# OKEMSIS
# Data Dictionary

## (NEMSIS Version 3.4, OKEMSIS Version 3.4)
## Oklahoma EMS Data Standard for Patient Care Reports

**Oklahoma Version Date: September, 2021**

# Foreword

In an ongoing effort to collect accurate data, the OKEMSIS (Oklahoma Emergency Management Services Information System) data dictionary has been revised to correspond with the National EMS Data Standard, NEMSIS (National Emergency Management Services Information System) v3.4s. This updated version is the result of hard work on the part of many persons including the OKEMSIS data dictionary work group and OSDH Emergency Systems staff.

The purpose of collecting data is to:

1) gain a more complete "picture" of the patient care provided by certified and licensed agencies in Oklahoma,
2) to provide tools to agencies that will allow local system improvements,
3) develop targeted strategies to improve care in Oklahoma and
4) identify further areas of research to help improve overall patient outcomes.

Quality data collection is the key to local and state-wide system development as it enables us to continually improve our EMS system and helps us to measure improvements.

Through the continued leadership of the Oklahoma State Department of Health, the work of agencies, and certified and licensed emergency medical personnel, we can help ensure the citizens of Oklahoma continue to receive the proper level of care throughout their continuum of care.

**Dale Adkerson, EMS Director**

**OSDH-Emergency Systems**

## *OKEMSIS Database Usage and Guidelines*

OKEMSIS (Oklahoma EMS Information System) is the secure repository for all EMS run data required by the State of Oklahoma. The website can be found at the following link. Data can be entered into OKEMSIS through XML file (imports), on the website through various available run forms, or through a field-bridge. The list below contains some database usage guidelines and recommendations.

1. New EMS Services must call Emergency Systems at (405) 426-84807 to set up an account in OKEMSIS for user access after they have received their state license. All EMS services are required to enter their run data into the database (see SUBMISSION GUIDELINES/REQUIRED ENTRIES INTO OKEMSIS).
2. Data is due on a monthly basis and should be submitted by the last business day of the following month (ex. January is due by the end of February, see SUBMISSION GUIDELINES/REQUIRED ENTRIES INTO OKEMSIS).
3. Each service will be assigned a "Service Administrator" who will have access to all runs that are entered and will be able to add/inactivate staff, give staff account permissions, review quality control, enter/delete runs, along with a few other options that will be discussed with the service administrator at the time of account activation. **Each service should have no more than two service administrators (see "Permission Levels in OKEMSIS").**
4. If the EMS service changes service administrator access to another person, the service chief must notify (through e-mail) Emergency Systems before access is given.
5. Each EMS service will have access to their own data and will not have access to any other service. If a service wants access to other EMS data (de-identified) they must submit a formal request/e-mail to Emergency Systems at xanah@health.ok.gov to start the approval process. Each data request has to be approved by the Oklahoma State Department of Health.
6. EMS services will be responsible for entering the required service demographic data in their service set up in OKEMSIS.
7. **All staff that performs runs for your service must be entered into the database even if a service imports their data through a third party vendor.**
8. If a staff member quits or is fired, etc….the service administrator needs to inactivate the person immediately. If there are runs still being entered for that person the administrator can keep them active but "lock" their access to the OKEMSIS database.
9. Staff accounts that have no activity for 3 months will be put on the inactive list when that person tries to log in after the 3 month time period. **Services must call Emergency Systems to re-activate/delete staff. Deletion of staff is not recommended as their name will be erased from all runs they participated in for your service.**
10. All staff needs at least their first and last names, e-mail address, and state EMS certification id entered into the database. If that person is the primary contact or Service Chief that also needs to be indicated.

11. **Do not use another person's username or password to log into OKEMSIS.** Each person that needs access to OKEMSIS must be given their own account. Third party vendors also need their own username and password.

| Permission Levels in OKEMSIS | | |
|---|---|---|
| *Permission Level* | *Permissions* | *Recommendation* |
| Ambulance Service Administrator | Gives access to all runs entered into the system no matter which EMT enters it (including QA/QI, reports, ect..). Highest access to the EMS Services. | Recommended to have no more than 2 administrators per service. |
| Ambulance Service Provider | Gives access to the EMT to only runs associated with their name (runs they have entered or their name is on). | If the EMT only enters the runs, they need to have this permission level. |
| Vendor | Gives access to vendor to import runs only. | This permission level should be given to all vendors unless they perform other functions(like billing). |
| Billing | Gives access to view/print the entire run including patient identifiable information. No other access is given here. | This permission level recommended for billing company or software. |
| Report Writer Access | Gives access to pull reports only. | This permission level recommended for any EMT/employee of the EMS service to pull reports (and that's all they do in OKEMSIS). |

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## *SUBMISSION GUIDELINES/REQUIRED ENTRIES INTO OKEMSIS*

If a ground or air unit leaves their station for a call within, into or out of Oklahoma, we require the information for that call to be entered into the OKEMSIS database. *If the air or ground ambulance never leaves the station, we do not require the run to be entered into OKEMSIS.*

The information below details the related statutes and regulations concerning which types of runs are required to be entered into OKEMSIS.

### *§63-1-2511 Commissioner – Powers and Duties*

Paragraph 6 states: *"Develop a standard report form which will be used by local, regional and statewide emergency medical services and emergency medical systems to facilitate the collection of data related to the provision of emergency medical and trauma care. The Commissioner shall also develop a standardized emergency medical services data set and an electronic submission standard. Each ambulance service shall submit the information required in this section at such intervals as may be prescribed by rules promulgated by the State Board of Health."*

The "data set" referred to above has been established and includes the information that is in question. These forms need to be completed accurately and in their entirety. The data set has been established by many public hearings, sub-committees and the Oklahoma Emergency Response Systems Development Advisory Council approvals.

Further, the Oklahoma Administrative Code [OAC] has some language promulgated from the enabling legislation.

*OAC 310:641-3-160(a)(1)(B)* states*: "All run reports shall contain administrative, legal, medical, community health and evaluation information required by the Department."* Required by the Department refers to the "Data Set" mentioned above.

*OAC 310:641-3-160(b)* states: *"The standardized data set and an electronic submission standard for EMS data as developed by the Department shall be mandatory for each licensed ambulance service. **Reports of the EMS data standard shall be forwarded to the Department by the last business day of the following month."***

Refusals and DOA's, cancelled calls, and all other administrative, legal, medical, community health and evaluation information, are part of the standardized data set that are required by law.

## *OKEMSIS Database Usage-Third Party Vendors (Importing)*

For EMS services who import their run data into OKEMSIS through XML file or field bridge, there is a list of elements that each run must answer (non-nillable, cannot be blank, and Not Values not acceptable). **All elements in the data dictionary are mandatory** but the following elements have to have a valid answer in order for the file to import into the system. If any one of the below elements do not have a valid answer, the whole XML file will fail to import. The table below is a list of these mandatory, non-nillable elements.

| *Element Description* | *OKEMSIS v3 Element Number* |
|---|---|
| EMS Agency Unique State ID (Header) | dAgency.01 |
| EMS Agency Number (Header) | dAgency.02 |
| EMS Agency State (Header) | dAgency.04 |
| Crew Member Id | eCrew.01 |
| Crew Member Level | eCrew.02 |
| Crew Member Response Role | eCrew.03 |
| Complaint Reported by Dispatch | eDispatch.01 |
| Incident/Patient Disposition | eDisposition.12 |
| EMS Transport Mode | eDisposition.16 |
| Patient Care Report (PCR) Number (Header) | eRecord.01 |
| Software Creator (Header) | eRecord.02 |
| Software Name (Header) | eRecord.03 |
| Software Version (Header) | eRecord.04 |
| EMS Agency Number | eResponse.01 |
| EMS Response Number | eResponse.04 |
| Type of Service Requested | eResponse.05 |
| Primary Role of the Unit | eResponse.07 |
| Type of Dispatch Delay | eResponse.08 |
| Type of Response Delay | eResponse.09 |
| EMS Vehicle (Unit) Number | eResponse.13 |
| EMS Unit Call Sign | eResponse.14 |
| Level of Care of This Unit | eResponse.15 |
| Response Mode to Scene | eResponse.23 |
| Incident Location Type | eScene.09 |
| Incident Street Address | eScene.15 |
| Incident City | eScene.17 |
| Incident State | eScene.18 |
| Incident Zip Code | eScene.19 |
| Incident County | eScene.21 |
| EMS Dispatch Notified Date/Time | eTimes.02 |

| Unit Notified by Dispatch Date/Time | eTimes.03 |
|---|---|
| Unit En Route Date/Time | eTimes.05 |
| Patient Care Report Narrative | eNarrative.01 |

### *Destination/Incident Facility Lists*

Incident Facility Code (eScene.10) and Destination Transferred To Code (eDisposition.02) utilize the same list of codes which are based off emergency room encoder numbers (if location is within Oklahoma). Out of state facilities will have a generic number assigned by Emergency Systems staff and will only be added to the code list based upon utilization by the EMS service or services (as determined by Emergency System staff). If a vendor has a destination not on the OKEMSIS code list then that code needs to be mapped to one of the appropriate generic codes on the OKEMSIS list. *Vendors must match their incident/destination codes with the OKEMSIS code list or that file will be rejected.* A list of OKEMSIS incident/destination codes can be found in the appendix of this document.

### *Run Times and Time Zone*

*For the OKEMSIS version 3 dataset all times must be saved and submitted in Central Standard Time (CST). EMS services that import their data through a third party vendor must have their run times in CST time in their XML file or field bridge software before they import into OKEMSIS.* OKEMSIS will ask if your run times are in Zulu Time in the data exchange and if your times are in CST time, say "NO" before you import. Date and time formats can be found on page 263 in the appendix section.

### *Custom Codes/Elements*

Several state required (custom) elements are now part of the regular v3 NEMSIS dataset for Oklahoma: Trauma Triage Criteria (eInjury.03), Patient Priority Status (eSituation.13), Destination Team Pre-Arrival Alert or Activation (eDisposition.24), Date/Time of Destination Prearrival Alert or Activation (eDisposition.25), and ECG Type (eVitals.04)/Method of ECG Interpretation (eVtials.05, replaces STEMI fields). *Several of these elements have custom codes which are required to be in the OKEMSIS v3 dataset and are highlighted with that element. There are also several additional non-custom elements where custom codes have been added which are also required to be in the OKEMSIS v3 dataset: Type of Service Requested (eResponse.05), Procedures (eProcedures.03), Medications (eMedications.03), Incident Location Type (eScene.09) and EMS Transport Mode (eDisposition.16).*

## *NEMSIS Version 3 Demographic Dataset Submission*

In an effort to achieve baseline data for each state, NEMSIS v3 requires that the first data submission for v3 be a demographic submission. The table below gives a list of the elements required for each regular data submission (dark green) by the EMS agency and all the required demographic elements (blue). These demographic elements are required to be updated at least once a year (or when necessary) by the EMS service, and Emergency Systems will submit that data to NEMSIS. All the demographic elements can be found in your service set-up in OKEMSIS and are not required for every data submission (with exception for dAgency.01-.04).

## NEMSIS Version 3 Demographic Dataset Submission Requirements

| V3 Element # | V3 Element Title | Submission Requirements |
|---|---|---|
| dAgency.01 | EMS Agency Unique State ID | Every EMS XML File |
| dAgency.02 | EMS Agency Number | Every EMS XML File |
| dAgency.04 | EMS Agency State | Every EMS XML File |
| dAgency.05 | EMS Agency Service Area States | Initially, Annually, and As Updated |
| dAgency.06 | EMS Agency Service Area County(s) | Initially, Annually, and As Updated |
| dAgency.07 | EMS Agency Census Tracts | Initially, Annually, and As Updated |
| dAgency.08 | EMS Agency Service Area ZIP Codes | Initially, Annually, and As Updated |
| dAgency.09 | Primary Type of Service | Initially, Annually, and As Updated |
| dAgency.11 | Level of Service | Initially, Annually, and As Updated |
| dAgency.12 | Organization Status | Initially, Annually, and As Updated |
| dAgency.13 | Organizational Type | Initially, Annually, and As Updated |
| dAgency.14 | EMS Agency Organizational Tax Status | Initially, Annually, and As Updated |
| dAgency.15 | Statistical Calendar Year | Initially, Annually, and As Updated |
| dAgency.16 | Total Primary Service Area Size | Initially, Annually, and As Updated |
| dAgency.17 | Total Service Area Population | Initially, Annually, and As Updated |
| dAgency.18 | 911 EMS Call Center Volume per Year | Initially, Annually, and As Updated |
| dAgency.19 | EMS Dispatch Volume per Year | Initially, Annually, and As Updated |
| dAgency.20 | EMS Patient Transport Volume per Year | Initially, Annually, and As Updated |
| dAgency.21 | EMS Patient Contact Volume per Year | Initially, Annually, and As Updated |
| dAgency.25 | National Provider Identifier | Initially, Annually, and As Updated |
| dAgency.26 | Fire Department ID Number | Initially, Annually, and As Updated |
| dConfiguration.01 | State Associated with the Certification/Licensure Levels | Initially, Annually, and As Updated |
| dConfiguration.02 | State Certification Licensure Levels | Initially, Annually, and As Updated |
| dConfiguration.03 | Procedures Permitted by the State | State to NEMSIS Database - Initially, Annually, and As Updated |
| dConfiguration.04 | Medications Permitted by the State | State to NEMSIS Database - Initially, Annually, and As Updated |
| dConfiguration.05 | Protocols Permitted by the State | State to NEMSIS Database - Initially, Annually, and As Updated |
| dConfiguration.06 | EMS Certification Levels Permitted to Perform Each Procedure | Initially, Annually, and As Updated |

| dConfiguration.07 | EMS Agency Procedures | Initially, Annually, and As Updated |
|---|---|---|
| dConfiguration.08 | EMS Certification Levels Permitted to Administer Each Medication | Initially, Annually, and As Updated |
| dConfiguration.09 | EMS Agency Medications | Initially, Annually, and As Updated |
| dConfiguration.10 | EMS Agency Protocols | Initially, Annually, and As Updated |
| dConfiguration.11 | EMS Agency Specialty Service Capability | Initially, Annually, and As Updated |
| dConfiguration.13 | Emergency Medical Dispatch (EMD) Provided to EMS Agency Service Area | Initially, Annually, and As Updated |
| dConfiguration.15 | Patient Monitoring Capability(s) | Initially, Annually, and As Updated |
| dConfiguration.16 | Crew Call Sign | Initially, Annually, and As Updated |

# Definitions

## *Patient Disposition*

**Assist, Unit -** The reporting EMS unit assisted another EMS unit at the scene.

**Patient Treated, Transported by EMS -** The patient was treated and transported by the reporting EMS unit.

**Cancelled (Prior To Arrival at Scene) -** Response is terminated by the communications center prior to the unit's arrival at the scene.

**No Patient Found (Cancelled On Scene) -** EMS was unable to find a patient at the scene.

**No Patient Contact (Cancelled On Scene) -** EMS had no patient contact on scene.

**Patient Treated, Transferred Care to Another EMS Professional -** The patient was treated but care was transferred to another EMS air or ground unit EMT.

**Patient Treated, Transported by Law Enforcement -** The patient was treated by EMS and transported by a law enforcement unit.

**Patient Evaluated, No Treatment/Transport Required -** The patient was not found to have a treatable illness/injury.

**Patient Refused Evaluation/Care (Without Transport) -** The patient refused to be cared for by EMS at the scene, even if they appeared to need care.

**Patient Refused Evaluation/Care (WithTransport) -** The patient refused to be cared for by EMS but was transported to an appropriate healthcare facility.

**Patient Treated, Released (AMA) -** The patient was treated by EMS but patient refused transport Against Medical Advice (AMA) by EMT.

**Patient Treated, Released (per protocol) -** The patient was treated by EMS but patient was released per protocol.

**Patient Dead at Scene-No Resuscitation Attempted (Without Transport) -** No treatment rendered as patient was dead upon the vehicle's arrival at the scene.

**Patient Dead at Scene- Resuscitation Attempted (Without Transport) -** Patient was dead on arrival at scene but resuscitation was attempted.

**Standby -** Response was for purposes of being available in case of a medical/traumatic emergency, such as sporting events, fires, or police action and there was no patient contact or support provided.

## *Type of Service Requested*

**911 Response (Scene) -** Select if the EMS Agency responded to the scene of an emergency in its own jurisdiction, whether the caller used 911 or dialed direct to the EMS Agency dispatcher using a regular phone number. **DO NOT INCLUDE TRANSFERS BETWEEN ACUTE CARE FACILITIES.**

**Inter-Facility Transport, Emergent (911 Call) -** This is the correct value to enter if the EMS Agency transferred an *emergent* patient from an acute care facility such as an emergency department or urgent care center to another emergency department or urgent care center. **DO NOT INCLUDE TRANSFERS TO OR FROM NURSING HOMES, LONG-TERM CARE FACILITIES, RESIDENTIAL FACILITIES OR DOCTOR'S CLINICS.**

**Inter-Facility Transport, Non-Emergent (Routine) -** This is the correct value to enter if the EMS Agency transferred a *non-emergent* patient from an acute care facility such as an emergency department or urgent care center to another emergency department or urgent care center. **DO NOT INCLUDE TRANSFERS TO OR FROM NURSING HOMES, LONG-TERM CARE FACILITIES, RESIDENTIAL FACILITIES OR DOCTOR'S CLINICS.**

**Medical Transport -** Select if the EMS Agency responded to a pre-hospital, **non-emergency transport**, which includes transports from the Dr. office, clinic, LTC, residential care center, rehab center, nursing homes, etc. and to requests for medical transport to the emergency department. **DO NOT INCLUDE TRANSFERS BETWEEN ACUTE CARE FACILITIES.**

**Mutual Aid -** Select if the EMS Agency responded to the scene of an emergency outside its jurisdiction at the request of another EMS Agency.

**Standby -** Select for purposes of being available in case of a medical/traumatic emergency, such as sporting events, fires, or police action.

**Intercept -** Select when one EMS Provider is requested to meet another with the intent of receiving a patient. The destination code for the originating agency should be "2-Care Transfer to Another Ambulance Service" (code 444) and the Type of Service Requested should be "Intercept" for the intercept recipient agency.

**Public Assistance/Other Not Listed -** added for EMS expanded scope events such as elderly assistance, injury prevention, public education, immunization programs, etc

## *Incident Location Type (Selected Definitions)*

**Private Residence -** Any home or residence (not just the patient's home) including a farmhouse. Includes the yard, driveway, garage, pool, garden, or walk of a home, apartment, or residence

**Institutional (nonprivate) residence** - Any residence other than private which includes mental institutions, drug rehab clinics, group homes, and half-way houses. *Does not include Healthcare facilities.*

**Farm** - NOT a farmhouse: a place of agriculture, including ranches, land under cultivation and nonresidential farm buildings.

**Mine or Pit** - Includes sand pits, gravel pits and tunnels under construction.

**Athletic Field(Outdoor)** - Includes outdoor sports fields, courses, and sports stadiums. If the incident occurs on an indoor court, put "Athletic Court (Indoor)".

**Athletic Court(Indoor)** - Includes indoor sports courts, courses, and sports stadiums. If the incident occurs on an outdoor court, put "Athletic Field (Outdoor)".

**Street, highway and other paved roadways** - Any paved public street, road, highway, or avenue.

**Unspecified street and highway (including unpaved)** - Any paved or unpaved public street, road, or avenue not otherwise listed in the current list.

**Other specified public building** - Any publicly owned building and its grounds not otherwise specified in the current list.

**Trade or Service Area** - Any privately owned building used for business not otherwise stated in the current list. *Excludes health care facilities.*

*Ambulatory Health Services Establishments* - This industry group comprises establishments, not classified to any other industry group, primarily engaged in providing ambulatory health care services, such as ambulance services, blood banks, blood donor stations, organ banks, blood pressure screening services, hearing testing services and physical examination services, except by health practitioners.

**Lake/River** - *DOES NOT* include swimming pools. Any other body of water, including creeks.

**Wilderness area** - Any state/federal wilderness or park area (example: Wichita Wildlife Refuge in Lawton, Oklahoma). *DOES NOT INCLUDE NEIGHBORHOOD PUBLIC PARKS.*

**Other Wilderness area** - Any wilderness or park area that doesn't fit the definition of "Wilderness Area". *DOES NOT INCLUDE NEIGHBORHOOD PUBLIC PARKS.*

## Patient Priority Status

**Priority 1** - These are patients with high energy blunt or penetrating injury causing physiological abnormalities or significant single or multisystem anatomical injuries. These patients have time sensitive injuries requiring the resources of a designated

Level I, Level II, or Regional Level III Trauma Center. These patients should be directly transported to a Designated Level I, Level II, or Regional Level III facility for treatment but may be stabilized at a Level III or Level IV facility, if needed, depending on location of occurrence and time and distance to the higher level trauma center. If needed these patients may be cared for in a Level III facility if the appropriate services and resources are available.

**Priority 2 -** These are patients with potentially time sensitive injuries due to a high energy event (positive mechanism of injury) or with a less severe single system injury but currently with no physiological abnormalities or significant anatomical injury.

**Priority 3 -** These patients are without physiological abnormalities, altered mentation, neurological deficit, or a significant single system injury that has been involved in a low energy event. These patients should be treated at the nearest treating facility or the patient's hospital of choice. An example would be a same level fall with extremity or hip fracture.

## *EMS Transport Mode (s) - Examples*

**Air Medical-Fixed Wing -** If a Fixed Wing aircraft was the only EMS unit involved in the patient transport from the point of origin (scene) to the final destination (i.e. hospital, etc.) then choose this code (4216001).

**Air Medical-Rotor Wing -** If a Rotor Wing aircraft was the only EMS unit involved in the patient transport from the point of origin (scene) to the final destination (i.e. hospital, etc.) then choose this code (4216003).

**Ground-Ambulance -** If a Ground Ambulance was the only EMS unit involved in the patient transport from the point of origin (scene) to the final destination (i.e. hospital, etc.) then choose this code (4216005).

**Stretcher Van -** If a Stretcher Van was the only vehicle involved in the patient transport from the point of origin (scene) to the final destination (i.e. hospital, etc.) then choose this code (it2223.022).

**Ground-to-Ground Transfer -** If a patient is transferred from a ground ambulance to another ground ambulance then choose this code (4216006).

**Ground-Rescue Vehicle-to-Ground Ambulance Transfer -** If a patient is transferred from a rescue vehicle (i.e. ATV, wheel chair van, etc.) to a ground ambulance then choose this code (4216008). *Rescue vehicle **does not** include air (fixed or rotor wing) or ground ambulances.*

**Ground-Rescue Vehicle-to-Air Ambulance Transfer -** If a patient is transferred from a rescue vehicle (i.e. ATV, wheel chair van, etc.) to an air ambulance (fixed or rotor

wing) then choose this code (4216009). *Rescue vehicle **does not** include air (fixed or rotor wing) or ground ambulances.*

**Ground-to-Air Transfer -** If a patient is transferred from a ground ambulance to an air ambulance (fixed or rotor wing) then choose this code (4216018).

**Air-to-Ground Transfer -** If a patient is transferred from an air ambulance (fixed or rotor wing) to a ground ambulance then choose this code (4216019).

**Air-to-Air Transfer -** If a patient is transferred from an air ambulance (fixed or rotor wing) to another air ambulance then choose this code (4216020).

**Ground-to-Air-to-Ground Transfer -** If a patient is transferred from a ground ambulance to an air ambulance (fixed or rotor wing) to another ground ambulance then choose this code (4216021).

**No Transport -** If the EMS unit (ground or air) has no patient contact or the patient was not transported by the responding unit then choose this code (4216022). ***NOTE:*** If a ground ambulance responds to the scene and an air ambulance is called and arrives on scene (patient not transported by ground ambulance vehicle, only patient care is transferred) then the ground ambulance would use the "No Transport" code while the air ambulance would use the code(s) 4216001 (fixed wing) or 4216003 (rotor wing).

## *Miscellaneous Definitions*

*Trauma* - Any event associated with an injury that can be labeled as a Priority 1, 2 or 3 patient according to the definitions assigned to each priority status. *See Trauma Triage Level for the definitions of Priority 1, 2 and 3 patients associated with injury. See also "Validation Rules-Trauma" in the definitions to see Primary/Secondary Impression codes associated with Trauma.*

*Validation Score* - A number from below zero to 100 given to each EMS service call entered into OKEMSIS based on a set of rules called VALIDATION RULES. The optimum goal is to have a validation score of 100.

*Validation Rules* - A set of criteria based on the data elements in the OKEMSIS data dictionary that gives a validation score. **All elements in OKEMSIS will have a validation rule attached based on Incident/Patient Disposition along with other appropriate criteria.** Validation rules can be found in the comments section under each element.

*High Energy Event* - Patients that are involved in rapid acceleration/deceleration events that absorb large amounts of energy and are at an increased risk for severe injury despite normal vital signs on their initial assessment. Five to fifteen percent of these patients, despite normal vital signs and no apparent anatomical injury on initial evaluation, will have a significant injury discovered after a full trauma evaluation with serial observations. Determinates to be considered are direction and velocity of impact

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and the use of personal protection devices. Motor vehicle crashes when occupants are using personal safety restraint devices may not be considered a high-energy event. Personal safety devices will often protect the occupant from absorbing high amounts of energy even when the vehicle shows significant damage.

*Oklahoma PCR #* - A unique number assigned to each element that corresponds to the question number on the run form provided by OSDH Emergency Systems.

*Respiratory condition due to chemicals, gases, fumes and vapors Incident (Provider Impression, eSituation.11, code J68.9)* - This is related to any respiratory condition due to exposure to chemicals, gases, fumes, or vapors *not related to drug use.*

*Inhalant Related disorders (Provider Impression, eSituation.11, code F18)* - This is related to any respiratory condition due to exposure to chemicals, gases, fumes, or vapors *related to drug use.* One example includes patients who huff paint.

*Heavy Transport Vehicle (Cause of Injury Codes V69.3, V69.9)* - A heavy transport vehicle is defined as a motorized vehicle with three or more axles. An example would be a semi truck with a trailer.

*Rolling-Type Pedestrian Conveyance Accident (Cause of Injury Code V00.1)* - An accident involving a non-motorized pedestrian conveyance which includes roller skates (inline included), skateboards, non-motorized wheel chairs, baby strollers, etc…

*\*Validation Rules: "Trauma"* - " Trauma" is associated with the Primary/Secondary Impression codes of S39.91, S90, S59.9, S39.94, S05, S09.9, S79.9, S06.9, S39.92, S89.9, S19.9, T14.90, S39.93, S49.9, S29.9, S69.9, P15.9, J94.2, J93.9, S06.0X9, S06.0X0.

*\*\*Validation Rules: "Invasive Airway"* - "Invasive Airway" is associated with the Procedure Codes of 78121007, 429705000, 427753009, 424979004, 232679009, 232673005, 232692007, 232674004, 232689008, 232711005, 271280005, itSNOMED.001.

*\*\*Validation Rules: "Patient Contact"* - Codes associated with eDisposition.12 (Incident/Patient Disposition) where there is patient contact. Those codes include 4212013, 4212015, 4212019, 4212021, 4212025, 4212027, 4212029, 4212031, 4212033, 4212035, and 4212037.

*TReC (Trauma Referral Center)* - The trauma transfer and referral center (mainly region 7 and 8). See TReC Statute §63-1-2530.8, Rule OS 310:641-3-130 .

*OKEMSIS Usage: Mandatory* - Element srequired to be in the Oklahoma dataset. Some mandatory elements for Oklahoma are optional in NEMSIS data dictionary but have to be included in the PCR for Oklahoma.

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## eArrest

## eCrew

## eDispatch

## eDisposition

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## eExam

Due to the dynamic nature of assessments during EMS service calls a specific set of assessments are not required. Rather, all service calls (or runs) with patient contact *the appropriate patient assessment (trauma or medical) must be performed and the data submitted into OKEMSIS*. **The eExam section must be included in your PCR. While there are no validation rules for the specific elements within this section, a *validation rule requires that a patient assessment has been applied.* A list of required eExam elements can be found in the** **appendix** **section of this document.**

## eHistory

## eInjury

## eMedication

## eNarrative

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## eResponse

## eScene

## eSituation

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## eTimes

## eVitals

## State Mandatory Fields (eCustom Configuration/ eCustom Results)

These fields are stored in the eCustomConfiguration and eCustomResults fields in NEMSIS version 3 (see "Custom Elements in NEMSIS v3" for custom configuration and results).

## Appendix

*NOTE: Suggested code lists are updated as needed. An updated suggested code list can be found here: OSDH EMS Website .*

## Selected Topics

# *dAgency*

# *EMS Agency Unique State ID*

## NEMSIS ID:  dAgency.01 – EMS Agency Unique State ID

### Definition

*The unique ID assigned to the EMS Agency which is associated with all state licensure numbers and information.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | No | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway  Cardiac  Arrest  Pediatric  Response  STEMI  Stroke  Traumas*

### Constraints

| *Data Type* | *Min Length* | *Max Length* |
|---|---|---|
| **String** | **1** | **50** |

### Data Element Comment/Validation Rules

*This may be the EMS Agency Name or a unique number assigned by the state EMS office. This is required to document multiple license types and numbers associated with the same EMS Agency. This element is required in the header of the XML file for services that import there data with every file submitted. It is also required for every demographic submission.*

# *EMS Agency Number*

## NEMSIS ID:  dAgency.02 – EMS Agency Number

### Definition

*The state-assigned provider number of the responding agency.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | D01_01 | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway  Cardiac  Arrest  Pediatric  Response  STEMI  Stroke  Trauma*

### Constraints

| *Data Type* | *Min Length* | *Max Length* |
|---|---|---|
| **String** | **1** | **15** |

### Data Element Comment/Validation Rules

*This is the primary identifier for the entire Demographic Section. Each of the Demographic sections must be associated with an EMS Agency Number. An EMS Agency can have more than one Agency Number within a state. This reflects the ability for an EMS Agency to have a different number for each service type or location (based on state implementation). The EMS Agency Number in dAgency.02 can be used to auto-populate eResponse.01 EMS Agency Number in the EMS Event section. Published: This element is required in the header of the XML file for services that import there data with every file submitted. It is also required for every demographic submission.*

# *EMS Agency State*

| NEMSIS ID:  dAgency.04 – EMS Agency State |
|---|

| Definition |
|---|

*The state/territory which assigned the EMS agency number.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | D01_03 | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

| NEMSIS Associated Performance Measure Initiatives |
|---|

*Airway  Cardiac  Arrest  Pediatric  Response  STEMI  Stroke  Trauma*

| Constraints |
|---|

**_Pattern_**

**[0-9]{2}**

| Data Element Comment/Validation Rules |
|---|

*This has been clarified to reflect that it is the state in which the EMS Agency resides and the state associated with the EMS Agency number. This element is required in the header of the XML file for services that import there data with every file submitted. It is also required for every demographic submission.*
*GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm*

# *EMS Agency Service Area States*

NEMSIS ID:  dAgency.05 – EMS Agency Service Area States

### Definition

*The states in which the EMS Agency provides services including the state associated with the EMS Agency Number.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | No | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

### Constraints

*Pattern*

[0-9]{2}

### Data Element Comment/Validation Rules

*Element added to document all of the states in which the EMS agency provides services. Each state listed is associated with the counties, census tracts, and ZIP codes within the EMS Agency Service Area for each state. This element is required for every demographic submission but is not a part of the normal data submission. Each state is captured as a group where the EMS agency provides service. The group includes dAgency.05, dAgency.06, dAgency.07, and Agency.08.*

*GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm*

# *EMS Agency Service Area County(ies)*

## NEMSIS ID:  dAgency.06 – EMS Agency Service Area County(s)

### Definition

*The county(ies) within each state for which the agency formally provides service.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | D01_04 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

### NEMSIS Associated Performance Measure Initiatives

*Airway  Cardiac  Arrest  Pediatric  Response  STEMI  Stroke  Trauma*

### Attributes

*CorrelationID*
*Data Type: pattern      minLength: 0      maxLength: 255*

### Constraints

**Pattern**
**[0-9]{5}**

### Data Element Comment/Validation Rules

*Each state listed is associated with the counties, census tracts, and ZIP codes within the EMS Agency Service Area for each state. County codes are based on ISO/ANSI codes. It is a 5-digit code based on state (2-digit) and county (3-digit). This element is required for every demographic submission but is not a part of the normal data submission.*
*GNIS Codes Website:* [http://geonames.usgs.gov/domestic/download_data.htm](http://geonames.usgs.gov/domestic/download_data.htm)

# *EMS Agency Census Tracts*

## NEMSIS ID:  dAgency.07 – EMS Agency Census Tracts

### Definition

*The US census tracts in which the EMS agency formally provides service.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | No | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

**CorrelationID**
**Data Type: string**          **minLength: 0**          **maxLength: 255**

### Constraints

**Pattern**
**[0-9]{11}**

### Data Element Comment/Validation Rules

*This element is required for every demographic submission but is not a part of the normal data submission. This data element was added to better document the service area of the EMS Agency. Each state listed is associated with the counties, census tracts, and ZIP codes within the EMS Agency Service Area for each state. The format of the census tract number must be an 11-digit number, based upon the 2010 census, using the pattern: 2-digit State Code 3-digit County Code 6-digiit Census Tract Number (no decimal). Example: NEMSIS TAC office (UT, Salt Lake County, Census Tract - located at 295 Chipeta Way, Salt Lake City, UT) 49035101400.*

# *EMS Agency Service Area ZIP Codes*

**NEMSIS ID:  dAgency.08 – EMS Agency Service Area ZIP Codes**

| Definition | |
|---|---|

*The ZIP codes for the EMS Agency's service area.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | No | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

| Attributes |
|---|

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

**CorrelationID**
**Data Type: string**          **minLength: 0**          **maxLength: 255**

| Constraints |
|---|

**Pattern**
[0-9]{5}|[0-9]{5}-[0-9]{4}|[0-9]{5}-[0-9]{5}|[A-Z][0-9][A-Z] [0-9][A-Z][0-9]

| Data Element Comment/Validation Rules |
|---|

*This element is required for every demographic submission but is not a part of the normal data submission. This data element was added to better document the service area of the EMS Agency. Each state listed is associated with the counties, census tracts, and ZIP codes within the EMS Agency Service Area for each state.*

# *Primary Type of Service*

## NEMSIS ID:  dAgency.09 – Primary Type of Service

### Definition

*The primary service type provided by the agency.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | D01_05 | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway  Cardiac  Arrest  Pediatric  Response  STEMI  Stroke  Trauma*

### Code List

| Code | Description |
|---|---|
| 9920001 | 911 Response (Scene) with Transport Capability |
| 9920003 | 911 Response (Scene) without Transport Capability |
| 9920005 | Air Medical |
| 9920007 | ALS Intercept |
| 9920009 | Critical Care (Ground) |
| 9920013 | Medical Transport (Convalescent, Interfacility Transfer Hospital and Nursing Home) |
| 9920015 | Rescue |

### Data Element Comment/Validation Rules/Validation Rules/Validation Rules/Validation

*The Primary Type of Service that is associated with each of the EMS Agency Numbers. This element is required for every demographic submission but is not a part of the normal data submission.*

# *Level of Service*

## NEMSIS ID:  dAgency.11 – Level of Service

### Definition

*The level of service which the agency provides EMS care for every request for service (the minimum certification level). This may be the license level granted by the state EMS office.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | D01_07 | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway  Cardiac  Arrest  Pediatric  Response  STEMI  Stroke  Trauma*

### Code List

| Code | Description |
|---|---|
| 9917001 | Advanced Emergency Medical Technician (AEMT) |
| 9917003 | Emergency Medical Responder (EMR) |
| 9917005 | Emergency Medical Technician (EMT) |
| 9917007 | Paramedic |
| 9917013 | Intermediate |
| 9917019 | Physician |
| 9917021 | Critical Care Paramedic |
| 9917023 | Community Paramedicine |
| 9917025 | Nurse Practitioner |
| 9917027 | Physician Assistant |
| 9917029 | LPN (licensed practical nurse) |
| 9917031 | Registered Nurse |

### Data Element Comment/Validation Rules

*The Level of Service is associated with the specific EMS Agency Number (dAgency.02) for the EMS Agency. The category Intermediate includes EMS professionals with an "85" or "99" certification level. For example a BLS licensed ambulance service (EMT) with Intermediate or Paramedic on staff, the appropriate level of service is "EMT ". This is because the care provided to patients is limited to BLS skills. This element is required for every demographic submission but is not a part of the normal data submission.*

# *Organization Status*

## NEMSIS ID:  dAgency.12 – Organization Status

### Definition

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

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | D01_09 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway  Cardiac  Arrest  Pediatric  Response  STEMI  Stroke  Trauma*

### Code List

| Code | Description |
|---|---|
| 1016001 | Mixed |
| 1016003 | Non-Volunteer |
| 1016005 | Volunteer |

### Data Element Comment/Validation Rules

*The Organizational Status that is associated with the EMS Agency and the specific EMS Agency Number (dAgency.02). This element is required for every demographic submission but is not a part of the normal data submission.*

# *Organizational Type*

## NEMSIS ID:  dAgency.13 – Organizational Type

### Definition

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

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | D01_08 | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway  Cardiac  Arrest  Pediatric  Response  STEMI  Stroke  Trauma*

### Code List

| Code | Description |
|---|---|
| **9912001** | **Fire Department** |
| **9912003** | **Governmental, Non-Fire** |
| **9912005** | **Hospital** |
| **9912007** | **Private, Non-hospital** |
| **9912009** | **Tribal** |

### Data Element Comment/Validation Rules

*Organizational Type is associated with the EMS Agency and the specific EMS Agency Number (dAgency.02). This element is required for every demographic submission but is not a part of the normal data submission. Fire Department includes volunteer, paid, or a combination of both.*

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# *EMS Agency Organizational Tax Status*

## NEMSIS ID: dAgency.14 – EMS Agency Organizational Tax Status

### Definition

*The EMS Agencies business/corporate organizational tax status.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | No | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway  Cardiac  Arrest  Pediatric  Response  STEMI  Stroke  Trauma*

### Code List

| Code | Description |
|---|---|
| 1018001 | For Profit |
| 1018003 | Other (ex: Government) |
| 1018005 | Not For Profit |

### Data Element Comment/Validation Rules

*This element is associated with the EMS Agency for the specific EMS Agency Number (dAgency.02). This element is required for every demographic submission but is not a part of the normal data submission.*

# *Statistical Calendar Year*

## NEMSIS ID:  dAgency.15 – Statistical Calendar Year

### Definition

*The calendar year to which the information pertains to for the EMS Agency and the specific EMS Agency Number (dAgency.02).*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | D01_10 | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### Constraints

| *Data Type* | *minInclusive* | *maxInclusive* |
|---|---|---|
| integer | 1900 | 2050 |

### Data Element Comment/Validation Rules

*Will allow multiple entries to allow data to be stored on several years. This statistical information is associated with the EMS Agency's specific EMS Agency Number (dAgency.02) and elements dAgency.16 through dAgency.22. This element is required for every demographic submission but is not a part of the normal data submission.*

# *Total Primary Service Area Size*

## NEMSIS ID:  dAgency.16 - Total Primary Service Area Size

### Definition

*The total square miles in the agency's service area.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | D01_12 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway  Cardiac Arrest  Pediatric  Response  STEMI  Stroke  Trauma*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable**      **7701003 - Not Recorded**

### Constraints

| *Data Type* | *minInclusive* | *maxInclusive* |
|---|---|---|
| **Positive Integer** | **1** | **4,000,000** |

### Data Element Comment/Validation Rules

*This statistical information is associated with the EMS Agency's specific EMS Agency Number (dAgency.02). A value should be associated with each (dAgency.15) Statistical Calendar Year. This element is required for every demographic submission but is not a part of the normal data submission.*

# *Total Service Area Population*

## NEMSIS ID:  dAgency.17 - Total Service Area Population

### Definition

*The total population in the agency's service area based if possible on year 2010 census data.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | D01_13 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway  Cardiac Arrest  Pediatric  Response  STEMI  Stroke  Trauma*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable          7701003 - Not Recorded**

### Constraints

| *Data Type* | *minInclusive* | *maxInclusive* |
|---|---|---|
| **Positive Integer** | **1** | **4,000,000** |

### Data Element Comment/Validation Rules

*This statistical information is associated with the EMS Agency's specific EMS Agency Number (dAgency.02). A value should be associated with each (dAgency.15) Statistical Calendar Year. This element is required for every demographic submission but is not a part of the normal data submission.*

# *911 EMS Call Center Volume per Year*

**NEMSIS ID:  dAgency.18 - 911 EMS Call Center Volume per Year**

**Definition**

*The number of 911 calls received by the call center during the last calendar year.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | D01_14 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

**NEMSIS Associated Performance Measure Initiatives**

*Airway  Cardiac Arrest  Pediatric  Response  STEMI  Stroke  Trauma*

**Attributes**

**NOT Values (NV)**
**7701001 - Not Applicable          7701003 - Not Recorded**

**Constraints**

| *Data Type* | *minInclusive* | *maxInclusive* |
|---|---|---|
| **Positive Integer** | **1** | **4,000,000** |

**Data Element Comment/Validation Rules**

*This statistical information is associated with the EMS Agency's specific EMS Agency Number (dAgency.02). A value should be associated with each (dAgency.15) Statistical Calendar Year. This element is required for every demographic submission but is not a part of the normal data submission.*

# *EMS Dispatch Volume per Year*

## NEMSIS ID:  dAgency.19 - EMS Dispatch Volume per Year

### Definition

*The number of EMS dispatches during the last calendar year.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | D01_15 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway  Cardiac Arrest  Pediatric  Response  STEMI  Stroke  Trauma*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable**　　　**7701003 - Not Recorded**

### Constraints

| *Data Type* | *minInclusive* | *maxInclusive* |
|---|---|---|
| **Positive Integer** | **1** | **4,000,000** |

### Data Element Comment/Validation Rules

*This statistical information is associated with the EMS Agency's specific EMS Agency Number (dAgency.02). A value should be associated with each (dAgency.15) Statistical Calendar Year. This element is required for every demographic submission but is not a part of the normal data submission.*

# *EMS Patient Transport Volume per Year*

## NEMSIS ID: dAgency.20 - EMS Patient Transport Volume per Year

### Definition

*The number of EMS transports per year based on last calendar year.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | D01_16 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway  Cardiac Arrest  Pediatric  Response  STEMI  Stroke  Trauma*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable**      **7701003 - Not Recorded**

### Constraints

| *Data Type* | *minInclusive* | *maxInclusive* |
|---|---|---|
| **Positive Integer** | **1** | **4,000,000** |

### Data Element Comment/Validation Rules

*This statistical information is associated with the EMS Agency's specific EMS Agency Number (dAgency.02). A value should be associated with each (dAgency.15) Statistical Calendar Year. This element is required for every demographic submission but is not a part of the normal data submission.*

# *EMS Patient Contact Volume per Year*

## NEMSIS ID:  dAgency.21 - EMS Patient Contact Volume per Year

### Definition

*The number of EMS patient contacts per year based on last calendar year.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | D01_16 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway  Cardiac Arrest  Pediatric  Response  STEMI  Stroke  Trauma*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable**      **7701003 - Not Recorded**

### Constraints

| *Data Type* | *minInclusive* | *maxInclusive* |
|---|---|---|
| Positive Integer | 1 | 4,000,000 |

### Data Element Comment/Validation Rules

*This statistical information is associated with the EMS Agency's specific EMS Agency Number (dAgency.02). A value should be associated with each (dAgency.15) Statistical Calendar Year. This element is required for every demographic submission but is not a part of the normal data submission.*

# *National Provider Identifier*

| NEMSIS ID:  dAgency.25 – National Provider Identifier |
|---|

| Definition |
|---|

*The National Provider Identifier issued by CMS.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | D01_21 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

| Attributes |
|---|

**NOT Values (NV)**
**7701001 - Not Applicable          7701003 - Not Recorded**

*CorrelationID*
*Data Type: string      minLength: 0      maxLength: 255*

| Constraints |
|---|

| Data Type | Length |
|---|---|
| String | 10 |

| Data Element Comment/Validation Rules |
|---|

*This element is required for every demographic submission but is not a part of the normal data submission. Only EMS Agencies billing for service will have an NPI number.*
*CMS (Centers for Medicare and Medicaid Services) NPI Registry lookup:*
*https://npiregistry.cms.hhs.gov/NPPESRegistry/NPIRegistryHome.do*

# *Fire Department ID Number*

| NEMSIS ID:  dAgency.26 – Fire Department ID Number |
|---|

| Definition |
|---|

*The state assigned Fire Department ID Number for EMS Agency(ies) operating within a Fire Department.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | No | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

| Attributes |
|---|

**NOT Values (NV)**
**7701001 - Not Applicable**      **7701003 - Not Recorded**

**CorrelationID**
**Data Type: string**      **minLength: 0**      **maxLength: 255**

| Constraints |
|---|

| *Data Type* | *minLength* | *maxLength* |
|---|---|---|
| string | 1 | 20 |

| Data Element Comment/Validation Rules |
|---|

*This element is required for every demographic submission but is not a part of the normal data submission. Element was added to better associate Fire, EMS licensure, and operational identifiers. Fire Department ID was added to better integrate Fire Department EMS Agencies and linkage to other EMS related data systems such as NFIRS. Put "Not Applicable" if your service is not a fire department.*

# *dConfiguration*

# *State Associated with the Certification/Licensure Levels*

**NEMSIS ID:  dConfiguration.01 – State Associated with the Certification/Licensure Levels**

| Definition |
| --- |

*The state associated with the state certification/licensure levels.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| --- | --- | --- | --- |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | No | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

| Constraints |
| --- |

*Pattern*
[0-9]{2}

| Data Element Comment/Validation Rules |
| --- |

*Associated with the state (dAgency.01 - EMS Agency State). GNIS Codes Website:*
*http://geonames.usgs.gov/domestic/download_data.htm*
*The state EMS system does not need to import this information into their database. Reference the Demographic Dataset Submission Guide for further details. This element is required for every demographic submission but is not a part of the normal data submission.*

# *State Certification/Licensure Levels*

NEMSIS ID:  dConfiguration.02– State Certification/Licensure Levels

| Definition |
|---|

*All of the potential levels of certification/licensure for EMS personnel recognized by the state.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | D04_01 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

| Attributes |
|---|

*CorrelationID*
*Data Type: string      minLength: 0      maxLength: 255*

| Code List |
|---|

| Code | Description |
|---|---|
| 9911001 | Advanced Emergency Medical Technician (AEMT) |
| 9911003 | Emergency Medical Responder (EMR) |
| 9911005 | Emergency Medical Technician (EMT) |
| 9911007 | Paramedic |
| 9911011 | Intermediate |
| 9911019 | Other |
| 9911023 | Critical Care Paramedic |

| Data Element Comment/Validation Rules |
|---|

*The category EMT-Intermediate includes EMS professionals with an "85" or "99" certification level. The state EMS system does not need to import this information into their database. Reference the Demographic Dataset Submission Guide for further details. This element is required for every demographic submission but is not a part of the normal data submission.*

# *EMS Certification Levels Permitted to Perform Each Procedure*

| NEMSIS ID: dConfiguration.06– EMS Certification Levels Permitted to Perform Each Procedure |
|---|

| Definition | | | |
|---|---|---|---|

*EMS certification levels which are permitted to perform the procedure listed in dConfiguration.07.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | D04_01 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

| NEMSIS Associated Performance Measure Initiatives |
|---|

*Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma*

| Code List |
|---|

| Code | Description |
|---|---|
| 9917001 | Advanced Emergency Medical Technician (AEMT) |
| 9917003 | Emergency Medical Responder (EMR) |
| 9917005 | Emergency Medical Technician (EMT) |
| 9917007 | Paramedic |
| 9917013 | Intermediate |
| 9917021 | Critical Care Paramedic |

| Data Element Comment/Validation Rules |
|---|

*Using each certification level within the agency, indicate the approved procedures allowed utilizing dConfiguration.07 (EMS Agency Procedures). This element is required for every demographic submission but is not a part of the normal data submission.*

**OKEMSIS ID: *dConfiguration.07***          **Oklahoma PCR #: N/A**

# *EMS Agency Procedures*

## NEMSIS ID:  dConfiguration.07 - EMS Agency Procedures

### Definition

*A list of all procedures that the agency has implemented and available for use by any/all EMS certification levels.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | D04_04 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

### NEMSIS Associated Performance Measure Initiatives

*Airway  Cardiac Arrest  Pediatric  Response  STEMI  Stroke  Trauma*

### Attributes

*CorrelationID*
*Data Type: string      minLength: 0      maxLength: 255*

### Constraints

| Data Type | minInclusive | maxInclusive |
|---|---|---|
| integer | 100000 | 999999999999999 |

### Data Element Comment/Validation Rules

*This is associated with the EMS Agency Number (dAgency.02) since each EMS Agency Number may have different capabilities. Each procedure is associated with the EMS professional certification levels permitted to perform the procedure. A list of procedures can be found in the appendix of this document: OKEMSIS procedures . The EMS agency should submit "Not Applicable" and "Nil" to the state system for the demographic export. The state EMS system does not need to import this information into their database. It is the responsibility of the state to submit this element to the national EMS database (NEMSIS). Reference the Demographic Dataset Submission Guide for further details.*

# EMS Certification Levels Permitted to Administer Each Medication

**NEMSIS ID:  dConfiguration.08 - EMS Certification Levels Permitted to Administer Each Medication**

### Definition

*All EMS certification levels which are permitted to administer the medications listed in dConfiguration.09 (EMS Agency Medications).*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | D04_07 | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway  Cardiac  Arrest  Pediatric  Response  STEMI  Stroke  Trauma*

### Code List

| Code | Description |
|---|---|
| 9917001 | Advanced Emergency Medical Technician (AEMT) |
| 9917003 | Emergency Medical Responder (EMR) |
| 9917005 | Emergency Medical Technician (EMT) |
| 9917007 | Paramedic |
| 9917013 | Intermediate |
| 9917021 | Critical Care Paramedic |

### Data Element Comment/Validation Rules

*Using each certification level within the agency, indicate the approved medications allowed utilizing dConfiguration.09 (EMS Agency Medications). This element is required for every demographic submission but is not a part of the normal data submission.*

# *EMS Agency Medications*

## NEMSIS ID:  dConfiguration.09 - EMS Agency Medications

### Definition

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

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | D04_06 | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:M |

### NEMSIS Associated Performance Measure Initiatives

*Airway  Cardiac  Arrest  Pediatric  Response  STEMI  Stroke  Trauma*

### Attributes

*CorrelationID*
*Data Type: string       minLength: 0       maxLength: 255*

### Constraints

| *Data Type* | *minLength* | *maxLength* |
|---|---|---|
| string | 2 | 7 |

### Data Element Comment/Validation Rules

*The medication list is stored as the RxNorm (RXCUI) Code. This is associated with the EMS Agency Number (dAgency.02) since each EMS Agency Number may have different capabilities. The EMS agency should submit "Not Applicable" and "Nil" to the state system for the demographic export. The state EMS system does not need to import this information into their database. It is the responsibility of the state to submit this element to the national EMS database (NEMSIS). Reference the Demographic Dataset Submission Guide for further details. A list of medications can be found in the appendix of this document: OKEMSIS list.*

# *EMS Agency Protocols*

NEMSIS ID:  dConfiguration.10 - EMS Agency Protocols

| Definition |
| --- |

*A list of all of the EMS field protocols that the agency has in place and available for use.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| --- | --- | --- | --- |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | D04_08 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

| NEMSIS Associated Performance Measure Initiatives |
| --- |

*Airway  Cardiac  Arrest  Pediatric  Response  STEMI  Stroke  Trauma*

| Attributes |
| --- |

*CorrelationID*
*Data Type: string　　minLength: 0　　maxLength: 255*

| Code List |
| --- |

| Code | Description |
| --- | --- |
| 9914001 | Airway |
| 9914003 | Airway-Failed |
| 9914005 | Airway-Obstruction/Foreign Body |
| 9914007 | Airway-Rapid Sequence Induction (RSI-Paralytic) |
| 9914009 | Airway-Sedation Assisted (Non-Paralytic) |
| 9914011 | Cardiac Arrest-Asystole |
| 9914015 | Cardiac Arrest-Pulseless Electrical Activity |
| 9914017 | Cardiac Arrest-Ventricular Fibrillation/ Pulseless Ventricular Tachycardia |
| 9914019 | Cardiac Arrest-Post Resuscitation Care |
| 9914021 | Environmental-Altitude Sickness |
| 9914023 | Environmental-Cold Exposure |
| 9914025 | Environmental-Frostbite/Cold Injury |
| 9914027 | Environmental-Heat Exposure/Exhaustion |
| 9914029 | Environmental-Heat Stroke/Hyperthermia |
| 9914031 | Environmental-Condition of Patient at Destination |
| 9914033 | Exposure-Airway/Inhalation Irritants |
| 9914035 | Exposure-Biological/Infectious |

| | |
|---|---|
| 9914037 | Exposure-Blistering Agents |
| 9914041 | Exposure-Chemicals to Eye |
| 9914043 | Exposure-Cyanide |
| 9914045 | Exposure-Explosive/ Blast Injury |
| 9914047 | Exposure-Nerve Agents |
| 9914049 | Exposure-Radiologic Agents |
| 9914051 | General-Back Pain |
| 9914053 | General-Behavioral/Patient Restraint |
| 9914055 | General-Cardiac Arrest |
| 9914057 | General-Dental Problems |
| 9914059 | General-Epistaxis |
| 9914061 | General-Fever |
| 9914063 | General-Individualized Patient Protocol |
| 9914065 | General-Indwelling Medical Devices/Equipment |
| 9914067 | General-IV Access |
| 9914069 | General-Medical Device Malfunction |
| 9914071 | General-Pain Control |
| 9914073 | General-Spinal Immobilization/Clearance |
| 9914075 | General-Universal Patient Care/ Initial Patient Contact |
| 9914077 | Injury-Amputation |
| 9914079 | Injury-Bites and Envenomations-Land |
| 9914081 | Injury-Bites and Envenomations-Marine |
| 9914083 | Injury-Bleeding/ Hemorrhage Control |
| 9914085 | Injury-Burns-Thermal |
| 9914087 | Injury-Cardiac Arrest |
| 9914089 | Injury-Crush Syndrome |
| 9914091 | Injury-Diving Emergencies |
| 9914093 | Injury-Drowning/Near Drowning |
| 9914095 | Injury-Electrical Injuries |
| 9914097 | Injury-Extremity |
| 9914099 | Injury-Eye |
| 9914101 | Injury-Head |
| 9914103 | Injury-Impaled Object |
| 9914105 | Injury-Multisystem |
| 9914107 | Injury-Spinal Cord |
| 9914109 | Medical-Abdominal Pain |
| 9914111 | Medical-Allergic Reaction/Anaphylaxis |
| 9914113 | Medical-Altered Mental Status |
| 9914115 | Medical-Bradycardia |
| 9914117 | Medical-Cardiac Chest Pain |
| 9914119 | Medical-Diarrhea |
| 9914121 | Medical-Hyperglycemia |
| 9914123 | Medical-Hypertension |
| 9914125 | Medical-Hypoglycemia/Diabetic Emergency |
| 9914127 | Medical-Hypotension/Shock (Non-Trauma) |
| 9914129 | Medical-Influenza-Like Illness/ Upper Respiratory Infection |
| 9914131 | Medical-Nausea/Vomiting |
| 9914133 | Medical-Newborn/ Neonatal Resuscitation |
| 9914135 | General-Overdose/Poisoning/Toxic Ingestion |
| 9914137 | Medical-Pulmonary Edema/CHF |
| 9914139 | Medical-Respiratory Distress/Asthma/COPD/Reactive Airway |
| 9914141 | Medical-Seizure |
| 9914143 | Medical-ST-Elevation Myocardial Infarction (STEMI) |

| | |
|---|---|
| 9914145 | Medical-Stroke/TIA |
| 9914147 | Medical-Supraventricular Tachycardia (Including Atrial Fibrillation) |
| 9914149 | Medical-Syncope |
| 9914151 | Medical-Ventricular Tachycardia (With Pulse) |
| 9914153 | Not Done |
| 9914155 | OB/GYN-Childbirth/Labor/Delivery |
| 9914157 | OB/GYN-Eclampsia |
| 9914159 | OB/GYN-Gynecologic Emergencies |
| 9914161 | OB/GYN-Pregnancy Related Emergencies |
| 9914163 | OB/GYN-Post-partum Hemorrhage |
| 9914165 | Other |
| 9914167 | Exposure-Carbon Monoxide |
| 9914169 | Cardiac Arrest-Do Not Resuscitate |
| 9914171 | Cardiac Arrest-Special Resuscitation Orders |
| 9914173 | Exposure-Smoke Inhalation |
| 9914175 | General-Community Paramedicine / Mobile Integrated Healthcare |
| 9914177 | General-Exception Protocol |
| 9914179 | General-Extended Care Guidelines |
| 9914181 | General-Interfacility Transfers |
| 9914183 | General-Law Enforcement - Blood for Legal Purposes |
| 9914185 | General-Law Enforcement - Assist with Law Enforcement Activity |
| 9914187 | General-Neglect or Abuse Suspected |
| 9914189 | General-Refusal of Care |
| 9914191 | Injury-Mass/Multiple Casualties |
| 9914193 | Injury-Thoracic |
| 9914195 | Medical-Adrenal Insufficiency |
| 9914197 | Medical-Apparent Life Threatening Event (ALTE) |
| 9914199 | Medical-Tachycardia |
| 9914201 | Cardiac Arrest-Determination of Death / Withholding Resuscitative Efforts |
| 9914203 | Injury-Conducted Electrical Weapon (e.g., Taser) |
| 9914205 | Injury-Facial Trauma |
| 9914207 | Injury-General Trauma Management |
| 9914209 | Injury-Lightning/Lightning Strike |
| 9914211 | Injury-SCUBA Injury/Accidents |
| 9914213 | Injury-Topical Chemical Burn |
| 9914215 | Medical-Beta Blocker Poisoning/Overdose |
| 9914217 | Medical-Calcium Channel Blocker Poisoning/Overdose |
| 9914219 | Medical-Opioid Poisoning/Overdose |
| 9914221 | Medical-Respiratory Distress-Bronchiolitis |
| 9914223 | Medical-Respiratory Distress-Croup |

## Data Element Comment/Validation Rules

*This is associated with the EMS Agency Number (dAgency.02) since each EMS Agency Number may have different capabilities. State and local entities can add additional protocols to the list but the additional protocols must map to these uniform codes. The list is defined by the NASEMSO State Medical Directors. This element is required for every demographic submission but is not a part of the normal data submission.*

# *EMS Agency Specialty Service Capability*

## NEMSIS ID:  dConfiguration.11 - EMS Agency Specialty Service Capab.

### Definition

*Special training/services provided by the EMS Agency or available to the EMS service area/community.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:M |

### Attributes

*CorrelationID*
*Data Type: string      minLength: 0      maxLength: 255*

### Code List

| Code | Description |
|---|---|
| **1211001** | **Air Rescue** |
| **1211003** | **CBRNE** |
| **1211005** | **Community Health Medicine** |
| **1211007** | **Disaster Medical Assistance Team (DMAT)** |
| **1211009** | **Disaster Mortuary (DMORT)** |
| **1211011** | **Dive Rescue** |
| **1211013** | **Farm Rescue** |
| **1211015** | **High Angle Rescue** |
| **1211017** | **Machinery Disentanglement** |
| **1211019** | **None** |
| **1211021** | **Ski / Snow Rescue** |
| **1211023** | **Tactical EMS** |
| **1211025** | **Trench / Confined Space Rescue** |
| **1211027** | **Urban Search and Rescue (USAR)** |
| **1211029** | **Vehicle Extrication** |
| **1211031** | **Veterinary Medical Assistance Team (VMAT)** |
| **1211033** | **Water or Ice Related Rescue (Incl Swift Water)** |
| **1211035** | **Wilderness Search and Rescue** |

### Data Element Comment/Validation Rules

*This element is required for every demographic submission but is not a part of the normal data submission.*

# *Emergency Medical Dispatch (EMD) Provided to EMS Agency Service Area*

**NEMSIS ID:  dConfiguration.13 - Emergency Medical Dispatch (EMD) Provided to EMS Agency Service Area**

## Definition

*Indication as to whether Emergency Medical Dispatch is provided to the EMS Agency's service area.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | No | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

## NEMSIS Associated Performance Measure Initiatives

*Airway  Cardiac  Arrest  Pediatric  Response  STEMI  Stroke  Trauma*

## Code List

| Code | Description |
|---|---|
| 1213001 | No |
| 1213003 | Yes, 100% of the EMS Agency's Service Area |
| 1213005 | Yes, Less than 100% of the EMS Agency's Service Area |

## Data Element Comment/Validation Rules

*Added to better document the implementation of Emergency Medical Dispatch. Associated with each EMS Agency and the specific EMS Agency Number (dAgency.02). This element is required for every demographic submission but is not a part of the normal data submission.*

# *Patient Monitoring Capability(ies)*

## NEMSIS ID:  dConfiguration.15 - Patient Monitoring Capability(s)

### Definition

*The EMS Agency's patient monitoring capability which can be provided to any/all patients presenting to EMS.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | No | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:M |

### NEMSIS Associated Performance Measure Initiatives

*Airway  Cardiac  Arrest  Pediatric  Response  STEMI  Stroke  Trauma*

### Attributes

*CorrelationID*
*Data Type: string      minLength: 0      maxLength: 255*

### Code List

| Code | Description |
|---|---|
| 1215001 | Capnography-Numeric |
| 1215003 | Capnography-Waveform |
| 1215005 | ECG-12 Lead or Greater |
| 1215007 | ECG-Less than 12 Lead (Cardiac Monitor) |
| 1215009 | Oximetry-Carbon Monoxide |
| 1215011 | Oximetry-Oxygen |
| 1215013 | Pressure Measurement-Invasive (Arterial, CVP, Swan, etc.) |
| 1215015 | Pressure Measurement-Non-Invasive (Blood Pressure, etc.) |
| 1215017 | Ventilator-Transport |
| 1215019 | Vital Sign Monitoring |

### Data Element Comment/Validation Rules

*Added to identify the patient monitoring capability of the EMS Agency. Associated with each EMS Agency Number (dAgency.02) since each EMS Agency Number may have a different capability within each EMS Agency. Other patient monitoring capability may exist but NEMSIS Version 3 only includes these specific capabilities. This element is required for every demographic submission but is not a part of the normal data submission*

# *Crew Call Sign*

## NEMSIS ID:  dConfiguration.16 - Crew Call Sign

### Definition

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

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | D04_02 | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:M |

### Attributes

*CorrelationID*
*Data Type: string　　minLength: 0　　maxLength: 255*

### Constraints

| *Data Type* | *minLength* | *maxLength* |
|---|---|---|
| string | 1 | 50 |

### Data Element Comment/Validation Rules

*This element is required for every demographic submission but is not a part of the normal data submission.*

# *dContact*

# *Agency Contact ZIP Code*

## NEMSIS ID:  dContact.08 - Agency Contact ZIP Code

### Definition

*The ZIP code of the Agency's contact's mailing address.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | No | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | D02_07 | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 0:1 |

### Attributes

*Not values not allowed for this variable.*

### Constraints

**<u>Pattern</u>**
*[0-9]{5}|[0-9]{5}-[0-9]{4}|[0-9]{5}-[0-9]{5}|[A-Z][0-9][A-Z] [0-9][A-Z][0-9]*

### Data Element Comment/Validation Rules

*The address for the director/chief/lead administrator/CEO/ should be the main address for the EMS agency. Zip Codes Product Website:*
*https://www.zipcodedownload.com/Products/Product/Z5Commercial/Standard/Overview/*
*Product: USA - 5-digit ZIP Code Database, Commercial Edition.*
*Published: This element is required for every demographic submission but is not a part of the normal data submission.*

# *eAirway*

# *Indications for Invasive Airway*

## NEMSIS ID:  eAirway.01 - Indications for Invasive Airway

### Definition

*The clinical indication for performing invasive airway management.*

| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | No | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:M |

### NEMSIS Associated Performance Measure Initiatives

*Airway*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

**CorrelationID**
**Data Type: string**          **minLength: 0**          **maxLength: 255**

### Code List

| Code | Description |
|---|---|
| 4001001 | Adequate Airway Reflexes/Effort, Potential for Compromise |
| 4001003 | Airway Reflex Compromised |
| 4001005 | Apnea or Agonal Respirations |
| 4001007 | Illness Involving Airway |
| 4001009 | Injury Involving Airway |
| 4001011 | Other (Not Listed) |
| 4001013 | Ventilatory Effort Compromised |

### Data Element Comment/Validation Rules

*This element is required for all Incident/Patient Disposition codes, eDisposition.12, with patient contact and an "Airway" indicated in eProcedure.03 (Procedure). Otherwise use "Not Applicable".* **\*\*Both "Invasive Airway" and "patient contact" are defined in the definition section of this document.**

# *Date/Time Airway Device Placement Confirmation*

## NEMSIS ID: eAirway.02 - Date/Time Airway Device Placement Confirmation

### Definition

*The date and time the airway device placement was confirmed.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | No | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | No | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 0:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable**      **7701003 - Not Recorded**

### Constraints

| **Data Type** | **minInclusive** | **maxInclusive** |
|---|---|---|
| Date/time | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

**Pattern**
[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

### Data Element Comment/Validation Rules

*This element is required for all Incident/Patient Disposition codes, eDisposition.12, with patient contact and an "Airway" indicated in eProcedure.03 (Procedure). Otherwise use "Not Applicable". **Both "Invasive Airway" and "patient contact" are defined in the definition section of this document.** Formatting for date/time elements can be found in this document in the appendix under **"Date/Time Formats in OKEMSIS".***

# *Airway Device Being Confirmed*

**NEMSIS ID:  eAirway.03 - Airway Device Being Confirmed**

| Definition |
|---|

*The airway device in which placement is being confirmed.*

| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | No | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

| NEMSIS Associated Performance Measure Initiatives |
|---|

*Airway*

| Attributes |
|---|

**NOT Values (NV)**
**7701001 - Not Applicable          7701003 - Not Recorded**

| Code List |
|---|

| Code | Description |
|---|---|
| 4003001 | Cricothyrotomy Tube |
| 4003003 | Endotracheal Tube |
| 4003005 | Other-Invasive Airway |
| 4003007 | SAD-Combitube |
| 4003009 | SAD-King |
| 4003011 | SAD-LMA |
| 4003013 | SAD-Other |
| 4003015 | Tracheostomy Tube |

| Data Element Comment/Validation Rules |
|---|

*This element is required for all Incident/Patient Disposition codes, eDisposition.12, with patient contact and an "Airway" indicated in eProcedure.03 (Procedure). Otherwise use "Not Applicable".* **\*\*Both "Invasive Airway" and "patient contact" are defined in the definition section of this document.** *SAD means Supraglottic Airway Device.*

# *Airway Device Placement Confirmed Method*

**NEMSIS ID:  eAirway.04 - Airway Device Placement Confirmed Method**

### Definition

*The method used to confirm the airway device placement.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | No | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | No | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 0:M |

### NEMSIS Associated Performance Measure Initiatives

*Airway*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable          7701003 - Not Recorded**

### Code List

| Code | Description |
|---|---|
| 4004001 | Auscultation |
| 4004003 | Bulb/Syringe Aspiration |
| 4004005 | Colorimetric ETCO2 |
| 4004007 | Condensation in Tube |
| 4004009 | Digital (Numeric) ETCO2 |
| 4004011 | Direct Re-Visualization of Tube in Place |
| 4004013 | Endotracheal Tube Whistle (BAAM, etc) |
| 4004015 | Other (Not Listed) |
| 4004017 | Visualization of Vocal Cords |
| 4004019 | Waveform ETCO2 |

### Data Element Comment/Validation Rules

*This element is required for all Incident/Patient Disposition codes, eDisposition.12, with patient contact and an "Airway" indicated in eProcedure.03 (Procedure). Otherwise use "Not Applicable".* **\*\*Both "Invasive Airway" and "patient contact" are defined in the definition section of this document.** *If the invasive airway is confirmed via multiple methods each method should be documented individually by time, method, and type of individual.*

# *Tube Depth*

## NEMSIS ID:  eAirway.05– Tube Depth

### Definition

*The measurement at the patient's teeth/lip of the tube depth in centimeters (cm) of the invasive airway placed.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | No | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | No | **NOT Values** | No |
| **NEMSIS v2 Element** | | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 0:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway*

### Constraints

**Data Type: integer**      **maxInclusive: 32**      **minInclusive: 8**

### Data Element Comment/Validation Rules

*This element is required for all Incident/Patient Disposition codes, eDisposition.12, with patient contact and an "Airway" code, indicated in eProcedure.03 (Procedure), of 78121007, 232679009, 232692007, 232674004, 232689008. Otherwise leave this element blank. ** "Patient Contact" is defined in the definition section of this document.*

# *Type of Individual Confirming Airway Device Placement*

## NEMSIS ID:  eAirway.06 - Type of Individual Confirming Airway Device Placement

### Definition

*The type of individual who confirmed the airway device placement.*

| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable　　　7701003 - Not Recorded

### Code List

| Code | Description |
|---|---|
| 4006001 | Another Person on the Same Crew |
| 4006003 | Other (Not Listed) |
| 4006005 | Person Performing Intubation |
| 4006007 | Receiving Air Medical/EMS Crew |
| 4006009 | Receiving Hospital Team |

### Data Element Comment/Validation Rules

*This element is required for all Incident/Patient Disposition codes, eDisposition.12, with patient contact and an "Airway" indicated in eProcedure.03 (Procedure). Otherwise use "Not Applicable". **Both "Invasive Airway" and "patient contact" are defined in the definition section of this document.***

# *Crew Member ID*

## NEMSIS ID:  eAirway.07 - Crew Member ID

### Definition

*The crew member id during this EMS patient encounter at this date and time.*

| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable        7701003 - Not Recorded**

### Constraints

**Data Type: string          minLength: 2          maxLength: 50**

### Data Element Comment/Validation Rules

*This element is required for all Incident/Patient Disposition codes, eDisposition.12, with patient contact and an "Airway" indicated in eProcedure.03 (Procedure). Otherwise use "Not Applicable". **Both "Invasive Airway" and "patient contact" are defined in the definition section of this document.***

# *Airway Complications Encountered*

## NEMSIS ID: eAirway.08 - Airway Complications Encountered

### Definition

*The airway management complications encountered during the patient care episode.*

| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:M |

### NEMSIS Associated Performance Measure Initiatives

*Airway*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

**CorrelationID**
Data Type: string          minLength: 0          maxLength: 255

### Code List

| Code | Description |
|---|---|
| 4008001 | Adverse Event from Facilitating Drugs |
| 4008003 | Bradycardia (<50) |
| 4008005 | Cardiac Arrest |
| 4008007 | Esophageal Intubation-Delayed Detection (After Tube Secured) |
| 4008009 | Esophageal Intubation-Detected in Emergency Department |
| 4008011 | Failed Intubation Effort |
| 4008013 | Injury or Trauma to Patient from Airway Management Effort |
| 4008015 | Other (Not Listed) |
| 4008017 | Oxygen Desaturation (<90%) |
| 4008019 | Patient Vomiting/Aspiration |
| 4008021 | Tube Dislodged During Transport/Patient Care |
| 4008023 | Tube Was Not in Correct Position when EMS Crew/Team Assumed Care of the Patient |

### Data Element Comment/Validation Rules

*This element is required for all Incident/Patient Disposition codes, eDisposition.12, with patient contact and an "Airway" indicated in eProcedure.03 (Procedure). Otherwise use*

*"Not Applicable" for this element. **Both "Invasive Airway" and "patient contact" are defined in the definition section of this document.*

# *Suspected Reasons for Failed Airway Procedure*

## NEMSIS ID:  eAirway.09 - Suspected Reasons for Failed Airway Procedure

### Definition

*The reason(s) the airway was unable to be successfully managed.*

| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 0:M |

### NEMSIS Associated Performance Measure Initiatives

*Airway*

### Attributes

**CorrelationID**
**Data Type: string          minLength: 0          maxLength: 255**

### Code List

| Code | Description |
|---|---|
| 4009001 | Difficult Patient Airway Anatomy |
| 4009003 | ETI Attempted, but Arrived At Destination Facility Before Accomplished |
| 4009005 | Facial or Oral Trauma |
| 4009007 | Inability to Expose Vocal Cords |
| 4009009 | Inadequate Patient Relaxation/Presence of Protective Airway Reflexes |
| 4009011 | Jaw Clenched (Trismus) |
| 4009013 | Other (Not Listed) |
| 4009015 | Poor Patient Access |
| 4009017 | Secretions/Blood/Vomit |
| 4009019 | Unable to Position or Access Patient |

### Data Element Comment/Validation Rules

*This element is required for all Incident/Patient Disposition codes, eDisposition.12, with patient contact and an "Airway" indicated in eProcedure.03 (Procedure) and*

*eProcedure.06 is "unscuccessful". Otherwise leave this element blank. **Both "Invasive Airway" and "patient contact" are defined in the definition section of this document.*

# *Date/Time Invasive Airway Placement Attempts Abandoned*

**NEMSIS ID:  eAirway.11 -** Date/Time Invasive Airway Placement Attempts Abandoned

### Definition

*The date and time that the invasive airway attempts were abandoned for the patient.*

| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | No | NOT Values | No |
| NEMSIS v2 Element |  | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway*

### Constraints

| Data Type | minInclusive | maxInclusive |
|---|---|---|
| Date/time | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

**Pattern**
[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

### Data Element Comment/Validation Rules

*This element is required for all Incident/Patient Disposition codes, eDisposition.12, with patient contact and an "Airway" indicated in eProcedure.03 (Procedure), otherwise leave blank. Formatting for date/time elements can be found in this document in the appendix under "Date/Time Formats in OKEMSIS".  **Both "Invasive Airway" and "patient contact" are defined in the definition section of this document.***

# *eArrest*

# *Cardiac Arrest*

## NEMSIS ID:  eArrest.01 - Cardiac Arrest

### Definition

*Indication of the presence of a cardiac arrest at any time during this EMS event.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E11_01 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Cardiac  Arrest*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable          7701003 - Not Recorded**

### Code List

| Code | Description |
|---|---|
| 3001001 | No |
| 3001003 | Yes, Prior to EMS Arrival |
| 3001005 | Yes, After EMS Arrival |

### Data Element Comment/Validation Rules

*This element is a component of the Utstein Cardiac Arrest Criteria. This element is required for all Incident/Patient Disposition (eDisposition.02) codes with patient contact* **OR** *with "Cardiac Arrest" chosen for Provider First or Second Impression (eSituation.11 and eSituation.12, code I46.9). Otherwise use "Not Applicable". If the patient has a history of cardiac arrest do not document Cardiac Arrest (eArrest.01) with "Yes, Prior to EMS Arrival" or "Yes, After EMS Arrival" during this encounter.*

# *Cardiac Arrest Etiology*

## NEMSIS ID:  eArrest.02 - Cardiac Arrest Etiology

### Definition

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

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E11_02 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Cardiac  Arrest*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable        7701003 - Not Recorded

### Code List

| Code | Description |
|---|---|
| 3002001 | Cardiac (Presumed) |
| 3002003 | Drowning/Submersion |
| 3002005 | Drug Overdose |
| 3002007 | Electrocution |
| 3002009 | Exsanguination |
| 3002011 | Other (Not Listed) |
| 3002013 | Respiratory/Asphyxia |
| 3002015 | Trauma |

### Data Element Comment/Validation Rules

*This element is a component of the Utstein Cardiac Arrest Criteria. This element is required when eArrest.01 (Cardiac Arrest) is marked as "Yes" before or after arrival (codes 3001003, 3001005) . Otherwise use "Not Applicable".*

# *Resuscitation Attempted By EMS*

## NEMSIS ID:  eArrest.03 - Resuscitation Attempted By EMS

### Definition

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

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E11_03 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

### NEMSIS Associated Performance Measure Initiatives

*Cardiac  Arrest*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

**CorrelationID**
**Data Type: string          minLength: 0          maxLength: 255**

### Code List

| Code | Description |
|---|---|
| 3003001 | Attempted Defibrillation |
| 3003003 | Attempted Ventilation |
| 3003005 | Initiated Chest Compressions |
| 3003007 | Not Attempted-Considered Futile |
| 3003009 | Not Attempted-DNR Orders |
| 3003011 | Not Attempted-Signs of Circulation |

### Data Element Comment/Validation Rules

*This element is a component of the Utstein Cardiac Arrest Criteria. This element is required when  eArrest.01 (Cardiac Arrest) is  marked as "Yes" before or after arrival (codes 3001003, 3001005) . Otherwise use "Not Applicable".*

# *Arrest Witnessed By*

## NEMSIS ID:  eArrest.04 - Arrest Witnessed By

### Definition

*Indication of who the cardiac arrest was witnessed by.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E11_04 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:M |

### NEMSIS Associated Performance Measure Initiatives

*Cardiac  Arrest*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

**CorrelationID**
Data Type: string          minLength: 0          maxLength: 255

### Code List

| Code | Description |
|---|---|
| 3004001 | Not Witnessed |
| 3004003 | Witnessed by Family Member |
| 3004005 | Witnessed by Healthcare Provider |
| 3004007 | Witnessed by Lay Person |

### Data Element Comment/Validation Rules

*This element is a component of the Utstein Cardiac Arrest Criteria. This element is required when eArrest.01 (Cardiac Arrest) is marked as "Yes" before or after arrival (codes 3001003, 3001005). Otherwise use "Not Applicable".*

# *CPR Care Provided Prior to EMS Arrival*

## NEMSIS ID:  eArrest.05 – CPR Care Provided Prior to EMS Arrival

| Definition |
|---|

*Documentation of the CPR provided prior to EMS arrival.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

| NEMSIS Associated Performance Measure Initiatives |
|---|

*Cardiac  Arrest*

| Attributes |
|---|

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

| Code List |
|---|

| Code | Description |
|---|---|
| 9923001 | No |
| 9923003 | Yes |

| Data Element Comment/Validation Rules |
|---|

*This element is a component of the Utstein Cardiac Arrest Criteria. This element is required when eArrest.01 (Cardiac Arrest) is marked as "Yes" before or after arrival (codes 3001003, 3001005). Otherwise use "Not Applicable".*

# *Who Provided CPR Care Prior to EMS Arrival*

## NEMSIS ID:  eArrest.06 – Who Provided CPR Care Prior to EMS Arrival

### Definition

*Documentation of the CPR provided prior to EMS arrival.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | No | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 0:M |

### NEMSIS Associated Performance Measure Initiatives

*Cardiac  Arrest*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable          7701003 - Not Recorded**

**CorrelationID**
**Data Type: string      minLength: 0          maxLength: 255**

### Code List

| Code | Description |
|---|---|
| **3006001** | **Family Member** |
| **3006003** | **First Responder (Fire, Law, EMS)** |
| **3006005** | **Healthcare Professional (Non-EMS)** |
| **3006007** | **Lay Person (Non-Family)** |
| **3006009** | **Other EMS Professional (not part of dispatched response)** |

### Data Element Comment/Validation Rules

*Associated with eArrest.05 (CPR Care Provided Prior to EMS Arrival) but only required if CPR was provided prior to EMSarrival.*

*This element is a component of the Utstein Cardiac Arrest Criteria as identified in the American Heart Association journal "Resuscitation" from 2004 entitled "Cardiac Arrest and Cardiopulmonary Resuscitation Outcome Reports".*
*http://circ.ahajournals.org/cgi/content/full/110/21/3385*

# *AED Use Prior to EMS Arrival*

## NEMSIS ID:  eArrest.07 – AED Use Prior to EMS Arrival

### Definition

*Documentation of AED use prior to EMS arrival.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Cardiac  Arrest*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable          7701003 - Not Recorded**

### Code List

| Code | Description |
|---|---|
| 3007001 | No |
| 3007003 | Yes, Applied without Defibrillation |
| 3007005 | Yes, With Defibrillation |

### Data Element Comment/Validation Rules

*This element is a component of the Utstein Cardiac Arrest Criteria. This element is required when eArrest.01 (Cardiac Arrest) is marked as "Yes" before or after arrival (codes 3001003, 3001005). Otherwise use "Not Applicable".*

# *Who Used AED Prior to EMS Arrival*

## NEMSIS ID:  eArrest.08 - Who Used AED Prior to EMS Arrival

### Definition

*Documentation of AED use prior to EMS arrival.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 0:M |

### NEMSIS Associated Performance Measure Initiatives

*Cardiac  Arrest*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

**CorrelationID**
**Data Type: string      minLength: 0           maxLength: 255**

### Code List

| Code | Description |
|---|---|
| 3008001 | Family Member |
| 3008003 | First Responder (Fire, Law, EMS) |
| 3008005 | Healthcare Professional (Non-EMS) |
| 3008007 | Lay Person (Non-Family) |
| 3008009 | Other EMS Professional (not part of dispatched response) |

### Data Element Comment/Validation Rules

*Associated with eArrest.07 (AED Use Prior to EMS Arrival).*

*This element is a component of the Utstein Cardiac Arrest Criteria as identified in the American Heart Association journal "Resuscitation" from 2004 entitled "Cardiac Arrest and Cardiopulmonary Resuscitation Outcome Reports"*
*http://circ.ahajournals.org/cgi/content/full/110/21/3385*

# *First Monitored Arrest Rhythm of the Patient*

## NEMSIS ID:  eArrest.11 – First Monitored Arrest Rhythm of the Patient

### Definition

*Documentation of what the first monitored arrest rhythm which was noted.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E11_05 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Cardiac  Arrest*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable          7701003 - Not Recorded**

### Code List

| Code | Description |
|---|---|
| 3011001 | Asystole |
| 3011005 | PEA |
| 3011007 | Unknown AED Non-Shockable Rhythm |
| 3011009 | Unknown AED Shockable Rhythm |
| 3011011 | Ventricular Fibrillation |
| 3011013 | Ventricular Tachycardia-Pulseless |

### Data Element Comment/Validation Rules

*This element is a component of the Utstein Cardiac Arrest Criteria. This element is required when eArrest.01 (Cardiac Arrest) is marked as "Yes" before or after arrival (codes 3001003, 3001005). Otherwise use "Not Applicable".*

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# *Any Return of Spontaneous Circulation*

## NEMSIS ID:  eArrest.12 – Any Return of Spontaneous Circulation

### Definition

*Indication whether or not there was any return of spontaneous circulation.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E11_06 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

### NEMSIS Associated Performance Measure Initiatives

*Cardiac  Arrest*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable      7701003 - Not Recorded

**CorrelationID**
**Data Type: string**      **minLength: 0**      **maxLength: 255**

### Code List

| Code | Description |
|---|---|
| 3012001 | No |
| 3012003 | Yes, At Arrival at the ED |
| 3012005 | Yes, Prior to Arrival at the ED |
| 3012007 | Yes, Sustained for 20 consecutive minutes |

### Data Element Comment/Validation Rules

*This element is a component of the Utstein Cardiac Arrest Criteria. This element is required when eArrest.01 (Cardiac Arrest) is marked as "Yes" before or after arrival (codes 3001003, 3001005). Otherwise use "Not Applicable". This element needs to be documented when the patient has been in cardiac arrest and transported to a healthcare facility to show the change in patient condition, if any. Any ROSC is defined as any brief (approximately >30 seconds) restoration of spontaneous circulation that provides evidence of more than an occasional gasp, occasional fleeting palpable pulse, or arterial waveform.*

# *Date/Time of Cardiac Arrest*

## NEMSIS ID: eArrest.14 - Date/Time of Cardiac Arrest

### Definition

*The date/time of the cardiac arrest (if not known, please estimate).*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E11_08 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Cardiac  Arrest*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

### Constraints

**Data Type**          **minInclusive**                          **maxInclusive**
Date/time               1950-01-01T00:00:00-00:00          2050-01-01T00:00:00-00:00

**Pattern**
[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

### Data Element Comment/Validation Rules

*This element is a component of the Utstein Cardiac Arrest Criteria. This element is required when eArrest.01 (Cardiac Arrest) is marked as "Yes" before or after arrival (codes 3001003, 3001005) . Otherwise use "Not Applicable". Element changed from estimated time prior to EMS arrival to date/time of cardiac arrest. Formatting for date/time elements can be found in this document in the appendix under "Date/Time Formats in OKEMSIS".*

# *Reason CPR/Resuscitation Discontinued*

**NEMSIS ID:  eArrest.16 – Reason CPR/Resuscitation Discontinued**

### Definition

*The reason that CPR or the resuscitation efforts were discontinued.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E11_10 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Cardiac  Arrest*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable          7701003 - Not Recorded**

### Code List

| Code | Description |
|---|---|
| 3016001 | DNR |
| 3016003 | Medical Control Order |
| 3016005 | Obvious Signs of Death |
| 3016007 | Physically Unable to Perform |
| 3016009 | Protocol/Policy Requirements Completed |
| 3016011 | Return of Spontaneous Circulation (pulse or BP noted) |

### Data Element Comment/Validation Rules

*This element is required when eArrest.01 (Cardiac Arrest) is marked as "Yes" before or after arrival (codes 3001003, 3001005). Otherwise use "Not Applicable".*

**OKEMSIS ID:** *eArrest.17*          **Oklahoma PCR #: 130**

# *Cardiac Rhythm on Arrival at Destination*

## NEMSIS ID:  eArrest.17– Cardiac Rhythm on Arrival at Destination

| Definition |
| --- |

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

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| --- | --- | --- | --- |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E11_11 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

| NEMSIS Associated Performance Measure Initiatives |
| --- |

*Cardiac  Arrest*

| Attributes |
| --- |

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

**CorrelationID**
**Data Type: string**          **minLength: 0**          **maxLength: 255**

| Code List |
| --- |

| Code | Description |
| --- | --- |
| 9901001 | Agonal/Idioventricular |
| 9901003 | Asystole |
| 9901005 | Artifact |
| 9901007 | Atrial Fibrillation |
| 9901009 | Atrial Flutter |
| 9901011 | AV Block-1st Degree |
| 9901013 | AV Block-2nd Degree-Type 1 |
| 9901015 | AV Block-2nd Degree-Type 2 |
| 9901017 | AV Block-3rd Degree |
| 9901019 | Junctional |
| 9901021 | Left Bundle Branch Block |
| 9901023 | Non-STEMI Anterior Ischemia |
| 9901025 | Non-STEMI Inferior Ischemia |
| 9901027 | Non-STEMI Lateral Ischemia |
| 9901029 | Non-STEMI Posterior Ischemia |
| 9901031 | Other (Not Listed) |

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| 9901033 | Paced Rhythm |
| 9901035 | PEA |
| 9901037 | Premature Atrial Contractions |
| 9901039 | Premature Ventricular Contractions |
| 9901041 | Right Bundle Branch Block |
| 9901043 | Sinus Arrhythmia |
| 9901045 | Sinus Bradycardia |
| 9901047 | Sinus Rhythm |
| 9901049 | Sinus Tachycardia |
| 9901051 | STEMI Anterior Ischemia |
| 9901053 | STEMI Inferior Ischemia |
| 9901055 | STEMI Lateral Ischemia |
| 9901057 | STEMI Posterior Ischemia |
| 9901059 | Supraventricular Tachycardia |
| 9901061 | Torsades De Points |
| 9901063 | Unknown AED Non-Shockable Rhythm |
| 9901065 | Unknown AED Shockable Rhythm |
| 9901067 | Ventricular Fibrillation |
| 9901069 | Ventricular Tachycardia (With Pulse) |
| 9901071 | Ventricular Tachycardia (Pulseless) |

## Data Element Comment/Validation Rules

*This element is required when eArrest.01 (Cardiac Arrest) is marked as "Yes" before or after arrival (codes 3001003, 3001005). Otherwise use "Not Applicable".*

# *End of EMS Cardiac Arrest Event*

## NEMSIS ID:  eArrest.18 – End of EMS Cardiac Arrest Event

### Definition

*The patient's outcome at the end of the EMS Cardiac Arrest event.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Cardiac  Arrest*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable**      **7701003 - Not Recorded**

### Code List

| Code | Description |
|---|---|
| 3018001 | Expired in ED |
| 3018003 | Expired in the Field |
| 3018005 | Ongoing Resuscitation in ED |
| 3018007 | ROSC in the Field |
| 3018009 | ROSC in the ED |
| 3018011 | Ongoing Resuscitation by Other EMS |

### Data Element Comment/Validation Rules

*This element is required when eArrest.01 (Cardiac Arrest) is marked as "Yes" before or after arrival (codes 3001003, 3001005). Otherwise use "Not Applicable". A resuscitation event is deemed to have ended when death is declared or spontaneous circulation is restored and sustained for 20 minutes or longer.*

# *eCrew*

# *Crew Member ID*

## NEMSIS ID: eCrew.01 – Crew Member ID

### Definition

*The state certification/licensure ID number assigned to the crew member.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | No | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | E04_01 | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 0:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway  Cardiac Arrest  Pediatric  Response  STEMI  Stroke  Trauma*

### Constraints

| Data Type | minLength | maxLength |
|---|---|---|
| String | 2 | 50 |

### Data Element Comment/Validation Rules

*Documents the state certification/licensure ID for the state where the event occurred. This element is required for all EMS service calls submitted into OKEMSIS. If a staff member is a student or is not an EMT use the generic codes associated with eCrew.02 (Crew Member Level) as their state certification id (example: student state id would be 2402027).*

# *Crew Member Level*

## NEMSIS ID: eCrew.02 – Crew Member Level

### Definition

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

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | No | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | E04_03 | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 0:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway  Cardiac Arrest  Pediatric  Response  STEMI  Stroke  Trauma*

### Code List

| Code | Description |
|---|---|
| 9925001 | Advanced Emergency Medical Technician (AEMT) |
| 9925003 | Emergency Medical Responder (EMR) |
| 9925005 | Emergency Medical Technician (EMT) |
| 9925007 | Paramedic |
| 9925017 | Intermediate |
| 9925023 | Other Healthcare Professional |
| 9925025 | Other Non-Healthcare Professional |
| 9925027 | Physician |
| 9925029 | Respiratory Therapist |
| 9925031 | Student |
| 9925033 | Critical Care Paramedic |
| 9925035 | Community Paramedicine |
| 9925037 | Nurse Practitioner |
| 9925039 | Physician Assistant |
| 9925041 | LPN (Licensed Practical Nurse) |
| 9925043 | Registered Nurse |
| it2207.106 | EMRA (Emergency Medical Response Agency) |
| It9925.201 | Stretcher Van Attendant |

### Data Element Comment/Validation Rules

*The category Intermediate includes EMS professionals with an "85" or "99" certification level. This element is required for all EMS service calls submitted into OKEMSIS.*

# *Crew Member Response Role*

## NEMSIS ID:  eCrew.03 – Crew Member Response Role

### Definition

*The role(s) of the role member during response, at scene treatment, and/or transport.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | No | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | E04_02 | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 0:M |

### NEMSIS Associated Performance Measure Initiatives

*Airway  Cardiac Arrest  Pediatric  Response  STEMI  Stroke  Trauma*

### NEMSIS Associated Performance Measure Initiatives

**CorrelationID**
**Data Type: string**          **minLength: 0**          **maxLength: 255**

### Code List

| Code | Description |
|---|---|
| 2403001 | Driver/Pilot-Response |
| 2403003 | Driver/Pilot-Transport |
| 2403005 | Other (Not Listed) |
| 2403007 | Other Patient Caregiver-At Scene |
| 2403009 | Other Patient Caregiver-Transport |
| 2403011 | Primary Patient Caregiver-At Scene |
| 2403013 | Primary Patient Caregiver-Transport |

### Data Element Comment/Validation Rules

*This element has been changed to allow for multiple selections. There must be a driver for response and transport. There must be a primary patient caregiver for scene and transport. In OKEMSIS there must be a Driver and a Primary Patient Giver in order to satisfy the validation rule. This element is required for all EMS service calls submitted into OKEMSIS.*

# *eDispatch*

# *Complaint Reported by Dispatch*

## NEMSIS ID:  eDispatch.01 – Complaint Reported by Dispatch

### Definition

*The complaint dispatch reported to the responding unit.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | E03_01 | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Code List

| Code | Description |
|---|---|
| 2301001 | Abdominal Pain/Problems |
| 2301003 | Allergic Reaction/Stings |
| 2301005 | Animal Bite |
| 2301007 | Assault |
| 2301009 | Automated Crash Notification |
| 2301011 | Back Pain (Non-Traumatic) |
| 2301013 | Breathing Problem |
| 2301015 | Burns/Explosion |
| 2301017 | Carbon Monoxide/Hazmat/Inhalation/CBRN |
| 2301019 | Cardiac Arrest/Death |
| 2301021 | Chest Pain (Non-Traumatic) |
| 2301023 | Choking |
| 2301025 | Convulsions/Seizure |
| 2301027 | Diabetic Problem |
| 2301029 | Electrocution/Lightning |
| 2301031 | Eye Problem/Injury |
| 2301033 | Falls |
| 2301035 | Fire |
| 2301037 | Headache |
| 2301039 | Healthcare Professional/Admission |
| 2301041 | Heart Problems/AICD |
| 2301043 | Heat/Cold Exposure |

| 2301045 | Hemorrhage/Laceration |
| 2301047 | Industrial Accident/Inaccessible Incident/Other Entrapments (Non-Vehicle) |
| 2301049 | Medical Alarm |
| 2301051 | No Other Appropriate Choice |
| 2301053 | Overdose/Poisoning/Ingestion |
| 2301055 | Pandemic/Epidemic/Outbreak |
| 2301057 | Pregnancy/Childbirth/Miscarriage |
| 2301059 | Psychiatric Problem/Abnormal Behavior/Suicide Attempt |
| 2301061 | Sick Person |
| 2301063 | Stab/Gunshot Wound/Penetrating Trauma |
| 2301065 | Standby |
| 2301067 | Stroke/CVA |
| 2301069 | Traffic/Transportation Incident |
| 2301071 | Transfer/Interfacility/Palliative Care |
| 2301073 | Traumatic Injury |
| 2301075 | Well Person Check |
| 2301077 | Unconscious/Fainting/Near-Fainting |
| 2301079 | Unknown Problem/Person Down |
| 2301081 | Drowning/Diving/SCUBA Accident |

## Data Element Comment/Validation Rules

*This element is required for all EMS service calls submitted into OKEMSIS. Several choices were added including: Pandemic/Epidemic/Outbreak, Automated Crash Notification, Healthcare Professional Admission, and Inter-facility/Evaluation/Transfer. Other entries expanded based on current national EMD Dispatch List.*

# *EMD Performed*

## NEMSIS ID:  eDispatch.02 – EMD Performed

### Definition

*Indication of whether Emergency Medical Dispatch was performed for this EMS event.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | E03_02 | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Code List

| Code | Description |
|---|---|
| 2302001 | No |
| 2302003 | Yes, With Pre-Arrival Instructions |
| 2302005 | Yes, Without Pre-Arrival Instructions |
| 2302007 | Yes, Unknown if Pre-Arrival Instructions Given |

### Data Element Comment/Validation Rules

*This element is required for all Incident/Patient Disposition codes, eDisposition.02, with patient contact. "Patient Contact" defined in definition section of this document. If EMD is not available  or eDisposition.12 is cancelled then put "Not Applicable".*

# *eDisposition*

# *Destination/Transferred To, Code*

## NEMSIS ID:  eDisposition.02 – Destination/Transferred To, Code

### Definition

*The code of the destination the patient was delivered or transferred to.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E20_02 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable**          **7701003 - Not Recorded**          **7701005 – Not Reporting**

### Constraints

**Data Type: string**          **minLength: 2**          **maxLength: 50**

### Data Element Comment/Validation Rules

*The codes for the OKEMSIS destinations are in the appendix attached to this document. All services need to match their destination list with OKEMSIS. Any destination not listed needs to be mapped to the generic codes at the top of the list. Destination/Transferred To Code is required when eDisposition.12 (Incident/Patient Disposition) is 4212013, 4212031, 4212033. If your service is the transferring agency, the destination of an intercept should be coded as 444 (2-Care Transfer to Another Ambulance Service). Otherwise use "Not Applicable". Services who utilize fixed or rotor wing aircraft and transfer a patient at an airport to another ground or air service must also put code 444 (this situation is considered an intercept). If Type of Service Requested (eResponse.05) includes the codes 2205005 or 2205015 and Incident/Patient Disposition includes codes 4212033, 4212031, or 4212013 then both Incident Facility Code and Destination Transferred To Code ARE MANDATORY.*

# *Destination ZIP Code*

## NEMSIS ID:  eDisposition.07 – Destination ZIP Code

### Definition

*The destination ZIP code in which the patient was delivered or transferred to.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E20_07 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable          7701003 - Not Recorded**

### Constraints

**Pattern**
[0-9]{5}|[0-9]{5}-[0-9]{4}|[0-9]{5}-[0-9]{5}|[A-Z][0-9][A-Z] [0-9][A-Z][0-9]

### Data Element Comment/Validation Rules

*ZIP Codes Product Website:*
*https://www.zipcodedownload.com/Products/Product/Z5Commercial/Standard/Overview/*

*Product: USA - 5-digit ZIP Code Database, Commercial Edition. Destination/Transferred To Code is required when eDisposition.12 (Incident/Patient Disposition) is 4212013, 4212031, 4212033. If your service is the transferring agency, destination zip code of an intercept should be "Not Applicable". Otherwise use "Not Applicable".*

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**of Health**

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# *Incident/Patient Disposition*

## NEMSIS ID:  eDisposition.12 – Incident/Patient Disposition

### Definition

*Type of disposition treatment and/or transport of the patient by this EMS Unit.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | E20_10 | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Code List

| Code | Description |
|---|---|
| 4212001 | Assist, Agency |
| 4212005 | Assist, Unit |
| 4212007 | Canceled (Prior to Arrival At Scene) |
| 4212009 | No Patient Contact (Canceled on Scene) |
| 4212011 | No Patient Found (Canceled on Scene) |
| 4212013 | Patient Dead at Scene-No Resuscitation Attempted (With Transport) |
| 4212015 | Patient Dead at Scene-No Resuscitation Attempted (Without Transport) |
| 4212019 | Patient Dead at Scene-Resuscitation Attempted (Without Transport) |
| 4212021 | Patient Evaluated, No Treatment/Transport Required |
| 4212025 | Patient Refused Evaluation/Care (Without Transport) |
| 4212027 | Patient Treated, Released (AMA) |
| 4212029 | Patient Treated, Released (per protocol) |
| 4212031 | Patient Treated, Transferred Care to Another EMS Unit |
| 4212033 | Patient Treated, Transported by this EMS Unit |
| 4212035 | Patient Treated, Transported by Law Enforcement |
| 4212037 | Patient Treated, Transported by Private Vehicle |
| 4212039 | Standby |
| 4212043 | Transport Non-Patient, Organs, etc. |

### Data Element Comment/Validation Rules

*Incident/Patient disposition is required for all EMS service calls.  NEMSIS Codes 4212001, 4212003, and 4212023 will not be accepted by OKEMSIS and have been omitted from the above codes.*

# *EMS Transport Mode*

## NEMSIS ID:

### Definition

*Mode of Transport for the patient from the point of origination to the final destination (i.e. hospital, PELA site, etc.) by the responding EMS service unit.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | **No** | **Pertinent Negatives (PN)** | **No** |
| **NEMSIS State Element** | **No** | **NOT Values** | **No** |
| **NEMSIS v2 Element** | | **Is Nillable** | **No** |
| **OKEMSIS Usage** | **Mandatory** | **Recurrence** | **1:1** |

### Code List

| Code | Description |
|---|---|
| 4216001 | Air Medical-Fixed Wing |
| 4216003 | Air Medical-Rotor Wing |
| 4216005 | Ground-Ambulance |
| it4216.100 | Ground-to-Ground Transfer |
| it4216.101 | Ground- Rescue Vehicle-to-Ground Ambulance Transfer |
| it4216.102 | Ground- Rescue Vehicle-to-Air Ambulance Transfer |
| it4216.103 | Ground-to-Air Transfer |
| it4216.104 | Air-to-Ground Transfer |
| it4216.105 | Air-to-Air Transfer |
| it4216.106 | Ground-to-Air-to-Ground Transfer |
| it4216.107 | No Transport |

### Data Element Comment/Validation Rules

*This element is required for all EMS runs entered into OKEMSIS. If there was no patient contact or the patient was not transported by the EMS unit (look at codes associated with eDisposition.12, Incident/Patient Disposition) then choose code 4216022(No Transport). "Patient Contact" and the Incident/Patient Disposition codes are defined in the definition section of this document (**Validation Rules: "Patient Contact"**).  Examples when to use each code are also found in the definition section. Custom Codes Associated with this element were taken from the v2.2.1 OKEMSIS data dictionary, OKLAHOMA-SPECIFIC FIELDS section. Any code highlighted in yellow is not in the NEMSIS dataset but is a custom code and is required to be in the Oklahoma v3.4 dataset.*

# *Transport Mode from Scene*

## NEMSIS ID:  eDisposition.17 – Transport Mode from Scene

### Definition

*Indicate whether the transport was emergent or non-emergent.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E20_07 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable          7701003 - Not Recorded**

### Code List

| Code | Description |
|---|---|
| **4217001** | **Emergent (Immediate Response)** |
| **4217003** | **Emergent Downgraded to Non-Emergent** |
| **4217005** | **Non-Emergent** |
| **4217007** | **Non-Emergent Upgraded to Emergent** |

### Data Element Comment/Validation Rules

*Transport Mode From Scene is required when eDisposition.12 (Incident/Patient Disposition) is 4212013, 4212031, 4212033. Otherwise put "Not Applicable".*

# *Final Patient Accuity*

## NEMSIS ID:  eDisposition.19 – Final Patient Accuity

### Definition

*The condition of the patient after care by EMS.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E20_15 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   Trauma*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable        7701003 - Not Recorded**

### Code List

| Code | Description |
|---|---|
| 9916001 | Improved |
| 9916003 | Unchanged |
| 9916005 | Worse |

### Data Element Comment/Validation Rules

*This element is required when eDisposition.12 (Incident/Patient Disposition) is 4212013, 4212031, 4212033. Otherwise put "Not Applicable".*

# *Reason for Choosing Destination*

## NEMSIS ID: eDisposition.20 – Reason for Choosing Destination

### Definition

*The reason the unit chose to deliver or transfer the patient to the destination.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E20_16 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:M |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

**CorrelationID**
**Data Type: string**          **minLength: 0**          **maxLength: 255**

### Code List

| Code | Description |
|---|---|
| **4220001** | **Closest Facility** |
| **4220003** | **Hospital Diversion** |
| **4220005** | **Family Choice** |
| **4220007** | **Insurance Status/Requirement** |
| **4220009** | **Law Enforcement Choice** |
| **4220011** | **On-Line/On-Scene Medical Direction** |
| **4220013** | **Other (Not Listed)** |
| **4220015** | **Patient's Choice** |
| **4220017** | **Patient's Physician's Choice** |
| **4220019** | **Protocol** |
| **4220021** | **Regional Specialty Center** |

### Data Element Comment/Validation Rules

*Reason for Choosing Destination is required when eDisposition.12 (Incident/Patient Disposition) is 4212013, 4212031, 4212033. Otherwise put "Not Applicable".*

# *Type of Destination*

## NEMSIS ID:  eDisposition.21 – Type of Destination

### Definition

*The type of destination the patient was delivered or transferred to.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E20_17 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable          7701003 - Not Recorded**

### Code List

| Code | Description |
|---|---|
| 4221001 | Home |
| 4221003 | Hospital-Emergency Department |
| 4221005 | Hospital-Non-Emergency Department Bed |
| 4221007 | Medical Office/Clinic |
| 4221009 | Morgue/Mortuary |
| 4221011 | Nursing Home/Assisted Living Facility |
| 4221013 | Other (Not Listed) |
| 4221015 | Other EMS Responder (air) |
| 4221017 | Other EMS Responder (ground) |
| 4221019 | Police/Jail |

### Data Element Comment/Validation Rules

*Type of Destination is required when eDisposition.12 (Incident/Patient Disposition) is 4212013, 4212031, 4212033. Otherwise put "Not Applicable". "Hospital-In Patient Bed" includes any location in the hospital except the Emergency Department.*

# *Hospital Capability*

## NEMSIS ID:  eDisposition.21 – Hospital Capability

### Definition

*The designation associated with the hospital for this transport (e.g. Trauma, STEMI, Peds, etc).*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Optional | **Recurrence** | 1:1 |

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

### Code List

| Code | Description |
|---|---|
| 9908001 | Behavioral Health |
| 9908003 | Burn Center |
| 9908007 | Hospital (General) |
| 9908011 | Pediatric Center |
| 9908013 | STEMI |
| 9908017 | Stroke Center |
| 9908019 | Rehab Center |
| 9908021 | Trauma Center Level 1 |
| 9908023 | Trauma Center Level 2 |
| 9908025 | Trauma Center Level 3 |
| 9908027 | Trauma Center Level 4 |

### Data Element Comment/Validation Rules

*This element is required to be in the dataset for your service but there will be no associated validation rule. This element will be added to the state run form and is optional for the EMS service. This element was added to better describe the patient destination. Designation can include a national designation(ex. ACS Level 1 trauma center) or a designation recognized by the State of Oklahoma.*

**OKEMSIS ID: *eDisposition.24***      **Oklahoma PCR #: 152**

# *Destination Team Pre-Arrival Alert/Activation*

NEMSIS ID:  eDisposition.24 – Destination Team Pre-Arrival Activation

### Definition

*Indication that an alert (or activation) was called by EMS of the appropriate destination healthcare facility team. The activation should occur prior to EMS unit arrival at the destination with the patient.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | Custom | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Cardiac Arrest   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable**       **7701003 - Not Recorded**

### Code List

| Code | Description |
|---|---|
| 4224001 | No |
| 4224003 | Yes-Adult Trauma |
| 4224005 | Yes-Cardiac Arrest |
| 4224007 | Yes-Obstetrics |
| 4224009 | Yes-Other |
| 4224011 | Yes-Pediatric Trauma |
| 4224013 | Yes-STEMI |
| 4224015 | Yes-Stroke |

### Data Element Comment/Validation Rules

*This element is required for STEMI, stroke, cardiac arrest, and trauma patients if eDisposition.12 (Incident/Patient Disposition) is 4212013, 4212033 and First or Second Impression is (I21.0, I21.1, I21.2, I21.3) or eArrest is (3001003, 3001005) or eVitals.29(Stroke Scale Score) is not blank or First or Second Impression is associated with trauma (*Trauma defined in definition section*).*

# *Date/Time of Destination Pre-arrival Alert or Activation*

## NEMSIS ID: eDisposition.25 – Date/Time of Destination Pre-arrival

### Definition

*Date/Time EMS alerted,notified, or activated the Destination Healthcare Facility Team prior to EMS arrival for acute ill or injured patient.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | Custom | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Cardiac Arrest   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable        7701003 - Not Recorded

### Constraints

| Data Type | minInclusive | maxInclusive |
|---|---|---|
| Date/time | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

**Pattern**
[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

### Data Element Comment/Validation Rules

*This element is required for STEMI, stroke, cardiac arrest, and trauma patients if*

*eDisposition.12 (Incident/Patient Disposition) is 4212013, 4212033 **and** First or Second Impression is (I21.0, I21.1, I21.2, I21.3) or eArrest is (3001003, 3001005) or eVitals.29(Stroke Scale Score) is not blank or First or Second Impression is associated with trauma (\*Trauma defined in definition section). Formatting for date/time elements can be found in this document in the appendix under "Date/Time Formats in OKEMSIS".*

# *eHistory*

# *Barriers to Patient Care (Scene)*

## NEMSIS ID:  eHistory.01 – Barriers to Patient Care

### Definition

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

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E12_01 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:M |

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

**CorrelationID**
**Data Type: string**          **minLength: 0**          **maxLength: 255**

### Code List

| Code | Description |
|---|---|
| 3101001 | Cultural, Custom, Religious |
| 3101003 | Developmentally Impaired |
| 3101005 | Hearing Impaired |
| 3101007 | Language |
| 3101009 | None Noted |
| 3101011 | Obesity |
| 3101013 | Physical Barrier (Unable to Access Patient) |
| 3101015 | Physically Impaired |
| 3101017 | Physically Restrained |
| 3101019 | Psychologically Impaired |
| 3101021 | Sight Impaired |
| 3101023 | Speech Impaired |
| 3101025 | Unattended or Unsupervised (including minors) |
| 3101027 | Unconscious |
| 3101029 | Uncooperative |
| 3101031 | State of Emotional Distress |

### Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact. "Patient Contact" is defined in the definition section of this document. Otherwise put "Not Applicable".*

# *Medication Allergies*

## NEMSIS ID:  eHistory.06 – Medication Allergies

### Definition

*The patient's medication allergies.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | Yes |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E12_08 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 0:M |

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded  8801021 - Unresponsive

**Pertinent Negatives (PN)**
8801013 - No Known Drug Allergy          8801019 – Refused          8801023 - Unable to Complete

**CorrelationID**
**Data Type: string**          **minLength: 0**          **maxLength: 255**

**Code Type**
9924001 - ICD10          9924003 - RxNorm

### Constraints

**Pattern**
(Z88\.[0-9])|([a-zA-Z0-9]{2,7})

### Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (defined in definition section of this document). Otherwise put the appropriate Pertinent Negative ("Unable to Complete" for cancelled calls/no patient found). A list of Medication Allergies can be found in the appendix: Medication Allergies Code and Descriptions .*

# *Alcohol/Drug Use Indicators*

## NEMSIS ID:  eHistory.17– Alcohol/Drug Use Indicators

### Definition

*Indicators for the potential use of alcohol or drugs by the patient related to the patient's current illness or injury.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | Yes |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E12_19 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

### NEMSIS Associated Performance Measure Initiatives

*Trauma*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

**Pertinent Negatives (PN)**
8801015 - None Reported          8801019 – Refused          8801023 - Unable to Complete

**CorrelationID**
**Data Type: string          minLength: 0          maxLength: 255**

### Code List

| Code | Description |
|---|---|
| 3117001 | Alcohol Containers/Paraphernalia at Scene |
| 3117003 | Drug Paraphernalia at Scene |
| 3117005 | Patient Admits to Alcohol Use |
| 3117007 | Patient Admits to Drug Use |
| 3117009 | Positive Level known from Law Enforcement or Hospital Record |
| 3117011 | Smell of Alcohol on Breath |

### Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (defined in definition section of this document). Otherwise put the appropriate Pertinent Negative ("Unable to Complete" for cancelled calls/no patient found).*

# *eInjury*

# *Cause of Injury*

## NEMSIS ID:  eInjury.01 – Cause of Injury

### Definition

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

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E10_01 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

### NEMSIS Associated Performance Measure Initiatives

*Trauma*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

**CorrelationID**
**Data Type: string          minLength: 0          maxLength: 255**

### Constraints

**Pattern**
**([TV-Y][0-9]{2})((\.[0-9A-Z]{1,7})?)**

### Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (**defined in definition section of this document**) and eSituation.02 (Possible Injury) is 9922005 or Provider First/Second Impression (eSituation.11. eSituation.12) is associated with trauma (**defined in definition section of this document**). Otherwise put "Not Applicable". A list for **Cause of Injury** can be found in the appendix of this document.*

# *Mechanism of Injury*

## NEMSIS ID:  eInjury.02– Mechanism of Injury

### Definition

*The mechanism of the event which caused the injury*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E10_03 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 0:M |

### NEMSIS Associated Performance Measure Initiatives

*Trauma*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

**CorrelationID**
**Data Type: string**          **minLength: 0**          **maxLength: 255**

### Code List

| Code | Description |
|---|---|
| 2902001 | Blunt |
| 2902003 | Burn |
| 2902005 | Other |
| 2902007 | Penetrating |

### Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (defined in definition section of this document) and eSituation.02 (Possible Injury) is 9922005 or Provider First/Second Impression (eSituation.11, eSituation.12) is associated with trauma (defined in definition section of this document). Otherwise put "Not Applicable".*

# *Trauma Triage Criteria*

## NEMSIS ID:

### Definition

*Criteria used to assign priority status (1, 2 or 3) to a patient. The scoring considers the patient condition, physiological and anatomical injuries and mechanism of injury.*

| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | No | NOT Values | Yes |
| NEMSIS v2 Element | Custom | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

**CorrelationID**
**Data Type: string**          **minLength: 1**          **maxLength: 255**

### Code List

| Code | Description |
|---|---|
| 2903001 | Amputation proximal to wrist or ankle |
| it2903.100 | Blunt trauma / no hemodynamic trauma |
| it2903.101 | BSA < 10% |
| it2903.102 | BSA >= 10% |
| 2903005 | Flail chest |
| 2903007 | GCS <= 13 |
| it2903.103 | GCS improving |
| it2903.104 | Hemodynamic compromise from trauma |
| it2903.105 | Minor injuries |
| 2903009 | Open or depressed skull fracture |
| it2903.106 | Other single system injury |
| 2903011 | Paralysis resulting from trauma |
| it2903.107 | Penetrating injuries to extremities |
| 2903015 | Penetrating injury to trunk, neck, or head |
| it2903.108 | PTS <= 8 |
| 2903017 | Respiratory compromise resulting from trauma |
| 2903021 | Two or more proximal long bone fractures |
| 2903013 | Unstable Pelvis |

| | |
|---|---|
| it2903.111 | Tender and/or Distended Abdomen |
| 2903003 | Crushed, Degloved, or Mangled Extremity |
| it2903.112 | Single System Injury-Neurological |
| it2903.113 | Single System Injury-Orthopedic |
| it2903.114 | Single System Injury-Maxillofacial |
| it2903.115 | Ejection of Patient from Enclosed Vehicle |
| it2903.116 | Auto/Pedestrian. Auto/Bike or Motorcycle Crash with Significant Impact |
| it2903.117 | Falls > 20 Ft or Distance 2-3 Times Height of Patient |
| it2903.118 | Significant Assault or Altercations |
| it2903.119 | High Risk Auto Crash |

## Data Element Comment/Validation Rules

*This element is required if Possible Injury is "Yes" or Provider Impression is associated with trauma. Otherwise put "Not Applicable". \*Trauma defined in definition section. Custom Codes Associated with this element were taken from the v2.2.1 OKEMSIS data dictionary, OKLAHOMA-SPECIFIC FIELDS section. Any code highlighted in yellow is not in the NEMSIS dataset but is a custom code and is required to be in the Oklahoma v3.4 dataset.*

# *Location of Patient in Vehicle*

## NEMSIS ID:  eInjury.06– Location of Patient in Vehicle

### Definition

*The seat row location of the vehicle at the time of the crash with the front seat numbered as 1.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | No | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | E10_06 | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 0:1 |

### Code List

| Code | Description |
|---|---|
| 2906001 | Front Seat-Left Side (or motorcycle driver) |
| 2906003 | Front Seat-Middle |
| 2906005 | Front Seat-Right Side |
| 2906007 | Passenger in other enclosed passenger or cargo area (non-trailing unit such as a bus) |
| 2906009 | Passenger in unenclosed passenger or cargo area (non-trailing unit such as a pickup) |
| 2906011 | Riding on Vehicle Exterior (non-trailing unit) |
| 2906013 | Second Seat-Left Side (or motorcycle passenger) |
| 2906015 | Second Seat-Middle |
| 2906017 | Second Seat-Right Side |
| 2906019 | Sleeper Section of Cab (truck) |
| 2906021 | Third Row-Left Side (or motorcycle passenger) |
| 2906023 | Third Row-Middle |
| 2906025 | Third Row-Right Side |
| 2906027 | Trailing Unit |
| 2906029 | Unknown |

### Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact and Cause of Injury is related to a motor vehicle. Otherwise put "Unknown". Cause of Injury MVC codes: V49.3, V49.9, X82, V69.3, V69.9, V86.31, V86.99, V86.39, V84.9, V83.9, V29.3, V29.9. All Cause of Injury codes are ICD-10 codes.*

# *Use of Occupant Safety Equipment*

## NEMSIS ID: eInjury.07– Use of Occupant Safety Equipment

### Definition

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

| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E10_08 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:M |

### NEMSIS Associated Performance Measure Initiatives

*Trauma*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable      7701003 - Not Recorded

**CorrelationID**
Data Type: string      minLength: 0      maxLength: 255

### Code List

| Code | Description |
|---|---|
| 2907001 | Child Booster Seat |
| 2907003 | Eye Protection |
| 2907005 | Helmet Worn |
| 2907007 | Infant Car Seat Forward Facing |
| 2907009 | Infant Car Seat Rear Facing |
| 2907015 | None |
| 2907017 | Other |
| 2907019 | Personal Floatation Device |
| 2907021 | Protective Clothing |
| 2907023 | Protective Non-Clothing Gear |
| 2907027 | Shoulder and Lap Belt Used |
| 2907029 | Lap Belt Only Used |
| 2907031 | Shoulder Belt Only Used |

### Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact and Cause of Injury is related to a motor vehicle. Otherwise put "Not Applicable". Cause of Injury MVC codes: V49.3, V49.9, X82, V69.3, V69.9, V86.31, V86.99, V86.39, V84.9, V83.9, V29.3, V29.9. All Cause of Injury codes are ICD-10 codes.*

# *Airbag Deployment*

## NEMSIS ID:  eInjury.08– Airbag Deployment

| Definition |
|---|

*Indication of Airbag Deployment.*

| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E10_08 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 0:M |

| Attributes |
|---|

CorrelationID
**Data Type: string          minLength: 0          maxLength: 255**

| Code List |
|---|

| Code | Description |
|---|---|
| 2908001 | Airbag Deployed Front |
| 2908003 | Airbag Deployed Side |
| 2908005 | Airbag Deployed Other (knee, Air belt, etc.) |
| 2908007 | No Airbag Deployed |
| 2908009 | No Airbag Present |

| Data Element Comment/Validation Rules |
|---|

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact and Cause of Injury is related to a motor vehicle. Cause of Injury MVC codes: V49.3, V49.9, X82, V69.3, V69.9, V86.31, V86.99, V86.39, V84.9, V83.9. All Cause of Injury codes are ICD-10 codes. Otherwise leave this element blank.*

# *eMedication*

# *Date/Time Medication Administered*

| NEMSIS ID:  eMedications.01 – Date/Time Medication Administered |
|---|

| Definition |
|---|

*The date/time medication administered to the patient*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E18_01 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

| NEMSIS Associated Performance Measure Initiatives |
|---|

*Airway   Cardiac Arrest   Pediatric   STEMI   Stroke   Trauma*

| Attributes |
|---|

**NOT Values (NV)**
**7701001 - Not Applicable        7701003 - Not Recorded**

| Constraints |
|---|

| Data Type | minInclusive | maxInclusive |
|---|---|---|
| Date/time | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

**Pattern**
[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

| Data Element Comment/Validation Rules |
|---|

*This element is required if a medication is given (eMedication.03). Otherwise put "Not Applicable". Formatting for date/time elements can be found in this document in the appendix under "Date/Time Formats in OKEMSIS".*

# *Medication Administered Prior to this Unit's EMS Care*

**NEMSIS ID: eMedications.02 – Medication Administered Prior to this Unit's EMS Care**

## Definition

*Indicates that the medication administration which is documented was administered prior to this EMS units care.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E18_02 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

## NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   STEMI   Stroke   Trauma*

## Attributes

**NOT Values (NV)**
7701001 - Not Applicable       7701003 - Not Recorded

## Code List

| Code | Description |
|---|---|
| 9923001 | No |
| 9923003 | Yes |

## Data Element Comment/Validation Rules

*This element is required if Medications Given (eMedication.03) is not a null value (Not Values) or a pertinent negative. In other words, if a medication is given, this element is required. Otherwise put "Not Applicable". This is the NEMSIS Version 3 method to document prior aid.*

# *Medication Given*

## NEMSIS ID:  eMedications.03– Medication Given

### Definition

*The medication given to the patient*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | Yes |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E18_03 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable         7701003 - Not Recorded

**Pertinent Negatives (PN)**
8801001 - Contraindication Noted    8801003 - Denied By Order    8801007 - Medication Allergy
8801009 - Medication Already Taken    8801019 – Refused    8801023 - Unable to Complete

### Constraints

**Data Type: string**          **minLength: 2**          **maxLength: 7**

### Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (defined in the definition section of this document). Otherwise put the appropriate pertinent negative (for cancelled/no patient found incidents put "Not Applicable"). All software vendors must match their medications list with the OKEMSIS list located in the appendix of this document.*

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# *Medication Administered Route*

| NEMSIS ID:  eMedications.04– Medication Administered Route |
|---|

| **Definition** |
|---|

*The route medication was administered to the patient.*

| **NEMSIS National Element** | No | **Pertinent Negatives (PN)** | No |
|---|---|---|---|
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | E18_04 | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 0:1 |

| **Code List** |
|---|

| Code | Description |
|---|---|
| 9927003 | Buccal |
| 9927009 | Inhalation |
| 9927015 | Intramuscular (IM) |
| 9927017 | Intranasal |
| 9927021 | Intraosseous (IO) |
| 9927023 | Intravenous (IV) |
| 9927027 | Nasogastric |
| 9927033 | Ophthalmic |
| 9927035 | Oral |
| 9927043 | Rectal |
| 9927045 | Subcutaneous |
| 9927047 | Sublingual |
| 9927049 | Topical |
| 9927053 | Transdermal |
| 9927059 | Wound |

| **Data Element Comment/Validation Rules** |
|---|

*This element is required if Medications Given (eMedication.03) is not a null value (Not Values) or a pertinent negative. In other words, if a medication is given, this element is required. Several choices have been deleted and will not be accepted by OKEMSIS. Only the above codes will be accepted for this element. Topical (code 9927049) includes substances that effect only the area applied to (ex. Neosporin, Bacitracin, etc.) while Transdermal (code 9927053) includes substances that effect the patient systemically (ex. Nitroglycerin patch/paste).*

# *Medication Dosage*

## NEMSIS ID:  eMedications.05 – Medication Dosage

### Definition

*The dose or amount of the medication given to the patient.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E18_05 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

### Constraints

| **Data Type** | **Total Digits** | **Fraction Digits** |
|---|---|---|
| Decimal | 9 | 3 |

### Data Element Comment/Validation Rules

*This element is required if Medications Given (eMedication.03) is not a null value (Not Values) or a pertinent negative. In other words, if a medication is given, this element is required.*

# *Medication Dosage Units*

## NEMSIS ID:  eMedications.06 – Medication Dosage Units

### Definition

*The unit of medication dosage given to patient.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E18_06 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

### Code List

| Code | Description |
|---|---|
| 3706001 | Grams |
| 3706003 | Inches |
| 3706005 | International Units |
| 3706007 | Keep Vein Open (To Keep Open) |
| 3706009 | Liters |
| 3706011 | Liters Per Minute |
| 3706013 | MDI Puffs |
| 3706015 | Micrograms |
| 3706017 | Micrograms per Kilogram per Minute |
| 3706019 | Milliequivalents |
| 3706021 | Milligrams |
| 3706023 | Milligrams Per Kilogram Per Minute |
| 3706025 | Milliliters |
| 3706027 | Milliliters Per Hour |
| 3706029 | Other |

### Data Element Comment/Validation Rules

*This element is required if Medications Given (eMedication.03) is not a null value (Not Values) or a pertinent negative. In other words, if a medication is given, this element is required. Otherwise put "Not Applicable".*

# *Response to Medication*

## NEMSIS ID:  eMedications.07 – Response to Medication

### Definition

*The patient's response to the medication.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E18_07 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable**      **7701003 - Not Recorded**

### Code List

| Code | Description |
|---|---|
| 9916001 | Improved |
| 9916003 | Unchanged |
| 9916005 | Worse |

### Data Element Comment/Validation Rules

*This element is required if Medications Given (eMedication.03) is not a null value (Not Values) or a pertinent negative. In other words, if a medication is given, this element is required. Otherwise put "Not Applicable".*

# *Medication Complication*

| NEMSIS ID: eMedications.08 – Medication Complication |
|---|

| Definition |
|---|

*Any complication (abnormal effect on the patient) associated with the administration of the medication to the patient by EMS.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E18_08 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

| Attributes |
|---|

**NOT Values (NV)**
7701001 - Not Applicable      7701003 - Not Recorded

**CorrelationID**
**Data Type: string**      **minLength: 0**      **maxLength: 255**

| Code List |
|---|

| Code | Description |
|---|---|
| 3708001 | Altered Mental Status |
| 3708003 | Apnea |
| 3708005 | Bleeding |
| 3708007 | Bradycardia |
| 3708009 | Bradypnea |
| 3708011 | Diarrhea |
| 3708013 | Extravasation |
| 3708015 | Hypertension |
| 3708017 | Hyperthermia |
| 3708019 | Hypotension |
| 3708021 | Hypothermia |
| 3708023 | Hypoxia |
| 3708025 | Injury |
| 3708029 | Nausea |
| 3708031 | None |
| 3708033 | Other (Not Listed) |
| 3708035 | Respiratory Distress |
| 3708037 | Tachycardia |
| 3708039 | Tachypnea |

**3708043      Itching**
**3708045      Urticaria**

| Data Element Comment/Validation Rules |
|---|

*This element is required if Medications Given (eMedication.03) is not a null value (Not Values) or a pertinent negative. In other words, if a medication is given, this element is required. Otherwise put "Not Applicable".*

# *Medication Crew (Healthcare Professionals) ID*

| NEMSIS ID: eMedications.09 – Medication Crew (Healthcare Professionals) ID |
|---|

| Definition |
|---|

*The statewide assigned ID number of the EMS crew member giving the treatment to the patient.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E18_09 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

| NEMSIS Associated Performance Measure Initiatives |
|---|

*Airway   Cardiac Arrest   Pediatric   STEMI   Stroke   Trauma*

| Attributes |
|---|

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

| Constraints |
|---|

**Data Type: string          minLength: 2          maxLength: 15**

| Data Element Comment/Validation Rules |
|---|

*This element is required if Medications Given (eMedication.03) is not a null value (Not Values) or a pertinent negative. In other words, if a medication is given, this element is required. Otherwise put "Not Applicable".*

# *Role/Type of Person Administering Medication*

**NEMSIS ID:  eMedications.11 – Role/Type of Person Administering Medication**

### Definition

*The type (level) of EMS or Healthcare Professional Administering the Medication. For medications administered prior to EMS arrival, this may be a non-EMS healthcare professional.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable      7701003 - Not Recorded**

### Code List

| Code | Description | Code | Description |
|---|---|---|---|
| 9905001 | Advanced Emergency Medical Technician (AEMT) | 9905035 | Nurse Practioner |
| 9905003 | Emergency Medical Responder (EMR) | 9905037 | Physician Assist. |
| 9905005 | Emergency Medical Technician (EMT) | 9905039 | LPN |
| 9905007 | Paramedic | 9905041 | Registered Nurse |
| 9905023 | Patient/Lay Person | | |
| 9905011 | Intermediate | | |
| 9905019 | Other Healthcare Professional | | |
| 9905025 | Physician | | |
| 9905027 | Respiratory Therapist | | |
| 9905029 | Student | | |
| 9905031 | Critical Care Paramedic | | |
| 9905033 | Community Paramedicine | | |

### Data Element Comment/Validation Rules

*This element is required if Medications Given (eMedication.03) is not a null value (Not Values) or a pertinent negative. In other words, if a medication is given, this element is required. Otherwise put "Not Applicable".*

# *Medication Authorization*

| NEMSIS ID:  eMedications.11 – Medication Authorization |
| --- |

| Definition |
| --- |

*The type of treatment authorization obtained.*

| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| --- | --- | --- | --- |
| NEMSIS State Element | No | NOT Values | No |
| NEMSIS v2 Element | E18_10 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

| Attributes |
| --- |

| Code List |
| --- |

| Code | Description |
| --- | --- |
| 9918001 | On-Line (Remote Verbal Order) |
| 9918003 | On-Scene |
| 9918005 | Protocol (Standing Order) |
| 9918007 | Written Orders (Patient Specific) |

| Data Element Comment/Validation Rules |
| --- |

*This element is required if Medications Given (eMedication.03) is not a null value (Not Values) or a pertinent negative. In other words, if a medication is given, this element is required. Otherwise put leave this element blank. This is one of the NEMSIS Version 3 elements used to document prior aid.*

# *eNarrative*

# *Patient Care Report Narrative*

## NEMSIS ID: eNarrative.01– Patient Care Report Narrative

### Definition

*The narrative of the patient care report (PCR).*

| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E13_01 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable        7701003 - Not Recorded**

### Constraints

**Data Type: string          minLength: 2          maxLength: 10000**

### Data Element Comment/Validation Rules

*This element is required for all runs entered into the OKEMSIS database. Greater than 25 characters are required for the patient care report narrative.*

# *eOutcome*

# *Emergency Department Disposition*

## NEMSIS ID:  eOutcome.01– Emergency Department Disposition

### Definition

*The known disposition of the patient from the Emergency Department (ED).*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E22_01 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Optional | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable        7701003 - Not Recorded**

### Code List

| Code | Description |
|---|---|
| 01 | Discharged to home or self care (routine discharge) |
| 02 | Discharged/transferred to another short term general hospital for inpatient care |
| 03 | Discharged/transferred to a skilled nursing facility (SNF) {With Medicare certification in anticipation of covered skilled care. See Code 61 below.} |
| 04 | Discharged/transferred to an intermediate care facility (ICF) |
| 05 | Discharged/transferred to another type of institution not defined elsewhere in this code list |
| 06 | Discharged/transferred to home under care of organized home health service organization in anticipation of covered skills care |
| 07 | Left against medical advice or discontinued care |
| 09 | Admitted as an inpatient to this hospital. |
| 20 | Deceased/Expired (or did not recover - Religious Non Medical Health Care Patient) |
| 21 | Discharged/transferred to court/law enforcement |
| 30 | Still a patient or expected to return for outpatient services. |
| 43 | Discharged/transferred to a Federal Health Care Facility (e.g. VA or federal health care facility) |
| 50 | Discharged/transferred to Hospice - home. |
| 51 | Discharged/transferred to Hospice - medical facility |
| 61 | Discharged/transferred within this institution to a hospital based Medicare approved swing bed. |
| 62 | Discharged/transferred to a inpatient rehabilitation facility including distinct part units of a hospital. |
| 63 | Discharged/transferred to long term care hospitals |

| | |
|---|---|
| **64** | **Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare** |
| **65** | **Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital.** |
| **66** | **Discharged/transferred to a Critical Access Hospital (CAH).** |
| **70** | **Discharged/transferred to another type of health care institution not defined elsewhere in the code list.** |

### Data Element Comment/Validation Rules

*This element is only required if the EMS service has this information otherwise it can be defaulted to "Not Recorded". The list of values and codes is based on and in compliance with the Medicare Claims Processing Manual Chapter 25*

# *Hospital Disposition*

## NEMSIS ID:  eOutcome.02– Hospital Disposition

### Definition

*The known disposition of the patient from the hospital, if admitted.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E22_02 | Is Nillable | Yes |
| OKEMSIS Usage | Optional | Recurrence | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

### Code List

| Code | Description |
|---|---|
| 01 | Discharged to home or self care (routine discharge) |
| 02 | Discharged/transferred to another short term general hospital for inpatient care |
| 03 | Discharged/transferred to a skilled nursing facility (SNF) {With Medicare certification in anticipation of covered skilled care. See Code 61 below.} |
| 04 | Discharged/transferred to an intermediate care facility (ICF) |
| 05 | Discharged/transferred to another type of institution not defined elsewhere in this code list |
| 06 | Discharged/transferred to home under care of organized home health service organization in anticipation of covered skills care |
| 07 | Left against medical advice or discontinued care |
| 20 | Deceased/Expired (or did not recover - Religious Non Medical Health Care Patient) |
| 21 | Discharged/transferred to court/law enforcement |
| 30 | Still a patient or expected to return for outpatient services. |
| 43 | Discharged/transferred to a Federal Health Care Facility (e.g. VA or federal health care facility) |
| 50 | Discharged/transferred to Hospice - home. |
| 51 | Discharged/transferred to Hospice - medical facility |
| 61 | Discharged/transferred within this institution to a hospital based Medicare approved swing bed. |
| 62 | Discharged/transferred to a inpatient rehabilitation facility including distinct part units of a hospital. |
| 63 | Discharged/transferred to long term care hospitals |
| 64 | Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare |

| 65 | Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital. |
| 66 | Discharged/transferred to a Critical Access Hospital (CAH). |
| 70 | Discharged/transferred to another type of health care institution not defined elsewhere in the code list. |

**Data Element Comment/Validation Rules**

*This element is only required if the EMS service has this information otherwise it can be defaulted to "Not Recorded". The list of values and codes is based on and in compliance with the Medicare Claims Processing Manual Chapter 25*

# *ePatient*

# *Last Name*

## NEMSIS ID:  ePatient.02 – Last Name

### Definition

*The patient's last (family) name.*

| NEMSIS National Element | No | Pertinent Negatives (PN) | Yes |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E06_01 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable**      **7701003 - Not Recorded**

**Pertinent Negatives (PN)**
**8801019 – Refused    8801023 - Unable to Complete**

### Constraints

**Data Type: string**      **minLength: 1**      **maxLength: 50**

### Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (defined in definition section). Otherwise put the appropriate Pertinent Negative. If the EMS service call is cancelled or no patient found, put "Not Applicable".*

# *First Name*

## NEMSIS ID:  ePatient.03 – First Name

### Definition

*The patient's first (given) name.*

| NEMSIS National Element | No | Pertinent Negatives (PN) | Yes |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E06_02 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

**Pertinent Negatives (PN)**
8801019 – Refused    8801023 - Unable to Complete

### Constraints

**Data Type: string**            **minLength: 1**          **maxLength: 50**

### Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (defined in definition section). Otherwise put the appropriate Pertinent Negative. If the EMS service call is cancelled or no patient found, put "Not Applicable".*

# *Middle Initial/Name*

## NEMSIS ID:  ePatient.04 – Middle Initial/Name

### Definition

*The patient's middle name(if any).*

| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | No | NOT Values | Yes |
| NEMSIS v2 Element | E06_03 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable          7701003 - Not Recorded**

### Constraints

**Data Type: string          minLength: 1          maxLength: 50**

### Data Element Comment/Validation Rules

*This element is required as a part of the OKEMSIS version 3 dataset but documentation of the patient's middle initial or name isn't required by the State of Oklahoma. Documentation of this element is optional and up to the discretion of the EMS service.*

# *Patient's Home Address*

## NEMSIS ID:  ePatient.05 – Patient's Home Address

### Definition

*The patient's address of residence (home mailing or street address).*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | No | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E06_04 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 0:1 |

### Attributes and Constraints (both the same for this element)

**Data Type: string**          **minLength: 1**          **maxLength: 255**

### Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (defined in definition section) otherwise leave it blank. This element allows for a two line documentation of the address. For out of country addresses the second line should be used to document, city, country, postal code and any other pertinent information.*

# *Patient's Home City*

## NEMSIS ID: ePatient.06 – Patient's Home City

### Definition

*The patient's primary city or township of residence.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | No | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E06_05 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 0:1 |

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable          7701003 - Not Recorded**

### Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (defined in definition section). Otherwise put "Not Applicable". Based on GNIS Civil Code or Populated Place code.*

*GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm*

# *Patient's Home County*

## NEMSIS ID:  ePatient.07 – Patient's Home County

### Definition

*The patient's home county or parish of residence.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E06_06 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measures

*Airway   Cardiac Arrest   Pediatric   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable**          **7701003 - Not Recorded**

### Constraints

**Data Type: pattern**          **Length: 5**

### Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (defined in definition section). Otherwise put "Not Applicable". Based on the ANSI Code Single Choice based on the County Name but stored as the ANSI code (combined 5 digit State and County codes).*

*GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm*

# *Patient's Home State*

## NEMSIS ID:  ePatient.08 – Patient's Home State

### Definition

*The state, territory, or province where the patient resides.*

| | | | |
|---|---|---|---|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E06_07 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

### NEMSIS Associated Performance Measures

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable          7701003 - Not Recorded**

### Constraints

**Data Type: pattern          Length: 2**

### Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (defined in definition section). Otherwise put "Not Applicable". The ANSI Code Selection by text but stored as ANSI code.*

*GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm*

# *Patient's Home Zip Code*

## NEMSIS ID:  ePatient.09 – Patient's Home Zip Code

### Definition

*The patient's ZIP code of residence.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E06_08 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measures

*Airway　Cardiac Arrest　Pediatric　Response　STEMI　Stroke　Trauma*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable　　7701003 - Not Recorded**

### Constraints

**Pattern**
**[0-9]{5}|[0-9]{5}-[0-9]{4}|[0-9]{5}-[0-9]{5}|[A-Z][0-9][A-Z] [0-9][A-Z][0-9]**

### Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (defined in definition section). Otherwise put "Not Applicable". ZIP Codes Product Website:*
*https://www.zipcodedownload.com/Products/Product/Z5Commercial/Standard/Overview/*

*Product: USA - 5-digit ZIP Code Database, Commercial Edition*

# *Social Security Number*

## NEMSIS ID:  ePatient.12 – Patient's Social Security Number

### Definition

*The patient's social security number.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | No | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | No | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E06_10 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 0:1 |

### Constraints

**Data Type: pattern**          **maxInclusive: 999999999**          **minInclusive: 000000000**

### Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (defined in definition section). If the patients SSN is not known, put 000-00-0000 (which is the null value in this case).*

# *Gender*

## NEMSIS ID:  ePatient.13 – Gender

### Definition

*The patient's Gender.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E06_11 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measures

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

### Code List

| Code | Description |
|---|---|
| 9906001 | Female |
| 9906003 | Male |
| 9906005 | Unknown (Unable to Determine) |

### Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (defined in definition section of this document). Otherwise put "Not Applicable".*

# *Race*

## NEMSIS ID:  ePatient.14 – Race

### Definition

*The patient's race as defined by the OMB (US Office of Management and Budget).*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E06_12 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

### NEMSIS Associated Performance Measures

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable          7701003 - Not Recorded**

**CorrelationID**
**Data Type: string      minLength: 0      maxLength: 255**

### Code List

| Code | Description |
|---|---|
| 2514001 | American Indian or Alaska Native |
| 2514003 | Asian |
| 2514005 | Black or African American |
| 2514007 | Hispanic or Latino |
| 2514009 | Native Hawaiian or Other Pacific Islander |
| 2514011 | White |

### Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (defined in definition section of this document). Otherwise put "Not Applicable". Ethnicity (Version 2.2.1: E06_13) has been merged with this data element and retired.*

# *Age*

| NEMSIS ID:  ePatient.15 – Age |
|---|

### Definition

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

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E06_14 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

### NEMSIS Associated Performance Measures

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable          7701003 - Not Recorded**

### Constraints

**Data Type: integer          minInclusive: 1      maxInclusive: 120**

### Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (defined in definition section of this document). Otherwise put "Not Applicable".*

# *Age Units*

## NEMSIS ID:  ePatient.16 – Age Units

### Definition

*The unit used to define the patient's age.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E06_15 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measures

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

### Constraints

| Code | Description |
|---|---|
| 2516001 | Days |
| 2516003 | Hours |
| 2516005 | Minutes |
| 2516007 | Months |
| 2516009 | Years |

### Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (defined in definition section of this document). Otherwise put "Not Applicable".*

# *Date of Birth*

## NEMSIS ID:  ePatient.17 – Date of Birth

### Definition

*The patient's date of birth.*

| NEMSIS National Element | No | Pertinent Negatives (PN) | Yes |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E06_16 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable　　7701003 - Not Recorded

**Pertinent Negatives (PN)**
8801019 – Refused　　8801023 – Unable to Complete

### Constraints

**Data Type: date**　　**minInclusive: 1890-01-01**　　**maxInclusive: 2050-01-01**

### Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (defined in definition section of this document). Otherwise put "Not Applicable" or the appropriate pertinent negative.*

# *Patient's Phone Number*

## NEMSIS ID:  ePatient.18 – Patient's Phone Number

### Definition

*The patient's phone number.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | No | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | No | **NOT Values** | No |
| **NEMSIS v2 Element** | E06_17 | **Is Nillable** | No |
| **OKEMSIS Usage** | Optional | **Recurrence** | 0:M |

### Attributes

**CorrelationID**
**Data Type: string     minLength: 0     maxLength: 255**

**PhoneNumberType**
**9913001 - Fax          9913003 - Home          9913005 - Mobile**
**9913007 - Pager      9913009 – Work**

### Constraints

**Pattern**
**[0-9]{5}|[0-9]{5}-[0-9]{4}|[0-9]{5}-[0-9]{5}|[A-Z][0-9][A-Z] [0-9][A-Z][0-9]**

### Data Element Comment/Validation Rules

*This element is required to be in the OKEMSIS dataset (therefore Mandatory). EMS services have the option of submitting the patient phone number but it is not required by the State of Oklahoma. Services should leave this blank if they choose not to submit this element. This element contains an attribute to define what type of phone number is being documented i.e. Fax, Home, Mobile, Pager, and Work.*

# *ePayment*

# *Primary Method of Payment*

## NEMSIS ID: ePayment.01 – Primary Method of Payment

### Definition

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

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E07_01 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measures

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable      7701003 - Not Recorded

### Constraints

| Code | Description | Code | Description |
|---|---|---|---|
| 2601001 | Insurance | 2601015 | Payment by Facility |
| 2601003 | Medicaid | 2601017 | Contracted Payment |
| 2601005 | Medicare | 2601019 | Community Network |
| 2601007 | Not Billed (for any reason) | 2601021 | No Insurance Identified |
| 2601009 | Other Government | 2601023 | Other payment option |
| 2601011 | Self Pay | | |
| 2601013 | Workers Compensation | | |
| 2601011 | Self Pay | | |

### Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (defined in definition section of this document). Otherwise put "Not Applicable".*

# *eProcedure*

# *Date/Time Procedure Performed*

## NEMSIS ID: eProcedures.01 – Date/Time Procedure Performed

### Definition

*The date/time the procedure was performed on the patient*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E19_01 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway　Cardiac Arrest　Pediatric　STEMI　Stroke　Trauma*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable**　　　**7701003 - Not Recorded**

### Constraints

| Data Type | minInclusive | maxInclusive |
|---|---|---|
| Date/time | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

**Pattern**
[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

### Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (defined in definition section of this document) AND a procedure was performed (eProcedures.03). Otherwise put "Not Applicable". Formatting for date/time elements can be found in this document in the appendix under "Date/Time Formats in OKEMSIS".*

# *Procedure Performed Prior to this Unit's EMS Care*

## NEMSIS ID: eProcedures.02– Procedure Performed Prior to this Unit's EMS Care

### Definition

*Indicates that the procedure which was performed and documented was performed prior to this EMS units care.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E19_02 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

### Code List

| Code | Description |
|---|---|
| 9923001 | No |
| 9923003 | Yes |

### Data Element Comment/Validation Rules

*This element is required if Procedures (eProcedures.03) is not a null value (Not Values) or a pertinent negative. In other words, if a procedure is performed, this element is required. Otherwise put "Not Applicable". This is the NEMSIS Version 3 method to document prior aid.*

# *Procedure*

## NEMSIS ID:  eProcedures.03– Procedure

### Definition

*The procedure performed on the patient.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | Yes |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E19_03 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable        7701003 - Not Recorded

**Pertinent Negatives (PN)**
8801001 - Contraindication Noted        8801003 - Denied By Order
8801019 – Refused        8801023 - Unable to Complete

### Constraints

**Data Type: integer          minInclusive: 100000        maxInclusive: 999999999999999**

### Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (defined in definition section of this document). Otherwise put the appropriate Pertinent Negative. For cancelled/no patient found or patient refusals put "Not Applicable". Procedures which are recorded as a Vital Sign do not have to be documented in the Procedure Section. All software vendors must match their procedure code list with the OKEMSIS procedures located in the appendix of this document.*

# *Number of Procedure Attempts*

## NEMSIS ID: eProcedures.05– Number of Procedure Attempts

### Definition

*The number of attempts taken to complete a procedure or intervention regardless of success.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E19_05 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

### Constraints

**Data Type: integer          minInclusive: 1      maxInclusive: 10**

### Data Element Comment/Validation Rules

*This element is required if Procedures (eProcedures.03) is not a null value (Not Values) or a pertinent negative. In other words, if a procedure is performed, this element is required. Otherwise put "Not Applicable".*

# *Procedure Successful*

## NEMSIS ID:  eProcedures.06– Procedure Successful

### Definition

*Indicates that this procedure attempt which was performed on the patient was successful.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E19_06 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

### Code List

| Code | Description |
|---|---|
| 9923001 | No |
| 9923003 | Yes |

### Data Element Comment/Validation Rules

*This element is required if Procedures (eProcedures.03) is not a null value (Not Values) or a pertinent negative. In other words, if a procedure is performed, this element is required. Otherwise put "Not Applicable".*

# *Procedure Complication*

## NEMSIS ID:  eProcedures.07 – Procedure Complication

### Definition

*Any complication (abnormal effect on the patient) associated with the performance of the procedure on the patient.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E19_07 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Pediatric   Trauma*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable          7701003 - Not Recorded**

**CorrelationID**
**Data Type: string          minLength: 0          maxLength: 255**

### Code List

| Code | Description |
|---|---|
| 3907001 | Altered Mental Status |
| 3907003 | Apnea |
| 3907005 | Bleeding |
| 3907007 | Bradypnea |
| 3907009 | Diarrhea |
| 3907011 | Esophageal Intubation-immediately |
| 3907013 | Esophageal Intubation-other |
| 3907015 | Extravasation |
| 3907017 | Hypertension |
| 3907019 | Hyperthermia |
| 3907021 | Hypotension |
| 3907023 | Hypothermia |
| 3907025 | Hypoxia |
| 3907027 | Injury |
| 3907029 | Itching |
| 3907051 | Urticaria |

**3907031**      **Nausea**
**3907033**      **None**
**3907035**      **Other (Not Listed)**
**3907037**      **Portacath**
**3907039**      **Respiratory Distress**
**3907041**      **Tachycardia**
**3907043**      **Tachypnea**
**3907045**      **Vomiting**
**3907047**      **Bradycardia**

## Data Element Comment/Validation Rules

*This element is required if Procedures (eProcedures.03) is not a null value (Not Values) or a pertinent negative. In other words, if a procedure is performed, this element is required. Otherwise put "Not Applicable".*

# *Response to Procedure*

NEMSIS ID:  eProcedures.08 – Response to Procedure

| Definition |
|---|

*The patient's response to the procedure.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E19_08 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

| Attributes |
|---|

**NOT Values (NV)**
**7701001 - Not Applicable          7701003 - Not Recorded**

| Code List |
|---|

| Code | Description |
|---|---|
| 9916001 | Improved |
| 9916003 | Unchanged |
| 9916005 | Worse |

| Data Element Comment/Validation Rules |
|---|

*This element is required if Procedures (eProcedures.03) is not a null value (Not Values) or a pertinent negative. In other words, if a procedure is performed, this element is required. Otherwise put "Not Applicable".*

# *Procedure Crew Members ID*

NEMSIS ID:  eProcedures.09– Procedure Crew Members ID

### Definition

*The statewide assigned ID number of the EMS crew member performing the procedure on the patient.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | No | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E19_09 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 0:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable**       **7701003 - Not Recorded**       **7701005 – Not Reporting**

### Constraints

**Data Type: string**          **minLength: 2**          **maxLength: 50**

### Data Element Comment/Validation Rules

*This element is required if Procedures (eProcedures.03) is not a null value (Not Values) or a pertinent negative. In other words, if a procedure is performed, this element is required. Otherwise put "Not Applicable". For an incident that occurs in multiple states, the certification ID number the EMS agency would typically use is based on the EMS agency's state license specific to each EMS professional. If the incident needs to be reported to each state, then the EMS Agency Number for each state should be submitted as well as the certification ID numbers for each EMS professional on the unit.*

# *Role/Type of Person Performing the Procedure*

**NEMSIS ID: eMedications.11 – Role/Type of Person Performing the Procedure**

### Definition

*The type (level) of EMS or Healthcare Professional Performing the Procedure. For procedures performed prior to EMS arrival, this may be a non-EMS healthcare professional.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable      7701003 - Not Recorded

### Code List

| Code | Description | Code | Description |
|---|---|---|---|
| 9905001 | Advanced Emergency Medical Technician (AEMT) | 9905035 | Nurse Practitioner |
| 9905003 | Emergency Medical Responder (EMR) | 9905037 | Physician Assist. |
| 9905005 | Emergency Medical Technician (EMT) | 9905039 | LPN |
| 9905007 | Paramedic | 9905041 | Registered Nurse |
| 9905011 | Intermediate | | |
| 9905019 | Other Healthcare Professional | | |
| 9905025 | Physician | | |
| 9905027 | Respiratory Therapist | | |
| 9905029 | Student | | |
| 9905031 | Critical Care Paramedic | | |

### Data Element Comment/Validation Rules

*This element is required if Procedures (eProcedures.03) is not a null value (Not Values) or a pertinent negative. In other words, if a procedure is performed, this element is required. Otherwise put "Not Applicable".*

# *Procedure Authorization*

NEMSIS ID:  eProcedures.11 – Procedure  Authorization

| Definition |
|---|
*The type of procedure authorization obtained.*

| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | No | NOT Values | No |
| NEMSIS v2 Element | E19_10 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

| Attributes |
|---|

| Code List |
|---|

| Code | Description |
|---|---|
| 9918001 | On-Line (Remote Verbal Order) |
| 9918003 | On-Scene |
| 9918005 | Protocol (Standing Order) |
| 9918007 | Written Orders (Patient Specific) |

| Data Element Comment/Validation Rules |
|---|

*This element is required if Procedures (eProcedures.03) is not a null value (Not Values) or a pertinent negative. In other words, if a procedure is performed, this element is required. Otherwise leave this element blank.*

# *eRecord*

# *Patient Care Report Number*

## NEMSIS ID:  eRecord.01 – Patient Care Report Number

### Definition

*The unique number automatically assigned by the EMS agency for each Patient Care Report (PCR). This should be a unique number for the EMS agency for all of time.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | E01_01 | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measures

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Constraints

**Data Type: string      minLength: 3      maxLength: 50**

### Data Element Comment/Validation Rules

*This element is required for all EMS runs entered into OKEMSIS (XML header and EMS incident). For agencies who import to the state, this number can be auto-generated by their software vendor. If an agency enters their data through the web forms on the state database, they can use the auto-generated number on the form or create your own using the following format: the first 3 numbers should be the EMS license number for that agency (example: 41 should be entered as "041" and 100 entered as "100"). The second 4 numbers should be the year of the incident. After the license number and year, it is up to the EMS service what to put as the rest of the Patient Care Report Number (as long as it doesn't exceed 32 characters). If the incident is a mass casualty incident or there are several patients at the scene and that unit treats them, each person has to have a separate run sheet with a unique Patient Care Report Number.*

# *Software Creator*

## NEMSIS ID:  eRecord.02 – Software Creator

### Definition

*The name of the vendor, manufacturer, and developer who designed the application that created this record.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E01_02 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

### Constraints

**Data Type: string**     **minLength: 1**     **maxLength: 50**

### Data Element Comment/Validation Rules

*This element is required for all EMS runs entered into OKEMSIS (header of xml file). This is required to document the software used to generate the Patient Care Report. This is not the last software which aggregated/stored the Patient Care Report after it was sent from another software.*

# *Software Name*

## NEMSIS ID:  eRecord.03 – Software Name

### Definition

*The name of the application used to create this record.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | E01_03 | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### Constraints

**Data Type: string     minLength: 1     maxLength: 50**

### Data Element Comment/Validation Rules

*This element is required for all EMS runs entered into OKEMSIS (header of xml file). This is the EMS Agency's software, not the state or other level software which electronically received the data from the local EMS Agency.*

# *Software Version*

## NEMSIS ID: eRecord.04 – Software Version

### Definition

*The version of the application used to create this record.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E01_04 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

### Constraints

**Data Type: string     minLength: 1     maxLength: 50**

### Data Element Comment/Validation Rules

*This element is required for all EMS runs entered into OKEMSIS (header of xml file). This is the EMS Agency's software version, not the state or other level software which electronically received the data from the local EMS Agency.*

# *eResponse*

# *EMS Agency Number*

## NEMSIS ID:  eResponse.01 – EMS Agency Number

### Definition

*The state-assigned provider number of the responding agency.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | E02_01 | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measures

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Constraints

**Data Type: string      minLength: 1      maxLength: 15**

### Data Element Comment/Validation Rules

*This element is required for all EMS runs entered into OKEMSIS. The EMS Agency Number in eResponse.01 can auto-populate from dAgency.02 EMS Agency Number in the demographic section.*

# *EMS Response Number*

## NEMSIS ID:  eResponse.04 – EMS Response Number

### Definition

*The internal EMS response number which is used for each EMS Vehicle's (Unit) response to an incident within an EMS Agency.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | E01_01 | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measures

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Constraints

**Data Type: string      minLength: 3      maxLength: 50**

### Data Element Comment/Validation Rules

*This element is required for all EMS runs entered into OKEMSIS. This number is assigned by the EMS agency and can be a unique number or auto-populated from eResponse.01 (Patient Care Report Number). This element can have any format the EMS service needs as long as it fits the parameters above. If the incident is a mass casualty incident or there are several patients at the scene and that individual unit treats them, each person can have the same EMS Response Number as long as there is a unique Patient Care Report Number and run sheet for each patient.*

# *Type of Service Requested*

## NEMSIS ID: eResponse.05 – Type of Service Requested

### Definition

*The type of service or category of service requested of the EMS Agency responding for this specific EMS event.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | E02_04 | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measures

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Code List

| Code | Description |
|---|---|
| 2205001 | 911 Response (Scene) |
| 2205003 | Intercept |
| 2205005 | Inter-facility Transport, Emergent (911Call) |
| 2205007 | Medical Transport |
| 2205009 | Mutual Aid |
| 2205011 | Public Assistance/Other Not Listed |
| 2205013 | Standby |
| it2205.113 | Inter-Facility Transport, Non-Emergent (Routine) |

### Data Element Comment/Validation Rules

*This element is required for all EMS runs. "Inter-facility Transfer" has been changed to "Interfacility Transport. "Public Assistance/Other Not Listed" added for EMS expanded scope events such as elderly assistance, injury prevention, public education, immunization programs, etc. The description was changed for code 2205005 to better document emergent inter-facility transports through the 911 call center. Code 2205015 added to better document routine (non-911) inter-facility transfers. Inter-Facility Transport, Non-Emergent (Routine) is a custom code not in NEMSIS dataset but required for all Oklahoma ePCR's.*

# *Standby Purpose*

## NEMSIS ID:  eResponse.06 – Standby Purpose

### Definition

*The main reason the EMS unit is on standby as the Type of Service Requested for the EMS event.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | No | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | No | **NOT Values** | No |
| **NEMSIS v2 Element** | | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 0:1 |

### Code List

| Code | Description |
|---|---|
| 2206001 | Disaster Event-Drill/Exercise |
| 2206003 | Disaster Event-Live Staging |
| 2206005 | Education |
| 2206007 | EMS Staging-Improve Coverage |
| 2206009 | Fire Support-Rehab |
| 2206011 | Fire Support-Standby |
| 2206013 | Mass Gathering-Concert/Entertainment Event |
| 2206015 | Mass Gathering-Fair/Community Event |
| 2206017 | Mass Gathering-Sporting Event |
| 2206019 | Other |
| 2206021 | Public Safety Support |

### Data Element Comment/Validation Rules

*This element is required if the Type of Service Requested (eResponse.05) is "Standby" (code 2205013). Added to better document the reason for a "Standby". This information will assist in the analysis of EMS service delivery, special event coverage, etc.*

# *Primary Role of the Unit*

## NEMSIS ID:  eResponse.07 – Primary Role of the Unit

### Definition

*The primary role of the EMS Unit which responded to this specific EMS event.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E02_05 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

### NEMSIS Associated Performance Measures

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Code List

| Code | Description |
|---|---|
| 2207003 | Ground Transport |
| 2207005 | Non-Transport Administrative (e.g., Supervisor) |
| 2207007 | Non-Transport Assistance |
| 2207009 | Non-Transport Rescue |
| 2207011 | Air Transport-Helicopter |
| 2207013 | Air Transport-Fixed Wing |
| 2207007 | EMRA |

### Data Element Comment/Validation Rules

*This element is required for all EMS runs. Supervisor clarified to Administrative Only. If the Supervisor is responding to assist, that would be considered Non-Transport. Transport separated into Air and Ground. In Version 2 there was no way to identify Air Transport.*

# *Type of Dispatch Delay*

## NEMSIS ID: eResponse.08 – Type of Dispatch Delay

### Definition

*The dispatch delays, if any, associated with the dispatch of the EMS unit to the EMS event. A dispatch delay is any time delay that occurs from the time of PSAP call (eTimes.01) to the time the unit is notified by dispatch (eTimes.03).*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E02_06 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Attributes

**CorrelationID**
**Data Type: string**      **minLength: 0**      **maxLength: 255**

### Code List

| Code | Description |
|---|---|
| 2208001 | Caller (Uncooperative) |
| 2208003 | Diversion/Failure (of previous unit) |
| 2208005 | High Call Volume |
| 2208007 | Language Barrier |
| 2208009 | Location (Inability to Obtain) |
| 2208011 | No EMS Vehicles (Units) Available |
| 2208013 | None/No Delay |
| 2208015 | Other (Not Listed) |
| 2208017 | Technical Failure (Computer, Phone etc.) |

### Data Element Comment/Validation Rules

*This element is required for all EMS runs entered into OKEMSIS.*

# *Type of Response Delay*

## NEMSIS ID: eResponse.09 – Type of Response Delay

### Definition

*The response delays, if any, of the EMS unit associated with the EMS event. A response delay is any time delay that occurs from the time the unit is notified by dispatch (eTimes.03) to the time the unit arrived on scene (eTimes.06).*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | E02_07 | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:M |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Attributes

**CorrelationID**
**Data Type: string          minLength: 0          maxLength: 255**

### Code List

| Code | Description |
|---|---|
| **2209001** | **Crowd** |
| **2209003** | **Directions/Unable to Locate** |
| **2209005** | **Distance** |
| **2209007** | **Diversion (Different Incident)** |
| **2209009** | **HazMat** |
| **2209011** | **None/No Delay** |
| **2209013** | **Other (Not Listed)** |
| **2209015** | **Rendezvous Transport Unavailable** |
| **2209017** | **Route Obstruction (e.g., train)** |
| **2209019** | **Scene Safety (Not Secure for EMS)** |
| **2209021** | **Staff Delay** |
| **2209023** | **Traffic** |
| **2209025** | **Vehicle Crash Involving this Unit** |
| **2209027** | **Vehicle Failure of this Unit** |
| **2209029** | **Weather** |
| **2209031** | **Mechanical Issue-Unit, Equipment, etc.** |
| **2209033** | **Flight Planning** |

| Data Element Comment/Validation Rules |
| --- |

*This element is required for all EMS runs entered into OKEMSIS. "Rendezvous Transport Unavailable" added for situations where there is a wait for an EMS Transport Unit, a Ferry, Air Medical, etc to return to service.*

# *Type of Scene Delay*

## NEMSIS ID:  eResponse.10 – Type of Scene Delay

### Definition

*The scene delays, if any, of the EMS unit associated with the EMS event. ". Scene delay is any time delay that occurs from the time the unit arrived on scene (eTimes.06) to the time the unit left the scene (eTimes.09).*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E02_08 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:M |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

**CorrelationID**
**Data Type: string**          **minLength: 0**          **maxLength: 255**

### Code List

| Code | Description |
|---|---|
| 2210001 | Awaiting Air Unit |
| 2210003 | Awaiting Ground Unit |
| 2210005 | Crowd |
| 2210007 | Directions/Unable to Locate |
| 2210009 | Distance |
| 2210011 | Extrication |
| 2210013 | HazMat |
| 2210015 | Language Barrier |
| 2210017 | None/No Delay |
| 2210019 | Other (Not Listed) |
| 2210021 | Patient Access |
| 2210023 | Safety-Crew/Staging |
| 2210025 | Safety-Patient |
| 2210027 | Staff Delay |
| 2210029 | Traffic |

| 2210031 | Triage/Multiple Patients |
| 2210033 | Vehicle Crash Involving this Unit |
| 2210035 | Vehicle Failure of this Unit |
| 2210037 | Weather |
| 2210039 | Mechanical Issue-Unit, Equipment, etc. |

### Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (defined in definition section of this document). Otherwise put "Not Applicable".*

# *Type of Transport Delay*

## NEMSIS ID:  eResponse.11 – Type of Transport Delay

### Definition

*The transport delays, if any, of the EMS unit associated with the EMS event. A transport delay is any time delay that occurs from the time the unit left the scene (eTimes.09) to the time the patient arrived at the destination (eTimes.10).*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E02_09 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

**CorrelationID**
**Data Type: string          minLength: 0          maxLength: 255**

### Code List

| Code | Description |
|---|---|
| 2211001 | Crowd |
| 2211003 | Directions/Unable to Locate |
| 2211005 | Distance |
| 2211007 | Diversion |
| 2211009 | HazMat |
| 2211011 | None/No Delay |
| 2211013 | Other (Not Listed) |
| 2211015 | Rendezvous Transport Unavailable |
| 2211017 | Route Obstruction (e.g., Train) |
| 2211019 | Safety |
| 2211021 | Staff Delay |
| 2211023 | Traffic |
| 2211025 | Vehicle Crash Involving this Unit |
| 2211027 | Vehicle Failure of this Unit |
| 2211029 | Weather |

**2211031        Patient Cindition Change (e.g. Unit Stopped)**

**Data Element Comment/Validation Rules**

*This element is required if eDisposition.12 (Incident/Patient Disposition) includes the codes 4212013, 4212031, 4212033. "Rendezvous Transport Unavailable" added for situations where there is a wait for an EMS Transport Unit, a Ferry, Air Medical, etc.*

# *Type of Turn-Around Delay*

## NEMSIS ID:  eResponse.12 – Type of Turn-Around Delay

### Definition

*The turn-around delays, if any, of the EMS unit associated with the EMS event. Turn-around delay is any time delay that occurs from the time the patient arrived at the destination (eTimes.10) until the time the unit is back in service (eTimes.13) or unit back at the home location (eTimes15) [whichever is the greater of the two times].*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E02_10 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

**CorrelationID**
Data Type: string          minLength: 0          maxLength: 255

### Code List

| Code | Description |
|---|---|
| 2212001 | Clean-up |
| 2212003 | Decontamination |
| 2212005 | Distance |
| 2212007 | Documentation |
| 2212009 | ED Overcrowding / Transfer of Care |
| 2212011 | Equipment Failure |
| 2212013 | Equipment/Supply Replenishment |
| 2212015 | None/No Delay |
| 2212017 | Other (Not Listed) |
| 2212019 | Rendezvous Transport Unavailable |
| 2212021 | Route Obstruction (e.g. Train) |
| 2212023 | Staff Delay |
| 2212025 | Traffic |
| 2212027 | Vehicle Crash of this Unit |

**2212029**        **Vehicle Failure of this Unit**
**2212031**        **Weather**
**2212033**        **EMS Crew Accompanies Patient for Facility Procedure**

| Data Element Comment/Validation Rules |
| --- |

*This element is required if eDisposition.12 (Incident/Patient Disposition) includes the codes 4212013, 4212031, 4212033. Otherwise put "Not Applicable". "Rendezvous Transport Unavailable" added for situations where there is a wait for an EMS Transport Unit, a Ferry, Air Medical, etc.*

# *EMS Vehicle (Unit) Number*

| NEMSIS ID:  eResponse.13 – EMS Vehicle (Unit) Number |
|---|

| Definition | | | |
|---|---|---|---|
| *The unique physical vehicle number of the responding unit.* | | | |
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | E02_11 | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

| Constraints |
|---|
| **Data Type: string**          **minLength: 1**          **maxLength: 25** |

| Data Element Comment/Validation Rules |
|---|

*This element is required for all EMS runs entered into OKEMSIS. This is recommended to be the State Vehicle Permit Number if unique to the vehicle. If the vehicle is not licensed by the state, this should be a unique number only associated with a specific vehicle. This element can be populated from dVehicle.01 - Unit/Vehicle Number if available.*

# EMS Unit Call Sign

NEMSIS ID:  eResponse.14 – EMS Unit Call Sign

### 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.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E02_12 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

### Constraints

Data Type: string          minLength: 1          maxLength: 50

### Data Element Comment/Validation Rules

*This element is required for all EMS runs entered into OKEMSIS. This element could be populated from a list created in dVehicle.03 EMS Unit Call Sign or dConfiguration.16 (Crew Call Sign).*

# *Level of Care of This Unit*

## NEMSIS ID:  eResponse.15 – Level of Care of This Unit

### Definition

*The level of care (BLS or ALS) the unit is able to provide based on the units' treatment capabilities for this EMS response.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measures

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Code List

| Code | Description |
|---|---|
| 2215001 | BLS-EMR |
| 2215003 | BLS-EMT |
| 2215009 | ALS-AEMT |
| 2215011 | ALS-Intermediate |
| 2215013 | ALS-Paramedic |
| 2215015 | ALS-Community Paramedicine |
| 2215017 | ALS-Nurse |
| 2215019 | ALS-Physician |
| 2215021 | Specialty Critical Care |

### Data Element Comment/Validation Rules

*This element is required for all EMS runs entered into OKEMSIS. Added to identify the level of care (license level) the EMS unit/crew can provide regardless of patient need, based on this unit's capabilities.*

# *Response Mode to Scene*

## NEMSIS ID:  eResponse.23 – Response Mode to Scene

### Definition

*The indication whether the response was emergent or non-emergent. An emergent response is an immediate response (typically using lights and sirens).*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E02_20 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

### NEMSIS Associated Performance Measures

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Code List

| Code | Description |
|---|---|
| 2223001 | Emergent (Immediate Response) |
| 2223003 | Emergent Downgraded to Non-Emergent |
| 2223005 | Non-Emergent |
| 2223007 | Non-Emergent Upgraded to Emergent |
| it2223.022 | Stretcher Van |

### Data Element Comment/Validation Rules

*This element is required for all EMS runs entered into OKEMSIS*

# *eScene*

# *Number of Patients at Scene*

## NEMSIS ID: eScene.06 – Number of Patients at Scene

### Definition

*Indicator of how many total patients were at the scene.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E08_05 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable      7701003 - Not Recorded

### Code List

| Code | Description |
|---|---|
| 2707001 | Multiple |
| 2707003 | None |
| 2707005 | Single |

### Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (defined in definition section of this document). This element is not required for the eDisposition.12 codes 4212007, and 4212043 (put "Not Applicable" for those codes). If the service call is a standby, put "None".*

# *Mass Casualty Incident*

## NEMSIS ID:  eScene.07 – Mass Casualty Incident

### Definition

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

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E08_06 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Trauma*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable**      **7701003 - Not Recorded**

### Code List

| **Code** | **Description** |
|---|---|
| **9923001** | **No** |
| **9923003** | **Yes** |

### Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (defined in definition section of this document). This element is not required for the eDisposition.12 codes 4212007, and 4212043 (put "Not Applicable" for those codes). If the service call is a standby, put "No".*

# *Incident Location Type*

## NEMSIS ID:  eScene.09 – Incident Location Type

| Definition |
|---|

*The kind of location where the incident happened.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E08_07 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

| NEMSIS Associated Performance Measure Initiatives |
|---|

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

| Constraints |
|---|

**Pattern**
**Y92\.[0-9]{1,3}**

| Data Element Comment/Validation Rules |
|---|

*This element is required for all EMS service runs. A list of Incident location types can be found in the appendix of this document.*

# *Incident Facility Code*

## NEMSIS ID:  eScene.10 – Incident Facility Code

### Definition

*The state, regulatory, or other unique number (code) associated with the facility if the Incident is a Healthcare Facility.*

| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E08_08 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable          7701003 - Not Recorded**

### Constraints

**Data Type: string          minLength: 2          maxLength: 50**

### Data Element Comment/Validation Rules

*This element is mandatory if the incident location type is a hospital or healthcare facility (including nursing homes, codes Y92.12, Y92.23, Y92.53, Y92.530, Y92.532). If Type of Service Requested (eResponse.05) includes the codes 2205005 or 2205015 and Incident/Patient Disposition includes codes 4212033, 4212031, or 4212013 then both Incident Facility Code and Destination Transferred To Code ARE MANDATORY. A list of* *incident facility codes* *can be found in the appendix of this document. A list of* *Incident location types* *and codes can also be found in the appendix of this document.*

# *Scene GPS Location*

## NEMSIS ID:  eScene.11 – Scene GPS Location

### Definition

*The GPS coordinates associated with the Scene.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | No | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | E08_10 | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 0:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Constraints

**Pattern**
**(\+|-)?(90(\.[0]{1,6})?|([1-8][0-9]|[0-9])(\.[0-9]{1,6})?),(\+|-)?(180(\.[0]{1,6})?|(1[0-7][0-9]|[1-9][0-9]|[0-9])(\.[0-9]{1,6})?)**

### Data Element Comment/Validation Rules

*This element is mandatory in the OKEMSIS dataset but can be left blank if the EMS service does not have the capability to collect this data. The pattern for GPS location is in the format "latitude,longitude" where:*

*- latitude has a minimum of -90 and a maximum of 90 with up to 6 decimal places*
*- longitude has a minimum of -180 and a maximum of 180 with up to 6 decimal places*

# *Incident Street Address*

## NEMSIS ID:  eScene.15 – Incident Street Address

### Definition

*The street address where the patient was found, or, if no patient, the address to which the unit responded.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | No | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | E08_11 | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 0:1 |

### Attributes

**StreetAddress2**
**Data Type: string**          **minLength: 1**          **maxLength: 255**

### Constraints

**Data Type: string**          **minLength: 2**          **maxLength: 255**

### Data Element Comment/Validation Rules

*This element is required for all EMS service runs.*

# *Incident City*

## NEMSIS ID:  eScene.17 – Incident City

| Definition |
|---|
*The city or township (if applicable) where the patient was found or to which the unit responded (or best approximation).*

| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E08_12 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

| Data Element Comment/Validation Rules |
|---|

*This element is required for all EMS service runs. Incident City based on GNIS Civil Code or Populated Place code.*

*GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm*

# *Incident State*

## NEMSIS ID:  eScene.18 – Incident State

| Definition |
|---|
*The state, territory, or province where the patient was found or to which the unit responded (or best approximation).*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E08_14 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

| NEMSIS Associated Performance Measure Initiatives |
|---|

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

| Constraints |
|---|

**Data Type: pattern        Length: 2**

| Data Element Comment/Validation Rules |
|---|

*This element is required for all EMS service runs. Incident State is based on the ANSI State Code.*
*GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm .*

# *Incident Zip Code*

## NEMSIS ID:  eScene.19 – Incident Zip Code

| Definition |
|---|
*The ZIP code of the incident location.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E08_15 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

| NEMSIS Associated Performance Measure Initiatives |
|---|

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

| Constraints |
|---|

**Pattern**
**[0-9]{5}|[0-9]{5}-[0-9]{4}|[0-9]{5}-[0-9]{5}|[A-Z][0-9][A-Z] [0-9][A-Z][0-9]**

| Data Element Comment/Validation Rules |
|---|

*This element is required for all EMS service runs. ZIP Codes Product Website:*
*https://www.zipcodedownload.com/Products/Product/Z5Commercial/Standard/Overview/*
*Product: USA - 5-digit ZIP Code Database, Commercial Edition.*

# *Incident County*

## NEMSIS ID:  eScene.21 – Incident County

### Definition

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

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | E08_13 | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Constraints

**Data Type: pattern          Length: 5**

### Data Element Comment/Validation Rules

*This element is required for all EMS service runs. Incident County is based on the ANSI Code Single Choice based on the County Name but stored as the ANSI code (combined 5 digit State and County codes).*
*GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm .*

# *eSituation*

# *Date/Time of Symptom Onset/Last Normal*

**NEMSIS ID: eSituation.01 – Date/Time of Symptom Onset/Last Normal**

### Definition

*The date and time the symptom began as it relates to this EMS event. This is described or estimated by the patient, family, and/or healthcare professionals.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E05_01 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable     7701003 - Not Recorded

### Constraints

| **Data Type** | **minInclusive** | **maxInclusive** |
|---|---|---|
| Date/time | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

**Pattern**
[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

### Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). Otherwise put "Not Applicable". For stroke related events, this is the date and time the patient was last seen normal. For cardiac or respiratory arrest related events, this is the date and time the patient was last known to have a pulse or when interaction was had with the patient. For drowning related events, this is the date and time the patient was last seen. The intent of this element is to document the estimate date and time the patient was last known to be in their normal state. Formatting for date/time elements can be found in this document in the appendix under "Date/Time Formats in OKEMSIS".*

# *Possible Injury*

## NEMSIS ID:  eSituation.02 – Possible Injury

### Definition

*Indication whether or not there was an injury (based off external mechanism of injury).*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E09_04 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable         7701003 - Not Recorded**

### Code List

| Code | Description |
|---|---|
| 9922001 | No |
| 9922003 | Unknown |
| 9922005 | Yes |

### Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document) AND a primary or secondary provider impression of "Trauma" (* Trauma defined in definition section). Otherwise put "Not Applicable". This data element provides documentation to classify the EMS Reason for Encounter as either injury or non-injury related based on external mechanism and not on actual injury.*

# *Complaint Type*

## NEMSIS ID:  eSituation.03 - Complaint Type

### Definition

*The statement of the problem by the patient or the history provider.*

| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable        7701003 - Not Recorded**

### Code List

| Code | Description |
|---|---|
| 2803001 | Chief (Primary) |
| 2803003 | Other |
| 2803005 | Secondary |

### Data Element Comment/Validation Rules

*This was added to group complaints in a more efficient manner.*

# *Complaint*

## NEMSIS ID: eSituation.04 – Complaint

### Definition

*The statement of the problem by the patient or the history provider.*

| | | | |
|---|---|---|---|
| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E09_05 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

### Constraints

**Data Type: string          minLength: 1          maxLength: 255**

### Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). Otherwise put "Not Applicable".*

**OKEMSIS ID: *eSituation.03***     **Oklahoma PCR #: 56**

**OKEMSIS ID: *eSituation.07***     **Oklahoma PCR #: 109**

# *Chief Complaint Anatomic Location*

| NEMSIS ID:  eSituation.07 – Chief Complaint Anatomic Location |
|---|

| Definition | | | |
|---|---|---|---|
| *The primary anatomic location of the chief complaint as identified by EMS personnel.* | | | |
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E09_11 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

| NEMSIS Associated Performance Measure Initiatives |
|---|

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

| Attributes |
|---|

**NOT Values (NV)**
**7701001 - Not Applicable        7701003 - Not Recorded**

| Code List |
|---|

| Code | Description |
|---|---|
| **2807001** | **Abdomen** |
| **2807003** | **Back** |
| **2807005** | **Chest** |
| **2807007** | **Extremity-Lower** |
| **2807009** | **Extremity-Upper** |
| **2807011** | **General/Global** |
| **2807013** | **Genitalia** |
| **2807015** | **Head** |
| **2807017** | **Neck** |

| Data Element Comment/Validation Rules |
|---|

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). Otherwise put "Not Applicable". Otherwise put "Not Applicable".*

# *Chief Complaint Organ System*

| NEMSIS ID:  eSituation.08 – Chief Complaint Organ System |
|---|

| Definition |
|---|

*The primary organ system of the patient injured or medically affected.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E09_12 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

| NEMSIS Associated Performance Measure Initiatives |
|---|

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

| Attributes |
|---|

**NOT Values (NV)**
**7701001 - Not Applicable        7701003 - Not Recorded**

| Code List |
|---|

| Code | Description |
|---|---|
| 2808001 | Behavioral/Psychiatric |
| 2808003 | Cardiovascular |
| 2808005 | CNS/Neuro |
| 2808007 | Endocrine/Metabolic |
| 2808009 | GI |
| 2808011 | Global/General |
| 2808013 | Lymphatic/Immune |
| 2808015 | Musculoskeletal/Skin |
| 2808017 | Reproductive |
| 2808019 | Pulmonary |
| 2808021 | Renal |

| Data Element Comment/Validation Rules |
|---|

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). Otherwise put "Not Applicable". Otherwise put "Not Applicable".*

# *Primary Symptom*

## NEMSIS ID: eSituation.09 – Primary Symptom

### Definition

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

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E09_13 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

### Constraints

**Pattern**
(R[0-6][0-9](\.[0-9]{1,4})?|(R73\.9)|(R99))|([A-QSTZ][0-9]{2})((\.[0-9A-Z]{1,4})?)

### Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). Otherwise put "Not Applicable". Otherwise put "Not Applicable". A list of Symptoms accepted by OKEMSIS can be found in the appendix of this document. Code list is represented in ICD-10-CM Diagnosis Codes. Reference the NEMSIS Suggested Lists at:*
*http://nemsis.org/v3/resources.html*

# *Other Associated Symptoms*

| NEMSIS ID: eSituation.10 – Other Associated Symptoms |
|---|

| Definition |
|---|

*Other symptoms identified by the patient or observed by EMS personnel.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E09_14 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

| NEMSIS Associated Performance Measure Initiatives |
|---|

*Airway   Cardiac Arrest   Pediatric   STEMI   Stroke   Trauma*

| Attributes |
|---|

**NOT Values (NV)**
**7701001 - Not Applicable          7701003 - Not Recorded**

**CorrelationID**
**Data Type: string          minLength: 0          maxLength: 255**

| Constraints |
|---|

**Pattern**
(R[0-6][0-9](\.[0-9]{1,4})?|(R73\.9)|(R99))|([A-QSTZ][0-9]{2})((\.[0-9A-Z]{1,4})?)

| Data Element Comment/Validation Rules |
|---|

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). Otherwise put "Not Applicable". Otherwise put "Not Applicable". A list of Symptoms accepted by OKEMSIS can be found in the appendix of this document.*

# *Provider's Primary Impression*

## NEMSIS ID:  eSituation.11 – Provider's Primary Impression

### 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).*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E09_15 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable          7701003 - Not Recorded**

### Constraints

**Pattern**
**(R[0-6][0-9](\.[0-9]{1,3})?|(R73\.9)|(R99))|([A-QSTZ][0-9]{2})((\.[0-9A-Z]{1,4})?)**

### Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (<span style="color:red">defined in definition section of this document</span>). Otherwise put "Not Applicable". Otherwise put "Not Applicable". A list of Impressions accepted by OKEMSIS can be found in the appendix of this document.* <mark>*For inter-facility transports put the condition of the patient, as assessed by medical personnel, as the first impression. If a medical assessment is not available, put the EMT's impression as your primary impression.*</mark>

# *Provider's Secondary Impressions*

| NEMSIS ID: eSituation.12 – Provider's Secondary Impressions |
| --- |

## Definition

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

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| --- | --- | --- | --- |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E09_16 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

## NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   STEMI   Stroke   Trauma*

## Attributes

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

**CorrelationID**
**Data Type: string**          **minLength: 0**          **maxLength: 255**

## Constraints

**Pattern**
(R[0-6][0-9](\.[0-9]{1,3})?|(R73\.9)|(R99))|([A-QSTZ][0-9]{2})((\.[0-9A-Z]{1,4})?)

## Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). Otherwise put "Not Applicable". Otherwise put "Not Applicable". A list of Impressions accepted by OKEMSIS can be found in the appendix of this document.*

# *Patient Priority Status*

| NEMSIS ID: |
|---|

| Definition |
|---|

*A number (Priority 1, 2 or 3) assigned to a patient that is a score summarizing the patient status. Scoring based on Custom.01 (Trauma Triage Criteria).*

| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | No | NOT Values | Yes |
| NEMSIS v2 Element | Custom | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

| Attributes |
|---|

**NOT Values (NV)**
7701003 - Not Applicable          7701001 - Not Recorded

| Code List |
|---|

| Code | Description |
|---|---|
| it2813.100 | Priority 1 |
| it2813.101 | Priority 2 |
| it2813.102 | Priority 3 |

| Data Element Comment/Validation Rules |
|---|

*This element is required if Possible Injury is "Yes" or Provider Impression is associated with trauma. Otherwise put "Not Applicable". *Trauma and priority status are defined in definition section of this document.*

# *Work-Related Illness/Injury*

| NEMSIS ID:  eSituation.14 – Work-Related Illness/Injury |
|---|

| Definition |
|---|

*Indication of whether or not the illness or injury is work related as reported by the Patient at the time of incident.*

| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E07_15 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

| Attributes |
|---|

**NOT Values (NV)**
**7701001 - Not Applicable          7701003 - Not Recorded**

| Code List |
|---|

| Code | Description |
|---|---|
| 9922001 | No |
| 9922003 | Unknown |
| 9922005 | Yes |

| Data Element Comment/Validation Rules |
|---|

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). Otherwise put "Not Applicable". Otherwise put "Not Applicable". This element was moved from Version 2.2.1 E07_15 to allow more complete documentation of work related illness and injury.*

# *eTimes*

# *PSAP Call Date/Time*

## NEMSIS ID:  eTimes.01 – PSAP Call Date/Time

### Definition

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

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | E05_02 | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable        7701003 - Not Recorded**

### Constraints

| **Data Type** | **minInclusive** | **maxInclusive** |
|---|---|---|
| **Date/time** | **1950-01-01T00:00:00-00:00** | **2050-01-01T00:00:00-00:00** |

**Pattern**
**[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}**

### Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact or eResponse.05 (Type of Service Requested) is 2205003, 2205005, 2205007, 2205009, or 2205015. Otherwise put "Not Applicable". This date/time might be the same as Dispatch Notified Date/Time (eTimes.02). Formatting for date/time elements can be found in this document in the appendix under "Date/Time Formats in OKEMSIS".*

# *EMS Dispatch Notified Date/Time*

NEMSIS ID:  eTimes.02 – Dispatch Notified Date/Time

### Definition

*The date/time the phone rings at the EMS service dispatch requesting EMS services.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | No | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | No | **NOT Values** | No |
| **NEMSIS v2 Element** | E05_03 | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 0:1 |

### Constraints

**Data Type**      **minInclusive**            **maxInclusive**
Date/time        1950-01-01T00:00:00-00:00      2050-01-01T00:00:00-00:00

**Pattern**
[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

### Data Element Comment/Validation Rules

*This element is required for all EMS service runs. This date/time might be the same as PSAP Call Date/Time (eTimes.01). Formatting for date/time elements can be found in this document in the appendix under "Date/Time Formats in OKEMSIS".*

# *Unit Notified by Dispatch Date/Time*

NEMSIS ID:  eTimes.03 – Unit Notified by Dispatch Date/Time

| Definition |
|---|

*The date/time the responding unit was notified by dispatch.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E05_04 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

| NEMSIS Associated Performance Measure Initiatives |
|---|

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

| Constraints |
|---|

**Data Type** **minInclusive** **maxInclusive**
Date/time          1950-01-01T00:00:00-00:00          2050-01-01T00:00:00-00:00

**Pattern**
[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

| Data Element Comment/Validation Rules |
|---|

*This element is required for all EMS service runs. Formatting for date/time elements can be found in this document in the appendix under "Date/Time Formats in OKEMSIS".*

# *Unit En Route Date/Time*

NEMSIS ID:  eTimes.05 – Unit En Route Date/Time

### Definition

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

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | E05_05 | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Constraints

| **Data Type** | **minInclusive** | **maxInclusive** |
|---|---|---|
| Date/time | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

**Pattern**
[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

### Data Element Comment/Validation Rules

*This element is required for all EMS service runs. Formatting for date/time elements can be found in this document in the appendix under "Date/Time Formats in OKEMSIS".*

# *Unit Arrived on Scene Date/Time*

## NEMSIS ID: eTimes.06 – Unit Arrived on Scene Date/Time

### Definition

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

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E05_06 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable      7701003 - Not Recorded

### Constraints

| **Data Type** | **minInclusive** | **maxInclusive** |
|---|---|---|
| Date/time | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

**Pattern**
[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

### Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). Otherwise put "Not Applicable". If the EMS service call is cancelled prior to arrival on scene put "Not Applicable". Formatting for date/time elements can be found in this document in the appendix under "Date/Time Formats in OKEMSIS".*

# *Arrived at Patient Date/Time*

## NEMSIS ID:  eTimes.07 – Arrived at Patient Date/Time

### Definition

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

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E05_07 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable        7701003 - Not Recorded**

### Constraints

| **Data Type** | **minInclusive** | **maxInclusive** |
|---|---|---|
| **Date/time** | **1950-01-01T00:00:00-00:00** | **2050-01-01T00:00:00-00:00** |

**Pattern**
**[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}**

### Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). Otherwise put "Not Applicable". If the EMS service call is cancelled prior to arrival on scene or there is no patient found put "Not Applicable". Formatting for date/time elements can be found in this document in the appendix under "Date/Time Formats in OKEMSIS".*

# *Transfer of EMS Patient Care Date/Time*

NEMSIS ID:  eTimes.08 – Transfer of EMS Patient Care Date/Time

### Definition

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

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E05_08 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 0:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

### Constraints

**Data Type**          **minInclusive**                    **maxInclusive**
Date/time               1950-01-01T00:00:00-00:00          2050-01-01T00:00:00-00:00

**Pattern**
[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

### Data Element Comment/Validation Rules

*This element is required for all EMS service calls where the primary EMS service transfers care of the patient to another EMS service. This element will be mandatory for any call with a Type of Service Requested of "Intercept (code: 2205003)" or "Mutual Aid (code: 2205009)". If the EMS service call is cancelled/no patient found/patient refusal put "Not Applicable". Formatting for date/time elements can be found in this document in the appendix under "Date/Time Formats in OKEMSIS".*

# *Unit Left Scene Date/Time*

## NEMSIS ID:  eTimes.09 – Unit Left Scene Date/Time

### Definition

*The date/time the responding unit left the scene with a patient (started moving).*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E05_09 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable          7701003 - Not Recorded**

### Constraints

| Data Type | minInclusive | maxInclusive |
|---|---|---|
| Date/time | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

**Pattern**
**[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}**

### Data Element Comment/Validation Rules

*This element is required if eDisposition.12 (Incident/Patient Disposition) is 4212013, 4212031, 4212033. Otherwise put "Not Applicable". If the EMS service call is cancelled/no patient found/patient refusal put "Not Applicable". Formatting for date/time elements can be found in this document in the appendix under "Date/Time Formats in OKEMSIS".*

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**of Health**

# *Arrival at Destination Landing Area Date/Time*

NEMSIS ID:  eTimes.10 - Arrival at Destination Landing Area Date/Time

| Definition | | | |
|---|---|---|---|
| *The date/time the responding unit left the scene with a patient (started moving).* | | | |
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | E05_09 | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 0:1 |

| Constraints |
|---|

**Data Type**  **minInclusive**  **maxInclusive**
Date/time  1950-01-01T00:00:00-00:00  2050-01-01T00:00:00-00:00

**Pattern**
[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

**Data Element Comment/Validation Rules**

*This element is required if eDisposition.12 (Incident/Patient Disposition) is 4212013, 4212031, 4212033. Otherwise put "Not Applicable". If the EMS service call is cancelled/no patient found/patient refusal put "Not Applicable". Formatting for date/time elements can be found in this document in the appendix under "Date/Time Formats in OKEMSIS".*

# *Patient Arrived at Destination Date/Time*

## NEMSIS ID:  eTimes.11 – Patient Arrived at Destination Date/Time

### Definition

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

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E05_10 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   Response   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable       7701003 - Not Recorded

### Constraints

| **Data Type** | **minInclusive** | **maxInclusive** |
|---|---|---|
| Date/time | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

**Pattern**
[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

### Data Element Comment/Validation Rules

*This element is required if eDisposition.12 (Incident/Patient Disposition) is 4212013, 4212031, 4212033. Otherwise put "Not Applicable". If the EMS service call is cancelled/no patient found/patient refusal put "Not Applicable".  Formatting for date/time elements can be found in this document in the appendix under "Date/Time Formats in OKEMSIS".*

# *Destination Patient Transfer of Care Date/Time*

| NEMSIS ID:  eTimes.13 – Destination Patient Transfer of Care Date/Time |
|---|

### Definition

*The date/time that patient care was transferred from the EMS crew/staff to the destination healthcare facilities staff .*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway　Cardiac Arrest　Pediatric　Response　STEMI　Stroke　Trauma*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable　　　7701003 - Not Recorded

### Constraints

| Data Type | minInclusive | maxInclusive |
|---|---|---|
| Date/time | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

**Pattern**
[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

### Data Element Comment/Validation Rules

*This element is required if eDisposition.12 (Incident/Patient Disposition) is 4212013, 4212031, 4212033. If the EMS service call is cancelled/no patient found/patient refusal put "Not Applicable". Formatting for date/time elements can be found in this document in the appendix under "Date/Time Formats in OKEMSIS".  This element was added to better document transfer of care to determine best practices and identify points of improvement.*

# *Unit Back in Service Date/Time*

## NEMSIS ID: eTimes.13 – Unit Back in Service Date/Time

### Definition

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

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | No |
| **NEMSIS v2 Element** | E05_11 | **Is Nillable** | No |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Response*

### Constraints

| **Data Type** | **minInclusive** | **maxInclusive** |
|---|---|---|
| Date/time | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

**Pattern**
[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

### Data Element Comment/Validation Rules

*This element is required if eDisposition.12 (Incident/Patient Disposition) is required for all ems runs. Formatting for date/time elements can be found in this document in the appendix under "Date/Time Formats in OKEMSIS".*

# eVitals

# *Date/Time Vital Signs Taken*

## NEMSIS ID: eVitals.01 – Date/Time Vital Signs Taken

### Definition

*The date/time vital signs were taken on the patient.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E14_01 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable      7701003 - Not Recorded

### Constraints

| **Data Type** | **minInclusive** | **maxInclusive** |
|---|---|---|
| Date/time | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

**Pattern**
[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

### Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (**defined in definition section of this document**). If the EMS service call is cancelled, no patient found, or a patient refusal put "Not Applicable". Formatting for date/time elements can be found in this document in the appendix under "Date/Time Formats in OKEMSIS".*

# *Obtained Prior to this Unit's EMS Care*

NEMSIS ID:  eVitals.02 – Obtained Prior to this Unit's EMS Care

**Definition**

*Indicates that the information which is documented was obtained prior to the documenting EMS units care.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E14_02 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

**NEMSIS Associated Performance Measure Initiatives**

*Airway   Cardiac Arrest   Pediatric   STEMI   Stroke   Trauma*

**Attributes**

**NOT Values (NV)**
7701001 - Not Applicable        7701003 - Not Recorded

**Code List**

| Code | Description |
|---|---|
| 9923001 | No |
| 9923003 | Yes |

**Data Element Comment/Validation Rules**

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). If the EMS service call is cancelled, no patient found, or a patient refusal put "Not Applicable". Formatting for date/time elements can be found in this document in the appendix under "Date/Time Formats in OKEMSIS".*

# *Cardiac Rhythm / Electrocardiography (ECG)*

**NEMSIS ID:  eVitals.03– Cardiac Rhythm / Electrocardiography (ECG)**

### Definition

*The cardiac rhythm / ECG and other electrocardiography findings of the patient as interpreted by EMS personnel.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | Yes |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E14_03 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

### NEMSIS Associated Performance Measure Initiatives

*Cardiac Arrest   STEMI*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable      7701003 - Not Recorded

**Pertinent Negatives (PN)**
8801019 – Refused      8801023 - Unable to Complete

**CorrelationID**
**Data Type: string**      **minLength: 0**      **maxLength: 255**

### Code List

| Code | Description |
|---|---|
| 9901001 | Agonal/Idioventricular |
| 9901003 | Asystole |
| 9901005 | Artifact |
| 9901007 | Atrial Fibrillation |
| 9901009 | Atrial Flutter |
| 9901011 | AV Block-1st Degree |
| 9901013 | AV Block-2nd Degree-Type 1 |
| 9901015 | AV Block-2nd Degree-Type 2 |
| 9901017 | AV Block-3rd Degree |
| 9901019 | Junctional |
| 9901021 | Left Bundle Branch Block |
| 9901023 | Non-STEMI Anterior Ischemia |
| 9901025 | Non-STEMI Inferior Ischemia |

| | |
|---|---|
| 9901027 | **Non-STEMI Lateral Ischemia** |
| 9901029 | **Non-STEMI Posterior Ischemia** |
| 9901031 | **Other (Not Listed)** |
| 9901033 | **Paced Rhythm** |
| 9901035 | **PEA** |
| 9901037 | **Premature Atrial Contractions** |
| 9901039 | **Premature Ventricular Contractions** |
| 9901041 | **Right Bundle Branch Block** |
| 9901043 | **Sinus Arrhythmia** |
| 9901045 | **Sinus Bradycardia** |
| 9901047 | **Sinus Rhythm** |
| 9901049 | **Sinus Tachycardia** |
| 9901051 | **STEMI Anterior Ischemia** |
| 9901053 | **STEMI Inferior Ischemia** |
| 9901055 | **STEMI Lateral Ischemia** |
| 9901057 | **STEMI Posterior Ischemia** |
| 9901059 | **Supraventricular Tachycardia** |
| 9901061 | **Torsades De Points** |
| 9901063 | **Unknown AED Non-Shockable Rhythm** |
| 9901065 | **Unknown AED Shockable Rhythm** |
| 9901067 | **Ventricular Fibrillation** |
| 9901069 | **Ventricular Tachycardia (With Pulse)** |
| 9901071 | **Ventricular Tachycardia (Pulseless)** |

### Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document) or "Yes" is indicated for Cardiac Arrest (eArrest.01). Also required if "STEMI" is indicated for Provider First or Second Impression. If the EMT cannot interpret the ECG then put "Unable To Complete". Otherwise put the appropriate pertinent negative ("Refused" for patient refusals). For situations where there is patient contact and the ECG is not performed, put "Not Recorded".*

# *ECG Type*

## NEMSIS ID:  eVitals.04– ECG Type

### Definition

*The type of ECG associated with the cardiac rhythm.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*STEMI*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable**      **7701003 - Not Recorded**

### Code List

| Code | Description |
|---|---|
| **3304001** | **3 Lead** |
| **3304003** | **4 Lead** |
| **3304005** | **5 Lead** |
| **3304007** | **12 Lead-Left Sided (Normal)** |
| **3304009** | **12 Lead-Right Sided** |
| **3304011** | **15 Lead** |
| **3304013** | **18 Lead** |
| **3304015** | **Other (AED, Not Listed)** |

### Data Element Comment/Validation Rules

*This element is required if eVitals.03 (Cardiac Rhythm/Electrocardiography) is not a null value or pertinent negative (ECG was performed). This element replaces the custom elements in version 2 for STEMI. Otherwise put "Not Applicable". For situations where there is patient contact and the ECG is not performed, put "Not Recorded".*

# *Method of ECG Interpretation*

## NEMSIS ID:  eVitals.05– Method of ECG Interpretation

### Definition

*The method of ECG interpretation.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

### NEMSIS Associated Performance Measure Initiatives

*STEMI*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable**      **7701003 - Not Recorded**

**CorrelationID**
**Data Type: string**      **minLength: 0**      **maxLength: 255**

### Code List

| Code | Description |
|---|---|
| 3305001 | Computer Interpretation |
| 3305003 | Manual Interpretation |
| 3305005 | Transmission with No Interpretation |
| 3305007 | Transmission with Remote Interpretation |

### Data Element Comment/Validation Rules

*This element is required if eVitals.03 (Cardiac Rhythm/Electrocardiography) is not a null value or pertinent negative (ECG was performed). "Transmission with no interpretation" may be used by EMS Agency Personnel that are not trained to interpret cardiac rhythms.. Otherwise put "Not Applicable". This element replaces the custom elements in version 2 for STEMI.* <span style="color:red">*For situations where there is patient contact and the ECG is not performed, put "Not Recorded".*</span>

# *SBP (Systolic Blood Pressure)*

## NEMSIS ID:  eVitals.06 – SBP (Systolic Blood Pressure)

### Definition

*The patient's systolic blood pressure.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | Yes |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E14_04 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measures

*Airway   Cardiac Arrest   Pediatric   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable      7701003 - Not Recorded

**Pertinent Negatives (PN)**
8801005 – Exam Finding Not Present      8801019 – Refused      8801023 - Unable to Complete

### Constraints

**Data Type: integer**      **minInclusive: 0**      **maxInclusive: 500**

### Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). Otherwise put "Not Applicable" or appropriate pertinent negative ("Refused" for refusals). If the patient was dead at scene, put 0. For situations where there is patient contact and the SBP is not taken, put "Not Recorded".*

# *DBP (Diastolic Blood Pressure)*

## NEMSIS ID:  eVitals.07 – DBP (Diastolic Blood Pressure)

### Definition

*The patient's diastolic blood pressure.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | Yes |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E14_05 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 0:1 |

### NEMSIS Associated Performance Measures

*Airway   Cardiac Arrest   Pediatric   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

**Pertinent Negatives (PN)**
8801005 – Exam Finding Not Present      8801019 – Refused      8801023 - Unable to Complete

### Constraints

**Pattern**
[5][0][0]|[1-4][0-9][0-9]|[0]|[1-9][0-9]|P|p

### Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). Otherwise put "Not Applicable" or appropriate pertinent negative ("Refused" for refusals). If the patient was dead at scene, put 0. Diastolic blood pressure pattern allows for the following values in OKEMSIS: 1) A number 0 through 500 (NO LETTERS). For situations where there is patient contact and the DBP is not taken, put "Not Recorded".*

# *Method of Blood Pressure Measurement*

## NEMSIS ID:  eVitals.08– Method of Blood Pressure Measurement

### Definition

*Indication of the method of blood pressure measurement.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E14_06 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable          7701003 - Not Recorded**

### Code List

| Code | Description |
|---|---|
| **3308001** | **Arterial Line** |
| **3308003** | **Doppler** |
| **3308005** | **Cuff-Automated** |
| **3308007** | **Cuff-Manual Auscultated** |
| **3308009** | **Cuff-Manual Palpated Only** |
| **3308011** | **Venous Line** |

### Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document) and a blood pressure was taken. If the EMS service call is cancelled, no patient found, or a patient refusal put "Not Applicable".*

# *Heart Rate*

## NEMSIS ID:  eVitals.10 – Heart Rate

### Definition

*The patient's heart rate expressed as a number per minute.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | Yes |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E14_07 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

### NEMSIS Associated Performance Measures

*Airway   Cardiac Arrest   Pediatric   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable      7701003 - Not Recorded

**Pertinent Negatives (PN)**
8801005 – Exam Finding Not Present     8801019 – Refused     8801023 - Unable to Complete

### Constraints

**Data Type: integer**      **minInclusive: 0**      **maxInclusive: 500**

### Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). If the heart rate cannot be obtained, use the appropriate Pertinent Negative ("Refused" for refusals). For situations where there is patient contact and the Heart Rate is not taken, put "Not Recorded". Otherwise put "Not Applicable".*

# *Pulse Oximetry*

## NEMSIS ID:  eVitals.12 – Pulse Oximetry

### Definition

***The patient's oxygen saturation.***

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | Yes |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E14_09 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

### NEMSIS Associated Performance Measures

*Airway   Cardiac Arrest   Pediatric   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable          7701003 - Not Recorded**

**Pertinent Negatives (PN)**
**8801005 – Exam Finding Not Present      8801019 – Refused      8801023 - Unable to Complete**

### Constraints

**Data Type: integer          minInclusive: 0      maxInclusive: 100**

### Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). If the oxygen saturation cannot be obtained, use the appropriate Pertinent Negative ("Refused" for refusals). Otherwise put "Not Applicable". For situations where there is patient contact and the Pulse Oximetry is not taken, put "Not Recorded".*

# *Respiratory Rate*

## NEMSIS ID:  eVitals.14 – Respiratory Rate

### Definition

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

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | Yes |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E14_11 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

### NEMSIS Associated Performance Measures

*Airway   Cardiac Arrest   Pediatric   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

**Pertinent Negatives (PN)**
8801005 – Exam Finding Not Present      8801019 – Refused      8801023 - Unable to Complete

### Constraints

**Data Type: integer**          **minInclusive: 0**      **maxInclusive: 300**

### Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). If the respiratory rate cannot be obtained, use the appropriate Pertinent Negative ("Refused" for refusals). Otherwise put "Not Applicable". For situations where there is patient contact and the Respiratory Rate is not taken, put "Not Recorded".*

# *End Tidal Carbon Dioxide (ETCO2)*

## NEMSIS ID:  eVitals.16 – End Tidal Carbon Dioxide (ETCO2)

### Definition

*The numeric value of the patient's end-tidal CO2 level.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | Yes |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E14_13 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

### NEMSIS Associated Performance Measures

*Airway   Cardiac Arrest   Pediatric   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable        7701003 - Not Recorded

**Pertinent Negatives (PN)**
8801019 – Refused       8801023 - Unable to Complete

### Constraints

**Data Type: integer        minInclusive: 0       maxInclusive: 200**

### Data Element Comment/Validation Rules

*This element is required if eProcedures.03 includes the codes 429705000, 427753009, 424979004, 232679009, 232674004, or a King Airway (code itSNOMED.001). If the CO2 level cannot be obtained, use the appropriate Pertinent Negative ("Refused" for refusals). Otherwise put "Not Applicable". Generally the numeric CO2 level is measured in millimeters of mercury (mmHg). End-tidal is the same as exhaled.*

# *Blood Glucose Level*

## NEMSIS ID: eVitals.18 – Blood Glucose Level

### Definition

*The patient's blood glucose level.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | Yes |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E14_14 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

### NEMSIS Associated Performance Measures

*Pediatric   Stroke*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable       7701003 - Not Recorded

**Pertinent Negatives (PN)**
8801019 – Refused       8801023 - Unable to Complete

### Constraints

**Data Type: integer       minInclusive: 0       maxInclusive: 2000**

### Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document) and a first or second impression of Hyperglycemia-Diabetes or Hypoglycemia-Diabetes. If the blood glucose level cannot be obtained, use the appropriate Pertinent Negative ("Refused" for refusals). Otherwise put "Not Applicable".*

# *Glasgow Coma Score-Eye*

## NEMSIS ID:  eVitals.19 – Glasgow Coma Score-Eye

### Definition

*The patient's Glasgow Coma Score Eye opening.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | Yes |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E14_15 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

### NEMSIS Associated Performance Measures

*Airway   Cardiac Arrest   Pediatric   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

**Pertinent Negatives (PN)**
8801019 – Refused          8801023 - Unable to Complete

### Code List

| Code | Description |
|---|---|
| 1 | No eye movement when assessed (All Age Groups) |
| 2 | Opens Eyes to painful stimulation (All Age Groups) |
| 3 | Opens Eyes to verbal stimulation (All Age Groups) |
| 4 | Opens Eyes spontaneously (All Age Groups) |

### Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). If the GCS cannot be obtained, use the appropriate Pertinent Negative ("Refused" for refusals). Otherwise put "Not Applicable". Definitions now based on the National Trauma Data Standard (NTDS). For situations where there is patient contact and the GCS is not calculated put "Not Recorded".*

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# *Glasgow Coma Score-Verbal*

## NEMSIS ID:  eVitals.20 – Glasgow Coma Score-Verbal

### Definition

*The patient's Glasgow Coma Score Verbal.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | Yes |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E14_16 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measures

*Airway   Cardiac Arrest   Pediatric   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

**Pertinent Negatives (PN)**
8801019 – Refused          8801023 - Unable to Complete

### Code List

| Code | Description |
|---|---|
| 1 | No verbal/vocal response (All Age Groups) |
| 2 | Incomprehensible sounds (>2 Years); Inconsolable, agitated |
| 3 | Inappropriate words (>2 Years); Inconsistently consolable, moaning |
| 4 | Confused (>2 Years); Cries but is consolable, inappropriate interactions |
| 5 | Oriented (>2 Years); Smiles, oriented to sounds, follows objects, interacts |

### Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document).  If the GCS cannot be obtained, use the appropriate Pertinent Negative ("Refused" for refusals). Otherwise put "Not Applicable". Definitions now based on the National Trauma Data Standard (NTDS). For situations where there is patient contact and the GCS is not calculated put "Not Recorded".*

# *Glasgow Coma Score-Motor*

| NEMSIS ID: eVitals.21 – Glasgow Coma Score-Motor |
|---|

| **Definition** |
|---|

***The patient's Glasgow Coma Score Motor.***

| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | Yes |
|---|---|---|---|
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E14_17 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

| **NEMSIS Associated Performance Measures** |
|---|

***Airway   Cardiac Arrest   Pediatric   STEMI   Stroke   Trauma***

| **Attributes** |
|---|

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

**Pertinent Negatives (PN)**
8801019 – Refused          8801023 - Unable to Complete

| **Code List** |
|---|

| Code | Description |
|---|---|
| 1 | No Motor Response (All Age Groups) |
| 2 | Extension to pain (All Age Groups) |
| 3 | Flexion to pain (All Age Groups) |
| 4 | Withdrawal from pain (All Age Groups) |
| 5 | Localizing pain (All Age Groups) |
| 6 | Obeys commands (>2Years); Appropriate response to stimulation |

| **Data Element Comment/Validation Rules** |
|---|

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). If the GCS cannot be obtained, use the appropriate Pertinent Negative ("Refused" for refusals). Otherwise put "Not Applicable". Definitions now based on the National Trauma Data Standard (NTDS). For situations where there is patient contact and the GCS is not calculated put "Not Recorded".*

# *Glasgow Coma Score-Qualifier*

## NEMSIS ID: eVitals.22 – Glasgow Coma Score-Qualifier

### Definition

*Documentation of factors which make the GCS score more meaningful.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E14_18 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:M |

### NEMSIS Associated Performance Measures

*Airway   Cardiac Arrest   Pediatric   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable          7701003 - Not Recorded

**CorrelationID**
**Data Type: string**          **minLength: 0**          **maxLength: 255**

### Code List

| Code | Description |
|---|---|
| 3322001 | Eye Obstruction Prevents Eye Assessment |
| 3322003 | Initial GCS has legitimate values without interventions such as intubation and sedation |
| 3322005 | Patient Chemically Paralyzed |
| 3322007 | Patient Chemically Sedated |
| 3322009 | Patient Intubated |

### Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document) and a total GCS Score is calculated. If the EMS service call is cancelled, no patient found, or a patient refusal put "Not Applicable". Definitions now based on the National Trauma Data Standard (NTDS).*

# *Total Glasgow Coma Score*

## NEMSIS ID:  eVitals.23– Total Glasgow Coma Score

### Definition

***The patient's total Glasgow Coma Score.***

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | Yes |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E14_19 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

### NEMSIS Associated Performance Measures

***Airway  Cardiac Arrest  Pediatric  STEMI  Stroke  Trauma***

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable      7701003 - Not Recorded

**Pertinent Negatives (PN)**
8801019 – Refused      8801023 - Unable to Complete

### Constraints

**Data Type: integer**      **minInclusive: 3**      **maxInclusive: 15**

### Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). If the GCS cannot be obtained, use the appropriate Pertinent Negative ("Refused" for refusals). Otherwise put "Not Applicable". Can be documented or calculated from EVitals.19 (GCS-Eye), EVitals.20 (GCS-Verbal), and EVitals.21 (GCS-Motor). For situations where there is patient contact and the GCS is not calculated put "Not Recorded".*

# *Level of Responsiveness (AVPU)*

## NEMSIS ID:  eVitals.26 – Level of Responsiveness (AVPU)

### Definition

*The patient's highest level of responsiveness.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E14_22 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

### NEMSIS Associated Performance Measure Initiatives

*Airway   Cardiac Arrest   Pediatric   STEMI   Stroke   Trauma*

### Attributes

**NOT Values (NV)**
**7701001 - Not Applicable        7701003 - Not Recorded**

### Code List

| Code | Description |
|---|---|
| 3326001 | Alert |
| 3326003 | Verbal |
| 3326005 | Painful |
| 3326007 | Unresponsive |

### Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). If the EMS service call is cancelled, no patient found, or a patient refusal put "Not Applicable". For situations where there is patient contact and AVPU is not taken put "Not Recorded".*

# *Pain Scale Score*

## NEMSIS ID:  eVitals.27– Pain Scale Score

### Definition

*The patient's indication of pain from a scale of 0-10.*

| NEMSIS National Element | Yes | Pertinent Negatives (PN) | Yes |
|---|---|---|---|
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E14_23 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

### NEMSIS Associated Performance Measures

*Pediatric   STEMI   Trauma*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable      7701003 - Not Recorded

**Pertinent Negatives (PN)**
8801019 – Refused      8801023 - Unable to Complete

### Constraints

**Data Type: integer**      **minInclusive: 0**      **maxInclusive: 10**

### Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). If the pain score cannot be obtained, use the appropriate Pertinent Negative ("Refused" for refusals). Otherwise put "Not Applicable". The Pain Score can be obtained from several pain measurement tools or pain scale types. The pain scale type used should have a numeric value associated with each diagram as appropriate. If the pain scale type utilizes multiple indicators/categories the total should be calculated and entered for the pain score associated with the patient assessment. For situations where there is patient contact and the Pain Scale Score is not calculated put "Not Recorded".*

# *Stroke Scale Score*

## NEMSIS ID: eVitals.29 – Stroke Scale Score

### Definition

*The findings or results of the Stroke Scale Type (eVitals.30) used to assess the patient exhibiting stroke-like symptoms.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | Yes |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | E14_24 | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measures

*Stroke*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable      7701003 - Not Recorded

**Pertinent Negatives (PN)**
8801019 – Refused      8801023 - Unable to Complete

### Code List

| Code | Description |
|---|---|
| 3329001 | Negative |
| 3329003 | Non-Conclusive |
| 3329005 | Positive |

### Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document) AND Provider Primary or Secondary Impression is stroke (code I63.9). If the Stroke Scale cannot be assessed, use the appropriate Pertinent Negative ("Refused" for refusals). Otherwise put "Not Applicable".*

# *Stroke Scale Type*

## NEMSIS ID:  eVitals.30 – Stroke Scale Type

### Definition

*The type of stroke pain scale used.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | Yes | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | Yes | **NOT Values** | Yes |
| **NEMSIS v2 Element** | | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### NEMSIS Associated Performance Measures

*Stroke*

### Attributes

**NOT Values (NV)**
7701001 - Not Applicable      7701003 - Not Recorded

### Code List

| Code | Description |
|---|---|
| 3330001 | Cincinnati |
| 3330003 | Los Angeles |
| 3330005 | Massachusetts |
| 3330007 | Miami Emergency Neurologic Deficit (MEND) |
| 3330009 | NIH |
| 3330011 | Other Stoke Scale Type |
| 3330013 | F.A.S.T. Exam |

### Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document) AND Provider Primary or Secondary Impression is stroke (code I63.9). Otherwise put "Not Applicable".*

# *State Mandatory Elements (Custom)*

# Custom Elements in NEMSIS v3

Custom Elements in NEMSIS v3 are collectively grouped into eight Custom Configuration elements (.01 to .08, see below table). The next section will describe each custom element in version 3 of OKEMSIS that has to be formatted into these eight elements (some elements will not require all 8 fields).

| Element | Usage | Recurrence |
|---|---|---|
| dCustomConfiguration.01 - Custom Data Element Title | Mandatory | 1:1 |
| dCustomConfiguration.02 - Custom Definition | Mandatory | 1:1 |
| dCustomConfiguration.03 - Custom Data Type | Mandatory | 1:1 |
| dCustomConfiguration.04 - Custom Data Element Recurrence | Mandatory | 1:1 |
| dCustomConfiguration.05 - Custom Data Element Usage | Mandatory | 1:1 |
| dCustomConfiguration.06 - Custom Data Element Potential | Optional | 0:M |
| dCustomConfiguration.07 - Custom Data Element Potential NOT Values (NV) | Optional | 0:M |
| dCustomConfiguration.08 - Custom Data Element Potential Pertinent Negative Values | PN | 0:M |

# _Trauma Referral Center (TreC) Notified_

## NEMSIS ID:

### Definition

_The notification of TReC by EMS personnel of the Triage Level of the transported/transferred patient._

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | No | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | No | **NOT Values** | Yes |
| **NEMSIS v2 Element** | | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### Attributes

### Code List

| Code | Description |
|---|---|
| itOutcome.001.101 | Yes |
| itOutcome.001.100 | No |

### Data Element Comment/Validation Rules

_This element is required if Possible Injury is "Yes" or Provider Impression is associated with trauma. Otherwise leave it blank. All ambulance services transporting injured patients on a pre-hospital basis, or transferring patients from hospitals outside Regions 7 & 8, to hospitals within Regions 7 & 8, shall contact the Trauma Transfer and Referral Center (TReC) before entering the region. (Regulation 310:641-3-130(d)). *Trauma defined in definition section_

# *TreC Tracking Number*

## NEMSIS ID:

### Definition

*The number assigned to the patient by TreC.*

| | | | |
|---|---|---|---|
| **NEMSIS National Element** | No | **Pertinent Negatives (PN)** | No |
| **NEMSIS State Element** | No | **NOT Values** | Yes |
| **NEMSIS v2 Element** | | **Is Nillable** | Yes |
| **OKEMSIS Usage** | Mandatory | **Recurrence** | 1:1 |

### Attributes

### Constraints

**Data Type: string**          **minLength: 0**          **maxLength: 5**

### Data Element Comment/Validation Rules

*This element is required if Trauma Referral Center (TreC) Notified is "Yes" otherwise leave it blank. All ambulance services transporting injured patients on a pre-hospital basis, or transferring patients from hospitals outside Regions 7 & 8, to hospitals within Regions 7 & 8, shall contact the Trauma Transfer and Referral Center (TReC) before entering the region. (Regulation 310:641-3-130(d)). When you contact the TReC, the TReC personnel will assign a unique number for each patient.* *Trauma defined in definition section*

# *Destination on Current Run Form Referred by TreC*

## NEMSIS ID:

### Definition

*This element asks whether or not the receiving hospital (destination hospital) for the patient was referred by TreC.*

| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | No | NOT Values | Yes |
| NEMSIS v2 Element | | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

### Attributes

### Code List

| Code | Description |
|---|---|
| itDisposition.041.100 | Yes |
| itDisposition.041.101 | No |

### Data Element Comment/Validation Rules

*This element is required when eDisposition.12 (Incident/Patient Disposition) is 4212013, 4212031, 4212033. Otherwise leave it blank. For treated and transported patients, put "No" if TreC was not used. All ambulance services transporting injured patients on a pre-hospital basis, or transferring patients from hospitals outside Regions 7 & 8, to hospitals within Regions 7 & 8, shall contact the Trauma Transfer and Referral Center (TReC) before entering the region. (Regulation 310:641-3-130(d)). \*Trauma defined in definition section.*

# *Intercept Recipient Agency*

## NEMSIS ID:

### Definition

*The EMS provider of the advanced life support EMS unit the patient was transferred to.*

| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
|---|---|---|---|
| NEMSIS State Element | No | NOT Values | Yes |
| NEMSIS v2 Element | | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

### Attributes

### Constraints

**Data Type: string**          **minLength: 0**          **maxLength: 15**

### Data Element Comment/Validation Rules

*This element is required if a patient is transferred from the primary EMS service to another EMS service. If Type of Service Requested (eResponse.05) includes the codes 2205003 or 2205009 and Incident/Patient Disposition includes codes 4212033, 4212031, or 4212013 then this element is required. Otherwise leave it blank. This element now applies to all runs that are treated and transported, not just trauma. The agency code list can be found in the appendix under Intercept Recipient Agency Code List.*

# *Appendix*

# Incident/Destination Codes and Descriptions

| Name | NPI Number | Name | NPI Number |
|---|---|---|---|
| 10-Care Transfer to Another Ambulance Service-Ground | 666 | Memorial Hospital - Stilwell | 1790753358 |
| 11-PELA Site/Airport | 0 | Memorial Hospital & Physician Group | 1588667554 |
| 12-LongTerm Care | 555 | Memorial Hospital of Texas County | 1144205360 |
| 13-Street/Intersection | 999 | Mena Medical Center | 1861449639 |
| 14-School/Public building | 100 | Mercy Emergency Department - Edmond | 707 |
| 15-Oklahoma Veterans Center - Ardmore | 342 | Mercy Health Love County Health Center | 1649221557 |
| 16-Oklahoma Veterans Center (ltc) - Claremore | 261 | Mercy Hospital - Ardmore | 1386741635 |
| 17-Oklahoma Veterans Center (ltc) - Clinton | 328 | Mercy Hospital - OKC | 1184721722 |
| 18-Oklahoma Veterans Center (ltc) - Norman | 729 | Mercy Hospital- Ada | 1487813978 |
| 19-Oklahoma Veterans Center (ltc) - Talihina | 687 | Mercy Hospital- Hot Springs, Ar | 1689628232 |
| 3-Clinics or Doctor's Offices | 888 | Mercy Hospital Oklahoma City - South | 1184721722 |
| 4-Nursing Home/Rest Home | 777 | Mercy Hospital-El Reno | 1184945644 |
| 6-Out of State Facility Not Listed | 222 | Mercy Hospital-Healdton | 1568615656 |
| 7-Private Residence | 111 | Mercy Hospital-Joplin, Missouri | 1508192543 |
| 8-Medical Examiner/Morgue | 333 | Mercy Hospital-Kingfisher | 1083048417 |
| 9-Care Transfer to Another Ambulance Service-Air | 444 | Mercy Hospital-Logan County | 1306126818 |
| Alliance Health- Blackwell | 1790706851 | Mercy hospital-Tishomingo | 1932404431 |
| Alliance Health- Clinton | 1326062456 | Mercy Hospital-Watonga | 1437598984 |
| Alliance Health- Durant | 1770522906 | Mercy Rehabilitation Hospital Oklahoma City | 1649802117 |
| Alliance Health- Madill | 1467476556 | Mesquite Reg Hosp-Mesquite, TX | 1851347835 |
| Alliance Health- Midwest | 1730128836 | Methodist Hosp-Dallas, TX | 1225383524 |
| Alliance Health- Ponca City | 1225077035 | Methodist McKinney Hospital-McKinney, TX | 1952538431 |
| Alliance Health- Seminole | 1891980124 | Moore Medical Center | 1942258777 |
| Alliance Health- Woodward | 1558312553 | Morton County Hospital - Elkhart | 1770511297 |
| Altus AFB Clinic (97th Medical Group) | 1093782880 | Muscogee (Creek) Nation Med Ctr | 1083616221 |
| Ambulatory Surgery Center | 615 | Muskogee VA Medical Center | 1598714925 |
| Arbuckle Memorial Hospital | 1700869492 | Muskogee(Creek) Nation Phy. Rehab. Ctr. | 1912158098 |
| Ardmore Regional Surgery Center | 1922079896 | Newman Memorial Hospital - Shattuck | 1083617807 |
| Arkansas Children's Hospital | 1598773079 | Norman Regional Healthplex | 1245530674 |
| Arkasnas Children's NorthWest | 1255875746 | Norman Regional Hospital | 1922273937 |
| Atoka County Medical Center | 1508896499 | Norman Specialty Hospital | 1962457861 |
| Bailey Medical Center, LLC | 1205846037 | North Central Med Ctr-McKinney, TX | 1922009331 |
| Baptist Health Medical Center- Fort Smith, AR | 1578555736 | Northeastern Health System | 1003865999 |
| Baptist Medical Center-AR | 1043240682 | Northwest Center for Behavioral Health (NCBH) | 1922171701 |
| Baptist Saint Anthony's Health System-TX | 1982671491 | Northwest Hospital - Amarillo | 1467442418 |
| Baylor Heart Hospital | 1962504340 | Northwest Medical Center - Bentonville | 1417900713 |

| | | | |
|---|---|---|---|
| Baylor University Hospital | 1447250253 | Northwest Surgical Hospital - OKC | 1942260971 |
| Baylor-Garland, TX | 1134127749 | NW Med Cntr/Springdale Memorial Hospital | 1699726695 |
| Baylor-Grapevine, TX | 1073511762 | Ochiltree County Hospital - Perryton | 1245237593 |
| Beaver County Memorial Hospital | 1487631156 | OKC Cntr for Orthopedic & Multi-Specialty Surgery | 1063489458 |
| Bethania Regional Healthcare Center | 1023013448 | Okeene Municipal Hospital | 1336142033 |
| Bone and Joint Hospital | 1811931686 | OKLAHOMA ER AND HOSPITAL-N PENN | 1821565961 |
| Bristow Medical Center | 1518932342 | Oklahoma Heart Hospital - OKC | 1083617005 |
| Brookhaven Hospital | 1023064300 | Oklahoma Heart Hospital - South | 1841442274 |
| Carl Albert Community Mental Health Center | 1205873098 | Oklahoma Neuro Specialty Hospital - Tulsa | 1508913336 |
| Carnegie Tri-County Municipal Hospital | 1043323447 | Oklahoma Spine Hospital, LLC - OKC | 1699745893 |
| Carrus Rehabilitation Hospital | 1861710238 | Oklahoma Surgical Hospital, LLC - Tulsa | 1487651857 |
| Cedar Ridge Residential Treatment Center | 1669681060 | Orthopedic Hospital - OKC | 1851344188 |
| Centennial Med Ctr | 1801826839 | OSU Medical Center | 1194701516 |
| Cherokee Nation - Hastings Hospital | 1003807827 | OSU Student Health Center | 1134280381 |
| Chickasaw Nation Medical Center | 1255364923 | OU MED CTR-Children's Hospital | 1508144411 |
| Childrens Hosp-Dallas, TX (Medical City) | 1194743013 | OU MED CTR-Edmond Campus | 1205887916 |
| Childrens Hosp-Fort Worth, TX (Cook Med CTR) | 1891765178 | OU MED CTR-Presbyterian Campus | 1780631390 |
| Childrens Hosp-Plano, TX | 1457443095 | OU Medical Center - OKC Stanton | 1649794157 |
| Children's Medical Center, The | 1740395409 | Pam Rehabilitation Hospital Of Tulsa | 1730635301 |
| Choctaw Memorial Hospital | 1881689289 | Paris Reg Med Cntr/McCuiston Hospital | 1063411767 |
| Choctaw Nation Health Care Center (I.H.S.) | 1659347623 | Parkland Trauma Center Dallas | 1932123247 |
| Christus Saint Michael Rehab Hospital | 1467453902 | Parkside Tulsa | 1851327464 |
| CHRISTUS St. Michael Hospital of Texarkana | 1295736734 | Pauls Valley General Hospital | 1932169950 |
| Cimarron Memorial Hospital | 1073584819 | Pawhuska Hospital, Inc. | 1174521991 |
| Cleveland Area Hospital | 1427295872 | Perry Memorial Hospital | 1245236652 |
| Coffeyville Regional Medical Center | 1285600379 | Plano Rehabilitation Hospital | 1194974733 |
| Comanche County Memorial Hospital | 1871513804 | Prague Municipal Hospital | 1851537096 |
| Community Hospital | 1275593337 | Presbyterian Hosp-Dallas, TX | 1396779948 |
| Community Specialty Hospital | 1619071313 | Purcell Municipal Hospital | 1851669865 |
| Cordell Memorial Hospital | 1750384426 | Pushmataha County Hospital, Antlers, OK | 1144212556 |
| Cornerstone Hospital of Oklahoma- Shawnee | 1205881125 | Regency Hospital-North Dallas | 1013075167 |
| Cornerstone- Muskogee (Solara Hospital-Muskogee) | 1518980978 | Reynolds Army Community Hospital | 1487752960 |
| Creek Nation Community Hospital | 1700890530 | Roger Mills Memorial Hospital | 1497857437 |
| Denton Regional Hospital | 1306897277 | Rolling Hills Hospital Ada | 1720085178 |
| DeQueen Regional Hospital | 1851657415 | Saint Francis Hospital- Muskogee | 1386188837 |
| Drumright Regional Hospital | 1396988903 | Saint Francis Hospital- Muskogee East | 1306381561 |
| Duncan Regional Hospital, Inc. | 1851396394 | Saint Francis Hospital- Vinita | 1306886866 |
| East Freeman Hospital & Health System | 1083728026 | Sayre Memorial Hospital | 1053381947 |
| Eastern Oklahoma Medical Center | 1396767158 | Seiling Municipal Hospital | 1598993453 |

| | | | |
|---|---|---|---|
| Edmond-AMG Specialty Hosp | 1235226416 | Select Specialty Hospital - OKC | 1659371268 |
| Elkview General Hospital | 1699758086 | Select Specialty Hospital - Tulsa | 1780684175 |
| Fairfax Community Hospital | 1134451396 | Sequoyah Co City of Sallisaw Hospital Authority | 1972539567 |
| Fairview Regional Medical Center | 1033153309 | Shadow Mountain Behavioral Health System | 1124037288 |
| Freeman Health System - Freeman West | 1265546048 | Shamrock Hospital Shamrock TX | 1538150370 |
| Grady Memorial Hospital | 1538169198 | Share Memorial Hospital Alva | 1679684682 |
| Gravette Medical Center | 1295893220 | Siloam Springs Memorial Hospital | 1265430508 |
| Great Plains Hospital Lawton | 1477551745 | Southwest Medical Center Liberal | 1144493040 |
| Great Plains Regional Medical Center Elk City | 1184639122 | Southwestern Medical Center Lawton | 1952359986 |
| Griffin Memorial Hospital Norman | 1194816074 | Southwestern Regional Medical Center Tulsa | 1073500419 |
| Harmon Memorial Hospital | 1295735991 | Specialty Hospital of Midwest City | 1508177767 |
| Harper County Community Hospital | 1134128499 | St Anthony-East(HealthPlex) | 701 |
| Haskell County Community Hospital | 1124068705 | St Anthony-South(HealthPlex) | 702 |
| Health South Rehabilitation - Fort Smith | 1639142342 | St. Anthony Healthplex- North | 704 |
| HealthSouth-Plano, TX | 1144294893 | St. Anthony HealthPlex-Mustang | 703 |
| Hillcrest Hospital-Claremore | 1023398807 | St. Anthony Hospital OKC(Main Campus) | 1366545311 |
| Hillcrest Hospital-Cushing | 1801867643 | St. Anthony South (Behavioral) | 705 |
| Hillcrest Hospital-Henryetta | 1720053556 | St. Anthony-Shawnee | 1134123193 |
| Hillcrest Hospital-Pryor | 1588686679 | St. Edward Mercy Med Ctr | 1568433480 |
| Hillcrest Hospital-South | 1023069028 | St. Francis Hospital South Tulsa | 1376561944 |
| Hillcrest Medical Center Tulsa | 1629057229 | St. Francis Hospital, Inc. Tulsa | 1144228487 |
| Hillcrest Specialty Hospital Tulsa | 1427154178 | St. Francis Hospital-Glenpool | 706 |
| Holdenville General Hospital | 1144339193 | St. John Medical Center, Inc. Tulsa | 1154417368 |
| INTEGRIS Baptist Regional Health Center - Miami | 1114931342 | St. John Owasso Medical Center | 1144231432 |
| INTEGRIS Baptist Medical Center, Inc. - OKC | 1831103654 | St. John Sapulpa, Inc. | 1861794448 |
| INTEGRIS Bass Baptist Health Center | 1144236571 | St. Johns-Broken Arrow | 1497988596 |
| INTEGRIS Bass Pavilion/Enid Regional Hospital | 1730193202 | St. Joseph Hospital Paris Texas | 1003819327 |
| INTEGRIS Canadian Valley Regional Hospital | 1306865357 | St. Joseph Medical Center Wichita | 1720380322 |
| INTEGRIS COMM HOSPITAL-COUNCIL CROSSING | 1194209155 | St. Mary's Regional Medical Center Enid | 1417947466 |
| INTEGRIS COMM HOSPITAL-DEL CITY | 1942784715 | St. Mary's Rogers Memorial Hospital Rogers AR | 1437266152 |
| INTEGRIS COMM HOSPITAL-MOORE | 1447734272 | Stevens County Hospital - Hugoton, KS | 1093774762 |
| INTEGRIS COMM HOSPITAL-OKC WEST | 1336623198 | Stillwater Medical Center | 1164494027 |
| Integris Deaconess | 1740231752 | Stroud Regional Medical Center | 1164625117 |
| INTEGRIS Grove General Hospital | 1467473579 | Surgical Hospital of Oklahoma | 1033229240 |
| INTEGRIS Southwest Medical Center | 1457372625 | Texas Health Presbyterian (Wilson & Jones) - TX | 1013957836 |
| INTEGRIS-Edmond | 1720373103 | Texoma Medical Center - Denison | 1477553113 |
| Jackson County Memorial Hospital | 1023272945 | The Physicians' Hospital Anadarko | 1710165626 |
| Jail/Prison | 1500 | Tulsa Spine & Specialty Hospital | 1033185293 |

| | | | |
|---|---|---|---|
| Jane Phillips Medical Center | 1215914254 | United Regional Hospital- Wichita Falls, TX | 1023013448 |
| Jane Phillips Nowata Health Center | 1548247489 | University Behavioral Health-Denton, TX | 1851346407 |
| JD McCarty Center For Children With Dev Disabilities | 1609972058 | USPHS Indian Hospital - Claremore (I.H.S.) | 1588962989 |
| Jeay Medical Services, LLC. (Epic Med Ctr) | 1245519651 | USPHS Indian Hospital - Clinton (I.H.S.) | 1205923448 |
| Jefferson County Hospital | 1144245655 | USPHS Indian Hospital - Lawton (I.H.S.) | 1215253455 |
| Jim Taliaferro Community Mental Health Center | 1760481899 | USPHS Indian Hospital - Pawnee (I.H.S.) | 1629174081 |
| Kindred Hospital - Oklahoma City | 1407934680 | UTSW-Dallas, TX | 1073651840 |
| Lakeside Women's Hospital | 1639170699 | VA Hospital - Amarillo | 1225087794 |
| Landmark Hospital | 1972633410 | VA Hospital - Bonham | 1558314948 |
| Lane Frost Health and Rehabilitation Center | 1285626424 | VA Hospital - Dallas | 1174572416 |
| Latimer County General Hospital | 1053353631 | VA Hospital - Fayetteville | 1003867326 |
| Laureate Psychiatric Clinic and Hospital | 1710985064 | VA Hospital - Oklahoma City  (DOD) | 1083925358 |
| Lindsay Municipal Hospital | 1144268723 | Valir Rehabilitation Hospital of OKC | 1750379558 |
| Mangum Regional Medical Center | 1992737613 | Via Christi, St. Francis campus-Wichita, KS | 1154314789 |
| Mary Hurley Hospital | 1629077227 | Wadley's Hospital Texarkana | 1114903523 |
| McAlester Regional Health Center | 1316940034 | Wagoner Community Hospital | 1386611580 |
| McBride Clinic Orthopedic Hospital, LLC | 1932145505 | Washington Regional Hospital Fayetteville | 1083609150 |
| McCurtain Memorial Hospital | 1629020177 | Weatherford Regional Hospital | 1639175185 |
| MeadowBrook Specialty Hospital of Tulsa | 1699110155 | Wesley Medical Center Wichita KS | 1447299649 |
| Medical Center of Plano, TX | 1396798518 | Wichita General Hospital Wichita Falls | 1023013448 |
| Medical City Hosp-Dallas, TX | 1689628984 | Willow Crest Hospital | 1770599268 |
| Medical Ctr of McKinney-McKinney, TX | 1689628984 | ZALE-LIPSHY | 1417010653 |

*1. Highlighted codes are special/generic codes. If a destination is not on this list, please use one of generic codes.*

*2. Codes 444 and 666 need to be used when transfer of patient occurs to another ambulance service.*

# Medication Given Codes and Descriptions

| Code | Code Description | Code | Code Description |
|---|---|---|---|
| 83929 | Abciximab | 6185 | Labetalol |
| 161 | Acetaminophen | 35629 | Lactated Ringer's Solution |
| 272 | Activated Charcoal | 237159 | Levalbuterol |
| 296 | Adenosine | 361860 | Levalbuterol Inhalant Solution [Xopenex] |
| 828529 | Albumin Human, USP | 6387 | Lidocaine |
| 435 | Albuterol | 377965 | Lidocaine Topical Gel |
| 8410 | Alteplase | 6470 | Lorazepam |
| 703 | Amiodarone | 6585 | Magnesium Sulfate |
| 1191 | Aspirin | 6628 | Mannitol |
| 1223 | Atropine | 6754 | Meperidine |
| 1399 | Benzocaine | 6902 | Methylprednisolone |
| itRX.001 | Blood Products* | 6915 | Metoclopramide |
| 1808 | Bumetanide | 6918 | Metoprolol |
| 1841 | Butorphanol | 6960 | Midazolam |
| 1901 | Calcium Chloride | 7052 | Morphine |
| 1908 | Calcium Gluconate | 237372 | NaCl 0.0769 MEQ/ML Injectable Solution |
| 1998 | Captopril | 313002 | NaCl 0.154 MEQ/ML Injectable Solution |
| 59038 | Chitosan | 730781 | NaCl 0.513 MEQ/ML Injectable Solution |
| 2599 | Clonidine | 7238 | Nalbuphine |
| 32968 | Copidogrel | 7242 | Naloxone |
| 3264 | Dexamethasone | 7396 | Nicardipine |
| 237648 | Dextrose 10 % Injectable Solution | 4917 | Nitroglycerin |
| 260258 | Dextrose 250 MG/ML Injectable Solution | 7476 | Nitroprusside |
| 309778 | Dextrose 5 % Injectable Solution | 7486 | Nitrous Oxide |
| 237653 | Dextrose 50 % Injectable Solution | 7512 | Norepinephrine |
| 3322 | Diazepam | 125464 | Normal saline |
| 3443 | Diltiazem | 26225 | Ondansetron |
| 3498 | Diphenhydramine | 7806 | Oxygen |
| 3616 | Dobutamine | 7812 | Oxymetazoline |
| 3628 | Dopamine | 7824 | Oxytocin |
| 3648 | Droperidol | 7883 | Pancuronium |
| 1659111 | Duodote Auto Injector | 8134 | Phenobarbital |
| 1437704 | DuoNeb (albuterol / ipratropium bromide ) Inhalant | 8163 | Phenylephrine |
| 3827 | Enalapril | 8183 | Phenytoin |
| 727347 | Epi 1:10,000 | 33835 | Plasma protein fraction |

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| | | | |
|---|---|---|---|
| 317361 | Epinephrine 0.1 MG/ML | 8591 | Potassium Chloride |
| 328316 | Epinephrine 1 MG/ML | 8597 | Potassium Iodide |
| 314610 | EPINEPHRINE,RACEMIC HYDROCHLORIDE | 34345 | Pralidoxime |
| 75635 | Eptifibatide | 8640 | Prednisone |
| 49737 | Esmolol | 8700 | Procainamide |
| 4177 | Etomidate | 8704 | Prochlorperazine |
| 4249 | Factor IX | 8745 | Promethazine |
| 4256 | Factor VIIa | 227778 | Proparacaine hydrochloride |
| 4278 | Famotidine | 8782 | Propofol |
| 4337 | Fentanyl | 8787 | Propranolol |
| 202866 | Flagyl | 9068 | Quinidine |
| 4457 | Flumazenil | 9143 | Ranitidine |
| 72236 | fosphenytoin | 76895 | Reteplase |
| 4603 | Furosemide | 68139 | Rocuronium |
| 4832 | Glucagon | 36676 | Sodium Bicarbonate |
| 4850 | Glucose | 107129 | Sterile water |
| 5093 | Haloperidol | 10154 | Succinylcholine |
| 5224 | Heparin | 259280 | Tenecteplase |
| 5531 | Hetastarch | 10368 | Terbutaline |
| 214615 | Hydralazine | 10391 | Tetracaine |
| 3423 | Hydromorphone | 10454 | Thiamine |
| 5514 | Hydroxocobalamin | 73137 | Tirofiban |
| 5553 | Hydroxyzine | 1174657 | Topical Hemostatic Agent |
| 5640 | Ibuprofen | 10691 | Tranexamic Acid |
| 5856 | Insulin | 11149 | Vasopressin (USP) |
| 5975 | Ipecac | 71535 | Vecuronium |
| 7213 | Ipratropium | 11170 | Verapamil |
| 6054 | Isoproterenol | 115698 | Ziprasidone |
| 6130 | Ketamine | 66981 | Zofran |
| 35827 | Ketorolac | | |

**NOTE: Codes have been added as neede. An updated list of codes can be found here: OSDH EMS Website**

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# Procedure Codes and Descriptions

| Code | Description | Code | Description |
|---|---|---|---|
| 268400002 | 12 lead ECG | 182531007 | Dressing of wound |
| 241741007 | Active cooling of patient | 243142003 | Dual pressure spontaneous ventilation support |
| 241740008 | Active warming of patient | 36708009 | External fetal monitor surveillance |
| 18629005 | Administration of Drug or Medicament | 426220008 | External ventricular defibrillation |
| 103744005 | Administration of intravenous fluids | 49077009 | Flexible fiberoptic laryngoscopy |
| 241726007 | Airway- Application of cricoid pressure | 33747003 | Glucose measurement, blood |
| 232706008 | Airway- Clearance by finger sweep | 23690002 | Heimlich maneuver |
| 428482009 | Airway- Colorimetric respired carbon dioxide monitoring | 44324008 | Hemodynamic Measurements |
| 78121007 | Airway- Direct laryngoscopy | 430189000 | Hypothermia induction therapy |
| 250784008 | Airway- End tidal carbon dioxide concentration | 441893003 | impedance threshold device |
| 16883004 | Airway- Endotracheal Intubation | 433295009 | Infusion pump for enteral feeding |
| 429705000 | Airway- Insertion of esophageal tracheal combitube | 433296005 | Infusion pump for intravenous fluids |
| 427753009 | Airway- Insertion of esophageal tracheal double lumen supraglottic airway | 410024004 | Insertion of catheter into urinary bladder |
| 7443007 | Airway- Insertion of oropharyngeal airway | 87750000 | Insertion of nasogastric tube |
| itSNOMED.001 | Airway- King | 235425002 | Insertion of orogastric tube |
| 424979004 | Airway- Laryngeal mask airway insertion | 19861002 | Intermittent positive pressure breathing treatment with nebulized medication |
| 182692007 | Airway- Nasopharyngeal airway insertion | 34475007 | Intraaortic balloon pump maintenance |
| 232679009 | Airway- Nasotracheal intubation | 430824005 | Intraosseous cannulation |
| 232673005 | Airway- Obturator airway insertion | 67889009 | Irrigation |
| 232692007 | Airway- Open cricothyroidotomy | 40174006 | Isolation procedure |
| 232674004 | Airway- Orotracheal intubation | 353008 | IV monitoring |
| 232689008 | Airway- Percutaneous cricothyroidotomy | 226005007 | Maintenance of central line |
| 232711005 | Airway- Removal of airway device | 55628002 | Maintenance of thoracic drain |
| 271280005 | Airway- Removal of endotracheal tube | 59900003 | Manual and mechanical traction |
| 232707004 | Airway- Removal of foreign body from airway | 232664002 | Manual establishment of airway |
| 230040009 | Airway- Suction technique | 429283006 | Mechanically assisted chest compression |
| 385857005 | Airway- Ventilator care and adjustment | 52260009 | Nasogastric tube maintenance |
| 49689007 | Application of cervical collar | 56251003 | Nebulizer therapy |
| 372045002 | Application of chemical hemostatic agents | 91161007 | Pedal pulse taking |
| 26906007 | Application of dressing, pressure | 182556001 | Pelvic sling |

| | | | |
|---|---|---|---|
| 448970001 | Application of pressure trouser | 309849004 | Pericardiocentesis |
| 79321009 | Application of splint | 233526002 | Peripheral venous cannula insertion - scalp |
| 20655006 | Application of tourniquet | 396540005 | Phlebotomy |
| 422744007 | Arterial catheter maintenance | 386423001 | Physical restraint |
| 423401003 | Assessment- Pediatric | 274475000 | Pneumatic splinting |
| 423184003 | Assessment-Adult | 45851008 | Positive end expiratory pressure ventilation therapy, initiation and management |
| 233169004 | Automatic defibrillator procedure | 225708008 | Precordial thump |
| 425447009 | Bag valve mask ventilation | 252465000 | Pulse oximetry |
| 133901003 | Burn care(Initial) | 405677002 | Rapid infusion device |
| 233550000 | Cannulation of subcutaneous reservoir | 424287005 | Removal of peripheral intravenous catheter |
| 19821003 | Carboxyhemoglobin measurement | 34955007 | Revision of automatic implantable cardioverter/defibrillator |
| 23852006 | Cardiac monitoring | 426498007 | Stabilization of spine |
| 18590009 | Cardiac pacing | 425058005 | Taking orthostatic vital signs |
| 89666000 | Cardiopulmonary resuscitation | 423765009 | Taser (physical object, removal of barbs) |
| 250980009 | Cardioversion | 182705007 | Tension pneumothorax relief |
| 405427009 | Catheterization of external jugular vein | 225284006 | Transfusing whole blood under pressure |
| 42550007 | Catheterization of umbilical vein | 116788004 | Transfusion of albumin |
| 392230005 | Catheterization of vein | 74287006 | Transfusion of coagulation factors |
| 398041008 | Cervical spine immobilization | 35108008 | Transfusion of leukocytes |
| 2267008 | Changing tracheostomy tube | 71493000 | Transfusion of packed red blood cells |
| 406164000 | Chemical restraint | 13569004 | Transfusion of plasma |
| 47545007 | CPAP(Continuous positive airway pressure ventilation treatment) | 180207008 | Transfusion-Intravenous blood transfusion of packed cells |
| 409530006 | Decontamination | 12719002 | Transfusion-Platelet transfusion |
| 56620000 | Delivery of placenta following delivery of infant outside of hospital | 233519002 | Umbilical artery cannula insertion |
| 18723003 | Demand pacing | 128968000 | Vagal stimulation |
| 427331009 | Digital assisted intubation | 22633006 | Vaginal delivery, medical personnel present |

***Airway-King is a custom code not in the NEMSIS suggested list but is required to be in OKEMSIS v3 dataset. NOTE: are added as needed. An updated list of codes can be found here: OSDH EMS Website***

# Incident Location Type Codes and Descriptions

| Code | Code Description | Code | Code Description |
|------|------------------|------|------------------|
| Y92.520 | Airport | Y92.26 | Movie house or cinema |
| Y92.53 | Ambulatory health services establishments | Y92.251 | Museum |
| Y92.530 | Ambulatory surgery center | Y92.12 | Nursing home |
| Y92.831 | Amusement park | Y92.65 | Oil/Natural Gas rig |
| Y92.03 | Apartment | Y92.29 | Other specified public building |
| Y92.31 | Athletic court (Indoor) | Y92.481 | Parking lot |
| Y92.32 | Athletic field (Outdoor) | Y92.412 | Parkway (Turnpike) |
| Y92.482 | Bike path | Y92.242 | Post office |
| Y92.521 | Bus station | Y92.14 | Prison |
| Y92.833 | Campsite | Y92.51 | Private commercial establishments |
| Y92.11 | Children's home or orphanage | Y92.0 | Private Residence |
| Y92.243 | City hall | Y92.830 | Public park |
| Y92.214 | College/University | Y92.85 | Railroad track |
| Y92.210 | Daycare center | Y92.522 | Railway station |
| Y92.62 | Dock or shipyard | Y92.83 | Recreation area |
| Y92.211 | Elementary school | Y92.15 | Reform school |
| Y92.7 | Farm | Y92.22 | Religious institution |
| Y92.531 | Health care provider office (Doctor's Office) | Y92.331 | Roller skating rink |
| Y92.213 | High school | Y92.513 | Shop (commercial) |
| Y92.523 | Highway rest stop | Y92.480 | Sidewalk |
| Y92.23 | Hospital | Y92.413 | State road |
| Y92.330 | Ice skating rink (indoor) (outdoor) | Y92.4 | Street , highway and other paved roadways |
| Y92.6 | Industrial or construction area | Y92.34 | Swimming pool (public) |
| Y92.1 | Institutional (nonprivate) residence | Y92.016 | Swimming-pool in Private Residence |
| Y92.411 | Interstate highway | Y92.254 | Theater (live) |
| itICD.01 | Lake/River | Y92.5 | Trade and service area |
| Y92.241 | Library | Y92.215 | Trade school |
| Y92.414 | Local residential or business street | Y92.410 | Unspecified street and highway (includes unpaved) |
| Y92.212 | Middle school | Y92.532 | Urgent care center |
| Y92.13 | Military base | Y92.82 | Wilderness area |
| Y92.64 | Mine or pit | Y92.834 | Zoological garden (Zoo) |
| Y92.02 | Mobile home | | |

*Lake/River is a custom code not in the NEMSIS suggested list but is required to be in OKEMSIS v3 dataset.*

# Medication Allergies Codes and Descriptions

| Code | Code Description | Code | Code Description |
|------|------------------|------|------------------|
| 161 | Acetaminophen | 214627 | Hydrocodone / Ibuprofen |
| Z88.6 | Allergy status to analgesic agent status | 153970 | Hyoscyamine |
| 687078 | Acetaminophen / Aspirin | 5640 | Ibuprofen |
| Z88.4 | Allergy status to anesthetic agent status | 151162 | Imdur |
| 816015 | Activated Charcoal / Simethicone | 5781 | Indomethacin |
| Z88.5 | Allergy status to narcotic agent status | 5933 | Iodine |
| 1153450 | Activated Charcoal / Simethicone Oral Product | 798044 | Iodine Medicated Pad |
| Z88.1 | Allergy status to other antibiotic agents status | 1158579 | Iodine Oral Product |
| 301543 | Advair | 372489 | Iodine Oral Solution |
| Z88.3 | Allergy status to other anti-infective agents status | 370697 | Iodine Oral Tablet |
| 1243282 | Allantoin / Lidocaine Topical Product | 1158580 | Iodine Pill |
| Z88.8 | Allergy status to other drugs, medicaments and biological substances status | 378073 | Iodine Topical Gel |
| 17767 | Amlodipine | 33910 | Isradipine |
| Z88.7 | Allergy status to serum and vaccine status | 203167 | Keflex |
| 315367 | Amoxicillin 125 MG | 1314891 | Latex |
| Z88.2 | Allergy status to sulfonamides status | 217992 | Levaquin |
| 562253 | Amoxicillin 125 MG / potassium clavulanate 31.25 MG Chewable Tablet | 29046 | Lisinopril |
| Z88.9 | Allergy status to unspecified drugs, medicaments and biological substances status | 1666106 | Magnesium peroxide |
| 617304 | Amoxicillin 250 MG / potassium clavulanate 62.5 MG Chewable Tablet | 29164 | Magnesium phosphate |
| 1153686 | Anisotropine / PHENobarbital Oral Product | 52364 | Magnesium Salicylate |
| 1008649 | Antipyrine / Lidocaine | 7052 | Morphine |
| 437597 | Antipyrine / Lidocaine Topical Spray | 139462 | Moxifloxacin |
| 1154039 | Arginine / Calcium Carbonate Oral Product | 7393 | Niacin |
| 1154040 | Arginine / Calcium Carbonate Pill | 7396 | Nicardipine |
| 1191 | Aspirin | 7417 | Nifedipine |
| 541793 | Atreza | 7426 | Nimodipine |
| 689610 | Atropine / Morphine | Z88.0 | Allergy status to penicillin |
| 151392 | Augmentin | 152218 | Phenergan |
| 1007851 | Bacitracin / Lidocaine | 203423 | Procardia |
| 1008961 | Bacitracin / Lidocaine / Neomycin | 58827 | Prozac |
| 151399 | Bactrim | 9449 | Rocephin |
| 203457 | Benadryl | 219975 | Solfoton |

*NOTE: Codes are added as neede. An updated list of codes can be found here:* **OSDH EMS Website**

# **Provider Impression Codes and Descriptions**

| Code | Code Description | Code | Code Description |
|---|---|---|---|
| I21.0 | 1-STEMI-ST elevation myocardial infarction of anterior wall | S05 | Injury- Eye and orbit |
| I21.1 | 2-STEMI-ST elevation myocardial infarction of inferior wall | S09.9 | Injury- Face and Head |
| I21.2 | 3-STEMI-ST elevation myocardial infarction of other sites | S79.9 | Injury- Hip and Thigh |
| I21.4 | 4-NSTEMI-Non-ST elevation myocardial infarction | S06.9 | Injury- Intracranial |
| R10.0 | Acute Abdomen | S39.92 | Injury- Lower Back |
| J05.1 | Acute epiglottitis | S89.9 | Injury- Lower Leg |
| G89.11 | Acute pain due to trauma | S19.9 | Injury- Neck |
| J06.9 | Acute upper respiratory infection | T14.90 | Injury- Not otherwise specified |
| F10.9 | Alcohol use | S39.93 | Injury- Pelvis |
| T78.40 | Allergy | S49.9 | Injury- Shoulder and Upper Arm |
| T78.2 | Anaphylactic shock | S29.9 | Injury- Thorax |
| D64.9 | Anemia | S69.9 | Injury- Wrist, Hand, and finger |
| I20.9 | Angina pectoris | P15.9 | Injury-[to newborn] |
| J45.901 | Asthma, (acute) exacerbation | O80 | Labor and Delivery, uncomplicated delivery |
| Z74.01 | Bedridden | O75 | Labor and Delivery, with complications |
| F99 | Behaviorial / psychiatric disorder | P24.0 | Meconium aspiration |
| J20.9 | Bronchitis- Acute | K92.1 | Melena |
| T30.0 | Burn | E88.9 | Metabolic disorder |
| D49 | Cancer | G43.9 | Migraine |
| I46.9 | Cardiac arrest | G98.8 | Neurological disorders |
| I49.9 | Cardiac Arrhythmia/Dysrhythmia | P08.21 | Newborn- Post-term |
| I31.4 | Cardiac tamponade | P07.3 | Newborn- Preterm |
| R57.0 | Cardiogenic shock | Z71.1 | No Apparent Illness or Injury |
| G89.21 | Chronic pain due to trauma | R58 | Non-Specific Hemorrhage, Non-Traumatic |
| F14.1 | Cocaine abuse | F13 | Non-specified Sedative, hypnotic or anxiolytic related disorders |
| F14 | Cocaine related disorders | E66.9 | Obesity |
| S88.019A | Complete traumatic amputation at knee level, unspecified lower leg, initial encounter | R99 | Obvious Death |
| S88.119A | Complete traumatic amputation at level between knee and ankle, unspecified lower leg, initial encounter | F11 | Opioid related disorders |

| | | | |
|---|---|---|---|
| S78.119A | Complete traumatic amputation at level between unspecified hip and knee, initial encounter | J93.83 | Other pneumothorax |
| S88.919A | Complete traumatic amputation of unspecified lower leg, level unspecified, initial encounter | Z74.09 | Other reduced mobility |
| J95.85 | Complication of respirator [ventilator] | M54.9 | Pain- Back non-traumatic |
| S06.0 | Concussion | K08.8 | Pain- tooth |
| S06.0X9A | Concussion with loss of consciousness | G89.1 | Pain-Acute |
| S06.0X9 | Concussion with loss of consciousness of unspecified duration | G89.2 | Pain-Chronic |
| S06.0X0A | Concussion without loss of consciousness | H57.10 | Pain-Ocular, eye |
| S06.0X0 | Concussion without loss of consciousness Traumatic Injury | G82.20 | Paraplegia |
| Q89.9 | Congenital malformation | J18.9 | Pneumonia |
| K59.00 | Constipation | J93.9 | Pneumothorax |
| J44.1 | COPD | T40.1 | Poisoning by and adverse effect of heroin |
| J05.0 | Croup | T40.1X4 | Poisoning by heroin, undetermined |
| E86.0 | Dehydration | T40.3 | Poisoning by, adverse effect of methadone |
| K59.1 | Diarrhea | T40.0 | Poisoning by, adverse effect of opium |
| S06.2 | Diffuse traumatic brain injury | T40.2 | Poisoning by, adverse effect of other opioids |
| T75.1 | Drowning/Near Drowning | T40.4 | Poisoning by, adverse effect of other synthetic narcotics |
| T50.904 | Drug Overdose | O14.9 | Pre-Eclampsia |
| T70 | Effects of air pressure and water pressure | L89.90 | Pressure Wound/Ulcer |
| Z00.00 | Encounter, Adult, No Findings or Complaints | O60.1 | Preterm labor with preterm delivery |
| Z00.129 | Encounter, Child, No Findings or Complaints | O60.0 | Preterm labor without delivery |
| J34 | Epistaxis/Nose Bleed | F19 | Psychoactive substance related disorders |
| R41.0 | Excited(Agitated) Delirium | J81.0 | Pulmonary edema, acute |
| S22.5XXA | Flail chest, initial encounter for closed fracture | I26 | Pulmonary embolism |
| T18.9 | Foreign body- Digestive system, part | G82.50 | Quadriplegia |
| T16 | Foreign body- Ear | J68.9 | Respiratory condition due to chemicals, gases, fumes and vapors |
| T19.9 | Foreign body- Genitourinary tract | J98.9 | Respiratory disorder |
| T15 | Foreign body- On external eye | P22 | Respiratory distress- newborn |
| T17.9 | Foreign body- Respiratory tract, part | J96.9 | Respiratory failure |
| T33.90 | Frostbite- Superficial | B97.4 | RSV |
| T34.90 | Frostbite- With Necrosis | G40.89 | Seizures- Other |
| R10.84 | Generalized abdominal pain | G40.901 | Seizures- With status epilepticus |

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|---|---|---|---|
| K21 | GERD-Gastro-esophageal reflux disease | G40.909 | Seizures- Without status epilepticus |
| F16 | Hallucinogen related disorders | A41.9 | Sepsis |
| Z77.9 | Health hazard contact | D57.0 | Sickle Cell Crisis |
| I50.9 | Heart failure | O03 | Spontaneous abortion |
| T67.5 | Heat exhaustion | P95 | Stillbirth |
| T67.0 | Heatstroke and sunstroke | I63.9 | Stroke |
| G81.90 | Hemiplegia- affecting side | T71.9 | Suffocation / Asphyxia |
| S06.4 | Hemorrhage- epidural | L55.0 | Sunburn of first degree |
| K92.2 | Hemorrhage- GI | L55.1 | Sunburn of second degree |
| I62.9 | Hemorrhage- Intracranial, nontraumatic | L55.2 | Sunburn of third degree |
| S06.6 | Hemorrhage- subarachnoid | R55 | Syncope |
| S06.5 | Hemorrhage- subdural | G45.9 | Transient cerebral ischemic attack- |
| N93.9 | Hemorrhage- Vaginal(abnormal) | S27.2XXA | Traumatic hemopneumothorax, initial encounter |
| O72 | Hemorrhage-Postpartum | S27.1 | Traumatic hemothorax |
| J94.2 | Hemothorax | S27.1XXA | Traumatic hemothorax, initial encounter |
| E13.65 | Hyperglycemia- Diabetes | S27.0 | Traumatic pneumothorax |
| I10 | Hypertension | S27.0XXA | Traumatic pneumothorax, initial encounter |
| E16.2 | Hypoglycemia | T79.4 | Traumatic shock |
| E13.64 | Hypoglycemia- Diabetes | T79.4XXA | Traumatic shock, initial encounter |
| I95.9 | Hypotension | R40.20 | Unspecified coma |
| T68 | Hypothermia | F03 | Unspecified Dementia |
| E86.1 | Hypovolemia | F03.91 | Unspecified Dementia with Behavioral Disturbance |
| R69 | Illness, unspecified | F03.90 | Unspecified Dementia without Behavioral Disturbance |
| B99.9 | Infectious Disease | T79.9XXA | Unspecified early complication of trauma, initial encounter |
| J11 | Influenza | S39.91XA | Unspecified injury of abdomen, initial encounter |
| J11.89. | Influenza with other manifestations | S99.91 | Unspecified injury of ankle |
| F15 | Inhalant Disorders- Non-specific | S09.93 | Unspecified injury of face |
| F18 | Inhalant related disorders | S09.90 | Unspecified injury of head |
| S39.91 | Injury- Abdomen | S09.90XA | Unspecified injury of head, initial encounter |
| S90 | Injury- Ankle, Foot, and Toes | S79.91 | Unspecified injury of hip |
| S59.9 | Injury- Elbow and Forearm | H53.9 | Visual disturbance |
| S39.94 | Injury- External Genitals | | |

# Symptom Codes and Descriptions

| Code | Code Description | Code | Code Description |
|------|------------------|------|------------------|
| R14.0 | Abdominal- Distension | N92.6 | Irregular menstruation |
| R19.30 | Abdominal rigidity | R45.4 | Irritability and anger |
| R10.81 | Abdominal- Tenderness | L29.9 | Itching |
| R06 | Abnormal- breathing | R17 | Jaundice |
| R26.9 | Abnormal- Of gait and mobility | O77.0 | Labor and delivery complicated by meconium in amniotic fluid |
| R29.2 | Abnormal- reflex | R27.9 | Lack of coordination |
| R09.3 | Abnormal- sputum | R53.81 | Malaise |
| N93.9 | Abnormal- uterine and vaginal bleeding | P96.83 | Meconium staining |
| R63.5 | Abnormal- weight gain | R25.3 | Muscle Twitch |
| R63.4 | Abnormal- weight loss | R09.81 | Nasal congestion |
| R25.0 | Abnormal- head movements | R11.0 | Nausea |
| R25.9 | Abnormal- Involuntary Movements | R11.2 | Nausea- With vomiting |
| R19.11 | Absent bowel sounds | R45.0 | Nervousness |
| R10.0 | Acute abdomen | R03.1 | Nonspecific low blood-pressure reading |
| R54 | Age-related physical debility | R99 | Obvious Death |
| R41.82 | Altered mental status | R06.01 | Orthopnea |
| R41.3 | Amnesia | R07.82 | Pain- Intercostal (rib) |
| R63.0 | Anorexia | R30.9 | Pain- Micturition |
| R13.0 | Aphagia (related to swallowing) | R10.84 | Pain- Abdominal (general) |
| R47.01 | Aphasia(related to speech and language) | R10 | Pain- Abdominal and Pelvic |
| R49.1 | Aphonia (Loss of Voice) | M54.5 | Pain- Back |
| R06.81 | Apnea | R07.9 | Pain- Chest |
| R18.8 | Ascites | R07.1 | Pain- Chest, upon breathing |
| R09.01 | Asphyxia | H92.09 | Pain- Ear |
| R27.0 | Ataxia | R10.13 | Pain- Epigastric |
| R04.2 | Blood in sputum | R68.84 | Pain- Jaw |
| R00.1 | Bradycardia | R10.32 | Pain- Left lower quadrant |
| R64 | Cachexia(wasting) | R10.12 | Pain- Left upper quadrant |
| R01.1 | Cardiac murmur | R10.30 | Pain- Lower abdominal |
| R57.0 | Cardiogenic shock | R52 | Pain- Not specified |
| R68.83 | Chills | H57.10 | Pain- Ocular, eye |
| R53.82 | Chronic fatigue | R10.2 | Pain- Pelvic and perineal |
| R68.3 | Clubbing of fingers | R10.31 | Pain- Right lower quadrant |
| R10.83 | Colic | R10.11 | Pain- Right upper quadrant |
| R40.20 | Coma | S19.9 | Pain- neck |

| Code | Description | Code | Description |
|---|---|---|---|
| K59.00 | Constipation | R07.0 | Pain- throat |
| R56.9 | Convulsions | R10.10 | Pain- Upper abdominal |
| R05 | Cough | R23.1 | Pallor |
| R25.2 | Cramp and spasm | R00.2 | Palpitations |
| R23.0 | Cyanosis | R06.3 | Periodic breathing |
| E86.0 | Dehydration | R09.1 | Pleurisy |
| R19.7 | Diarrhea | R07.81 | Pleurodynia |
| R41.0 | Disorientation | R63.2 | Polyphagia |
| R42 | Dizziness | R56.1 | Post traumatic seizures |
| R40.0 | Drowsiness | R07.2 | Precordial pain |
| R68.2 | Dry mouth | N48.3 | Priapism |
| R13.10 | Dysphagia (related to Swallowing) | G44.53 | Primary thunderclap headache |
| R47.02 | Dysphasia(related to Speech or comprehension) | R10.82 | Rebound abdominal tenderness |
| R06.00 | Dyspnea | N23 | Renal Colic |
| R30.0 | Dysuria | R29.6 | Repeated falls |
| R60.9 | Edema | R09.2 | Respiratory arrest |
| R60.1 | Edema- Generalized | R45.1 | Restlessness and agitation |
| R60.0 | Edema- Localized | R57.9 | Shock |
| R03.0 | Elevated blood-pressure reading- Non-Hypertensive | R57.1 | Shock- Hypovolemic |
| Z00.00 | Encounter, Adult, No Findings or Complaints | R65.21 | Shock- Sepsis |
| Z00.129 | Encounter, Child, No Findings or Complaints | R65.20 | Shock- Without Sepsis |
| R04.0 | Epistaxis | R06.02 | Shortness of breath |
| R14.2 | Eructation(indigestion) | R23.9 | Skin-  Changes |
| R61 | Excessive Sweating | R20.2 | Skin- Burning, Prickly, Tingling Sensation. |
| R63.1 | Excessive Thirst | R20.1 | Skin- Decreased Sensation |
| R29.810 | Facial Droop | R21 | Skin- Rash |
| R53.83 | Fatigue | R22 | Skin-Swelling, Mass, or Lump |
| R50.9 | Fever | R46.4 | Slowness and poor responsiveness |
| R14.3 | Flatulence | R47.81 | Slurred speech |
| R23.2 | Flushing | R06.7 | Sneezing |
| R35.0 | Frequency of micturition | R06.83 | Snoring |
| R68.12 | Fussy infant (baby) | R47.9 | Speech disturbances |
| R26.0 | Gait- Ataxic | R23.3 | Spontaneous ecchymoses |
| R26.1 | Gait- Paralytic | R45.7 | State of emotional shock and stress |
| R26.2 | Gait, Limp Gait or Difficulty Walking | R06.1 | Stridor |
| R14.1 | Gas pain | R40.1 | Stupor |

| Code | Description | Code | Description |
|------|-------------|------|-------------|
| K92.2 | Gastrointestinal hemorrhage | R45.851 | Suicidal ideations |
| R44.3 | Hallucinations | R55 | Syncope and collapse |
| R44.0 | Hallucinations, Auditory | R00.0 | Tachycardia |
| R51 | Headache | R06.82 | Tachypnea |
| H91.90 | Hearing loss- ear | R29.0 | Tetany |
| R12 | Heartburn | K08.8 | Toothache |
| R31 | Hematuria | R40.4 | Transient- Alteration of awareness |
| G81 | Hemiplegia and hemiparesis | R29.5 | Transient- Paralysis |
| R58 | Hemorrhage | R25.1 | Tremor, involuntary |
| R04.9 | Hemorrhage- Respiratory Passages, | R26.81 | Unsteadiness on feet |
| R04.1 | Hemorrhage- Throat | R32 | Urinary incontinence |
| R06.6 | Hiccough | R45.6 | Violent behavior |
| R49.0 | Hoarseness | H53.9 | Visual disturbance |
| R45.850 | Homicidal ideations | R44.1 | Visual hallucinations |
| R19.12 | Hyperactive bowel sounds | H54.7 | Visual loss |
| R20.3 | Hyperesthesia | R11.10 | Vomiting |
| R73.9 | Hyperglycemia | K92.0 | Vomiting- Blood |
| G47.10 | Hypersomnia | R11.13 | Vomiting- Of fecal matter |
| R06.4 | Hyperventilation | R11.11 | Vomiting- Without Nausea |
| R09.02 | Hypoxemia | R11.12 | Vomiting- Projectile |
| R69 | Illness | R53.1 | Weakness |
| G47.00 | Insomnia | R06.2 | Wheezing |
| R19.0 | Intra-abdominal and pelvic swelling, mass and lump | R45.82 | Worries/Anxiety |

*NOTE: Codes are added as needed. An updated list of codes can be found here:* **OSDH EMS Website**

# Cause of Injury Codes and Descriptions

| Code | Code Description | Code | Code Description |
|---|---|---|---|
| V00.8 | Accident on pedestrian conveyance | X01 | Exposure to uncontrolled fire, not in building or structure |
| W65 | Accidental drowning and submersion while in bath-tub | W89.9 | Exposure to unspecified man-made visible and ultraviolet light |
| W69 | Accidental drowning and submersion while in natural water | W10.9 | Fall (on) (from) stairs and steps |
| W67 | Accidental drowning and submersion while in swimming-pool | W00.9 | Fall due to ice and snow |
| W32 | Accidental handgun discharge and malfunction | W06 | Fall from bed |
| W50 | Accidental hit, strike, kick, twist, bite or scratch by another person | W07 | Fall from chair |
| W33 | Accidental rifle, shotgun and larger firearm discharge and malfunction | W15 | Fall from cliff |
| V97 | Air transport accident | W05 | Fall from non-moving wheelchair, nonmotorized scooter and motorized mobility scooter |
| V80.9 | Animal-rider or occupant of animal-drawn vehicle injured in other and transport accidents | W17 | fall from one level to another |
| V91 | Any injury except drowning and submersion as a result of an accident to watercraft | W18.1 | Fall from or off toilet |
| T71.9 | Asphyxiation not otherwise stated | W08 | Fall from other furniture |
| T71.29 | Asphyxiation due to being trapped in other low oxygen environment | W14 | Fall from tree |
| T71.1 | Asphyxiation due to mechanical threat to breathing | W13.9 | Fall from, out of or through building, not otherwise specified |
| X96.9 | Assault by explosive | W13.2 | Fall from, out of or through roof |
| X95.9 | Assault by firearm discharge | W13.4 | Fall from, out of or through window |
| X98.9 | Assault by hot objects | W18.2 | Fall in (into) shower or empty bathtub |
| X99.9 | Assault by sharp object | W11 | Fall on and from ladder |
| Y03.0 | Assault by being hit or run over by motor vehicle | W09 | Fall on and from playground equipment |
| Y00 | Assault by blunt object | W12 | Fall on and from scaffolding |
| Y04 | Assault by bodily force | W01 | Fall on same level from slipping, tripping and stumbling |
| Y03 | Assault by crashing of motor vehicle | W16 | Fall, jump or diving into water |
| X92.9 | Assault by drowning and submersion, | Y30 | Falling, jumping or pushed from a high place, undetermined intent |
| Y04.1 | Assault by human bite | Y31 | Falling, lying or running before or into moving object, undetermined intent |
| Y01 | Assault by pushing from high place | Y24.9 | Firearm discharge, undetermined intent |

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|---|---|---|---|
| Y02 | Assault by pushing or placing victim in front of moving object | X38 | Flood |
| X97 | Assault by smoke, fire and flames | W45 | Foreign body or object entering through skin |
| Y09 | Assault by unspecified means | X74.9 | Intentional self-harm by firearm discharge |
| X36 | Avalanche, landslide and other earth movements | X77.9 | Intentional self-harm by hot objects |
| V79.3 | Bus occupant (driver) (passenger) injured in nontraffic accident | X78.9 | Intentional self-harm by sharp object |
| V79.9 | Bus occupant (driver) (passenger) injured in traffic accident | X79 | Intentional self-harm by blunt object |
| V49.3 | Car occupant (driver) (passenger) injured in nontraffic accident | X82 | Intentional self-harm by crashing of motor vehicle |
| V49.9 | Car occupant (driver) (passenger) injured in traffic accident | X71.9 | Intentional self-harm by drowning and submersion, |
| W23 | Caught, crushed, jammed or pinched in or between objects | X75 | Intentional self-harm by explosive material |
| W30.9 | Contact with agricultural machinery | X80 | Intentional self-harm by jumping from a high place |
| Y27.9 | Contact with hot objects, undetermined intent | X81 | Intentional self-harm by jumping or lying in front of moving object |
| Y28.9 | Contact with sharp object, undetermined intent | X76 | Intentional self-harm by smoke, fire and flames |
| Y29 | Contact with blunt object, undetermined intent | W49.0 | Item causing external constriction |
| W54 | Contact with dog | T76.9 | Maltreatment, suspected |
| Y25 | Contact with explosive material, undetermined intent | V29.3 | Motorcycle rider (driver) (passenger) injured in nontraffic accident |
| X14 | Contact with hot air and other hot gases | V29.9 | Motorcycle rider (driver) (passenger) injured in traffic accident |
| X10 | Contact with hot drinks, food, fats and cooking oils | V69.3 | Occupant (driver) (passenger) of heavy transport vehicle injured in nontraffic accident |
| X17 | Contact with hot engines, machinery and tools | V69.9 | Occupant (driver) (passenger) of heavy transport vehicle injured in traffic accident |
| X16 | Contact with hot heating appliances, radiators and pipes | V86.31 | Occupant of ambulance or fire engine injured in traffic accident |
| X15 | Contact with hot household appliances | V86.99 | Occupant of all-terrain or other off-road motor vehicle injured in nontraffic accident |
| X11 | Contact with hot tap-water | V86.39 | Occupant of all-terrain or other off-road motor vehicle injured in traffic accident |
| W26 | Contact with knife, sword or dagger | V81.9 | Occupant of railway train or railway vehicle injured in railway accident |
| W27 | Contact with nonpowered hand tool | V84.9 | Occupant of agricultural vehicle injured in nontraffic accident |
| W60 | Contact with nonvenomous plant thorns and spines and sharp leaves | V83.9 | Occupant of industrial vehicle injured in nontraffic accident |

| | | | |
|---|---|---|---|
| X12 | Contact with other hot fluids | Y37.9 | Other and unspecified military operations |
| X18 | Contact with other hot metals | V93 | Other injury due to accident on board watercraft, without accident to watercraft |
| W55 | Contact with other mammals | V97.2 | Parachutist accident |
| W29 | Contact with powered hand tools and household machinery | V19.3 | Pedal cyclist (driver) (passenger) injured in nontraffic accident |
| W25 | Contact with sharp glass | V19.9 | Pedal cyclist (driver) (passenger) injured in traffic accident |
| X13 | Contact with steam and other hot vapors | V09.9 | Pedestrian injured in transport accident |
| W31.9 | Contact with unspecified machinery | V00.0 | Pedestrian injured in collision with non-motorized conveyance |
| W52 | Crushed, pushed or stepped on by crowd or human stampede with or without fall | V03.00 | Pedestrian on foot injured in collision with car, pick-up truck or van in nontraffic accident |
| W39 | Discharge of firework | V01 | Pedestrian injured in collision with pedal cycle |
| V92 | Drowning and submersion due to accident on board watercraft, without accident to watercraft | T50.90 | Poisoning by, adverse effect of and underdosing of drugs, medicaments and biological substances |
| V90 | Drowning and submersion due to accident to watercraft | T40.1X4A | Poisoning by heroin, undetermined, initial encounter |
| Y21.9 | Drowning and submersion, undetermined intent | T40.0 | Poisoning by, adverse effect of opium |
| X34 | Earthquake | T40.1 | Poisoning by and adverse effect of heroin |
| T75.0 | Effects of lightning | T40.2 | Poisoning by, adverse effect of other opioids |
| W38 | Explosion and rupture of pressurized devices | T40.3 | Poisoning by, adverse effect of methadone |
| W40.9 | Explosion of explosive materials | T40.4 | Poisoning by, adverse effect of other synthetic narcotics |
| X02 | Exposure to controlled fire in building or structure | W28 | Powered lawn mower (commercial) (residential) |
| X03 | Exposure to controlled fire, not in building or structure | V00.1 | Rolling-type pedestrian conveyance accident |
| W85 | Exposure to electric transmission lines | T75.4 | Shock from electric current |
| W93 | Exposure to excessive cold of man-made origin | V00.13 | Skateboard accident |
| W92 | Exposure to excessive heat of man-made origin | W18.4 | Slipping, tripping and stumbling without falling |
| X31 | Exposure to excessive natural cold | W21 | Striking against or struck by sports equipment |
| X30 | Exposure to excessive natural heat | W20 | Struck by thrown, projected or falling object |
| X04 | Exposure to ignition of highly flammable material | Y38 | Terrorism |
| X06 | Exposure to ignition or melting of other clothing and apparel | Y38.6 | Terrorism involving biological weapons |
| W88 | Exposure to ionizing radiation | Y38.7 | Terrorism involving chemical weapons |
| W42 | Exposure to noise | X37.1 | Tornado |

| W64 | exposure to nonvenomous animal NOS | T51.9 | Toxic effect of  alcohol |
|---|---|---|---|
| W99 | Exposure to other man-made environmental factors | T59.9 | Toxic effect of  gases, fumes and vapors |
| W90 | Exposure to other nonionizing radiation | T60.9 | Toxic effect of  pesticide |
| X02.1 | Exposure to smoke in controlled fire in building or structure | T58.9 | Toxic effect of carbon monoxide from  source |
| X03.1 | Exposure to smoke in controlled fire, not in building or structure | T63 | Toxic effect of contact with venomous animals and plants |
| X00.1 | Exposure to smoke in uncontrolled fire in building or structure | T65.9 | Toxic effect of unspecified substance |
| X01.1 | Exposure to smoke in uncontrolled fire, not in building or structure | T79.9XXA | Unspecified early complication of trauma, initial encounter |
| Y26 | Exposure to smoke, fire and flames, undetermined intent | T79.9XXD | Unspecified early complication of trauma, subsequent encounter |
| X32 | Exposure to sunlight | T79.9XXS | Unspecified early complication of trauma, sequela |
| X00 | Exposure to uncontrolled fire in building or structure | X37.9 | Unspecified cataclysmic storm |

# Intercept Recipient Agency Code List

| Code | Agency Name | Code | Agency Name |
|------|-------------|------|-------------|
| 503 | Aerocare Kansas | 75 | Life EMS |
| 499 | Air EMS, Inc | 354 | Life EMS of Hennessey |
| 540 | Air Evac EMS Inc dba Air Evac Lifeteam - Seminole | 549 | Lifeguard Ambulance Service LLC, Tulsa |
| 550 | Air Evac EMS Inc dba Air Evac Lifeteam Grove | 515 | Lifeguard Ambulance Service Weatherford |
| 516 | Air Evac EMS inc dba Air Evac Lifeteam(Reciprocity) | 458 | LifeNet Inc. |
| 525 | Air Evac EMS, Inc dba Air Evac Lifeteam - Fort Smith (Reciprocity) | 348 | Lifenet Inc. dba ARCH/MedFlight |
| 396 | Air Evac Lifeteam - Ada | 343 | Lindsay EMS |
| 473 | Air Evac Lifeteam - Altus | 54 | Major County EMS |
| 491 | Air Evac Lifeteam - Ardmore | 93 | Mannford Ambulance |
| 397 | Air Evac Lifeteam - Claremore | 127 | Marshall County EMS District |
| 430 | Air Evac Lifeteam - DeQueen (Reciprocitiy) | 265 | Mayes Emergency Svc Trust Auth |
| 401 | Air Evac Lifeteam - Duncan | 311 | McAlester Army Ammunition Plant |
| 412 | Air Evac Lifeteam - Elk City | 80 | McAlester Fire Department EMS |
| 500 | Air Evac Lifeteam - Henryetta | 489 | McAlester Regional Air Care |
| 494 | Air Evac Lifeteam - Idabel | 222 | McClain Grady EMS District #1 |
| 492 | Air Evac Lifeteam - Kingfisher | 124 | McCurtain County EMS |
| 433 | Air Evac Lifeteam - Muskogee | 36 | Medford Ambulance |
| 395 | Air Evac Lifeteam - Paris, AR | 445 | Medic West, LLC |
| 495 | Air Evac Lifeteam - Ponca City | 544 | Medical Air Rescue Company (Reciprocity) |
| 400 | Air Evac Lifeteam - Springdale (Reciprocity) | 407 | MediFlight SC |
| 482 | Air Evac Lifeteam - Weatherford | 533 | Med-Trans Corporation - HART |
| 402 | Air Evac Lifeteam - Wichita Falls (Reciprocitiy) | 542 | Med-Trans Corporation DBA AeroCare |
| 429 | Air Evac Lifeteam - Woodward | 514 | Med-Trans Corporation dba LifeStar |
| 428 | Air Evac Lifeteam (Reciprocity) | 312 | Mercy Health- Love County |
| 451 | Air Kids One | 475 | Mercy Hospital Ada EMS |
| 239 | Alfalfa County EMS | 506 | Mercy Life Line 5 (Reciprocity) |
| 26 | Alva Ambulance Service | 422 | Mercy Regional Of Oklahoma |
| 315 | American Medical Response -Duncan | 520 | Miller EMS - Cashion/Crescent |
| 88 | Anadarko Fire Department EMS | 521 | Miller EMS - Fairfax |
| 270 | Antlers(city of) EMS | 536 | Miller EMS - Garfield County |
| 210 | Apache Ambulance | 534 | Miller EMS - Kingfisher |

| | | | |
|---|---|---|---|
| 465 | Apollo MedFlight | 528 | Miller EMS - Osage County |
| 466 | Apollo MedFlight, LLC | 519 | Miller EMS - Owasso |
| 28 | Atoka County EMS | 537 | Miller EMS - Stroud |
| 77 | Bartlesville Ambulance | 436 | Miller EMS, LLC |
| 29 | Beaver County EMS | 332 | Murray County EMS |
| 31 | Blackwell Fire EMS Ambulance | 78 | Muskogee County EMS |
| 23 | Broken Arrow Fire Department EMS | 108 | Newkirk Fire Dept EMS |
| 128 | Bryan County EMS | 176 | Noble Fire Department |
| 255 | Buffalo EMS District | 65 | Northeastern Health System |
| 84 | Burns Flat Ambulance | 432 | Nowata EMS |
| 111 | Canton-Longdale EMS | 8 | Okeene EMS |
| 435 | CareFlite (Reciprocity) | 76 | Okmulgee County EMS |
| 471 | Carnegie EMS | 356 | Oologah-Talala EMS District |
| 32 | Chandler Ambulance | 6 | Owasso Fire Department EMS |
| 174 | Checotah EMS | 190 | Pafford Air Medical Services - Fixed Wing |
| 263 | Cherokee Nation EMS | 527 | Pafford EMS of Oklahoma - BWA |
| 213 | Cheyenne & Arapaho EMS | 416 | Pafford EMS of Oklahoma (Claremore) |
| 300 | Chickasaw Nation EMS | 532 | Pafford EMS of Oklahoma (El Reno) |
| 7 | Chickasha Fire Dept EMS | 481 | Pafford EMS of Oklahoma (McAlester) |
| 319 | Childrens Hosp. At St. Francis | 487 | Pafford EMS of Oklahoma (Stilwell) |
| 227 | Choctaw County Ambulance Auth. | 551 | Pafford Medical Services of OK - Del City |
| 523 | Choctaw Nation EMS | 530 | Pauls Valley Ambulance Authority |
| 1 | Cimarron County EMS | 464 | Pawhuska EMS |
| 375 | Coalgate Fire Department EMS | 187 | Pawnee Ambulance |
| 125 | Colbert EMS | 59 | Perry Fire Department EMS |
| 33 | Collinsville Fire Department | 535 | PHI Health, LLC dba PHI Air Medical |
| 314 | Comanche Co. Memorial Hosp EMS | 160 | Ponca City Fire Department Ambulance |
| 179 | Community Ambulance | 61 | Pond Creek Fire and Ambulance |
| 484 | Cordell EMS | 437 | Quapaw Nation Fire/EMS |
| 462 | Country Corner Fire District | 325 | REACT EMS |
| 131 | Coweta Fire Department EMS | 457 | Reynolds Army Community Hospital |
| 83 | Creek County Emergency Ambulance Service District | 369 | Rocky Mountain Holdings LLC dba LifeSave (Reciprocity) |
| 219 | Creek Nation EMS | 461 | Rocky Mountain Holdings, DBA Mediflight of OK |
| 39 | Cushing Fire Department | 63 | Roger Mills Ambulance |
| 526 | Dale Aviation, Inc. dba Medical Air Rescue Company | 229 | Rush Springs Fire/EMS |
| 498 | EagleMed - Kansas | 480 | Samaritan EMS - Tinker AFB |
| 546 | Eldorado EMS | 517 | Samaritan EMS - Yukon |
| 383 | Elk City Fire Department/EMS | 126 | Seminole Fire -Rescue |

| | | | |
|---|---|---|---|
| 42 | Ellis County EMS | 89 | Shidler Ambulance |
| 186 | Elmore City EMS | 171 | Sinor EMS- Clinton |
| 303 | EMS of Leflore County | 145 | Sinor EMS -Hobart |
| 44 | EMSA -East Division | 275 | Sinor EMS- Sayre |
| 296 | EMSA-West Division | 410 | Sinor EMS- Thomas |
| 381 | EMSSTAT- Norman Regional-sc | 24 | Skiatook Fire And EMS |
| 322 | EMSSTAT-Norman Regional EMS | 64 | Southern Oklahoma Ambulance Service |
| 34 | Erick Ambulance | 117 | Southwest Okla. Ambulance Auth |
| 505 | First Flight (Tahlequah, OK) | 55 | SSM Health St. Anthony |
| 15 | Freedom Volunteer Fire and Ambulance | 522 | SSM Health St. Anthony Hospital-Oklahoma City EMS |
| 141 | Goodwell Ambulance | 529 | Stratford Response Area |
| 30 | Grandfield Ambulance | 545 | Survival Flight EMS LLC |
| 107 | Greer County Special Ambulance Service | 548 | Survival Flight EMS, LLC Wellston |
| 136 | Grove EMS | 513 | Survival Flight, Inc |
| 152 | Guthrie Fire EMS | 115 | Tillman County EMS District |
| 173 | Guymon Fire Department Ambulance | 161 | Tonkawa Fire Dept Ambulance |
| 543 | Hasting EMS | 444 | Tulsa Life Flight |
| 421 | Hominy EMS | 456 | Tulsa Life Flight SC |
| 50 | Hooker Municipal Ambulance | 68 | Tuttle Fire/EMS |
| 51 | Hughes County EMS | 518 | United EMS Lincoln County |
| 547 | Immediate Advanced Medics | 302 | Velma Community Ambulance |
| 94 | INTEGRIS Miami EMS | 441 | Vici-Camargo EMS |
| 228 | International Paper EMS | 541 | Wadleys EMS Inc - Stratford |
| 238 | Jackson County EMS | 538 | Wadleys EMS Inc (Wynnewood) |
| 200 | Jay EMS | 384 | Wadleys EMS, Inc |
| 79 | Johnston County EMS | 14 | Wagoner EMS |
| 347 | Keyes EMS | 501 | Watonga EMS |
| 147 | Kingfisher Fire Department | 485 | Waurika EMS |
| 3 | Kirks Emergency Service | 4 | Waynoka Ambulance Service |
| 11 | Konawa EMS | 539 | Weleetka Graham EMS |
| 118 | Laverne EMS | 184 | Wewoka Fire Department |
| 113 | Leedey Ambulance | 119 | Woodward County EMS |
| *1. Agency List is subject to change and will be updated at least once a year.* | | | |

# Date/Time Formats in OKEMSIS

*Services are required to use the below format for all date/times in OKEMSIS. DateTime consists of finite-length characters of the form: yyyy '-' mm '-' dd 'T'*

| | |
|---|---|
| yyyy | a four-digit numeral that represents the year |
| '-' | separators between parts of the date portion |
| mm | a two-digit numeral that represents the month |
| dd | a two-digit numeral that represents the day |
| T | separator that indicates time-of-day follows |
| hh | a two-digit numeral that represents the hour |
| ':' | a separator between parts of the time-of-day portion |
| mm | a two-digit numeral that represents the minute |
| ss | a two-integer-digit numeral that represents the whole seconds |
| '.' s+ | (not required) represents the fractional seconds |
| zzzzzz | (required) represents the timezone (as described below) |

*hh ':' mm ':' ss ('.' s+)? (zzzzzz)*

*Timezones, required, are durations with (integer-valued) hour and minute properties in the form: ('+' | '-') hh ':' mm*

| | |
|---|---|
| hh | a two-digit numeral (with leading zeros as required) that represents the hours |
| mm | a two-digit numeral that represents the minutes |
| '+' | a nonnegative duration |
| '-' | a nonpositive duration |

# Assessments (eExam) Section

## eExam

| | | |
|---|---|---|
| 0 : 1 | eExam.01 - Estimated Body Weight in Kilograms | S E N, L, P |
| 0 : 1 | eExam.02 - Length Based Tape Measure | S E N, L, P |

**eExam.AssessmentGroup** — C

| | | |
|---|---|---|
| 0 : 1 | eExam.03 - Date/Time of Assessment | O |
| 0 : M | eExam.04 - Skin Assessment | O P C |
| 0 : M | eExam.05 - Head Assessment | O P C |
| 0 : M | eExam.06 - Face Assessment | O P C |
| 0 : M | eExam.07 - Neck Assessment | O P C |
| 0 : M | eExam.08 - Chest/Lungs Assessment | O P C |
| 0 : M | eExam.09 - Heart Assessment | O P C |

**eExam.AbdomenGroup** — C

| | | |
|---|---|---|
| 0 : 1 | eExam.10 - Abdominal Assessment Finding Location | O |
| 0 : M | eExam.11 - Abdomen Assessment | O P C |

| | | |
|---|---|---|
| 0 : M | eExam.12 - Pelvis/Genitourinary Assessment | O P C |

**eExam.SpineGroup** — C

| | | |
|---|---|---|
| 0 : 1 | eExam.13 - Back and Spine Assessment Finding Location | O |
| 0 : M | eExam.14 - Back and Spine Assessment | O P C |

**eExam.ExtremityGroup** — C

| | | |
|---|---|---|
| 0 : 1 | eExam.15 - Extremity Assessment Finding Location | O |
| 0 : M | eExam.16 - Extremities Assessment | O P C |

**eExam.EyeGroup** — C

| | | |
|---|---|---|
| 0 : 1 | eExam.17 - Eye Assessment Finding Location | O |
| 0 : M | eExam.18 - Eye Assessment | O P C |

| | | |
|---|---|---|
| 0 : M | eExam.19 - Mental Status Assessment | O P C |
| 0 : M | eExam.20 - Neurological Assessment | O P C |

OKEMSIS
OKLAHOMA EMS INFORMATION SYSTEM

OKLAHOMA
State Department
of Health

# <u>Sample</u> <u>Custom Element/Code Configuration</u>

```xml
<!--------------------------------------------------------------->
```

<!-- eCustomConfiguration section -->

```xml
<!--------------------------------------------------------------->

        <eCustomConfiguration>
                <eCustomConfiguration.CustomGroup CustomElementID="itRecord.001">
                        <eCustomConfiguration.01>itRecord.001</eCustomConfiguration.01>
                        <eCustomConfiguration.02>Incident ID (Export Only)</eCustomConfiguration.02>
                        <eCustomConfiguration.03>9902005</eCustomConfiguration.03>
                        <eCustomConfiguration.04>9923001</eCustomConfiguration.04>
                        <eCustomConfiguration.05>9903007</eCustomConfiguration.05>
                </eCustomConfiguration.CustomGroup>
                <eCustomConfiguration.CustomGroup CustomElementID="eSituation.13">
                        <eCustomConfiguration.01
nemsisElement="eSituation.13">eSituation.13</eCustomConfiguration.01>
                        <eCustomConfiguration.02>The acuity of the patient's condition upon EMS arrival at
the scene.</eCustomConfiguration.02>
                        <eCustomConfiguration.03>9902009</eCustomConfiguration.03>
                        <eCustomConfiguration.04>9923001</eCustomConfiguration.04>
                        <eCustomConfiguration.05>9903003</eCustomConfiguration.05>
                        <eCustomConfiguration.06 nemsisCode="2813003" customValueDescription="Priority
2">it2813.101</eCustomConfiguration.06>
                </eCustomConfiguration.CustomGroup>
        </eCustomConfiguration>
<!--------------------------------------------------------------->
```

```xml
<!--------------------------------------------------------------->

        <eSituation.13>2813003</eSituation.13>

<!--------------------------------------------------------------->
```

<!-- eCustomResults section -->

```xml
<!--------------------------------------------------------------->

        <eCustomResults>
                <eCustomResults.ResultsGroup>
                        <eCustomResults.01>122416</eCustomResults.01>
                        <eCustomResults.02>itRecord.001</eCustomResults.02>
                </eCustomResults.ResultsGroup>
                <eCustomResults.ResultsGroup>
                        <eCustomResults.01>it2813.101</eCustomResults.01>
                        <eCustomResults.02>eSituation.13</eCustomResults.02>
                </eCustomResults.ResultsGroup>
        </eCustomResults>
```

# Contacts

**Emergency Systems**
**E-Mail: eSystems@health.ok.gov**
**Phone: (405) 426-8480**

**Xana Howard, State Trauma Registrar**
**E-Mail: XanaH@health.ok.gov**
**Phone: (405) 426-8589**

**OSDH Website**
**https://oklahoma.gov/health.html**

**ImageTrend Support**
**E-Mail: support@imagetrend.com**
**Support Website: *https://support.imagetrend.com***

**NEMSIS Website**
***http://www.nemsis.org***