

Section ID	Section Name	Element Code	Data Element	Definition	National Element
D01	Agency General Information	D01_01	EMS Agency Number	The state-assigned provider number of the responding agency	National Element
D01	Agency General Information	D01_02	EMS Agency Name	The formal name of the agency	
D01	Agency General Information	D01_03	EMS Agency State	The state in which the Agency provides services	National Element
D01	Agency General Information	D01_04	EMS Agency County	The county(s) for which the agency formally provides service	National Element
D01	Agency General Information	D01_05	Primary Type of Service	The primary service type provided by the agency	
D01	Agency General Information	D01_06	Other Types of Service	The other service type(s) which are provided by the agency	
D01	Agency General Information	D01_07	Level of Service	The highest credentialed personnel's level of service which the agency provides for every EMS encounter if requested. In a tiered response system, this is the highest level of service which could be sent to any specific call.	National Element
D01	Agency General Information	D01_08	Organizational Type	The organizational structure from which EMS services are delivered (fire, hospital, county, etc.)	National Element
D01	Agency General Information	D01_09	Organization Status	The primary organizational status of the agency. The definition of Volunteer or Non-Volunteer is based on state or local terms.	National Element
D01	Agency General Information	D01_10	Statistical Year	The year to which the information pertains	National Element
D01	Agency General Information	D01_12	Total Service Size Area	The total square miles in the agency's service area	National Element
D01	Agency General Information	D01_13	Total Service Area Population	The total population in the agency's service area based on year 2000 census data (if possible). This number does not include population changes associated with daily work flow or seasonal movements	National Element
D01	Agency General Information	D01_14	911 Call Volume per Year	The number of 911 EMS calls for the calendar year	National Element
D01	Agency General Information	D01_15	EMS Dispatch Volume per Year	The number of EMS dispatches for the calendar year	National Element
D01	Agency General Information	D01_16	EMS Transport Volume per Year	The number of EMS transports for the calendar year	National Element
D01	Agency General Information	D01_17	EMS Patient Contact Volume per Year	The number of EMS patient contacts for that calendar year	National Element
D01	Agency General Information	D01_19	EMS Agency Time Zone	The time zone for the EMS Agency	National Element
D01	Agency General Information	D01_20	EMS Agency Daylight Savings Time Use	Indicate if the EMS Agency conforms to Daylight Savings Time	
D01	Agency General Information	D01_21	National Provider Identifier	The National Provider Identifier associated with National Provider System (NPS) and used in all standard HIPAA transactions such as electronic claim filing.	National Element
D02	Agency Contact Information	D02_01	Agency Contact Last Name	The Last Name of the agency's primary contact.	
D02	Agency Contact Information	D02_02	Agency Contact Middle Name/Initial	The Middle Name or initial of the agency's primary contact.	
D02	Agency Contact Information	D02_03	Agency Contact First Name	The First Name of the agency's primary contact.	
D02	Agency Contact Information	D02_04	Agency Contact Address	The Agency contact's location or physical address.	
D02	Agency Contact Information	D02_05	Agency Contact City	The city of the Agency contact's mailing address.	
D02	Agency Contact Information	D02_06	Agency Contact State	The state of the Agency contact's mailing address.	
D02	Agency Contact Information	D02_07	Agency Contact Zip Code	The ZIP code of the Agency contact's mailing address.	National Element
D02	Agency Contact Information	D02_08	Agency Contact Telephone Number	The primary phone number of the Agency contact.	
D02	Agency Contact Information	D02_09	Agency Contact Fax Number	The primary fax number of the Agency contact.	
D02	Agency Contact Information	D02_10	Agency Contact Email Address	The primary email address of the Agency contact.	
D02	Agency Contact Information	D02_11	Agency Contact Web Address	The primary website address (URL) of the agency.	
D03	Agency Medical Director Information	D03_01	Agency Medical Director Last Name	The Last Name of the Agency's Medical Director	
D03	Agency Medical Director Information	D03_02	Agency Medical Director Middle Name/Initial	The Middle Name or Initial of the Agency's Medical Director	
D03	Agency Medical Director Information	D03_03	Agency Medical Director First Name	The First Name of the Agency's Medical Director	
D03	Agency Medical Director Information	D03_04	Agency Medical Director Address	The street or mailing address of the Agency's medical director	

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D03	Agency Medical Director Information	D03_05	Agency Medical Director City	The city of the Agency medical director's mailing address	
D03	Agency Medical Director Information	D03_06	Agency Medical Director State	The state of the Agency medical director's mailing address	
D03	Agency Medical Director Information	D03_07	Agency Medical Director Zip Code	The ZIP code of the Agency medical director's mailing address	
D03	Agency Medical Director Information	D03_08	Agency Medical Director Telephone Number	The primary phone number of the Agency's medical director	
D03	Agency Medical Director Information	D03_09	Agency Medical Director Fax Number	The primary fax number of the Agency's medical director	
D03	Agency Medical Director Information	D03_10	Agency Medical Director's Medical Specialty	The primary medical specialty of the Agency Medical Director	
D03	Agency Medical Director Information	D03_11	Agency Medical Director Email Address	The primary email address of the Agency's medical director	
D04	Agency Configuration Information	D04_01	State Certification Licensure Levels	All of the potential levels of certification/licensure for EMS personnel recognized by the state	
D04	Agency Configuration Information	D04_02	EMS Unit Call Sign	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.	
D04	Agency Configuration Information	D04_03	Zones	The geographic zones used by an agency to divide the service area into smaller geographic components. These zones can be defined locally using any method which will allow easy assignment of locations to their respective zone	
D04	Agency Configuration Information	D04_04	Procedures	A list of all procedures that the agency has implemented and available for use.	
D04	Agency Configuration Information	D04_05	Personnel Level Permitted to Use the Procedure	All Personnel Levels which are permitted to use the associated procedure.	
D04	Agency Configuration Information	D04_06	Medications Given	A list of all medications the agency has implemented and available for use	
D04	Agency Configuration Information	D04_07	Personnel Level Permitted to Use the Medication	All personnel levels which are permitted to use the associated medication	
D04	Agency Configuration Information	D04_08	Protocol	A list of all of the medical treatment protocols that the agency has in place and available for use. Specific Adult or Pediatric Protocols should be mapped to one of these topics if possible.	
D04	Agency Configuration Information	D04_09	Personnel Level Permitted to Use the Protocol	All personnel levels which are permitted to use the associated Protocol	
D04	Agency Configuration Information	D04_10	Billing Status	Indication of whether the EMS agency routinely bills for any segment of the patient population	
D04	Agency Configuration Information	D04_11	Hospitals Served	A list of all the hospitals the agency transports to or from	
D04	Agency Configuration Information	D04_12	Hospital Facility Number	The state assigned licensure number (code) for each Hospital Served (D04_11)	
D04	Agency Configuration Information	D04_13	Other Destinations	A list of all destinations other than hospitals which an agency transports to or from	
D04	Agency Configuration Information	D04_14	Destination Facility Number	The state assigned licensure number (code) for each Other Destination (D04_13)	
D04	Agency Configuration Information	D04_15	Destination Type	The type of facility associated with the Other Destination (D04_13)	
D04	Agency Configuration Information	D04_16	Insurance Companies Used	A list of insurance companies which are prevalent in the Agencies service area	
D04	Agency Configuration Information	D04_17	EMD Vendor	The Vendor or Company associated with the EMD Card set and algorithms	
D05	Agency Station Information	D05_01	Station Name	Name of the agency's station	

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D05	Agency Station Information	D05_02	Station Number	ID number of the agency's station	
D05	Agency Station Information	D05_03	Station Zone	The geographic zone or location of the agency's station	
D05	Agency Station Information	D05_04	Station GPS	The GPS coordinate for the agency's station	
D05	Agency Station Information	D05_05	Station Address	Address of the agency's station	
D05	Agency Station Information	D05_06	Station City	City of the agency's station	
D05	Agency Station Information	D05_07	Station State	State of the agency's station	
D05	Agency Station Information	D05_08	Station Zip	ZIP Code of the agency's station	
D05	Agency Station Information	D05_09	Station Telephone Number	The telephone number of the agency's station	
D06	Agency Vehicle Information	D06_01	Unit/Vehicle Number	The unique ID number of the unit which is specific for each vehicle; typically the VIN associated with the vehicle	MS Mandatory Element
D06	Agency Vehicle Information	D06_03	Vehicle Type	Vehicle type of unit (ambulance, fire, truck, etc.)	MS Mandatory Element
D06	Agency Vehicle Information	D06_04	State Certification/Licensure Levels	The personnel certification/licensure level of the vehicle crew member	MS Mandatory Element
D06	Agency Vehicle Information	D06_05	Number Of Each Personnel Level on the Vehicle Crew	The number of each personnel level associated with the vehicle crew.	MS Mandatory Element
D06	Agency Vehicle Information	D06_07	Vehicle Model Year	The year the vehicle was manufactured. This is defined by the year of the VIN, understanding that some parts of the vehicle may not be original.	MS Mandatory Element
D06	Agency Vehicle Information	D06_08	Year Miles/Hours Accured		
D06	Agency Vehicle Information	D06_09	Annual Vehicle Hours		
D06	Agency Vehicle Information	D06_10	Annual Vehicle Miles		
D07	Agency Personnel Information	D07_01	Personnel's Agency ID Number	Local agency ID number for personnel	
D07	Agency Personnel Information	D07_02	State/Licensure ID Number	The state certification/licensure ID number assigned to the crew member	MS Mandatory Element
D07	Agency Personnel Information	D07_03	Personnel's Employment Status	Personnel's Employment Status for this Agency	
D07	Agency Personnel Information	D07_04	Employment Status Date	The date that the employee status was assigned	
D07	Agency Personnel Information	D07_05	Personnel's Level of Certification/Licensure for Agency	Personnel's level of certification in this agency in the associated year	MS Mandatory Element
D07	Agency Personnel Information	D07_06	Date of Personnel's Certification or Licensure for Agency	The date that the Certification/Licensure was achieved	MS Mandatory Element
D08	General Personnel Information	D08_01	EMS Personnel's Last Name	Last Name of personnel	
D08	General Personnel Information	D08_02	EMS Personnel's Middle Name/Initial	Middle name or initial of personnel	
D08	General Personnel Information	D08_03	EMS Personnel's First Name	First name of personnel	
D08	General Personnel Information	D08_04	EMS Personnel's Mailing Address	Street or PO Box of the personnel's mailing address	
D08	General Personnel Information	D08_05	EMS Personnel's City of Residence	City of personnel's mailing address	
D08	General Personnel Information	D08_06	EMS Personnel's State	State of personnel's mailing address	
D08	General Personnel Information	D08_07	EMS Personnel's Zip Code	ZIP code of personnel's mailing address	
D08	General Personnel Information	D08_08	EMS Personnel's Work Telephone	Work phone number of the personnel	
D08	General Personnel Information	D08_09	EMS Personnel's Home Telephone	Home phone number of the personnel	
D08	General Personnel Information	D08_10	EMS Personnel's Email Address	Primary email address of the personnel	
D08	General Personnel Information	D08_11	EMS Personnel's Date Of Birth	The EMS personnel's date of birth.	
D08	General Personnel Information	D08_12	EMS Personnel's Gender	The EMS personnel's gender	
D08	General Personnel Information	D08_13	EMS Personnel's Race	The EMS personnel's race as defined by the OMB (US Office of Management and Budget)	
D08	General Personnel Information	D08_14	EMS Personnel's Ethnicity	The EMS personnel's ethnicity as defined by the OMB (US Office of Management and Budget)	
D08	General Personnel Information	D08_15	State EMS Certification Licensure Level	The personnel's State EMS Certification level	

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D08	General Personnel Information	D08_16	National Registry Credentialed	Indication of National Registry Credential for the level of Certification/Licensure in D08_15	
D08	General Personnel Information	D08_17	State EMS Current Certification Date	The date of the personnel's current certification.	
D08	General Personnel Information	D08_18	Initial State Certification Date	The certification date of personnel's current State certification	
E00	Common EMS Values	E00	Common Null Values	These values are to be used in each of the Demographic and EMS Data Elements described in this document which have been defined to accept the E00 Null Values. Please include these variables in the implementation of the NHTSA Version 2 Dataset.	
E01	Record Information	E01_01	Patient Care Report Number	The unique number automatically assigned by the EMS agency for each patient care report (PCR). This is a unique number to the EMS agency for all of time.	National Element
E01	Record Information	E01_02	Software Creator	The name of the software vendor by whom the data collection software was developed	National Element
E01	Record Information	E01_03	Software Name	The name of the software package with which the data was collected by the agency	National Element
E01	Record Information	E01_04	Software Version	The version of the software used by the agency to collect the data	National Element
E02	Unit/ Agency Information	E02_01	EMS Agency Number	The state-assigned provider number of the responding agency	National Element
E02	Unit/ Agency Information	E02_02	Incident Number	The incident number assigned by the 911 Dispatch System	
E02	Unit/ Agency Information	E02_03	EMS Unit (Vehicle) Response Number	The internal EMS response number which is unique for each EMS unit's (vehicles) response to an incident within an agency.	
E02	Unit/ Agency Information	E02_04	Type of Service Requested	The type of service or category of service requested of the EMS service responding for this specific EMS incident.	National Element
E02	Unit/ Agency Information	E02_05	Primary Role of the Unit	The primary role of the EMS service which was requested for this specific EMS incident.	National Element
E02	Unit/ Agency Information	E02_06	Type of Dispatch Delay	The dispatch delays, if any, associated with the dispatch of the EMS unit to the patient encounter	National Element
E02	Unit/ Agency Information	E02_07	Type of Response Delay	The response delays, if any, of the unit associated with the patient encounter	National Element
E02	Unit/ Agency Information	E02_08	Type of Scene Delay	The scene delays, if any, of the unit associated with the patient encounter	National Element
E02	Unit/ Agency Information	E02_09	Type of Transport Delay	The transport delays, if any, of the unit associated with the patient encounter	National Element
E02	Unit/ Agency Information	E02_10	Type of Turn-Around Delay	The turn-around delays, if any, associated with the EMS unit associated with the patient encounter	National Element
E02	Unit/ Agency Information	E02_11	EMS Unit/Vehicle Number	The unique physical vehicle number of the responding unit	MS Mandatory Element
E02	Unit/ Agency Information	E02_12	EMS Unit Call Sign (Radio Number)	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.	National Element
E02	Unit/ Agency Information	E02_13	Vehicle Dispatch Location	The station (or hospital) name representing the geographic location of the vehicle at the time of dispatch	
E02	Unit/ Agency Information	E02_14	Vehicle Dispatch Zone	Geographic zone representing the location of the responding vehicle at the time of dispatch.	

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E02	Unit/ Agency Information	E02_15	Vehicle Dispatch GPS Location	The GPS coordinates associated with the EMS unit at the time of dispatch.	
E02	Unit/ Agency Information	E02_16	Beginning Odometer Reading of Responding Vehicle	The mileage (odometer reading) of the vehicle at the beginning of the call (when the wheels begin moving)	MS Mandatory Element
E02	Unit/ Agency Information	E02_17	On-Scene Odometer Reading of Responding Vehicle	The mileage (odometer reading) of the vehicle when it arrives at the patient	MS Mandatory Element
E02	Unit/ Agency Information	E02_18	Patient Destination Odometer Reading of Responding Vehicle	The mileage (odometer reading) of the vehicle when it arrives at the patient's destination	MS Mandatory Element
E02	Unit/ Agency Information	E02_19	Ending Odometer Reading of Responding Vehicle	The ending mileage (odometer reading) of the vehicle (at time back in service)	MS Mandatory Element
E02	Unit/ Agency Information	E02_20	Response Mode to Scene	Indication whether or not lights and/or sirens were used on the vehicle on the way to the scene	National Element
E03	Unit/ Call Information	E03_01	Complaint Reported by Dispatch	The complaint dispatch reported to the responding unit.	National Element
E03	Unit/ Call Information	E03_02	EMD Performed	Indication of whether EMD was performed for this EMS event.	National Element
E03	Unit/ Call Information	E03_03	EMD Card Number	The EMD card number reported by dispatch, consisting of the card number, dispatch level, and dispatch mode	
E04	Unit/ Personnel Information	E04_01	Crew Member ID	The State Certification/Licensure ID number assigned to the crew member The role of the crew member during transport of this call. <ul style="list-style-type: none"> • Driver is defined as the driver during the time of patient transport or during the response if there was not transport required. • Primary Patient Care Giver is defined as the individual responsible for the patient care during the transport of the patient, or if no transport, the individual responsible for the assessment and treatment of the patient on scene. • Secondary Patient Care Giver is defined as the individual assisting the Primary Patient Care Giver. • Third Patient Care Giver is defined as the individual assisting in the Primary and Secondary Patient Care Givers. 	
E04	Unit/ Personnel Information	E04_02	Crew Member Role		MS Mandatory Element
E04	Unit/ Personnel Information	E04_03	Crew Member Level	The functioning level of the crew member during this EMS patient encounter.	MS Mandatory Element
E05	Times	E05_01	Incident or Onset Date/Time	The date/time the injury occurred, or the date/time the symptoms or problem started	MS Mandatory Element
E05	Times	E05_02	PSAP Call Date/Time	The date/time the phone rings (911 call to public safety answering point or other designated entity) requesting EMS services.	National Element
E05	Times	E05_04	Unit Notified by Dispatch Date/Time	The date the responding unit was notified by dispatch	National Element
E05	Times	E05_05	Unit En Route Date/Time	The date/time the unit responded; that is, the time the vehicle started moving	National Element
E05	Times	E05_06	Unit Arrived on Scene Date/Time	The date/time the responding unit arrived on the scene; that is, the time the vehicle stopped moving	National Element
E05	Times	E05_07	Arrived at Patient Date/Time	The date/time the responding unit arrived at the patient's side	National Element
E05	Times	E05_09	Unit Left Scene Date/Time	The date/time the responding unit left the scene (started moving)	National Element

Section ID	Section Name	Element Code	Data Element	Definition	National Element
E05	Times	E05_10	Patient Arrived at Destination Date/Time	The date/time the responding unit arrived with the patient at the destination or transfer point	National Element
E05	Times	E05_11	Unit Back in Service Date/Time	The date/time the unit back was back in service and available for response (finished with call, but not necessarily back in home location)	National Element
E05	Times	E05_12	Unit Cancelled Date/Time	The date/time if the unit's call was cancelled	MS Mandatory Element
E05	Times	E05_13	Unit Back at Home Location Date/Time	The date/time the responding unit was back in their service area. In agencies who utilized Agency Status Management, home location means the service area as assigned through the agency status management protocol.	National Element
E06	Patient	E06_01	Last Name	The patient's last (family) name	
E06	Patient	E06_02	First Name	The patient's first (given) name	
E06	Patient	E06_03	Middle Initial/Name	The patient's middle name, if any	
E06	Patient	E06_04	Patient's Home Address	The patient's home mailing or street address	
E06	Patient	E06_05	Patient's Home City	The patient's home city or township or residence	
E06	Patient	E06_06	Patient's Home County	The patient's home county or parish or residence	
E06	Patient	E06_07	Patient's Home State	The patient's home state, territory, or province, or District of Columbia, where the patient resides	
E06	Patient	E06_08	Patient's Home Zip Code	The patient's home ZIP code of residence	National Element
E06	Patient	E06_09	Patient's Home Country	The patient's country of citizenship	MS Mandatory Element
E06	Patient	E06_10	Social Security Number	The patient's social security number	
E06	Patient	E06_11	Gender	The patient's gender	National Element
E06	Patient	E06_12	Race	The patient's race as defined by the OMB (US Office of Management and Budget)	National Element
E06	Patient	E06_13	Ethnicity	The patient's ethnicity as defined by the OMB (US Office of Management and Budget)	National Element
E06	Patient	E06_14	Age	The patient's age (either calculated from date of birth or best approximation)	National Element
E06	Patient	E06_15	Age Units	The units which the age is documented in (Hours, Days, Months, Years)	National Element
E06	Patient	E06_16	Date of Birth	The patient's date of birth	
E06	Patient	E06_17	Primary or Home Telephone Number	The patient's home or primary telephone number	
E06	Patient	E06_18	State Issuing Driver's License	The state that issued the driver's license	
E06	Patient	E06_19	Driver's License Number	The patient's driver's license number	
E07	Billing	E07_01	Primary Method of Payment	The primary method of payment or type of insurance associated with this EMS encounter	National Element
E07	Billing	E07_02	Certificate of Medical Necessity	Indication of whether a certificate of medical necessity is present	
E07	Billing	E07_03	Insurance Company ID/Name	The ID number of the patient's insurance company	
E07	Billing	E07_04	Insurance Company Billing Priority	The billing priority or order for the insurance company.	
E07	Billing	E07_05	Insurance Company Address	The mailing address of the Insurance Company	
E07	Billing	E07_06	Insurance Company City	The insurance companies city or township	
E07	Billing	E07_07	Insurance Company State	The insurance companies state, territory, or province, or District of Columbia.	
E07	Billing	E07_08	Insurance Company Zip Code	The insurance companies Zip Code	
E07	Billing	E07_09	Insurance Group ID/Name	The ID number or name of the patient's insurance group	

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E07	Billing	E07_10	Insurance Policy ID Number	The ID number of the patient's insurance policy	
E07	Billing	E07_11	Last Name of the Insured	The last (family) name of the person insured by the insurance company.	
E07	Billing	E07_12	First Name of the Insured	The first (given) name of the person insured by the insurance company	
E07	Billing	E07_13	Middle Initial/Name of the Insured	The middle name, if any, of the person insured by the insurance company.	
E07	Billing	E07_14	Relationship to the Insured	The relationship of the patient to the primary insured person	
E07	Billing	E07_15	Work-Related	Indication of whether or not the injury is work related.	MS Mandatory Element
E07	Billing	E07_16	Patient's Occupational Industry	The occupational industry of the patient's work	
E07	Billing	E07_17	Patient's Occupation	The occupation of the patient	
E07	Billing	E07_18	Closest Relative/Guardian Last Name	The last (family) name of the patient's closest relative or guardian	
E07	Billing	E07_19	First Name of the Closest Relative/ Guardian	The first (given) name of the patient's closest relative or guardian	
E07	Billing	E07_20	Middle Initial/Name of the Closest Relative/ Guardian	The middle name/initial, if any, of the closest relative or guardian.	
E07	Billing	E07_21	Closest Relative/ Guardian Street Address	The home street address of the patient's closest relative or guardian	
E07	Billing	E07_22	Closest Relative/ Guardian City	The home city of the patient's closest relative or guardian	
E07	Billing	E07_23	Closest Relative/ Guardian State	The home state of the patient's closest relative or guardian	
E07	Billing	E07_24	Closest Relative/ Guardian Zip Code	The home Zip Code of the patient's closest relative or guardian	
E07	Billing	E07_25	Closest Relative/ Guardian Phone Number	The home or other phone number of the patient's closest relative or guardian	
E07	Billing	E07_26	Closest Relative/ Guardian Relationship	The relationship of the patient's closest relative or guardian	
E07	Billing	E07_27	Patient's Employer	The name of the patient's employer	
E07	Billing	E07_28	Patient's Employer's Address	The street address of the patient's employer	
E07	Billing	E07_29	Patient's Employer's City	The home city of the patient's employer	
E07	Billing	E07_30	Patient's Employer's State	The home state of the patient's employer	
E07	Billing	E07_31	Patient's Employer's Zip Code	The home Zip Code of the patient's employer	
E07	Billing	E07_32	Patient's Work Telephone Number	The patient's work telephone number	
E07	Billing	E07_33	Response Urgency	The urgency in which the EMS agency began to mobilize resources.	
E07	Billing	E07_34	CMS Service Level	The CMS service level for this EMS encounter.	National Element
E07	Billing	E07_35	Condition Code Number	The condition codes are used to better describe the service and patient care delivery by an EMS service. Please consult CMS documentation for detailed descriptions of these condition codes and their use.	National Element
E07	Billing	E07_36	ICD-9 Code for the Condition Code Number	The ICD-9 Code assigned by CMS for the condition code documented in E7.35. Please consult CMS documentation for detailed descriptions of the Condition Codes and their use.	
E07	Billing	E07_37	Condition Code Modifier	The CMS Condition Code Modifier is used to better describe the EMS ground or air medical services response and service delivery. Please consult CMS documentation for detailed descriptions of these modifiers and their use.	
E08	Scene	E08_01	Other EMS Agencies at Scene	Other EMS agencies that were at the scene, if any	MS Mandatory Element
E08	Scene	E08_02	Other Services at Scene	Other services that were at the scene, if any	MS Mandatory Element
E08	Scene	E08_03	Estimated Date/Time Initial Responder Arrived on Scene	The date/time differential between the initial responder and the EMS unit arriving on the scene, if applicable.	
E08	Scene	E08_04	Date/Time Initial Responder Arrived on Scene	The time that the initial responder arrived on the scene, if applicable.	

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E08	Scene	E08_05	Number of Patients at Scene	Indicator of how many total patients were at the scene	National Element
E08	Scene	E08_06	Mass Casualty Incident	Indicator if this event would be considered a mass casualty incident (overwhelmed existing EMS resources)	National Element
E08	Scene	E08_07	Incident Location Type	The kind of location where the incident happened	National Element
E08	Scene	E08_08	Incident Facility Code	The state or regulatory number (code) associated with the facility if the incident is a Healthcare Facility.	MS Mandatory Element
E08	Scene	E08_09	Scene Zone Number	Geographic zone representing the location of the scene	
E08	Scene	E08_10	Scene GPS Location	The GPS coordinates associated with the Scene.	
E08	Scene	E08_11	Incident Address	The street address (or best approximation) where the patient was found, or, if no patient, the address to which the unit responded.	MS Mandatory Element
E08	Scene	E08_12	Incident City	The city or township (if applicable) where the patient was found or to which the unit responded (or best approximation)	MS Mandatory Element
E08	Scene	E08_13	Incident County	The county or parish where the patient was found or to which the unit responded (or best approximation)	MS Mandatory Element
E08	Scene	E08_14	Incident State	The state, territory, or province where the patient was found or to which the unit responded (or best approximation)	MS Mandatory Element
E08	Scene	E08_15	Incident ZIP Code	The ZIP code of the incident location	National Element
E09	Situation	E09_01	Prior Aid	Any care which was provided to the patient prior to the arrival of this unit.	National Element
E09	Situation	E09_02	Prior Aid Performed by	The type of individual who performed the care prior to the arrival of this unit.	National Element
E09	Situation	E09_03	Outcome of the Prior Aid	What was the outcome or result of the care performed prior to the arrival of the unit?	National Element
E09	Situation	E09_04	Possible Injury	Indicates that the reason for the EMS encounter was related to an injury or traumatic event. This data element provides documentation to classify the EMS Reason for Encounter as either injury or non-injury related based on mechanism and not on actual injury	National Element
E09	Situation	E09_05	Chief Complaint	The statement of the problem by the patient or the history provider in one or two words	
E09	Situation	E09_06	Duration of Chief Complaint	The time duration of the chief complaint	
E09	Situation	E09_07	Time Units of Duration of Chief Complaint	The time units of the duration of the patient's chief complaint	
E09	Situation	E09_08	Secondary Complaint Narrative	The narrative of the patient's secondary complaint	
E09	Situation	E09_09	Duration of Secondary Complaint	The duration of the secondary complaint	
E09	Situation	E09_10	Time Units of Duration of Secondary Complaint	The time units of the duration of the patient's secondary complaint	
E09	Situation	E09_11	Chief Complaint Anatomic Location	The primary anatomic location of the chief complaint as identified by EMS personnel	National Element
E09	Situation	E09_12	Chief Complaint Organ System	The primary organ system of the patient injured or medically affected. This is to be completed by EMS personnel with a minimum of an EMT-Paramedic level of credentialing.	National Element
E09	Situation	E09_13	Primary Symptom	The primary sign and symptom present in the patient or observed by EMS personnel	National Element
E09	Situation	E09_14	Other Associated Symptoms	Other symptoms identified by the patient or observed by EMS personnel	National Element

Section ID	Section Name	Element Code	Data Element	Definition	National Element
E09	Situation	E09_15	Providers Primary Impression	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).	National Element
E09	Situation	E09_16	Provider's Secondary Impression	The EMS personnel's impression of the patient's secondary problem or which led to the management given to the patient (treatments, medications, or procedures).	National Element
E10	Situation/ Trauma	E10_01	Cause of Injury	The category of the reported/suspected external cause of the injury	National Element
E10	Situation/ Trauma	E10_02	Intent of the Injury	The intent of the individual inflicting the injury	
E10	Situation/ Trauma	E10_03	Mechanism of Injury	The mechanism of the event which caused the injury.	MS Mandatory Element
E10	Situation/ Trauma	E10_04	Vehicular Injury Indicators	The kind of risk factor predictors associated with the vehicle involved in the incident	MS Mandatory Element
E10	Situation/ Trauma	E10_05	Area of the Vehicle impacted by the collision	The area or location of impact on the vehicle	MS Mandatory Element
E10	Situation/ Trauma	E10_06	Seat Row Location of Patient in Vehicle	The seat row location of the patient in vehicle at the time of the crash with the front seat numbered as 1.	MS Mandatory Element
E10	Situation/ Trauma	E10_07	Position of Patient in the Seat of the Vehicle	The position of the patient in seat of the vehicle at the time of the crash	MS Mandatory Element
E10	Situation/ Trauma	E10_08	Use of Occupant Safety Equipment	Safety equipment in use by the patient at the time of the injury	MS Mandatory Element
E10	Situation/ Trauma	E10_09	Airbag Deployment	Indication of Airbag deployment during the motor vehicle crash.	MS Mandatory Element
E10	Situation/ Trauma	E10_10	Height of Fall	The distance in feet the patient fell, measured from the lowest point of the patient to the ground.	MS Mandatory Element
E11	Situation/ CPR	E11_01	Cardiac Arrest	Indication of the presence of a cardiac arrest at any time associated with the EMS event.	National Element
E11	Situation/ CPR	E11_02	Cardiac Arrest Etiology	Indication of the etiology or cause of the cardiac arrest (classified as cardiac, non-cardiac, etc.)	National Element
E11	Situation/ CPR	E11_03	Resuscitation Attempted	Indication of an attempt to resuscitate the patient who is in cardiac arrest (attempted, not attempted due to DNR, etc.)	National Element
E11	Situation/ CPR	E11_04	Arrest Witnessed by	Indication of who the cardiac arrest was witnessed by	MS Mandatory Element
E11	Situation/ CPR	E11_05	First Monitored Rhythm of the Patient	Documentation of what the first monitored rhythm which was noted	MS Mandatory Element
E11	Situation/ CPR	E11_06	Any Return of Spontaneous Circulation	Indication whether or not there was any return of spontaneous circulation at any time during the EMS event.	MS Mandatory Element
E11	Situation/ CPR	E11_07	Neurological Outcome at Hospital Discharge	The level of cerebral performance of the patient at the time of discharge from the Hospital: <ul style="list-style-type: none"> • 1 = Good Cerebral Performance: Conscious, Alert, able to work and lead a normal life • 2 = Moderate Cerebral Disability: Conscious and able to function independently (dress, travel, prepare food) may have hemiplegia, seizures, or permanent memory or mental changes • 3 = Severe Cerebral Disability: Conscious, dependent on others for daily support, functions only in an institution or at home with exceptional family effort • 4 - Coma, vegetative state 	
E11	Situation/ CPR	E11_08	Estimated Time of Arrest Prior to EMS Arrival	The length of time the patient was down (estimated) before the responding unit arrived at the patient	MS Mandatory Element
E11	Situation/ CPR	E11_09	Date/Time Resuscitation Discontinued	The date/time the CPR was discontinued (or could be time of death)	MS Mandatory Element

Section ID	Section Name	Element Code	Data Element	Definition	National Element
E11	Situation/ CPR	E11_10	Reason CPR Discontinued	The reason that CPR or the resuscitation efforts were discontinued.	MS Mandatory Element
E11	Situation/ CPR	E11_11	Cardiac Rhythm on Arrival at Destination	The patient's cardiac rhythm upon delivery or transfer to the destination	MS Mandatory Element
E12	Medical History	E12_01	Barriers to Patient Care	Indication of whether or not there were any patient specific barriers to serving the patient at the scene	National Element
E12	Medical History	E12_04	First Name of Patient's Primary Practitioner	The first name of the patient's primary practitioner	
E12	Medical History	E12_05	Middle Name of Patient's Primary Practitioner	The middle name of the patient's primary practitioner	
E12	Medical History	E12_06	Last Name of Patient's Primary Practitioner	The last name of the patient's primary practitioner	
E12	Medical History	E12_07	Advanced Directives	The presence of a valid for of living will of document directing end of life or healthcare treatment decisions	MS Mandatory Element
E12	Medical History	E12_08	Medication Allergies	The patient's medication allergies	
E12	Medical History	E12_09	Environmental/Food Allergies	The patient's known allergies to food or environmental agents.	
E12	Medical History	E12_10	Medical/Surgical History	The patient's pre-existing medical and surgery history of the patient	
E12	Medical History	E12_11	Medical History Obtained From	Type of person medical history obtained from	
E12	Medical History	E12_14	Current Medications	The medications the patient currently takes	
E12	Medical History	E12_15	Current Medication Dose	The numeric dose or amount of the patient's current medication	
E12	Medical History	E12_16	Current Medication Dosage Unit	The dosage unit of the patient's current medication	
E12	Medical History	E12_17	Current Medication Administration Route	The administration route (po, SQ, etc.) of the patients current medication	
E12	Medical History	E12_18	Presence of Emergency Information Form	Indication of the presence of the Emergency Information Form associated with patient's with special healthcare needs.	
E12	Medical History	E12_19	Alcohol/Drug Use Indicators	Indicators for the potential use of Alcohol or Drugs by the patient.	National Element
E12	Medical History	E12_20	Pregnancy	Indication of the possibility by the patient's history of current pregnancy	
E13	Narrative	E13_01	Run Report Narrative	The narrative of the run report	
E14	Assessment/ Vital Signs	E14_01	Date/Time Vital Signs Taken	Date/Time Vital Signs Taken	MS Mandatory Element
E14	Assessment/ Vital Signs	E14_02	Obtained Prior to this Units EMS Care	Indicates that the information which is documented was obtained prior to the EMS unit's care creting this patient care report	MS Mandatory Element
E14	Assessment/ Vital Signs	E14_03	Cardiac Rhythm	The initial cardiac rhythm of the patient as interpreted by EMS personnel	MS Mandatory Element
E14	Assessment/ Vital Signs	E14_04	SBP (Systolic Blood Pressure)	The patient's systolic blood pressure	MS Mandatory Element
E14	Assessment/ Vital Signs	E14_05	DBP (Diastolic Blood Pressure)	The patient's diastolic blood pressure	MS Mandatory Element
E14	Assessment/ Vital Signs	E14_06	Method of Blood Pressure Measurement	Indication of method of blood pressure procedure.	MS Mandatory Element
E14	Assessment/ Vital Signs	E14_07	Pulse Rate	The patient's pulse rate, palpated or auscultated, expressed as a number per minute	MS Mandatory Element
E14	Assessment/ Vital Signs	E14_08	Electronic Monitor Rate	The patient's heart rate as recorded by an electronic monitoring device (ECG, pulse oximetry, etc.)	
E14	Assessment/ Vital Signs	E14_09	Pulse Oximetry	The patient's oxygen saturation	
E14	Assessment/ Vital Signs	E14_10	Pulse Rhythm	The clinical rhythm of the patients pulse (regular, irregular, etc.)	
E14	Assessment/ Vital Signs	E14_11	Respiratory Rate	The patient's respiratory rate expressed as a number per minute	MS Mandatory Element
E14	Assessment/ Vital Signs	E14_12	Respiratory Effort	The patient's respiratory effort	MS Mandatory Element
E14	Assessment/ Vital Signs	E14_13	Carbon Dioxide	The patient's end-tidal or other CO2 level.	MS Mandatory Element
E14	Assessment/ Vital Signs	E14_14	Blood Glucose Level	The patient's blood glucose level	
E14	Assessment/ Vital Signs	E14_15	Glasgow Coma Score-Eye	The patient's Glasgow Coma Score Eye opening	MS Mandatory Element
E14	Assessment/ Vital Signs	E14_16	Glasgow Coma Score-Verbal	The patient's Glasgow Coma Score Verbal	MS Mandatory Element
E14	Assessment/ Vital Signs	E14_17	Glasgow Coma Score-Motor	The patient's Glasgow Coma Score Motor	MS Mandatory Element

Section ID	Section Name	Element Code	Data Element	Definition	National Element
E14	Assessment/ Vital Signs	E14_18	Glasgow Coma Score-Qualifier	Documentation of factors which make the GCS score more meaningful.	MS Mandatory Element
E14	Assessment/ Vital Signs	E14_19	Total Glasgow Coma Score	The patient's total Glasgow Coma Score	MS Mandatory Element
E14	Assessment/ Vital Signs	E14_20	Temperature	The patient's body temperature in degrees celsius/centigrade.	
E14	Assessment/ Vital Signs	E14_21	Temperature Method	The method used to obtain the patient's body temperature	
E14	Assessment/ Vital Signs	E14_22	Level of Responsiveness	The patients level of responsiveness	MS Mandatory Element
E14	Assessment/ Vital Signs	E14_23	Pain Scale	The patient's indication of pain from a scale of 0 –10.	MS Mandatory Element
E14	Assessment/ Vital Signs	E14_24	Stroke Scale	The patient's Los Angeles or Cincinnati Stroke Scale Results	
E14	Assessment/ Vital Signs	E14_25	Thrombolytic Screen	The results of the patient's Thrombolytic Screen for potential Thrombolytic use	Revisit 2010
E14	Assessment/ Vital Signs	E14_26	APGAR	The patient's total APGAR score (0-10). Recommended to be taken at 1 and 5 minutes after the infants birth	MS Mandatory Element
E14	Assessment/ Vital Signs	E14_27	Revised Trauma Score	The patient's Revised Trauma Score	
E14	Assessment/ Vital Signs	E14_28	Pediatric Trauma Score	The Trauma Score for patients age 12 and under	
E15	Assessment/ Injury	E15_01	NHTSA Injury Matrix External/Skin	Type of injury identified and associated with the external body/Skin (including burns)	
E15	Assessment/ Injury	E15_02	NHTSA Injury Matrix Head	Type of injury identified and associated with the Head (excluding face, neck, cervical spine, and ear)	
E15	Assessment/ Injury	E15_03	NHTSA Injury Matrix Face	Type of injury identified and associated with the Face (including ear)	
E15	Assessment/ Injury	E15_04	NHTSA Injury Matrix Neck	Type of injury identified and associated with the Neck	
E15	Assessment/ Injury	E15_05	NHTSA Injury Matrix Thorax	Type of injury identified and associated with the Thorax (excluding the thoracic spine)	
E15	Assessment/ Injury	E15_06	NHTSA Injury Matrix Abdomen	Type of injury identified and associated with the Abdomen (excluding the lumbar spine)	
E15	Assessment/ Injury	E15_07	NHTSA Injury Matrix Spine	Type of injury identified and associated with the Spine	
E15	Assessment/ Injury	E15_08	NHTSA Injury Matrix Upper Extremities	Type of injury identified and associated with the Upper Extremities	
E15	Assessment/ Injury	E15_09	NHTSA Injury Matrix Pelvis	Type of injury identified and associated with the Pelvis	
E15	Assessment/ Injury	E15_10	NHTSA Injury Matrix Lower Extremities	Type of injury identified and associated with the Lower Extremities	
E15	Assessment/ Injury	E15_11	NHTSA Injury Matrix Unspecified	Type of injury identified and associated with Unspecified	
E16	Assessment/ Exam	E16_01	Estimated Body Weight	The patient's body weight in kilograms, either measured or estimated	MS Mandatory Element
E16	Assessment/ Exam	E16_02	Broselow/Luten Color	The Broselow/Luten Color as take from the tape	
E16	Assessment/ Exam	E16_04	Skin Assessment	The assessment of the patient's skin on examination	
E16	Assessment/ Exam	E16_05	Head/Face Assessment	The assessment of the patient's face on examination	
E16	Assessment/ Exam	E16_06	Neck Assessment	The assessment of the patient's head & neck area on examination	
E16	Assessment/ Exam	E16_07	Chest/Lungs Assessment	The assessment of the patient's chest on examination	
E16	Assessment/ Exam	E16_08	Heart Assessment	The assessment of the patient's heart on examination	
E16	Assessment/ Exam	E16_09	Abdomen Left Upper Assessment	The assessment of the patient's left upper abdomen on examination	
E16	Assessment/ Exam	E16_10	Abdomen Left Lower Assessment	The assessment of the patient's left lower abdomen on examination	
E16	Assessment/ Exam	E16_11	Abdomen Right Upper Assessment	The assessment of the patient's right upper abdomen on examination	
E16	Assessment/ Exam	E16_12	Abdomen Right Lower Assessment	The assessment of the patient's right lower abdomen on examination	
E16	Assessment/ Exam	E16_13	GU Assessment	The assessment of the patient's GU area on examination	
E16	Assessment/ Exam	E16_14	Back Cervical Assessment	The assessment of the patient's back-cervical on examination	
E16	Assessment/ Exam	E16_15	Back Thoracic Assessment	The assessment of the patient's back-thoracic on examination	
E16	Assessment/ Exam	E16_16	Back Lumbar/Sacral Assessment	The assessment of the patient's back-lumbar/sacral on examination	

Section ID	Section Name	Element Code	Data Element	Definition	National Element
E16	Assessment/ Exam	E16_17	Extremities-Right Upper Assessment	The assessment of the patient's right upper extremities on examination	
E16	Assessment/ Exam	E16_18	Extremities-Right Lower Assessment	The assessment of the patient's right lower extremities on examination	
E16	Assessment/ Exam	E16_19	Extremities-Left Upper Assessment	The assessment of the patient's left upper extremities on examination	
E16	Assessment/ Exam	E16_20	Extremities-Left Lower Assessment	The assessment of the patient's left lower extremities on examination	
E16	Assessment/ Exam	E16_21	Eyes-Left Assessment	The assessment of the patient's left eye on examination	
E16	Assessment/ Exam	E16_22	Eyes-Right Assessment	The assessment of the patient's right eye on examination	
E16	Assessment/ Exam	E16_23	Mental Status Assessment	The assessment of the patient's mental status on examination	
E16	Assessment/ Exam	E16_24	Neurological Assessment	The assessment of the patient's neurological status on examination	
E17	Intervention	E17_01	Protocols Used	The protocol used by EMS personnel to direct the clinical care of the patient	
E18	Intervention/ Medication	E18_01	Date/Time Medication Administered	The date/time medication administered to the patient	MS Mandatory Element
E18	Intervention/ Medication	E18_02	Medication Administered Prior to this Units EMS Care	Indicates that the medication administration which is documented was administered prior to this EMS unit's care.	MS Mandatory Element
E18	Intervention/ Medication	E18_03	Medication Given	The medication given to the patient	National Element
E18	Intervention/ Medication	E18_04	Medication Administered Route	The route that the medication was administered to the patient.	MS Mandatory Element
E18	Intervention/ Medication	E18_05	Medication Dosage	The dose or amount of medication given to the patient	MS Mandatory Element
E18	Intervention/ Medication	E18_06	Medication Dosage Units	The units of medication dosage given to patient	MS Mandatory Element
E18	Intervention/ Medication	E18_07	Response to Medication	The patient's response to the medication.	MS Mandatory Element
E18	Intervention/ Medication	E18_08	Medication Complication	Any complication (abnormal effect on the patient) associated with the administration of the medication to the patient by EMS	National Element
E18	Intervention/ Medication	E18_09	Medication Crew Member ID	The statewide assigned ID number of the EMS crew member giving the treatment to the patient	MS Mandatory Element
E18	Intervention/ Medication	E18_10	Medication Authorization	The type of treatment authorization obtained	MS Mandatory Element
E18	Intervention/ Medication	E18_11	Medication Authorizing Physician	The last name of the authorizing physician ordering the medication administration if the order was provided by any manner other than protocol (standing order) in E18.10	
E19	Intervention/ Procedure	E19_01	Date/Time Procedure Performed Successfully	The date and time the procedure was performed on the patient	MS Mandatory Element
E19	Intervention/ Procedure	E19_02	Procedure Performed Prior to this Units EMS Care	Indicates that the procedure which was performed and documented was performed prior to this EMS unit's care.	MS Mandatory Element
E19	Intervention/ Procedure	E19_03	Procedure	The procedure performed on the patient.	National Element
E19	Intervention/ Procedure	E19_05	Number of Procedure Attempts	The number of attempts taken to complete a procedure or intervention regardless of success	National Element
E19	Intervention/ Procedure	E19_06	Procedure Successful	Indication of whether or not the procedure performed on the patient was successful	National Element
E19	Intervention/ Procedure	E19_07	Procedure Complication	Any complication associated with the performance of the procedure on the patient	National Element
E19	Intervention/ Procedure	E19_08	Response to Procedure	The patient's response to the procedure	MS Mandatory Element
E19	Intervention/ Procedure	E19_09	Procedure Crew Members ID	The statewide assigned ID number of the EMS crew member performing the procedure on the patient	MS Mandatory Element
E19	Intervention/ Procedure	E19_10	Procedure Authorization	The type of procedure authorization obtained	MS Mandatory Element
E19	Intervention/ Procedure	E19_11	Procedure Authorizing Physician	The last name of the authorizing physician ordering the procedure, if the order was provided by any manner other than protocol (standing order)	
E19	Intervention/ Procedure	E19_12	Successful IV Site	The location of the IV site (if applicable) on the patient	MS Mandatory Element

Section ID	Section Name	Element Code	Data Element	Definition	National Element
E19	Intervention/ Procedure	E19_13	Tube Confirmation	Endotracheal Tube placement verification at the time the airway procedure was done	MS Mandatory Element
E19	Intervention/ Procedure	E19_13	Destination Confirmation of Tube Placement		MS Mandatory Element
E20	Disposition	E20_01	Destination/Transferred To, Name	The destination the patient was delivered or transferred to	MS Mandatory Element
E20	Disposition	E20_02	Destination/Transferred To, Code	The code of the destination the patient was delivered or transferred to, if present and available	MS Mandatory Element
E20	Disposition	E20_03	Destination Street Address	The street address of the destination the patient was delivered or transferred to	
E20	Disposition	E20_04	Destination City	The city name of the destination the patient was delivered or transferred to	
E20	Disposition	E20_05	Destination State	The destination State in which the patient was delivered or transferred to	
E20	Disposition	E20_06	Destination County	The destination County in which the patient was delivered or transferred to	
E20	Disposition	E20_07	Destination Zip Code	The destination zip code in which the patient was delivered or transferred to	National Element
E20	Disposition	E20_08	Destination GPS Location	The destination GPS coordinates to which the patient was delivered or transferred to	
E20	Disposition	E20_09	Destination Zone Number	The zone number of the destination the patient was delivered or transferred to	
E20	Disposition	E20_10	Incident/Patient Disposition	Type of disposition treatment and/or transport of the patient.	National Element
E20	Disposition	E20_14	Transport Mode from Scene	Indication whether or not lights and/or sirens were used on the vehicle while leaving scene	National Element
E20	Disposition	E20_15	Condition of Patient at Destination		MS Mandatory Element
E20	Disposition	E20_16	Reason for Choosing Destination	The reason the unit chose to deliver or transfer the patient to the destination	National Element
E20	Disposition	E20_17	Type of Destination	The type of destination the patient was delivered or transferred to	National Element
E21	Medical Device Data	E21_01	Event Date/Time	The time of the event recorded by the device's internal clock	
E21	Medical Device Data	E21_02	Medical Device Event Name	The type of event documented by the medical device.	
E21	Medical Device Data	E21_03	Waveform Graphic Type	The type of waveform file stored in Waveform Graphic (E21.4)	
E21	Medical Device Data	E21_04	Waveform Graphic	The graphic waveform file in a PDF or JPG format.	
E21	Medical Device Data	E21_05	AED, Pacing, or CO2 Mode	The mode of operation the device is operating in during the defibrillation, pacing, or rhythm analysis by the device (if appropriate for the event)	
E21	Medical Device Data	E21_06	ECG Lead	The lead or source which the medical device used to obtain the rhythm (if appropriate for the event)	
E21	Medical Device Data	E21_07	ECG Interpretation	The interpretation of the rhythm by the device (if appropriate for the event)	
E21	Medical Device Data	E21_08	Type of Shock	The energy form used by the device for the defibrillation (if appropriate for the event)	
E21	Medical Device Data	E21_09	Shock or Pacing Energy	The energy used for the shock or pacing event (if appropriate for the event)	

Section ID	Section Name	Element Code	Data Element	Definition	National Element
E21	Medical Device Data	E21_10	Total Number of Shocks Delivered	The number of times the patient was defibrillated, if the patient was defibrillated during the patient encounter.	
E21	Medical Device Data	E21_11	Pacing Rate	The rate the device was calibrated to pace during the event, if appropriate.	
E21	Medical Device Data	E21_12	Device Heart Rate	The heart rate electronically obtained by the device (if appropriate for the event)	
E21	Medical Device Data	E21_13	Device Pulse Rate	The pulse rate as measured from the pulse oximeter, non-invasive pressure, or invasive pressure transducers (if appropriate for the event)	
E21	Medical Device Data	E21_14	Device Systolic Blood Pressure	The Systolic Blood Pressure as measured either through non-invasive blood pressure, invasive blood pressure monitor 1, or invasive blood pressure monitor 2 (if appropriate for the event)	
E21	Medical Device Data	E21_15	Device Diastolic Blood Pressure	The Diastolic Blood Pressure as measured either through non-invasive blood pressure, invasive blood pressure monitor 1, or invasive blood pressure monitor 2 (if appropriate for the event)	
E21	Medical Device Data	E21_16	Device Respiratory Rate	The Respiratory Rate as calculated from the device through one of the various monitoring parameters (if appropriate for the event)	
E21	Medical Device Data	E21_17	Device Pulse Oximetry	The Oxygen Saturation as measured from the pulse oximeter in % (if appropriate for the event)	
E21	Medical Device Data	E21_18	Device CO2 or etCO2	The Carbon Dioxide or end-tidal Carbon Dioxide as measured from the device transducers (if appropriate for the event)	
E21	Medical Device Data	E21_19	Device CO2, etCO2, or Invasive Pressure Monitor Units	The Units of Carbon Dioxide, end-tidal Carbon Dioxide, invasive pressure monitor 1, or invasive pressure monitor 2 as measured from the device transducers (if appropriate for the event)	
E21	Medical Device Data	E21_20	Device Invasive Pressure Mean	The Invasive Pressure Mean as calculated either through the invasive pressure monitor 1 or the invasive pressure monitor 2 (if appropriate for the event)	
E22	Outcome and Linkage	E22_01	Emergency Department Disposition	The known disposition of the patient from the Emergency Department (ED)	National Element
E22	Outcome and Linkage	E22_02	Hospital Disposition	Indication of how the patient was dispositioned from the hospital, if admitted.	National Element
E22	Outcome and Linkage	E22_03	Law Enforcement/Crash Report Number	The unique number associated with the law enforcement or crash report which can be used for linkage at a later date.	
E22	Outcome and Linkage	E22_04	Trauma Registry ID	The unique number associated with the local or state trauma registry which can be used for linkage at a later date.	
E22	Outcome and Linkage	E22_05	Fire Incident Report Number	The unique number associated with the fire incident report which can be used for linkage at a later date.	
E22	Outcome and Linkage	E22_06	Patient ID Band/Tag Number	The unique number associated with a patient ID band agency. This is used by a few states as a universal linkage between healthcare data agencies.	
E23	Miscellaneous	E23_01	Review Requested	Indication of whether the form needs review by anyone.	
E23	Miscellaneous	E23_02	Potential Registry Candidate	An indication if the patient may meet the entry criteria for a injury or illness specific registry	

Section ID	Section Name	Element Code	Data Element	Definition	National Element
E23	Miscellaneous	E23_03	Personal Protective Equipment Used	The personal protective equipment which was used by EMS personnel during this EMS patient contact.	MS Mandatory Element
E23	Miscellaneous	E23_04	Suspected Intentional, or Unintentional Disaster	Suspicion of the listed multi-casualty or domestic terrorism causes.	
E23	Miscellaneous	E23_05	Suspected Contact with Blood/Body Fluids of EMS In	Indication of unprotected contact with blood or body fluids	MS Mandatory Element
E23	Miscellaneous	E23_06	Type of Suspected Blood/Body Fluid Exposure, Injury	The type of exposure or unprotected contact with blood or body fluids	MS Mandatory Element
E23	Miscellaneous	E23_07	Personnel Exposed	The EMS personnel who was/were exposed to unprotected contact with blood or body fluids	
E23	Miscellaneous	E23_08	Required Reportable Conditions	The presence of any condition which is reportable based on federal or state regulations.	
E23	Miscellaneous	E23_09	Research Survey Field	A customizable field to be used by local agencies for additional documentation or research.	
E23	Miscellaneous	E23_10	Who Generated this Report?	The statewide assigned ID number of the EMS crew member which completed this patient care report	
E23	Miscellaneous	E23_11	Research Survey Field Title	A customizable field to be used by local agencies for additional documentation or research.	