrinate
51860 - Diphenhydramine
51930 - Dobutamine
51945 - Dopamine
52040 - Epinephrine
11548 - Epi-Pen
52188 - Etomidate
52225 - Fentanyl
56435 - Flumazenil
52385 - Furosemide
52420 - Glucagon
52425 - Glucose
52520 - Haloperidol
52540 - Heparin
70207 - Hetastarch
52630 - Hydralazine
52655 – Hydrocortisone
52680 - Hydroxocobalamin
52790 - Insulin
52870 - Ipecac
52883 - Ipratropium
52900 - Isoetharine
52930 - Isoproterenol
93220 - Ketorolac
60800 - Lactated Ringer's
70040 - Levalbuterol
53070 - Lidocaine
53145 - Lorazepam
70398 - Magnesium Sulfate
53245 - Mannitol
53335 - Meperidine
53450 - Metaproterenol
53660 - Methylprednisolone
53716 - Midazolam
53760 - Morphine
53855 - Nalbuphine
53865 - Naloxone
53945 - Nitroglycerin
53950 - Nitrous Oxide
53960 - Norepinephrine
92141 - Ondansetron
54115 - Oxygen
54155 - Oxytocin
54170 - Pancuronium
54470 - Phenytoin
54490 - Physostigmine
54550 - Plasma Protein Fraction
56585 - Potassium Chloride
54750 - Pralidoxime, 2-PAM
54810 - Procainamide
54860 - Promethazine
54865 - Propranolol
99144 - Racemic Epinephrine
53688 - Reglan
98027 - Retavase
57172 - Rocuronium
55280 - Sodium Bicarbonate
57236 - Sodium Nitrite
55370 - Sodium Nitroprusside
55425 - Sodium Thiosulfate
55495 - Streptokinase
55510 - Succinylcholine
70451 - Tenecteplase
55670 - Terbutaline
55715 - Tetracaine
55755 - Thiamine
80002 - Tissue Plasminogen Activator
53155 - Vasopressin
56162 - Vecuronium
56163 - Verapamil
99112 - 5% Dextrose in Water
42800 - 0.9% Sodium Chloride

Validations & Crosschecks:

a. Must be **blank** if Element #74 (Incident Disposition) is value **4825** or **4815** (No Patient Found or Cancelled)
b. If value **96.042** (Airway – Rapid Sequence Induction) is reported in Element #67 (Intervention/Procedures) then one of the following must be given:
    a. **52188** (etomidate)
    b. **54170** (pancuronium)
    c. **57172** (rocuronium)
    d. **55510** (succinylcholine)
    e. **56162** (vecuronium)
c. Element #29 (Gender) must be value **655** (Female) if **54155** (oxytocin) is given

Data Element # 66: Medication Complication
NEMSIS Element ID: E18_08
Field Type: numeric Field Length: 4 Multiple Entry: Yes, 25
Allowed Values:

4390 - None
4395 - Altered Mental Status
4400 - Apnea
4405 - Bleeding
4410 - Bradycardia
4415 - Diarrhea
4420 - Extravasation / Infiltration
4425 - Hypertension
4430 - Hyperthermia
4435 - Hypotension
4440 - Hypoxia
4445 - Injury
4450 - Itching/Urticaria
4455 - Nausea
4460 - Other
4465 - Respiratory Distress
4470 - Tachycardia
4475 - Vomiting

Validations & Crosschecks:

1. Mandatory for each value given in Element #65 (Medication Given)

Data Element # 67: Intervention / Procedure
NEMSIS Element ID: E19_03
Field Type: numeric (decimal) Field Length: 7 Multiple Entry: Yes, 25
NOTE: Code values are taken from NEMSIS demographic element D04_04
Allowed Values:

89.820 - 12 Lead ECG
93.930 - Airway-Bagged
97.230 - Airway-Change Tracheostomy Tube
98.130 - Airway-Cleared, Opened, or Heimlich
96.051 - Airway-Combitube
93.900 - Airway-CPAP/Bi-PAP
96.991 - Airway-Intubation Confirm CO2
96.992 - Airway-Intubation Confirm Esophageal bulb
96.052 - Airway-Laryngeal Mask
96.010 - Airway-Nasopharyngeal
96.041 - Airway-Endotracheal Intubation - Nasal
31.110 - Airway-Needle Cricothyrotomy
96.020 - Airway-Oropharyngeal
96.040 - Airway-Endotracheal Intubation - Oral
96.790 - Airway-PEEP
96.042 - Airway-Rapid Sequence Induction
98.150 - Airway-Suctioning
31.120 - Airway-Surgical Cricothyrotomy
96.700 - Airway-Ventilator
38.910 - Arterial Access/Blood Draw
89.610 - Arterial Line Maintenance
38.995 - Blood Glucose Analysis
89.391 - Capnography
89.510 - Cardiac Monitor (3-lead ECG)
99.623 - Cardioversion
99.640 - Carotid Massage
93.520 - Cervical Collar
34.041 - Chest Decompression
73.590 - Childbirth
1.181 - CNS Catheter-Epidural Maintenance
1.182 - CNS Catheter-Intraventricular Maintenance
99.600 - CPR - Manual
99.601 - CPR - Automatic Compression Device
99.621 - Defibrillation-Automated (AED)
99.622 - Defibrillation-Manual
99.625 - Defibrillation-Placement for Monitoring/Analysis
99.624 - External Cardiac Pacing
100.200 - Extrication
93.580 - MAST
96.070 - Nasogastric Tube Insertion
-25 - None
100.100 - Rescue
99.841 - Restraints-Pharmacological
99.842 - Restraints-Physical
93.591 - Spinal Immobilization
93.540 - Splinting

93.450 - Splinting-Traction
99.69 - Vagal maneuver
38.990 - Venous Access-Blood Draw
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
89.620 - Venous Access-Maintain Central Line
39.996 - Venous Access-Subclavian Line
89.640 - Venous Access-Swan Ganz Maintain
93.057 - Wound Care

Validations & Crosschecks:

1. Must be **blank** if Element #74 (Incident Disposition) is value **4825** or **4815** (No Patient Found or Cancelled)
2. If value **96.042** (Airway – Rapid Sequence Induction) is used then one of the following values must be given in Element #65 (Medication Given):
    a. **52188** (etomidate)
    b. **54170** (pancuronium)
    c. **57172** (rocuronium)
    d. **55510** (succinylcholine)
    a. **56162** (vecuronium)
3. If value **99.841** (Restraints-Pharmacological) is used then one of the following values must be given in Element #65 (Medication Given):
    a. **51695** (diazepam)
    b. **52188** (etomidate)
    c. **52225** (fentanyl)
    d. **52520** (haloperidol)
    e. **53145** (lorazepam)
    f. **53716** (midazolam)
    g. **53760** (morphine)
    h. **53855** (nalbuphine)
    i. **54170** (pancuronium)
    j. **57172** (rocuronium)
    k. **55510** (succinylcholine)
    l. **56162** (vecuronium)
4. Element #29 (Gender) must be value **655** (Female) if value **73.590** (Childbirth) is used
5. Element #42 (Injury Present) must be value **1** (Yes) if the following:
    a. Value **34.041** (Chest Decompression)
    b. Value **93.580** (MAST)
    c. Value **93.591** (Spinal Immobilization)
    d. Value **93.540** (Splinting)
    e. Value **93.450** (Splinting – traction)
    f. Value **93.057** (Wound Care)
6. If value **-25** (None) is used, no other value may be used

Data Element # 68: Date/Time Procedure Performed Successfully
NEMSIS Element ID: E19_01
Field Type: DateTime Field Length: 14 Multiple Entry: Yes, 25
Allowed Values:
Any valid date/time after 'Arrival at Patient'
Validations & Crosschecks:
1. May not be **blank** if Element #70 (Procedure Successful) is value **1** (Yes)
2. Must be between the values given for Element #23 (Arrived at Patient) and Element #26 (Incident Completed)

Data Element # 69: Number of Procedure Attempts
NEMSIS Element ID: E19_05
Field Type: numeric Field Length: 1 Multiple Entry: Yes, 25
Allowed Values:
Any valid number
Validations & Crosschecks:
1. Any number equal to or greater than 1
2. Mandatory for each value given in Element #67 (Intervention / Procedure)

Data Element # 70: Procedure Successful
NEMSIS Element ID: E19_06
Field Type: numeric Field Length: 1 Multiple Entry: Yes, 25
Allowed Values:
0 - No
1 - Yes
Validations & Crosschecks:
1. Mandatory for each value given in Element #67 (Intervention / Procedure)

Data Element # 71: Procedure Complication
NEMSIS Element ID: E19_07
Field Type: numeric Field Length: 4 Multiple Entry: Yes, 25
Allowed Values:

4500 - None
4505 - Altered Mental Status
4510 - Apnea
4515 - Bleeding
4520 - Bradycardia / Slow heart rate
4525 - Diarrhea
4530 - Esophageal Intubation-immediately detected
4535 - Esophageal Intubation-other
4540 - Extravasation / Infiltration
4545 - Hypertension
4550 - Hyperthermia
4555 - Hypotension
4560 - Hypoxia
4565 - Injury
4570 - Itching/Urticaria
4575 - Nausea
4580 - Other
4585 - Respiratory Distress
4590 - Tachycardia / Fast heart rate
4595 - Vomiting

Validations & Crosschecks:

1. Mandatory for each value given in Element #67 (Intervention / Procedure)
2. Values **4530** and **4535** (Esophageal Intubation-immediately detected and Esophageal Intubation-other) can only be used with the following:
    a. Value **96.041** (Airway – Nasotracheal intubation)
    b. Value **96.040** (Airway – Orotracheal intubation)
    c. Value **96.042** (Airway – Rapid Sequence Induction)

Data Element # 72: Advanced Directives
NEMSIS Element ID: E12_07
Field Type: numeric Field Length: 4 Multiple Entry: Yes, 2
Allowed Values:

2645 - State/EMS DNR Form
2650 - Other Healthcare DNR Form
2655 - Living Will
2660 - Family/Guardian request DNR (but no documentation)
2665 - Other
2670 - None

Validations & Crosschecks:

1. Must be **blank** if Element #74 (Incident Disposition) is value **4825** or **4815** (No Patient Found or Cancelled)

Data Element # 73: Destination
NEMSIS Element ID: E20_02
Field Type: numeric Field Length: 4 Multiple Entry: No
Allowed Values:
Any valid ODH Hospital Code (see Appendix A)
-25 - Not applicable
Validations & Crosschecks:
1. Must be value **-25** (Not applicable) if Element #74 (Incident Disposition) is
    a. Value **4815** (Cancelled)
    b. Value **4820** (Dead at Scene)
    c. Value **4825** (No Patient Found)
    d. Value **4830** (No Treatment Required)
    e. Value **4835** (Patient Refused Care)
    f. Value **4840** (Treated and Released)

Data Element # 74: Incident / Patient Disposition
NEMSIS Element ID: E20_10
Field Type: numeric Field Length: 4 Multiple Entry: No
Allowed Values:
4815 - Cancelled
4820 - Dead at Scene
4825 - No Patient Found
4830 - No Treatment Required
4835 - Patient Refused Care
4840 - Treated and Released
4845 - Treated, Transferred Care
4850 - Treated, Transported by EMS
4855 - Treated, Transported by Law Enforcement
4860 - Treated, Transported by Private Vehicle
Validations & Crosschecks:
1. Mandatory for all incidents

Data Element # 75: Transport Mode from the Scene
NEMSIS Element ID: E20_14
Field Type: numeric Field Length: 4 Multiple Entry: No
Allowed Values:
4955 - Initial Lights and Sirens, Downgraded to No Lights or Sirens
4960 - Initial No Lights or Sirens, Upgraded to Lights and Sirens
4965 - Lights and Sirens
4970 - No Lights or Sirens
-25 - Not applicable: no transport
Validations & Crosschecks:
1. Must be value **4955, 4960, 4965,** or **1970** if Element # 74 (Incident Disposition) is value **4850** (Treated and Transported by EMS)
2. Must be **-25** (Not applicable) if Element # 73 (Destination) is value **-25** (Not applicable)

Data Element # 76: Reason for Choosing Destination
NEMSIS Element ID: E20_16
Field Type: numeric Field Length: 4 Multiple Entry: No
Allowed Values:

4990 - Closest Facility (none below)
4995 - Diversion
5000 - Family Choice
5005 - Insurance Status
5010 - Law Enforcement Choice
-25 - Not Applicable: no transport
5015 - On-Line Medical Direction
5020 - Other
5025 - Patient Choice
5030 - Patient's Physician's Choice
5035 - Protocol
5040 - Specialty Resource Center

Validations & Crosschecks:

1. Cannot be value **-25** (Not applicable) if Element # 74 (Incident Disposition) is value **4850** (Treated and Transported by EMS)
2. Must be **-25** (Not applicable) if Element # 73 (Destination) is value **-25** (Not applicable)

Data Element # 77: Trauma Triage Criteria
NEMSIS Element ID: E23_09
Field Type: numeric Field Length: 4 Multiple Entry: Yes, 5
Allowed Values:

9870 - Glasgow Coma Score less than or equal to13
9875 - Loss of Consciousness for 5 minutes or more
9880 - Deteriorating Level of Consciousness
9885 - Failure to Localize to Pain / Glasgow Coma Score Motor component of 4 or less
9890 - Respiration less than 10 or greater than 29 (Adults only)
9895 - Evidence of respiratory distress or failure (Pediatrics only)
9900 - Evidence of poor perfusion (Pediatrics only)
9910 - Patient requires intubation (Adults only)
9915 - Relief of tension pneumothorax (Adults only)
9920 - Pulse rate greater than 120 with signs of hemorrhagic shock (Adults only)
9925 - Systolic B/P less than 90, or absent radial pulse with carotid pulse present (Adults only)
9930 - Penetrating trauma to head, neck, or torso
9935 - Significant penetrating trauma to the extremities proximal to knee or elbow with evidence of neurovascular compromise
9940 - Injuries to head, neck or torso with visible crush injury
9945 - Injuries to torso with abdominal tenderness, distention or “seatbelt sign”
9950 - Injuries to the torso with evidence of pelvic fracture, except isolated hip fracture
9955 - Injuries to the torso with flail chest
9960 - Amputation proximal to wrist and/or ankle
9965 - Injuries to the extremities with visible crush injury
9970 - Two or more proximal long bone (humerus or femur) fractures
9975 - Injuries to the extremities with evidence of neurovascular compromise
9980 - Signs or symptoms of spinal cord injury
9985 - 2nd or 3rd degree burns greater than 10% Total Body Surface Area or other significant burns involving the face, feet, hands, genitalia or airway.
9990 - Mechanism of Injury
9995 - Special Considerations
-10 – Patient did not meet any trauma triage criteria

Validations & Crosschecks:

1. May not be **blank** if Element # 74 (Incident Disposition) is value **4850** (Treated and Transported by EMS) <u>and</u> Element #42 (Injury Present) is value **1** (Yes)

Data Element # 78: Type of Destination
NEMSIS Element ID: E20_17
Field Type: numeric Field Length: 4 Multiple Entry: No
Allowed Values:

5050 - Hospital ED, OR, or L & D
5075 - Other EMS Responder (air)
5080 - Other EMS Responder (ground)
-25 - Not applicable

Validations & Crosschecks:

1. NHTSA 2 values **5045, 5055, 5060, 5065**, and **5085** not accepted
2. Must be value **5075** or **5080** if Element #74 (Incident/Patient Disposition) is value **4845** (Treated, Transferred Care)
3. Must be value **-25** (Not applicable) if Element #73 (Destination) is value **-25** (Not applicable)

Data Element # 79: Emergency Department Disposition
NEMSIS Element ID: E22_01
Field Type: numeric Field Length: 4 Multiple Entry: No
Allowed Values:

5335 - Admitted to Hospital Floor
5340 - Admitted to Hospital ICU
5345 - Death
5350 - Not Applicable (Not Transported to ED)
5355 - Released
5360 - Transferred to another hospital
-25 - Unknown / Not Available

Validations & Crosschecks:

1. No validations & Crosschecks for this element

Data Element # 80: Hospital Disposition
NEMSIS Element ID: E22_02
Field Type: numeric Field Length: 4 Multiple Entry: No
Allowed Values:

5365 - Death
5370 - Discharged
5375 - Transfer to Hospital
5380 - Transfer to Nursing Home
5385 - Transfer to Other
5390 - Transfer to Rehabilitation Facility
-25 - Unknown / Not Available

Validations & Crosschecks:

1. No validations & crosschecks for this element

Appendix A
Hospital Codes (arranged by county/state)

Code	Hospital	City	County/State
1999	Free Standing Emergency Center	All Cities	All
1100	Adams County Regional Medical Center	Seaman	Adams
1101	Bluffton Hospital	Bluffton	Allen
1102	Lima Memorial Hospital	Lima	Allen
1103	St. Rita's Medical Center	Lima	Allen
1104	Samaritan Regional Health System	Ashland	Ashland
1106	Ashtabula County Medical Center	Ashtabula	Ashtabula
1107	Brown Memorial Hospital	Conneaut	Ashtabula
1108	Memorial Hospital - Geneva	Geneva	Ashtabula
1110	Doctors Hospital - Nelsonville	Nelsonville	Athens
1109	O'Bleness Memorial Hospital	Athens	Athens
1111	Joint Township District Memorial Hospital	St. Marys	Auglaize
1112	Barnesville Hospital Association	Barnesville	Belmont
1113	Belmont Community Hospital	Bellaire	Belmont
1114	East Ohio Regional Hospital	Martins Ferry	Belmont
1115	Brown County General Hospital	Georgetown	Brown
1117	Fort Hamilton-Hughes Memorial Hospital	Hamilton	Butler
1119	Mc McCullough-Hyde Memorial Hospital	Oxford	Butler
1033	Mercy Hospital - Fairfield	Fairfield	Butler
1116	Middletown Regional Hospital	Middletown	Butler
1121	Mercy Memorial Hospital	Urbana	Champaign
1122	Community Hospital of Springfield	Springfield	Clark
1123	Mercy Medical Center - Springfield	Springfield	Clark
1028	Mercy Hospital Clermont	Batavia	Clermont
1124	Clinton Memorial Hospital	Wilmington	Clinton
1127	East Liverpool City Hospital	East Liverpool	Columbiana
1125	Salem Community Hospital	Salem	Columbiana
1129	Coshocton County Memorial Hospital	Coshocton	Coshocton
1130	Bucyrus Community Hospital	Bucyrus	Crawford
1132	Galion Community Hospital	Galion	Crawford
1151	Cleveland Clinic Foundation	Cleveland	Cuyahoga
1133	Euclid Hospital	Euclid	Cuyahoga
1145	Fairview Hospital	Cleveland	Cuyahoga
1147	Grace Hospital	Cleveland	Cuyahoga
1019	Hillcrest Hospital	Mayfield Hts.	Cuyahoga
1148	Huron Hospital	East Cleveland	Cuyahoga

Code	Hospital	City	County/State
1134	Lakewood Hospital	Lakewood	Cuyahoga
1149	Lutheran Hospital	Cleveland	Cuyahoga
1136	Marymount Hospital	Garfield Hts.	Cuyahoga
1150	MetroHealth Medical Center	Cleveland	Cuyahoga
1007	Parma Community General Hospital	Parma	Cuyahoga
1008	Richmond Heights Hospital	Richmond Hts.	Cuyahoga
1297	South Pointe Hospital	Warrensville Hts.	Cuyahoga
1140	Southwest General Health Center	Middleburg Hts.	Cuyahoga
1034	St. John West Shore Hospital	Westlake	Cuyahoga
1155	St. Vincent Charity	Cleveland	Cuyahoga
1141	UHHS - Bedford Medical Center	Bedford	Cuyahoga
1142	UHHS - University Hospital & Rainbow Babies	Cleveland	Cuyahoga
1700	VA Medical Center - Brecksville	Brecksville	Cuyahoga
1701	VA Medical Center - Cleveland	Cleveland	Cuyahoga
1159	Wayne Hospital	Greenville	Darke
1161	Community Memorial Hospital	Hicksville	Defiance
1160	Defiance Regional Medical Center	Defiance	Defiance
1462	Mercy Hospital of Defiance	Defiance	Defiance
1163	Grady Memorial Hospital	Delaware	Delaware
1164	Firelands Regional Medical Center	Sandusky	Erie
1167	Fairfield Medical Center	Lancaster	Fairfield
1168	Fayette County Memorial Hospital	Washington CH	Fayette
1169	Columbus Children's Hospital	Columbus	Franklin
1015	Doctor's Hospital West - Columbus	Columbus	Franklin
1173	Grant Medical Center	Columbus	Franklin
1027	Mount Carmel East Hospital	Columbus	Franklin
1175	Mount Carmel West Hospital	Columbus	Franklin
1606	Mt. Carmel St. Ann's Hospital	Westerville	Franklin
1171	Ohio State University Medical Center	Columbus	Franklin
1170	OSU East	Columbus	Franklin
1005	Riverside Methodist Hospital	Columbus	Franklin
1447	Community Hospitals & Wellness Ctr - Archbold	Archbold	Fulton
1177	Fulton County Health Center	Wauseon	Fulton
1021	Holzer Medical Center	Gallipolis	Gallia
1001	UHHS - Geauga Regional Hospital	Chardon	Geauga
1817	Greene Memorial Hospital	Xenia	Greene
1181	Southeastern Ohio Regional Medical Center	Cambridge	Guernsey
1024	Bethesda North - Cincinnati	Montgomery	Hamilton

Code	Hospital	City	County/State
1186	Cincinnati Children's Hospital Medical Center	Cincinnati	Hamilton
1190	Deaconess Hospital - Cincinnati	Cincinnati	Hamilton
1003	Jewish Hospital Kenwood	Cincinnati	Hamilton
1026	Mercy Franciscan Hospital - Mt. Airy	Cincinnati	Hamilton
1183	Mercy Franciscan Hospital - Western Hills	Cincinnati	Hamilton
1193	Mercy Hospital - Anderson	Cincinnati	Hamilton
1808	Shriner's Burns Institute	Cincinnati	Hamilton
1187	The Christ Hospital	Cincinnati	Hamilton
1189	The University Hospital - Cincinnati	Cincinnati	Hamilton
1191	Tri-Health Good Samaritan Hospital	Cincinnati	Hamilton
1704	VA Medical Center - Cincinnati	Cincinnati	Hamilton
1194	Blanchard Valley Hospital	Findlay	Hancock
1196	Hardin Memorial Hospital	Kenton	Hardin
1022	Harrison Community Hospital	Cadiz	Harrison
1198	Henry County Hospital	Napoleon	Henry
1200	Greenfield Area Medical Center	Greenfield	Highland
1199	Highland District Hospital	Hillsboro	Highland
1201	Hocking Valley Community Hospital	Logan	Hocking
1202	Pomerene Hospital	Millersburg	Holmes
1204	Fisher-Titus Medical Center	Norwalk	Huron
1205	Mercy Hospital - Willard	Willard	Huron
1438	Holzer Jackson Medical Center	Jackson	Jackson
1208	Trinity Medical Center - East	Steubenville	Jefferson
1004	Trinity Medical Center - West	Steubenville	Jefferson
1030	Knox Community Hospital	Mt. Vernon	Knox
1211	Lake East Hospital	Painesville	Lake
1006	Lake West Hospital	Willoughby	Lake
1213	Licking Memorial Hospital	Newark	Licking
1214	Mary Rutan Hospital	Bellefontaine	Logan
1219	Allen Medical Center	Oberlin	Lorain
1215	Amherst Hospital	Amherst	Lorain
1018	Community Health Partners	Lorain	Lorain
1217	EMH Regional Medical Center	Elyria	Lorain
1218	Lorain Community - St. Joseph's	Lorain	Lorain
1178	Bay Park Community Hospital	Oregon	Lucas
1227	Flower Hospital	Sylvania	Lucas
1444	St. Anne Mercy Hospital	Toledo	Lucas
1223	St. Charles Hospital	Oregon	Lucas

Code	Hospital	City	County/State
1224	St. Luke's Hospital - Toledo	Maumee	Lucas
1225	St. Vincent Mercy Medical Center	Toledo	Lucas
1226	The Toledo Hospital	Toledo	Lucas
1228	University of Toledo Medical Center	Toledo	Lucas
1011	Madison County Hospital	London	Madison
1231	Northside Medical Center	Youngstown	Mahoning
1230	St. Elizabeth's Health Center	Youngstown	Mahoning
1233	Marion General Hospital	Marion	Marion
1234	Lodi Community Hospital	Lodi	Medina
1236	Medina General Hospital	Medina	Medina
1235	Wadsworth-Rittman Hospital	Wadsworth	Medina
1240	Mercer County Joint Twp. Community Hospital	Coldwater	Mercer
1242	Upper Valley Medical Center	Troy	Miami
1411	Dayton Children's Medical Center	Dayton	Montgomery
1431	Dayton Heart Hospital	Dayton	Montgomery
1245	Good Samaritan Hospital - Dayton	Dayton	Montgomery
1246	Grandview Hospital	Dayton	Montgomery
1017	Kettering Memorial Medical Center	Kettering	Montgomery
1247	Miami Valley Hospital	Dayton	Montgomery
1035	Southview Hospital & Family Health Center	Centerville	Montgomery
1031	Sycamore Hospital	Miamisburg	Montgomery
1705	VA Medical Center - Dayton	Dayton	Montgomery
1180	Wright Patterson Medical Center - 74th Med Div	Fairborn	Montgomery
1249	Morrow County Hospital	Mt. Gilead	Morrow
1250	Bethesda Hospital - Zanesville	Zanesville	Muskingum
1251	Genesis Good Samaritan Hospital - Zanesville	Zanesville	Muskingum
1252	H.B. Magruder Memorial Hospital	Port Clinton	Ottawa
1253	Paulding County Hospital	Paulding	Paulding
1254	Berger Hospital	Circleville	Pickaway
1299	Pike Community Hospital	Waverly	Pike
1255	Robinson Memorial Hospital	Ravenna	Portage
1257	MedCentral - Mansfield	Mansfield	Richland
1259	MedCentral - Shelby	Shelby	Richland
1029	Adena Regional Medical Center	Chillicothe	Ross
1706	VA Medical Center - Chillicothe	Chillicothe	Ross
1263	Memorial Hospital - Fremont	Fremont	Sandusky
1261	The Bellevue Hospital	Bellevue	Sandusky
1264	Southern Ohio Medical Center	Portsmouth	Scioto

Code	Hospital	City	County/State
1195	Fostoria Community Hospital	Fostoria	Seneca
1267	Mercy Hospital - Tiffin	Tiffin	Seneca
1268	Wilson Hospital	Sidney	Shelby
1016	Affinity Medical Center, Doctor's Campus	Massillon	Stark
1272	Affinity Medical Center, Massillon Campus	Massillon	Stark
1269	Alliance Community Hospital	Alliance	Stark
1270	Aultman Hospital	Canton	Stark
1443	Aultman Hospital West	Canton	Stark
1271	Mercy Medical Center - Canton	Canton	Stark
1277	Akron Children's Hospital Medical Center	Akron	Summit
1275	Akron City Hospital	Akron	Summit
1276	Akron General Medical Center	Akron	Summit
1279	Barberton Citizen's Hospital	Barberton	Summit
1280	Cuyahoga Falls General Hospital	Cuyahoga Falls	Summit
1278	St. Thomas Hospital	Akron	Summit
1000	St. Joseph Health Center	Warren	Trumbull
1283	Trumbull Memorial Hospital	Warren	Trumbull
1284	Twin City Hospital	Dennison	Tuscarawas
1285	Union Hospital	Dover	Tuscarawas
1286	Memorial Hospital - Union County	Marysville	Union
1287	Van Wert County Hospital	Van Wert	Van Wert
1289	Marietta Memorial Hospital	Marietta	Washington
1288	Selby General Hospital	Marietta	Washington
1291	Dunlap Memorial Hospital	Orrville	Wayne
1292	Wooster Community Hospital	Wooster	Wayne
1293	Community Hospitals & Wellness Ctr - Bryan	Bryan	Williams
1294	Community Hospitals & Wellness Ctr - Montpelier	Montpelier	Williams
1295	Wood County Hospital	Bowling Green	Wood
1296	Wyandot Memorial Hospital	Upper Sandusky	Wyandot
6007	Adams County Memorial Hospital		IN
6017	Ball Memorial Hospital		IN
6016	Blackford County Hospital		IN
6015	Bluffton Regional Medical Center		IN
6001	Cameron Memorial Community Hospital		IN
6011	Dearborn County Hospital		IN
6002	Dekalb Memorial Hospital		IN
6003	Dupont Hospital		IN
6019	Fayette Memorial Hospital		IN

Code	Hospital	City	County/State
6018	Henry County Memorial Hospital		IN
6008	Jay County Hospital		IN
6012	Lagrange Community Hospital		IN
6004	Lutheran Hospital of Indiana		IN
6020	Margaret Mary Community Hospital		IN
6000	Other Indiana Hospital		IN
6005	Parkview Hospital		IN
6013	Parkview Noble Hospital		IN
6010	Reid Hospital and Health Care Services		IN
6006	St. Joseph Hospital		IN
6009	St. Vincent Randolph Hospital		IN
6014	Whitley Memorial Hospital		IN
7004	Fleming County Hospital		KY
7009	Harrison Memorial Hospital		KY
7007	King's Daughters' Medical Center		KY
7005	Meadowview Regional Medical Center		KY
7000	Other Kentucky Hospital		KY
7008	Our Lady of Bellefonte Hospital		KY
7006	St. Claire Medical Center		KY
7010	St. Elizabeth Medical Center - Grant		KY
7001	St. Elizabeth Medical Center - North		KY
7002	St. Elizabeth Medical Center - South		KY
7003	St. Luke Hospital - East		KY
7011	St. Luke Hospital - West		KY
5004	Battle Creek Health System		MI
5010	Borgess Medical Center		MI
5011	Bronson Methodist Hospital		MI
5012	Bronson Vicksburg Hospital		MI
5020	Chelsea Community Hospital		MI
5003	Community Health Center of Branch		MI
5001	Community Hospital		MI
5008	Doctors Hospital of Jackson		MI
5013	Emma L. Bixby Medical Center		MI
5005	Fieldstone Center of Battle Creek		MI
5021	Forest Health Medical Center		MI
5014	Herrick Memorial Hospital		MI
5007	Hillsdale Community Health Center		MI
5002	Lakeland Hospital		MI

Code	Hospital	City	County/State
5018	Lakeview Community Hospital		MI
5006	Lee Memorial		MI
5015	Mercy Memorial Hospital		MI
5000	Other Michigan Hospital		MI
5022	Saline Community Hospital		MI
5019	South Haven Community Hospital		MI
5023	St. Joseph Mercy Hospital		MI
5016	Sturgis Memorial		MI
5017	Three Rivers Area Hospital		MI
5024	University of Michigan Health Center		MI
5009	W.A. Foote Memorial Hospital		MI
8001	Allegheny General Hospital		PA
8002	Allegheny Valley Hospital		PA
8003	AUMC Canonsburg		PA
8004	Children's Hospital of Pittsburgh		PA
8005	Corry Memorial Hospital		PA
8006	Forbes Regional Hospital		PA
8007	Greene County Memorial Hospital		PA
8008	Hamot Medical Center		PA
8034	IPMC Shadyside		PA
8009	Lifecare Hospitals of Pittsburgh		PA
8010	Meadville Medical Center		PA
8011	Medical Center Beaver PA		PA
8012	Mercy Hospital of Pittsburgh		PA
8013	Mercy Providence Hospital		PA
8014	Metro Health Center		PA
8015	Millcreek Community Hospital		PA
8016	Monongahela Valley Hospital		PA
8017	Ohio Valley General Hospital		PA
8000	Other Pennsylvania Hospital		PA
8019	Sewickley Valley Hospital		PA
8020	Sharon Regional Health System		PA
8021	Shriner’s Hospital for Children - Erie		PA
8022	South Hills Health System		PA
8023	St. Clair Memorial Hospital		PA
8018	St. Vincent Health Center		PA
8024	Suburban General Hospital - Pittsburgh		PA
8025	Titusville Area Hospital		PA

Code	Hospital	City	County/State
8026	Union City Memorial Hospital		PA
8027	United Community Hospital		PA
8028	UPMC Beaver Valley		PA
8029	UPMC Braddock		PA
8030	UPMC Horizon		PA
8031	UPMC Mckeesport		PA
8032	UPMC Passavant		PA
8033	UPMC Presbyterian		PA
8035	UPMC South side		PA
8036	UPMC St. Margaret		PA
8037	VA Medical Center - Erie		PA
8038	Washington Hospital		PA
8039	Western Pennsylvania Hospital		PA
4014	Cabell Huntington Hospital		WV
4013	CAMA General Hospital		WV
4018	Camden-Clark Memorial		WV
4010	Fairmont General Hospital		WV
4009	Huntington VA Medical Center		WV
4015	Mildred Mitchell-Bateman Hospital		WV
4002	Ohio Valley Medical Center		WV
4000	Other West Virginia Hospital		WV
4003	Peterson Hospital		WV
4008	Pleasant Valley Hospital		WV
4012	Putnam General Hospital		WV
4005	Reynolds Memorial Hospital		WV
4016	River Park Hospital		WV
4011	Roane General Hospital		WV
4007	Sistersville General Hospital		WV
4019	St. Joseph's Hospital/Parkersburg		WV
4017	St. Mary's Hospital		WV
4001	Weirton Medical Center		WV
4006	Wetzel County Hospital		WV
4004	Wheeling Hospital		WV