OC-MEDS – DATA DICTIONARY

I. AUTHORITY:

Health and Safety Code, Division 2.5, Section 1797.204; Health and Safety Code, Division 2.5, §1797.227; California Code of Regulations, Title 22, Section §100171(f).

II. APPLICATION:

This policy provides comprehensive data standards for patient care reporting by EMS personnel and provider agencies.

III. DEFINITIONS:

The definitions listed below provide a descrition of the types of information that are available for each data element.

OC-MEDS Useage: The data submission standard used to describe when a specific data element is to be submitted based on the clinical and/or operational needs of the Orange County EMS System.

- **Base Hospital Use:** Data elements for use by Base Hospitals only when completing an electronic Base Hospital Report (eBHR).
- **Required:** Data elements that shall be submitted depending on the specified OC-MEDS Reporting Condition. Required data elements may not be submitted with a NOT Value.
- **Recommended:** Data elements that should be completed and submitted.
- **Optional:** Data elements that may be added to a provider's run form and/or may submitted.
- **Not Reporting:** National Data elements that OCEMS has selected to not report as they are not usable in the local EMS system. These elements shall be marked as "Not Recorded".

OC-MEDS Reporting Conditions: The circumstance upon which a data element should be completed and/or submitted.

Data Element Definition: The clinical and/or functional description of the data element.

NEMSIS Element: The name/title of the data element as defined by the National Emergency Medical Services Imformation System data standards.

OC-MEDS Element: The name/title of additional data elements as defined by Orange County EMS.

Data Type: The format and programmatic structure used for the specified data element.

Pertinent Negatives: Reportable conditions that allow for documentation of a negative value when it is clinically or operationally relevant. Data elements that include Pertinent Negatives will be listed as "Yes" in the Pertinent Negatives box and will include a Pertinent Negatives code list in the code list box.

Is Nillable: Indicates that the element can accept a "blank" value.

NOT Values: Reportable conditions that allow for documentation of a negative value when it does not apply to the event or will not be recorded. Data elements that include NOT Values will be listed as "Yes" in the NOT Values box and will include a NOT Values code list in the code list box.

Attributes: Additional programmatic and/or technical information to support or further describe the format used in the data element.

Code List: The list of codes (if any) used for the specific data element. Some code lists include multiple values that may be based on local, state, federal, or international data standards (i.e. ICD-10, SnoMed, GNIS, etc.). These "long" lists will be included as attachments. The data standard used in the code list will be specified in the Data Type box and the codes used will be in the specified data standard format.

Attachments: Locally selected data lists based on defined data formats that meet the clinical and/or operational needs of the Orange County EMS System. If available, code lists include values as defined by the California EMS Information System (CEMSIS). Attachments include:

- Attachment 1 – Orange County Facilities Data List
- Attachment 2 – EMS Provider Agency Data List
- Attachment 3 – eHistory.12 Data List
- Attachment 4 – Orange County Cities and Places GNIS Code List
- Attachment 5 – eHistory.08 Data List
- Attachment 6 – eProcedures.03 Data List
- Attachment 7 – eScene.09 Data List
- Attachment 8 – eInjury.01 Data List
- Attachment 9 – eMedications.03 Data List
- Attachment 10 – Orange County Fire District Numbers Data List
- Attachment 11 – Orange County EOA Data List
- Attachment 12 – eSituation.11 and eSituation.12 Data List
- Attachment 13 – eSituation.09 Data List
- Attachment 14 – eHistory.06 Data List
- Attachment 15 – eHistory.07 Data List

IV. CRITERIA:

The resources listed below in Section V and associated attachments represent a comprehensive data standard which shall be met for every EMS patient in Orange County both emergency and non-emergency.

Approved:

Sam J. Stratton, MD, MPH
OCEMS Medical Director

Tammi McConnell, MSN, RN
OCEMS Administrator

Original Date:	10/01/2016
Reviewed Date(s):	10/01/2016
Revised Date(s):	10/01/2016
Effective Date:	10/01/2016

V. RESOURCES:

eAirway.02 - Date/Time Airway Device Placement Confirmation	
OC-MEDS Reporting:	Required
Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.

Definition:
The date and time the airway device placement was confirmed.

NEMSIS Element:	Date/Time Airway Device Placement Confirmation

Data Type:	Datetime	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: between 1/1/1950 and 1/1/2050; 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}

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting

eAirway.03 - Airway Device Being Confirmed

OC-MEDS Reporting:	Required

Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.

Definition:
The airway device in which placement is being confirmed.

NEMSIS Element:	Airway Device Being Confirmed

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting Select Resources: 4003003 Endotracheal Tube 4003005 Other-Invasive Airway 4003007 Combitube

eAirway.04 - Airway Device Placement Confirmed Method

OC-MEDS Reporting:	Required

Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.

Definition:
The method used to confirm the airway device placement.

NEMSIS Element:	Airway Device Placement Confirmed Method

Data Type:	Multi-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting Select Resources: 4004001 Auscultation 4004003 EDD/Bulb/Syringe Aspiration 4004005 Colorimetric ETCO2 4004007 Condensation in Tube 4004009 Digital (Numeric) ETCO2 4004011 Direct Re-Visualization of Tube in Place 4004015 Other 4004017 Visualization of Vocal Cords 4004019 Waveform ETCO2

eAirway.05 - Tube Depth

OC-MEDS Reporting:	Required
Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.

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

NEMSIS Element:	Tube Depth

Data Type:	Number	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: minimum = 8; maximum = 32

Code List:
None

eAirway.06 - Type of Individual Confirming Airway Device Placement

OC-MEDS Reporting:	Required

Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.

Definition:
The type of individual who confirmed the airway device placement.

NEMSIS Element:	Type of Individual Confirming Airway Device Placement

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting Select Resources: 4006001 AnotherParamedic on the Same Crew 4006003 Other 4006005 Paramedic Performing Intubation 4006007 Receiving Air Medical/EMS Crew 4006009 Receiving Hospital Team

eAirway.07 - Crew Member ID			
OC-MEDS Reporting:	Required		
Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.		
Definition:			
The statewide assigned ID number of the EMS crew member confirming the airway placement.			
NEMSIS Element:	Crew Member ID		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 2 to 50			
Code List:			
None			

eAirway.08 - Airway Complications Encountered

OC-MEDS Reporting:	Required
Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.

Definition:
The airway management complications encountered during the patient care episode.

NEMSIS Element:	Airway Complications Encountered

Data Type:	Multi-select	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Comments: Added to better document airway management.

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting Select Resources: 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 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

eAirway.09 - Suspected Reasons for Failed Airway Management

OC-MEDS Reporting:	Required

Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.

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

NEMSIS Element:	Suspected Reasons for Failed Airway Management

Data Type:	Multi-select	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: 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 4009015 Poor Patient Access 4009017 Secretions/Blood/Vomit 4009019 Unable to Position or Access Patient

itAirway.002 - ETT Placement Verification			
OC-MEDS Reporting:	Recommended		
Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.		
Definition:			
ETT Placement Verification			
OC-MEDS Element:	ETT Placement Verification		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT7.26			
Code List:			
Select Resources: itAirway.002.102 Esophagus itAirway.002.101 Mainstem Bronchus itAirway.002.103 Pharynx/Hypopharynx itAirway.002.100 Trachea			

itAirway.003 - ETT Verification Comments			
OC-MEDS Reporting:	Recommended		
Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.		
Definition:			
ETT Verification Comments			
OC-MEDS Element:	ETT Verification Comments		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: max length = 255 Comments: v2 Code = IT7.29			
Code List:			
None			

itAirway.004 - Breath Sounds-Left			
OC-MEDS Reporting:	Recommended		
Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.		
Definition:			
Breath Sounds-Left			
OC-MEDS Element:	Breath Sounds-Left		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT7.45			
Code List:			
Select Resources: itAirway.004.100 No itAirway.004.101 Yes			

itAirway.005 - Airway Measured At			
OC-MEDS Reporting:	Recommended		
Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.		
Definition:			
Airway Measured At			
OC-MEDS Element:	Airway Measured At		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT7.48			
Code List:			
Select Resources: itAirway.005.100 Gums itAirway.005.101 Lips itAirway.005.102 Teeth			

itAirway.006 - Breath Sounds-Right			
OC-MEDS Reporting:	Recommended		
Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.		
Definition:			
Breath Sounds-Right			
OC-MEDS Element:	Breath Sounds-Right		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT7.49			
Code List:			
Select Resources: itAirway.006.100 No itAirway.006.101 Yes			

itAirway.007 - Chest Rise-Left	
OC-MEDS Reporting:	Recommended
Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.

Definition:
Chest Rise-Left

OC-MEDS Element:	Chest Rise-Left

Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Comments: v2 Code = IT7.55

Code List:
Select Resources: itAirway.007.100 No itAirway.007.101 Yes

itAirway.008 - Chest Rise-Right	
OC-MEDS Reporting:	Recommended
Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.

Definition:
Chest Rise-Right

OC-MEDS Element:	Chest Rise-Right

Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Comments: v2 Code = IT7.56

Code List:
Select Resources: itAirway.008.100 No itAirway.008.101 Yes

itAirway.009 - Esophageal Detector Device			
OC-MEDS Reporting:	Recommended		
Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.		
Definition:			
Esophageal Detector Device			
OC-MEDS Element:	Esophageal Detector Device		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT7.63			
Code List:			
Select Resources: itAirway.009.104 Bulb reinflates itAirway.009.105 Bulb stays compressed itAirway.009.100 Free Pull itAirway.009.101 Resistance itAirway.009.102 Unable to Determine			

itAirway.010 - Gastric Sounds			
OC-MEDS Reporting:	Recommended		
Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.		
Definition:			
Gastric Sounds			
OC-MEDS Element:	Gastric Sounds		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT7.64			
Code List:			
Select Resources: itAirway.010.100 No itAirway.010.101 Yes			

itAirway.011 - Tube Misting	
OC-MEDS Reporting:	Recommended
Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.

Definition:
Tube Misting

OC-MEDS Element:	Tube Misting

Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Comments: v2 Code = IT7.65

Code List:
Select Resources: itAirway.011.100 No itAirway.011.101 Yes

itAirway.013 - Preoxygenation Done			
OC-MEDS Reporting:	Recommended		
Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.		
Definition:			
Preoxygenation Done			
OC-MEDS Element:	Preoxygenation Done		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT7.71			
Code List:			
Select Resources: itAirway.013.100 No itAirway.013.101 Yes			

itAirway.015 - ETT Verification Findings	
OC-MEDS Reporting:	Recommended
Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.

Definition:
ETT Verification Findings

OC-MEDS Element:	ETT Verification Findings

Data Type:	Multi-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Comments: v2 Code = IT7.27

Code List:
Select Resources: itAirway.015.102 Evidence of Aspiration itAirway.015.101 Injury to Teeth itAirway.015.103 Leaky Cuff itAirway.015.104 No Problems/Complications itAirway.015.100 Soft Tissue Injury

eArrest.01 - Cardiac Arrest	
OC-MEDS Reporting:	Required
Reporting Condition:	eSituation.11 includes Cardiac Arrest, Traumatic Cardiac Arrest, Respiratory Arrest, or Unconscious.

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

NEMSIS Element:	Cardiac Arrest

Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 3001001 No 3001005 Yes, After EMS Arrival 3001003 Yes, Prior to EMS Arrival

eArrest.02 - Cardiac Arrest Etiology

OC-MEDS Reporting:	Required

Reporting Condition:	eArrest.01 includes a "Yes" value.

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

NEMSIS Element:	Cardiac Arrest Etiology

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 3002001 Cardiac (Presumed) 3002003 Drowning/Submersion 3002005 Drug Overdose 3002007 Electrocution 3002009 Exsanguination 3002011 Other 3002013 Respiratory/Asphyxia 3002015 Trauma

eArrest.03 - Resuscitation Attempted By EMS

OC-MEDS Reporting:	Required

Reporting Condition:	eArrest.01 includes a "Yes" value.

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

NEMSIS Element:	Resuscitation Attempted By EMS

Data Type:	Multi-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 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

eArrest.04 - Arrest Witnessed By			
OC-MEDS Reporting:	Required		
Reporting Condition:	eArrest.01 includes a "Yes" value.		
Definition:			
Indication of who the cardiac arrest was witnessed by			
NEMSIS Element:	Arrest Witnessed By		
Data Type:	Multi-select	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
None			
Code List:			

Not Values:
7701001 Not Applicable
7701003 Not Recorded

Select Resources:
3004001 Not Witnessed
3004003 Witnessed by Family Member
3004005 Witnessed by Healthcare Provider
3004007 Witnessed by Lay Person

eArrest.05 - CPR Care Provided Prior to EMS Arrival			
OC-MEDS Reporting:	Required		
Reporting Condition:	eArrest.01 includes a "Yes" value.		
Definition:			
Documentation of the CPR provided prior to EMS arrival			
NEMSIS Element:	CPR Care Provided Prior to EMS Arrival		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
None			
Code List:			

Not Values:
7701001 Not Applicable
7701003 Not Recorded

Select Resources:
9923001 No
9923003 Yes

eArrest.06 - Who Provided CPR Prior to EMS Arrival

OC-MEDS Reporting:	Required

Reporting Condition:	eArrest.01 includes a "Yes" value.

Definition:
Documentation of who performed CPR prior to this EMS unit's arrival.

NEMSIS Element:	Who Provided CPR Prior to EMS Arrival

Data Type:	Multi-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: 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)

eArrest.07 - AED Use Prior to EMS Arrival

OC-MEDS Reporting:	Required

Reporting Condition:	eArrest.01 includes a "Yes" value.

Definition:
Documentation of AED use Prior to EMS Arrival

NEMSIS Element:	AED Use Prior to EMS Arrival

Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 3007001 No it3007.001 Unknown 3007003 Yes, Applied without Defibrillation 3007005 Yes, With Defibrillation

eArrest.08 - Who Used AED Prior to EMS Arrival

OC-MEDS Reporting:	Required

Reporting Condition:	eArrest.01 includes a "Yes" value.

Definition:
Documentation of who used the AED prior to this EMS unit's arrival.

NEMSIS Element:	Who Used AED Prior to EMS Arrival

Data Type:	Multi-select	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: 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)

eArrest.11 - First Monitored Arrest Rhythm of the Patient

OC-MEDS Reporting:	Required

Reporting Condition:	eArrest.01 includes a "Yes" value.

Definition:
Documentation of what the first monitored arrest rhythm which was noted

NEMSIS Element:	First Monitored Arrest Rhythm of the Patient

Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 3011001 Asystole 3011003 Bradycardia 3011005 PEA 3011007 Unknown AED Non-Shockable Rhythm 3011009 Unknown AED Shockable Rhythm 3011011 Ventricular Fibrillation 3011013 Ventricular Tachycardia-Pulseless

eArrest.12 - Any Return of Spontaneous Circulation

OC-MEDS Reporting:	Required

Reporting Condition:	eArrest.01 includes a "Yes" value.

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

NEMSIS Element:	Any Return of Spontaneous Circulation

Data Type:	Multi-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 3012001 No 3012003 Yes, At Arrival at the ED 3012005 Yes, Prior to Arrival at the ED

eArrest.14 - Date/Time of Cardiac Arrest

OC-MEDS Reporting:	Required
Reporting Condition:	eArrest.01 includes a "Yes" value.

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

NEMSIS Element:	Date/Time of Cardiac Arrest

Data Type:	Datetime	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: between 1/1/1950 and 1/1/2050; 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}

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded

eArrest.15 - Date/Time Resuscitation Discontinued

OC-MEDS Reporting:	Required

Reporting Condition:	eArrest.01 includes a "Yes" value.

Definition:
The date/time resuscitation was discontinued.

NEMSIS Element:	Date/Time Resuscitation Discontinued

Data Type:	Datetime	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: between 1/1/1950 and 1/1/2050; 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}

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting

eArrest.16 - Reason CPR/Resuscitation Discontinued

OC-MEDS Reporting:	Required

Reporting Condition:	eArrest.01 includes a "Yes" value.

Definition:
The reason that CPR or the resuscitation efforts were discontinued.

NEMSIS Element:	Reason CPR/Resuscitation Discontinued

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 3016001 DNR 3016003 Base Hospital Order 3016005 Obvious Signs of Death 3016007 Physically Unable to Perform 3016011 Return of Spontaneous Circulation (pulse or BP noted)

eArrest.17 - Cardiac Rhythm on Arrival at Destination

OC-MEDS Reporting:	Required

Reporting Condition:	eArrest.01 includes a "Yes" value.

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

NEMSIS Element:	

Data Type:	Multi-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 9901001 Agonal/Idioventricular 9901005 Artifact 9901003 Asystole 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 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)

eCrew.01 - Crew Member ID			
OC-MEDS Reporting:	Required		
Reporting Condition:	Every submitted incident.		
Definition:			
The state certification/licensure ID number assigned to the crew member.			
NEMSIS Element:	Crew Member ID		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 2 to 50			
Code List:			
None			

eCrew.02 - Crew Member Level

OC-MEDS Reporting:	Required

Reporting Condition:	Every submitted incident.

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

NEMSIS Element:	Crew Member Level

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable Select Resources: 9925015 EMT 9925017 Advanced EMT 9925019 Paramedic 9925013 First Responder 9925021 Nurse/MICN 9925023 Other Healthcare Professional 9925025 Other Non-Healthcare Professional 9925027 Physician 9925029 Respiratory Therapist 9925031 Student

eCrew.03 - Crew Member Response Role

OC-MEDS Reporting:	Required

Reporting Condition:	Every submitted incident.

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

NEMSIS Element:	Crew Member Response Role

Data Type:	Multi-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting Select Resources: 2403001 Fire Company Personnel (Firefighter, Engineer, Captain) 2403003 Ambulance Driver 2403005 Other (Student, Ride-Along, etc.) 2403007 Radio Medic 2403011 Primary Patient Caregiver (Patient Medic) 2403013 Ambulance Attendant

eDevice.02 - Date/Time of Event (per Medical Device)

OC-MEDS Reporting:	Recommended

Reporting Condition:	Complete and submit if available

Definition:
The time of the event recorded by the device's internal clock

NEMSIS Element:	Date/Time of Event (per Medical Device)

Data Type:	Datetime	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: between 1/1/1950 and 1/1/2050; 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}

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting

eDevice.03 - Medical Device Event Type			
OC-MEDS Reporting:	Recommended		
Reporting Condition:	Complete and submit if available		
Definition:			
The type of event documented by the medical device.			
NEMSIS Element:	Recommended		
Data Type:	Multi-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
None			

Code List:
Select Resources:
4103001 12-Lead ECG
4103003 Analysis (Button Pressed)
4103005 CO2
4103007 Date Transmitted
4103009 Defibrillation
4103011 ECG-Monitor
4103013 Heart Rate
4103015 Invasive Pressure 1
4103017 Invasive Pressure 2
4103021 Non-Invasive BP
4103019 No Shock Advised
4103023 Other
4103025 Pacing Electrical Capture
4103027 Pacing Started
4103029 Pacing Stopped
4103031 Patient Connected
4103033 Power On
4103035 Pulse Oximetry
4103037 Pulse Rate
4103039 Respiratory Rate
4103041 Shock Advised
4103043 Sync Off
4103045 Sync On

4103047 Temperature 1 4103049 Temperature 2

eDevice.04 - Medical Device Waveform Graphic Type

OC-MEDS Reporting:	Recommended

Reporting Condition:	Complete and submit if available

Definition:
The description of the waveform file stored in Waveform Graphic (eDevice.05).

NEMSIS Element:	Medical Device Waveform Graphic Type

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: character length = 1 to 255

Code List:
None

eDevice.05 - Medical Device Waveform Graphic			
OC-MEDS Reporting:	Recommended		
Reporting Condition:	Complete and submit if available		
Definition:			
The graphic waveform file.			
NEMSIS Element:	Medical Device Waveform Graphic		
Data Type:	Base64Binary	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
None			
Code List:			
None			

eDevice.06 - Medical Device Mode (Manual, AED, Pacing, CO2, O2, etc)	
OC-MEDS Reporting:	Recommended
Reporting Condition:	Complete and submit if available

Definition:
The mode of operation the device is operating in during the defibrillation, pacing, or rhythm analysis by the device (if appropriate for the event)

NEMSIS Element:	Medical Device Mode (Manual, AED, Pacing, CO2, O2, etc)

Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: 4106001 Advisory 4106003 Automated 4106005 Demand 4106007 Manual 4106009 Mid-Stream 4106011 Sensing 4106013 Side-Stream

eDevice.07 - Medical Device ECG Lead

OC-MEDS Reporting:	Recommended

Reporting Condition:	Complete and submit if available

Definition:
The lead or source which the medical device used to obtain the rhythm (if appropriate for the event)

NEMSIS Element:	Medical Device ECG Lead

Data Type:	Multi-select	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: 4107011 AVF 4107009 AVL 4107007 AVR 4107001 I 4107003 II 4107005 III 4107013 Paddle 4107015 Pads 4107017 V1 4107019 V2 4107021 V3 4107023 V3r 4107025 V4 4107027 V4r 4107029 V5 4107031 V5r 4107033 V6 4107035 V6r 4107037 V7 4107039 V8 4107041 V9

eDevice.08 - Medical Device ECG Interpretation	
OC-MEDS Reporting:	Recommended
Reporting Condition:	Complete and submit if available

Definition:
The interpretation of the rhythm by the device (if appropriate for the event)

NEMSIS Element:	Medical Device ECG Interpretation

Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: character length = 1 to 2000

Code List:
None

eDevice.09 - Type of Shock			
OC-MEDS Reporting:	Recommended		
Reporting Condition:	Complete and submit if available		
Definition:			
The type of shock used by the device for the defibrillation (if appropriate for the event)			
NEMSIS Element:	Type of Shock		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
None			
Code List:			
Select Resources: 4109001 Biphasic 4109003 Monophasic			

eDevice.10 - Shock or Pacing Energy			
OC-MEDS Reporting:	Recommended		
Reporting Condition:	Complete and submit if available		
Definition:			
The energy (in joules) used for the shock or pacing (if appropriate for the event)			
NEMSIS Element:	Shock or Pacing Energy		
Data Type:	Decimal	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: minimum = 1; maximum = 9000; format = ####.#			
Code List:			
None			

eDevice.11 - Total Number of Shocks Delivered

OC-MEDS Reporting:	Recommended

Reporting Condition:	Complete and submit if available

Definition:
The number of times the patient was defibrillated, if the patient was defibrillated during the patient encounter.

NEMSIS Element:	Total Number of Shocks Delivered

Data Type:	Number	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: minimum = 1; maximum = 100

Code List:
None

eDevice.12 - Pacing Rate			
OC-MEDS Reporting:	Recommended		
Reporting Condition:	Complete and submit if available		
Definition:			
The rate the device was calibrated to pace during the event, if appropriate.			
NEMSIS Element:	Pacing Rate		
Data Type:	Number	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: minimum = 1; maximum = 1000			
Code List:			
None			

itDevice.007 - STEMI 12 Lead ECG Interpreted By			
OC-MEDS Reporting:	Recommended		
Reporting Condition:	Complete and submit if available		
Definition:			
STEMI 12 Lead ECG Interpreted By			
OC-MEDS Element:	STEMI 12 Lead ECG Interpreted By		
Data Type:	Multi-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT12.4			
Code List:			
Select Resources: itDevice.007.104 Cardiac Monitor Program itDevice.007.100 Critical Care Paramedic itDevice.007.101 EMT-Basic itDevice.007.102 EMT-Intermediate itDevice.007.103 EMT-Paramedic itDevice.007.107 Nurse Practioner itDevice.007.105 Physician itDevice.007.108 Physician Assistant itDevice.007.106 Registered Nurse			

eDispatch.01 - Complaint Reported by Dispatch	
OC-MEDS Reporting:	Required
Reporting Condition:	Every submitted incident.

Definition:
The complaint dispatch reported to the responding unit.

NEMSIS Element:	Complaint Reported by Dispatch

Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: 2301001 Abdominal Pain/Problems 2301083 Airmedical Transport 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 2301081 Drowning/Diving/SCUBA Accident 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
2301077 Unconscious/Fainting/Near-Fainting
2301079 Unknown Problem/Person Down
2301075 Well Person Check

eDispatch.03 - EMD Card Number			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if available		
Definition:			
The EMD card number reported by dispatch, consisting of the card number, dispatch level, and dispatch mode			
NEMSIS Element:	EMD Card Number		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 1 to 10			
Code List:			
None			

eDisposition.01 - Destination/Transferred To, Name	
OC-MEDS Reporting:	Required
Reporting Condition:	eDisposition.12 includes a "Transport" value.

Definition:
The destination the patient was delivered or transferred to.

NEMSIS Element:	Destination/Transferred To, Name

Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: character length = 2 to 100

Code List:
NOT Values: 7701001 - Not Applicable 7701003 - Not Recorded 7701005 - Not Reporting **See Attachment 1 – Orange County Facilities Data List**

eDisposition.02 - Destination/Transferred To, Code			
OC-MEDS Reporting:	Required		
Reporting Condition:	eDisposition.12 includes a "Transport" value.		
Definition:			
The code of the destination the patient was delivered or transferred to.			
NEMSIS Element:	Destination/Transferred To, Code		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Constraints: character length = 2 to 50			
Code List:			
NOT Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting **See Attachment 1 – Orange County Facilities Data List**			

eDisposition.03 - Destination Street Address			
OC-MEDS Reporting:	Required		
Reporting Condition:	eDisposition.12 includes a "Transport" value.		
Definition:			
The street address of the destination the patient was delivered or transferred to.			
NEMSIS Element:	Destination Street Address		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 1 to 255			
Code List:			
See Attachment 1 – Orange County Facilities Data List			

eDisposition.03.StreetAddress2 - Destination Street Address 2			
OC-MEDS Reporting:	Optional		
Reporting Condition:	eDisposition.12 includes a "Transport" value.		
Definition:			
None			
NEMSIS Element:	Destination Street Address 2		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
None			
Code List:			
None			

eDisposition.04 - Destination City			
OC-MEDS Reporting:	Required		
Reporting Condition:	eDisposition.12 includes a "Transport" value.		
Definition:			
The city of the destination the patient was delivered or transferred to (physical address).			
NEMSIS Element:	Destination City		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
None			
Code List:			
See Attachment 1 – Orange County Facilities Data List			

eDisposition.05 - Destination State			
OC-MEDS Reporting:	Required		
Reporting Condition:	eDisposition.12 includes a "Transport" value.		
Definition:			
The state of the destination the patient was delivered or transferred to.			
NEMSIS Element:	Destination State		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
None			
Code List:			
Not Values: 7701001 Not Applicable 7701003 Not Recorded **See Attachment 1 – Orange County Facilities Data List**			

eDisposition.06 - Destination County

OC-MEDS Reporting:	Required

Reporting Condition:	eDisposition.12 includes a "Transport" value.

Definition:
The destination county in which the patient was delivered or transferred to.

NEMSIS Element:	Destination County

Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded **See Attachment 1 – Orange County Facilities Data List**

eDisposition.07 - Destination ZIP Code	
OC-MEDS Reporting:	Required
Reporting Condition:	eDisposition.12 includes a "Transport" value.

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

NEMSIS Element:	Destination ZIP Code

Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
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]

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded **See Attachment 1 – Orange County Facilities Data List**

eDisposition.08 - Destination Country			
OC-MEDS Reporting:	Optional		
Reporting Condition:	eDisposition.12 includes a "Transport" value.		
Definition:			
The country of the destination.			
NEMSIS Element:	Destination Country		
Data Type:	ANSI Value	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 2			
Code List:			
See Attachment 1 – Orange County Facilities Data List			

eDisposition.11 - Number of Patients Transported in this EMS Unit

OC-MEDS Reporting:	Optional

Reporting Condition:	Complete and submit if available

Definition:
The number of patients transported by this EMS crew and unit.

NEMSIS Element:	Number of Patients Transported in this EMS Unit

Data Type:	Number	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: minimum = 1; maximum = 100

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting

eDisposition.12 - Incident/Patient Disposition

OC-MEDS Reporting:	Required

Reporting Condition:	Every submitted incident.

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

NEMSIS Element:	Incident/Patient Disposition

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources:
4212003 ASSIST - Public (e.g. back to bed)
4212007 CANCELED - Prior to Arrival At Scene
4212009 CANCELED - On Scene (No Patient Contact)
4212015 DOA - Obvious Death
4212019 DOA - Pronounced Death After Intervention Attempted
4212021 RELEASE - No Treatment/Transport Required
4212023 AMA - Patient Refused Evaluation/Care / Accepts Transport
4212025 AMA - Patient Refused Evaluation/Care and Transport
4212027 AMA - Patient Refuses Transport / Accepts Evaluation/Care
4212029 RELEASE - Treated, Released (per protocol)
4212031 TRANSFER - Treated, Transferred Care to Another EMS Unit
4212033 Treated, Transported by EMS
4212035 TRANSFER - Treated, Transferred to Law Enforcement
4212039 STANDBY ONLY - No Services or Support Provided
it4212.101 BHC - 911 IFT with PM
it4212.110 ALS NO CONTACT - Treated and Transported ALS without Base Hospital Contact (ALS No Contact)
it4212.111 BHC - Treated and Transported ALS with Base Hospital Contact
it4212.112 BLS ONLY - Treated and Transported with EMT (BLS level eval. and care only)
it4212.113 ALS EVAL. / BLS - Transported with EMT after PM/ALS evaluation
it4212.114 IFT-ALS - Treated and Transported with non-911 IFT PM without Base Hospital Contact
it4212.116 CCT – Non-911 Nurse Staffed Transport
it4212.122 BHC - AMA - with Base Hospital Contact

eDisposition.16 - EMS Transport Method

OC-MEDS Reporting:	Required

Reporting Condition:	eDisposition.12 includes a "Transport" value.

Definition:
Transport method by this EMS Unit.

NEMSIS Element:	EMS Transport Method

Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 4216003 Air Medical-Helicopter 4216005 Ground-Ambulance 4216011 Other (Not Listed)

eDisposition.17 - Transport Mode from Scene

OC-MEDS Reporting:	Required
Reporting Condition:	eDisposition.12 includes a "Transport" value.

Definition:
Indication whether the transport was emergent or non-emergent.

NEMSIS Element:	Transport Mode from Scene

Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 4217003 Code 3 Downgraded to Code 2 4217001 Code 3 4217005 Code 2 4217007 Code 2 Upgraded to Code 3

eDisposition.19 - Final Patient Acuity

OC-MEDS Reporting:	Required

Reporting Condition:	eDisposition.12 includes a "Transport" value.

Definition:
The acuity of the patient's condition after EMS care.

NEMSIS Element:	Final Patient Acuity

Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 4219001 Severe 4219007 Dead 4219003 Moderate 4219005 Mild

eDisposition.20 - Reason for Choosing Destination

OC-MEDS Reporting:	Required

Reporting Condition:	eDisposition.12 includes a "Transport" value.

Definition:
The reason the unit chose to deliver or transfer the patient to the destination

NEMSIS Element:	Reason for Choosing Destination

Data Type:	Multi-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 4220001 Closest Facility 4220003 Diversion 4220005 Family Choice 4220007 Insurance Status/Requirement 4220009 Law Enforcement Choice 4220013 Other 4220015 Patient's Choice 4220017 Patient's Physician's Choice 4220021 Regional Specialty Center (Trauma/Cardiac/Stroke) it4220.100 Dead On Scene / Coroner

eDisposition.21 - Type of Destination

OC-MEDS Reporting:	Required

Reporting Condition:	eDisposition.12 includes a "Transport" value.

Definition:
The type of destination the patient was delivered or transferred to

NEMSIS Element:	Type of Destination

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 4221001 Home 4221003 Hospital-Emergency Department 4221005 Hospital-Direct Admit 4221007 Medical Office/Clinic 4221009 Coroner / Morgue 4221011 Skilled Nursing Facility / Assisted Living Facility 4221015 Other EMS Responder (air) 4221017 Other EMS Responder (ground) 4221013 Other 4221019 Police/Jail 4221021 Urgent Care it4221.103 Behavioral In-Patient it4221.102 Behavioral Out-Patient it4221.101 Dialysis Center it4221.100 Hospice

eDisposition.22 - Hospital In-Patient Destination

OC-MEDS Reporting:	Required

Reporting Condition:	eDisposition.12 includes a "Transport" value.

Definition:
The location within the hospital that the patient was taken directly by EMS (e.g., Cath Lab, ICU, etc.).

NEMSIS Element:	Hospital In-Patient Destination

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 4222001 Hospital-Burn 4222003 Hospital-Cath Lab 4222005 Hospital-CCU 4222007 Hospital-Endoscopy 4222009 Hospital-Hospice 4222011 Hospital-Hyperbaric Oxygen Treatment 4222013 Hospital-ICU 4222015 Hospital-Labor & Delivery 4222017 Hospital-Med/Surg 4222019 Hospital-Mental Health 4222021 Hospital-MICU 4222023 Hospital-NICU 4222025 Hospital-Nursery 4222031 Hospital-OR 4222033 Hospital-Orthopedic 4222035 Hospital-Other 4222037 Hospital-Out-Patient Bed

4222027 Hospital-Peds (General)
4222029 Hospital-Peds ICU
4222045 Hospital-Radiation
4222041 Hospital-Radiology Services - CT/PET
4222039 Hospital-Radiology Services - MRI
4222043 Hospital-Radiology Services - X-Ray
4222047 Hospital-Rehab
4222049 Hospital-SICU

itDisposition.001 - Destination Directed To Code			
OC-MEDS Reporting:	Base Hospital Use Only		
Reporting Condition:	Complete and submit if available		
Definition:			
Destination Directed To Code			
OC-MEDS Element:	Destination Directed To Code		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT32.1			
Code List:			
None			

itDisposition.002 - Destination Directed To Reason			
OC-MEDS Reporting:	Base Hospital Use Only		
Reporting Condition:	Complete and submit if available		
Definition:			
The reason the Base Hospital directed the EMS Unit to the Destination.			
OC-MEDS Element:	Destination Directed To Reason		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT32.2			
Code List:			
Select Resources: itDisposition.002.104 911 Interfacility Transfer / Call Continuation itDisposition.002.102 Base Hospital Order itDisposition.002.106 Burn Center itDisposition.002.107 Cardiovascular Receiving Center (CVRC) itDisposition.002.100 Closest Facility itDisposition.002.101 Diversion itDisposition.002.103 Other itDisposition.002.109 Paramedic Trauma Receiving Center (PTRC) itDisposition.002.105 Replant Center itDisposition.002.108 Stroke Neuro Receiving Center (SNRC) itDisposition.002.110 Patient/Family Request			

itDisposition.007 - Base Hospital Contact Date			
OC-MEDS Reporting:	Required		
Reporting Condition:	eDisposition.12 includes a Base Hospital value.		
Definition:			
Base Hospital Contact Date			
OC-MEDS Element:	Base Hospital Contact Date		
Data Type:	Datetime	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT5.48			
Code List:			
None			

itDisposition.008 - Base Hospital Clear Communications Date/Time			
OC-MEDS Reporting:	Required		
Reporting Condition:	Base Hospital Use Only		
Definition:			
Base Hospital Clear Communications Date/Time			
OC-MEDS Element:	Base Hospital Clear Communications Date/Time		
Data Type:	Datetime	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT5.77			
Code List:			
None			

itDisposition.017 - Transfer Rig Number (Transporting Unit Number)			
OC-MEDS Reporting:	Recommended		
Reporting Condition:	eDisposition.12 includes a "Transport" value.		
Definition:			
Transfer Rig Number			
OC-MEDS Element:	Transfer Rig Number		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: max length = 50 Comments: v2 Code = IT29.9			
Code List:			
None			

itDisposition.031 - First EMS Unit Arriving			
OC-MEDS Reporting:	Recommended		
Reporting Condition:	Complete and submit if available		
Definition:			
First EMS Unit Arriving			
OC-MEDS Element:	First EMS Unit Arriving		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: max length = 100 Comments: v2 Code = IT5.13			
Code List:			
None			

itDisposition.038 - Transporting Agency			
OC-MEDS Reporting:	Required		
Reporting Condition:	eDisposition.12 includes a "Transport" value.		
Definition:			
Transporting Agency			
OC-MEDS Element:	Transporting Agency		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: max length = 50 Comments: v2 Code = IT5.50			
Code List:			
See Attachment 2 – EMS Provider Agency List			

itDisposition.047 - Base Hospital Contacted			
OC-MEDS Reporting:	Required		
Reporting Condition:	eDisposition.12 includes a Base Hospital value.		
Definition:			
Base Hospital Contacted			
OC-MEDS Element:	Base Hospital Contacted		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT5.23			
Code List:			
See Attachment 1 - Orange County Facilities Data List (Base Hospital Column)			

eExam.01 - Estimated Body Weight in Kilograms

OC-MEDS Reporting:	Required
Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.

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

NEMSIS Element:	Estimated Body Weight in Kilograms

Data Type:	Decimal	Pertinent Negatives (PN):	Yes
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: minimum = 0.1; maximum = 999.9; format = ###.#

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting Pertinent Negatives: 8801023 Unable to Complete

eExam.02 - Length Based Tape Measure

OC-MEDS Reporting:	Required

Reporting Condition:	Complete and submit if pertinent.

Definition:
The length-based color as taken from the tape.

NEMSIS Element:	Length Based Tape Measure

Data Type:	Single-select	Pertinent Negatives (PN):	Yes
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting Pertinent Negatives: 8801019 Refused 8801023 Unable to Complete Select Resources: 3502001 Blue 3502003 Green 3502005 Grey 3502007 Orange 3502009 Pink 3502011 Purple 3502013 Red 3502015 White 3502017 Yellow

eExam.03 - Date/Time of Assessment

OC-MEDS Reporting:	Required
Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.

Definition:
The date/time of the assessment

NEMSIS Element:	Date/Time of Assessment

Data Type:	Datetime	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: between 1/1/1950 and 1/1/2050; 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}

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting

eExam.04 - Skin Assessment

OC-MEDS Reporting:	Required

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.

Definition:
The assessment findings associated with the patient's skin.

NEMSIS Element:	Skin Assessment

Data Type:	Multi-select	Pertinent Negatives (PN):	Yes

Is Nillable:	Yes	NOT Values:	No

Attributes:
None

Code List:
Pertinent Negatives: 8801005 Exam Finding Not Present Select Resources: 3504037 Capillary Refill 2-4 seconds 3504035 Capillary Refill less than 2 seconds 3504039 Capillary Refill more than 4 seconds 3504001 Clammy 3504003 Cold it3504.121 Color - Normal 3504005 Cyanotic 3504007 Diaphoretic 3504009 Dry 3504011 Flushed 3504013 Hot 3504015 Jaundiced 3504017 Lividity it3504.130 Moisture - Normal 3504019 Mottled 3504021 Normal 3504023 Not Indicated/Not Done 3504025 Pale it3504.137 Poor Skin Turgor it3504.138 Rash

3504031 Tenting 3504033 Warm

eExam.05 - Head Assessment

OC-MEDS Reporting:	Recommended

Reporting Condition:	Complete and submit if pertinent.

Definition:
The assessment findings associated with the patient's head.

NEMSIS Element:	Head Assessment

Data Type:	Multi-select	Pertinent Negatives (PN):	Yes

Is Nillable:	Yes	NOT Values:	No

Attributes:
None

Code List:
Pertinent Negatives: 8801005 Exam Finding Not Present Select Resources: 3505001 Abrasion 3505003 Avulsion 3505005 Bleeding Controlled 3505007 Bleeding Uncontrolled 3505009 Burn-Blistering 3505011 Burn-Charring 3505013 Burn-Redness 3505015 Burn-White/Waxy 3505051 Contusion 3505047 Crush Injury 3505017 Decapitation 3505019 Deformity 3505021 Drainage 3505023 Foreign Body 3505025 Gunshot Wound-Entry 3505027 Gunshot Wound-Exit 3505045 Gunshot Wound 3505029 Laceration 3505031 Mass/Lesion 3505033 Normal

3505035 Not Indicated/Not Done
3505037 Pain
3505039 Puncture/Stab Wound
it3505.001 Rash
3505049 Swelling
3505053 Tenderness

eExam.06 - Face Assessment

OC-MEDS Reporting:	Recommended

Reporting Condition:	Complete and submit if pertinent.

Definition:
The assessment findings associated with the patient's face.

NEMSIS Element:	Face Assessment

Data Type:	Multi-select	Pertinent Negatives (PN):	Yes

Is Nillable:	Yes	NOT Values:	No

Attributes:

Code List:
Pertinent Negatives: 8801005 Exam Finding Not Present Select Resources: 3506001 Abrasion 3506003 Asymmetric Smile or Droop 3506005 Avulsion 3506007 Bleeding Controlled 3506009 Bleeding Uncontrolled 3506011 Burn-Blistering 3506013 Burn-Charring 3506015 Burn-Redness 3506017 Burn-White/Waxy 3506055 Contusion 3506049 Crush Injury 3506019 Decapitation 3506021 Deformity 3506023 Drainage 3506025 Foreign Body 3506027 Gunshot Wound-Entry 3506029 Gunshot Wound-Exit 3506047 Gunshot Wound 3506031 Laceration 3506033 Mass/Lesion

3506035 Normal
3506037 Not Indicated/Not Done
3506039 Pain
3506041 Puncture/Stab Wound
3506053 Swelling
3506051 Tenderness

eExam.07 - Neck Assessment

OC-MEDS Reporting:	Recommended

Reporting Condition:	Complete and submit if pertinent.

Definition:
The assessment findings associated with the patient's neck.

NEMSIS Element:	Neck Assessment

Data Type:	Multi-select	Pertinent Negatives (PN):	Yes

Is Nillable:	Yes	NOT Values:	No

Attributes:
None

Code List:
Pertinent Negatives: 8801005 Exam Finding Not Present Select Resources: 3507001 Abrasion 3507003 Avulsion 3507005 Bleeding Controlled 3507007 Bleeding Uncontrolled 3507009 Burn-Blistering 3507011 Burn-Charring 3507013 Burn-Redness 3507015 Burn-White/Waxy 3507055 Contusion 3507051 Crush Injury 3507017 Decapitation 3507057 Deformity 3507019 Foreign Body 3507021 Gunshot Wound-Entry 3507023 Gunshot Wound-Exit 3507049 Gunshot Wound 3507025 JVD 3507027 Laceration 3507029 Normal 3507031 Not Indicated/Not Done

3507033 Pain
3507035 Puncture/Stab Wound
it3507.001 Rash
it3507.002 Stiffness
3507037 Stridor
3507039 Subcutaneous Air
3507053 Swelling
3507059 Tenderness
3507045 Tracheal Deviation-Left
3507047 Tracheal Deviation-Right

eExam.08 - Chest/Lungs Assessment

OC-MEDS Reporting:	Recommended

Reporting Condition:	Complete and submit if pertinent.

Definition:
The assessment findings associated with the patient's chest/lungs.

NEMSIS Element:	Chest/Lungs Assessment

Data Type:	Multi-select	Pertinent Negatives (PN):	Yes

Is Nillable:	Yes	NOT Values:	No

Attributes:
None

Code List:
Pertinent Negatives: 8801005 Exam Finding Not Present Select Resources: 3508001 Abrasion 3508005 Accessory Muscles Used with Breathing 3508003 Avulsion 3508007 Bleeding Controlled 3508009 Bleeding Uncontrolled 3508011 Breath Sounds-Absent-Left 3508013 Breath Sounds-Absent-Right 3508015 Breath Sounds-Decreased Left 3508017 Breath Sounds-Decreased Right 3508019 Breath Sounds-Equal 3508021 Breath Sounds-Normal-Left 3508023 Breath Sounds-Normal-Right 3508025 Burn-Blistering 3508027 Burn-Charring 3508029 Burn-Redness 3508031 Burn-White/Waxy 3508101 Contusion 3508033 Crush Injury 3508035 Deformity 3508037 Flail Segment-Left

3508039 Flail Segment-Right
3508041 Foreign Body
3508043 Gunshot Wound-Entry
3508045 Gunshot Wound-Exit
3508097 Gunshot Wound
it3508.006 Hematoma
3508049 Implanted Device
3508047 Increased Respiratory Effort
3508051 Laceration
3508053 Normal
3508055 Not Indicated/Not Done
3508057 Pain
it3508.001 Pain/Pressure Radiating to Neck/Back/Arms
3508059 Pain with Inspiration/expiration-Left
3508061 Pain with Inspiration/expiration-Right
3508063 Puncture/Stab Wound
3508065 Rales-Left
3508067 Rales-Right
it3508.002 Rash
3508069 Retraction
3508071 Rhonchi-Left
3508073 Rhonchi-Right
3508075 Rhonchi/Wheezing
it3508.003 Sounds Present At Apexes
it3508.004 Sounds Present At Bases
it3508.005 Surgical Scar (Mastectomy)
3508077 Stridor-Left
3508079 Stridor-Right
3508099 Swelling
3508103 Tenderness-General
3508085 Tenderness-Left
3508087 Tenderness-Right
3508089 Wheezing-Expiratory - Left
3508091 Wheezing-Expiratory - Right
3508093 Wheezing-Inspiratory - Left
3508095 Wheezing-Inspiratory – Right
it3508.007 Chest Tube - Left Chest
it3508.008 Chest Tube - Right Chest

eExam.09 - Heart Assessment

OC-MEDS Reporting:	Recommended

Reporting Condition:	Complete and submit if pertinent.

Definition:
The assessment findings associated with the patient's heart.

NEMSIS Element:	Heart Assessment

Data Type:	Multi-select	Pertinent Negatives (PN):	Yes

Is Nillable:	Yes	NOT Values:	No

Attributes:
None

Code List:
Pertinent Negatives: 8801005 Exam Finding Not Present Select Resources: 3509001 Clicks 3509003 Heart Sounds Decreased 3509005 Murmur-Diastolic 3509007 Murmur-Systolic 3509009 Normal 3509011 Not Indicated/Not Done 3509013 Rubs 3509015 S1 3509017 S2 3509019 S3 3509021 S4

eExam.10 - Abdominal Assessment Finding Location

OC-MEDS Reporting:	Recommended

Reporting Condition:	Complete and submit if pertinent.

Definition:
The location of the patient's abdomen assessment findings.

NEMSIS Element:	Abdominal Assessment Finding Location

Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: 3510001 Generalized 3510003 Left Lower Quadrant 3510005 Left Upper Quadrant 3510007 Periumbilical 3510009 Right Lower Quadrant 3510011 Right Upper Quadrant

eExam.11 - Abdomen Assessment

OC-MEDS Reporting:	Recommended

Reporting Condition:	Complete and submit if pertinent.

Definition:
The assessment findings associated with the patient's abdomen.

NEMSIS Element:	Abdomen Assessment

Data Type:	Multi-select	Pertinent Negatives (PN):	Yes

Is Nillable:	Yes	NOT Values:	No

Attributes:
None

Code List:
Pertinent Negatives: 8801005 Exam Finding Not Present Select Resources: 3511001 Abrasion 3511003 Avulsion 3511005 Bleeding Controlled 3511007 Bleeding Uncontrolled 3511009 Bowel Sounds-Absent 3511011 Bowel Sounds-Present 3511013 Burn-Blistering 3511015 Burn-Charring 3511017 Burn-Redness 3511019 Burn-White/Waxy 3511059 Contusion 3511055 Crush Injury 3511061 Deformity 3511021 Distention 3511023 Foreign Body 3511025 Guarding 3511027 Gunshot Wound-Entry 3511029 Gunshot Wound-Exit 3511053 Gunshot Wound 3511031 Laceration

3511033 Mass/Lesion
3511035 Mass-Pulsating
3511037 Normal
3511039 Not Indicated/Not Done
3511041 Pain
3511043 Pregnant-Palpable Uterus
3511045 Puncture/Stab Wound
it3511.001 Rash
3511057 Swelling
3511051 Tenderness

eExam.12 - Pelvis/Genitourinary Assessment

OC-MEDS Reporting:	Recommended

Reporting Condition:	Complete and submit if pertinent.

Definition:
The assessment findings associated with the patient's pelvis/genitourinary.

NEMSIS Element:	Pelvis/Genitourinary Assessment

Data Type:	Multi-select	Pertinent Negatives (PN):	Yes
Is Nillable:	Yes	NOT Values:	No

Attributes:
None

Code List:
Pertinent Negatives: 8801005 Exam Finding Not Present Select Resources: 3512001 Abrasion 3512003 Avulsion 3512005 Bleeding Controlled 3512009 Bleeding-Rectal 3512007 Bleeding Uncontrolled 3512011 Bleeding-Urethral 3512013 Bleeding-Vaginal 3512015 Burn-Blistering 3512017 Burn-Charring 3512019 Burn-Redness 3512021 Burn-White/Waxy 3512065 Contusion 3512061 Crush Injury 3512023 Deformity it3512.110 Discharge it3512.114 Foley Catheter 3512025 Foreign body 3512027 Genital Injury 3512029 Gunshot Wound-Entry 3512031 Gunshot Wound-Exit

3512059 Gunshot Wound
it3512.112 Incontinent to Bowel
it3512.111 Incontinent to Urine
3512033 Laceration
3512035 Mass/Lesion
3512037 Normal
3512039 Not Indicated/Not Done
3512041 Pain
3512043 Pelvic Fracture
3512045 Pelvic Instability
3512047 Penile Priapism/Erection
3512049 Pregnant-Crowning
3512051 Puncture/Stab Wound
3512063 Swelling
3512057 Tenderness

eExam.13 - Back and Spine Assessment Finding Location

OC-MEDS Reporting:	Recommended

Reporting Condition:	Complete and submit if pertinent.

Definition:
The location of the patient's back and spine assessment findings.

NEMSIS Element:	Back and Spine Assessment Finding Location

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: 3513001 Back-General 3513003 Cervical-Left 3513005 Cervical-Midline 3513007 Cervical-Right 3513027 Crush Injury 3513009 Lumbar-Left 3513011 Lumbar-Midline 3513013 Lumbar-Right 3513021 Sacral-Left 3513023 Sacral-Midline 3513025 Sacral-Right 3513015 Thoracic-Left 3513017 Thoracic-Midline 3513019 Thoracic-Right

eExam.14 - Back and Spine Assessment

OC-MEDS Reporting:	Recommended

Reporting Condition:	Complete and submit if pertinent.

Definition:
The assessment findings associated with the patient's spine (Cervical, Thoracic, Lumbar, and Sacral) and back exam.

NEMSIS Element:	Back and Spine Assessment

Data Type:	Multi-select	Pertinent Negatives (PN):	Yes

Is Nillable:	Yes	NOT Values:	No

Attributes:
None

Code List:
Pertinent Negatives: 8801005 Exam Finding Not Present Select Resources: 3514001 Abrasion 3514003 Avulsion 3514005 Bleeding Controlled 3514007 Bleeding Uncontrolled 3514009 Burn-Blistering 3514011 Burn-Charring 3514013 Burn-Redness 3514015 Burn-White/Waxy 3514053 Contusion 3514049 Crush Injury 3514017 Deformity 3514019 Foreign Body 3514021 Gunshot Wound-Entry 3514023 Gunshot Wound-Exit 3514047 Gunshot Wound 3514025 Laceration 3514027 Normal 3514029 Not Indicated/Not Done 3514031 Pain

3514033 Pain with Range of Motion
3514035 Puncture/Stab Wound
3514051 Swelling
3514055 Tenderness
3514041 Tenderness Costovertebral Angle
3514043 Tenderness Midline Spinous Process
3514045 Tenderness Paraspinous

eExam.15 - Extremity Assessment Finding Location

OC-MEDS Reporting:	Recommended

Reporting Condition:	Complete and submit if pertinent.

Definition:
The location of the patient's extremity assessment findings.

NEMSIS Element:	Extremity Assessment Finding Location

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources:
3515001 Ankle-Left
3515003 Ankle-Right
3515005 Arm-Upper-Left
3515007 Arm-Upper-Right
3515009 Elbow-Left
3515011 Elbow-Right
3515013 Finger-2nd (Index)-Left
3515015 Finger-2nd (Index)-Right
3515017 Finger-3rd (Middle)-Left
3515019 Finger-3rd (Middle)-Right
3515021 Finger-4th (Ring)-Left
3515023 Finger-4th (Ring)-Right
3515025 Finger-5th (Smallest)-Left
3515027 Finger-5th (Smallest)-Right
3515029 Foot-Dorsal-Left
3515031 Foot-Dorsal-Right
3515033 Foot-Plantar-Left
3515035 Foot-Plantar-Right
3515037 Forearm-Left
3515039 Forearm-Right
3515041 Hand-Dorsal-Left
3515043 Hand-Dorsal-Right
3515045 Hand-Palm-Left

3515047 Hand-Palm-Right
3515049 Hip-Left
3515051 Hip-Right
3515053 Knee-Left
3515055 Knee-Right
3515057 Leg-Lower-Left
3515059 Leg-Lower-Right
3515061 Leg-Upper-Left
3515063 Leg-Upper-Right
3515065 Shoulder-Left
3515067 Shoulder-Right
3515069 Thumb-Left
3515071 Thumb-Right
3515073 Toe-1st (Big)-Left
3515075 Toe-1st (Big)-Right
3515077 Toe-2nd-Left
3515079 Toe-2nd-Right
3515081 Toe-3rd-Left
3515083 Toe-3rd-Right
3515085 Toe-4th-Left
3515087 Toe-4th-Right
3515089 Toe-5th (Smallest)-Left
3515091 Toe-5th (Smallest)-Right
3515093 Wrist-Left
3515095 Wrist-Right

eExam.16 - Extremities Assessment

OC-MEDS Reporting:	Recommended

Reporting Condition:	Complete and submit if pertinent.

Definition:
The assessment findings associated with the patient's extremities.

NEMSIS Element:	Extremities Assessment

Data Type:	Multi-select	Pertinent Negatives (PN):	Yes

Is Nillable:	Yes	NOT Values:	No

Attributes:
None

Code List:
Pertinent Negatives:
Code Description
8801005 Exam Finding Not Present
Select Resources:
Code Description
3516001 Abrasion
3516003 Amputation-Acute
3516005 Amputation-Previous
3516083 Arm Drift
3516007 Avulsion
3516009 Bleeding Controlled
3516011 Bleeding Uncontrolled
3516013 Burn-Blistering
3516015 Burn-Charring
3516017 Burn-Redness
3516019 Burn-White/Waxy
3516021 Clubbing (of fingers)
it3516.001 Cold Extremity
3516081 Contusion
3516023 Crush Injury
3516025 Deformity
3516027 Dislocation
3516029 Edema
3516031 Foreign Body

3516033 Fracture-Closed
3516035 Fracture-Open
3516037 Gunshot Wound-Entry
3516039 Gunshot Wound-Exit
3516077 Gunshot Wound
3516041 Laceration
3516043 Motor Function-Abnormal/Weakness
3516045 Motor Function-Absent
3516047 Motor Function-Normal
3516049 Normal
3516051 Not Indicated/Not Done
3516053 Pain
3516055 Paralysis
3516057 Pulse-Abnormal
3516059 Pulse-Absent
3516061 Pulse-Normal
3516063 Puncture/Stab Wound
3516065 Sensation-Abnormal
3516067 Sensation-Absent
3516069 Sensation-Normal
3516079 Swelling
3516075 Tenderness

eExam.17 - Eye Assessment Finding Location

OC-MEDS Reporting:	Recommended

Reporting Condition:	Complete and submit if pertinent.

Definition:
The location of the patient's eye assessment findings.

NEMSIS Element:	Eye Assessment Finding Location

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: 3517001 Bilateral 3517003 Left 3517005 Right

eExam.18 - Eye Assessment

OC-MEDS Reporting:	Recommended

Reporting Condition:	Complete and submit if pertinent.

Definition:
The assessment findings of the patient's eye examination.

NEMSIS Element:	Eye Assessment

Data Type:	Multi-select	Pertinent Negatives (PN):	Yes

Is Nillable:	Yes	NOT Values:	No

Attributes:
None

Code List:
Pertinent Negatives: 8801005 Exam Finding Not Present Select Resources: 3518001 1-mm 3518003 2-mm 3518005 3-mm 3518007 4-mm 3518009 5-mm 3518011 6-mm 3518013 7-mm 3518015 8-mm or > 3518017 Blind 3518019 Cataract Present 3518021 Clouded 3518057 Contusion 3518023 Deformity 3518025 Dysconjugate Gaze 3518027 Foreign Body 3518029 Glaucoma Present 3518031 Hyphema 3518033 Jaundiced Sclera 3518035 Missing 3518037 Non-Reactive

3518041 Non-Reactive Prosthetic
3518039 Not Indicated/Not Done
3518043 Nystagmus Noted
3518045 Open Globe
3518047 PERRL
3518059 Puncture/Stab Wound
3518049 Pupil-Irregular/Teardrop
3518051 Reactive
3518053 Sluggish
3518055 Swelling
It3518.100 Fixed/Dilated

eExam.19 - Mental Status Assessment

OC-MEDS Reporting:	Required

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.

Definition:
The assessment findings of the patient's mental status examination.

NEMSIS Element:	Mental Status Assessment

Data Type:	Multi-select	Pertinent Negatives (PN):	Yes

Is Nillable:	Yes	NOT Values:	No

Attributes:
None

Code List:
Pertinent Negatives: 8801005 Exam Finding Not Present Select Resources: 3519023 Agitation 3519001 Combative 3519003 Confused 3519005 Hallucinations 3519007 Normal Baseline for Patient 3519009 Not Indicated/Not Done 3519015 Oriented-Event 3519011 Oriented-Person 3519013 Oriented-Place 3519017 Oriented-Time it3519.100 Perseveration (Uncontrolled Verbal Repetition) 3519019 Pharmacologically Sedated/Paralyzed 3519025 Somnolent (Sleepy) 3519027 Stupor 3519021 Unresponsive

eExam.20 - Neurological Assessment

OC-MEDS Reporting:	Recommended

Reporting Condition:	Complete and submit if pertinent.

Definition:
The assessment findings of the patient's neurological examination.

NEMSIS Element:	Neurological Assessment

Data Type:	Multi-select	Pertinent Negatives (PN):	Yes
Is Nillable:	Yes	NOT Values:	No

Attributes:
None

Code List:
Pertinent Negatives: 8801005 Exam Finding Not Present Select Resources: 3520001 Aphagia 3520003 Aphasia 3520005 Cerebellar Function-Abnormal 3520007 Cerebellar Function-Normal 3520009 Decerebrate Posturing 3520011 Decorticate Posturing 3520013 Gait-Abnormal 3520015 Gait-Normal 3520017 Hemiplegia-Left 3520019 Hemiplegia-Right 3520021 Normal Baseline for Patient 3520023 Not Indicated/Not Done it3520.001 Postictal 3520049 Reported Stroke Symptoms Resolved in EMS Presence 3520047 Reported Stroke Symptoms Resolved Prior to EMS Arrival 3520025 Seizures 3520027 Speech Normal 3520029 Speech Slurring 3520031 Strength-Asymmetric 3520033 Strength-Normal

3520035 Strength-Symmetric
3520037 Tremors
3520039 Weakness-Facial Droop-Left
3520041 Weakness-Facial Droop-Right
3520043 Weakness-Left Sided
3520045 Weakness-Right Sided

itExam.002 - STEMI Triage Criteria			
OC-MEDS Reporting:	Recommended		
Reporting Condition:	Complete and submit if pertinent.		
Definition:			
STEMI Triage Criteria			
OC-MEDS Element:	STEMI Triage Criteria		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT12.1			
Code List:			
Select Resources: itExam.002.100 No itExam.002.101 Yes			

itExam.037 - Skin Exam Details			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Skin Exam Details – Comments Field			
OC-MEDS Element:	Skin Exam Details		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
None			
Code List:			
None			

itExam.038 - Mental Exam Details			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Mental Exam Details – Comments Field			
OC-MEDS Element:	Mental Exam Details		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
None			
Code List:			
None			

itExam.039 - Neurological Exam Details			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Neurological Exam Details – Comments Field			
OC-MEDS Element:	Neurological Exam Details		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
None			
Code List:			
None			

itExam.040 - Head Exam Details			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Head Exam Details – Comments Field			
OC-MEDS Element:	Head Exam Details		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
None			
Code List:			
None			

itExam.041 - Face Exam Details			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Face Exam Details – Comments Field			
OC-MEDS Element:	Face Exam Details		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
None			
Code List:			
None			

itExam.042 - Eye Exam Details			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Eye Exam Details – Comments Field			
OC-MEDS Element:	Eye Exam Details		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
None			
Code List:			
None			

itExam.043 - Neck Exam Details			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Neck Exam Details – Comments Field			
OC-MEDS Element:	Neck Exam Details		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
None			
Code List:			
None			

itExam.044 - Extremity Exam Details			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Extremity Exam Details – Comments Field			
OC-MEDS Element:	Extremity Exam Details		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
None			
Code List:			
None			

itExam.045 - Chest Exam Details			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Chest Exam Details – Comments Field			
OC-MEDS Element:	Chest Exam Details		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
None			
Code List:			
None			

itExam.046 - Heart Exam Details			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Heart Exam Details – Comments Field			
OC-MEDS Element:	Heart Exam Details		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
None			
Code List:			
None			

itExam.047 - Abdomen Exam Details			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Abdomen Exam Details – Comments Field			
OC-MEDS Element:	Abdomen Exam Details		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
None			
Code List:			
None			

itExam.048 - Pelvis Exam Details			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Pelvis Exam Details – Comments Field			
OC-MEDS Element:	Pelvis Exam Details		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
None			
Code List:			
None			

itExam.049 - Spine Exam Details			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Spine Exam Details – Comments Field			
OC-MEDS Element:	Spine Exam Details		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
None			
Code List:			
None			

eHistory.01 - Barriers to Patient Care

OC-MEDS Reporting:	Required

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.

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

NEMSIS Element:	Barriers to Patient Care

Data Type:	Multi-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 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

eHistory.02 - Last Name of Patient's Practitioner

OC-MEDS Reporting:	Recommended

Reporting Condition:	Complete and submit if pertinent.

Definition:
The last name of the patient's practitioner

NEMSIS Element:	Last Name of Patient's Practitioner

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: character length = 1 to 60

Code List:
None

eHistory.03 - First Name of Patient's Practitioner

OC-MEDS Reporting:	Optional
Reporting Condition:	None

Definition:
The first name of the patient's practitioner

NEMSIS Element:	First Name of Patient's Practitioner

Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: character length = 1 to 50

Code List:
None

eHistory.05 - Advance Directives

OC-MEDS Reporting:	Recommended

Reporting Condition:	Complete and submit if pertinent.

Definition:
The presence of a valid DNR form, living will, or document directing end of life or healthcare treatment decisions.

NEMSIS Element:	Advance Directives

Data Type:	Multi-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting Select Resources: 3105001 Family/Guardian request DNR (but no documentation) 3105003 Living Will 3105005 None 3105009 Other Healthcare Advanced Directive Form 3105007 Other 3105011 State EMS DNR or Medical Order Form

eHistory.06 - Medication Allergies			
OC-MEDS Reporting:	Required		
Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.		
Definition:			
The list of medication allergies is based on RxNorm (RXCUI) Codes. In addition, a specific list of ICD-10 CM codes can be used for medication groups.			
NEMSIS Element:	Medication Allergies		
Data Type:	ICD-10 or RxNorm	Pertinent Negatives (PN):	Yes
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
None			
Code List:			
See Attachment 14 – eHistory.06 Data List			

eHistory.07 - Environmental/Food Allergies			
OC-MEDS Reporting:	Recommended		
Reporting Condition:	Complete and submit if pertinent.		
Definition:			
The patient's known allergies to food or environmental agents.			
NEMSIS Element:	Environmental/Food Allergies		
Data Type:	SnoMed value	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
None			
Code List:			
See Attachment 15 – eHistory.07 Data List			

eHistory.08 - Medical/Surgical History			
OC-MEDS Reporting:	Required		
Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.		
Definition:			
The patient's pre-existing medical and surgery history of the patient			
NEMSIS Element:	Medical/Surgical History		
Data Type:	ICD-10 value	Pertinent Negatives (PN):	Yes
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Constraints: pattern = ([A-QRSTZ][0-9][0-9A-Z])((\.[0-9A-Z]{1,3})?)|[0-9A-HJ-NP-Z]{3,7}			
Code List:			
See Attachment 5 – eHistory.08 Data List			

eHistory.09 - Medical History Obtained From

OC-MEDS Reporting:	Recommended

Reporting Condition:	Complete and submit if pertinent.

Definition:
Type of person medical history obtained from

NEMSIS Element:	Medical History Obtained From

Data Type:	Multi-select	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: 3109001 Bystander/Other 3109003 Family 3109005 Health Care Personnel it3109.103 Medical Alert / Vial it3109.100 Patient Chart / Medical Records 3109007 Patient it3109.101 Repeat Patient Record

eHistory.12 - Current Medications			
OC-MEDS Reporting:	Required		
Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.		
Definition:			
The medications the patient currently takes			
NEMSIS Element:	Current Medications		
Data Type:	RxNorm value	Pertinent Negatives (PN):	Yes
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Constraints: character length = 2 to 7			
Code List:			
See Attachment 3 – eHistory.12 Data List			

eHistory.13 - Current Medication Dose			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if pertinent.		
Definition:			
The numeric dose or amount of the patient's current medication			
NEMSIS Element:	Current Medication Dose		
Data Type:	Decimal	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: format = ######.##			
Code List:			
None			

eHistory.14 - Current Medication Dosage Unit

OC-MEDS Reporting:	Optional

Reporting Condition:	Complete and submit if pertinent.

Definition:
The dosage unit of the patient's current medication

NEMSIS Element:	Current Medication Dosage Unit

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources:
3114001 Centimeters (cm)
3114003 Grams (gms)
3114005 Drops (gtts)
3114007 Inches (in)
3114009 International Units (IU)
3114011 Keep Vein Open (kvo)
3114015 Liters (l)
3114013 Liters Per Minute (l/min [fluid])
3114017 Liters Per Minute (LPM [gas])
3114019 Micrograms (mcg)
3114021 Micrograms per Kilogram per Minute (mcg/kg/min)
3114023 Micrograms per Minute (mcg/min)
3114025 Milliequivalents (mEq)
3114027 Metered Dose (MDI)
3114029 Milligrams (mg)
3114031 Milligrams per Kilogram (mg/kg)
3114033 Milligrams per Kilogram Per Minute (mg/kg/min)
3114035 Milligrams per Minute (mg/min)
3114037 Milliliters (ml)
3114039 Milliliters per Hour (ml/hr)
3114041 Other
3114043 Puffs
3114045 Units per Hour (units/hr)

eHistory.15 - Current Medication Administration Route

OC-MEDS Reporting:	Optional

Reporting Condition:	Complete and submit if pertinent.

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

NEMSIS Element:	Current Medication Administration Route

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources:
9927001 Blow-By
9927003 Buccal
9927005 Endotracheal Tube (ET)
9927007 Gastrostomy Tube
9927009 Inhalation
9927011 Intraarterial
9927013 Intradermal
9927015 Intramuscular (IM)
9927017 Intranasal
9927019 Intraocular
9927021 Intraosseous (IO)
9927023 Intravenous (IV)
9927025 Nasal Cannula
9927027 Nasogastric
9927029 Nasotracheal Tube
9927031 Non-Rebreather Mask
9927033 Ophthalmic
9927035 Oral
9927037 Other/miscellaneous
9927039 Otic
9927041 Re-breather mask
9927043 Rectal
9927045 Subcutaneous

9927047 Sublingual 9927049 Topical 9927051 Tracheostomy 9927053 Transdermal 9927055 Urethral 9927057 Ventimask 9927059 Wound

eHistory.17 - Alcohol/Drug Use Indicators

OC-MEDS Reporting:	Required

Reporting Condition:	eTimes.07 - Patient Contact Time is complete and eDisposition.12 is not blank.

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

NEMSIS Element:	Alcohol/Drug Use Indicators

Data Type:	Multi-select	Pertinent Negatives (PN):	Yes

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Pertinent Negatives: 8801015 None Reported 8801019 Refused 8801023 Unable to Complete Select Resources: 3117001 ETOH Containers/Paraphernalia Visible 3117003 Drug Paraphernalia Visible 3117005 Admits to ETOH Use 3117007 Admits to Drug Use 3117009 Positive Test from Law or Health Provider 3117011 Smell of ETOH on Breath

eHistory.18 - Pregnancy			
OC-MEDS Reporting:	Recommended		
Reporting Condition:	Complete and submit if pertinent.		
Definition:			
Indication of the possibility by the patient's history of current pregnancy.			
NEMSIS Element:	Pregnancy		
Data Type:	Single-select	Pertinent Negatives (PN):	Yes
Is Nillable:	Yes	NOT Values:	No
Attributes:			
None			
Code List:			

Pertinent Negatives:
8801019 Refused
8801023 Unable to Complete

Select Resources:
3118001 No
3118003 Possible, Unconfirmed
3118005 Yes, Confirmed 12 to 20 Weeks
3118007 Yes, Confirmed Greater Than 20 Weeks
3118009 Yes, Confirmed Less Than 12 Weeks
3118011 Yes, Weeks Unknown

itHistory.007 - Current Medication Comments			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if pertinent.		
Definition:			
Current Medication Comments			
OC-MEDS Element:	Current Medication Comments		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
None			
Code List:			
None			

itHistory.008 - Environment Allergy Comments			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if pertinent.		
Definition:			
Environment Allergy Comments			
OC-MEDS Element:	Environment Allergy Comments		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
None			
Code List:			
None			

itHistory.009 - Medication Allergy Comments			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if pertinent.		
Definition:			
Medication Allergy Comments			
OC-MEDS Element:	Medication Allergy Comments		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
None			
Code List:			
None			

itHistory.011 - Other Past Medical History			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if pertinent.		
Definition:			
Other Past Medical History			
OC-MEDS Element:	Other Past Medical History		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT1.22			
Code List:			
None			

eInjury.01 - Cause of Injury			
OC-MEDS Reporting:	Required		
Reporting Condition:	eSituation.02 includes a "Yes" value.		
Definition:			
The category of the reported/suspected external cause of the injury.			
NEMSIS Element:	Cause of Injury		
Data Type:	ICD-10 value	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Constraints: pattern = ([TV-Y][0-9]{2})((\.[0-9A-Z]{1,7})?)			
Code List:			
See Attachment 8 – eInjury.01 Data List			

eInjury.02 - Mechanism of Injury			
OC-MEDS Reporting:	Required		
Reporting Condition:	eSituation.02 includes a "Yes" value.		
Definition:			
The mechanism of the event which caused the injury			
NEMSIS Element:	Mechanism of Injury		
Data Type:	Multi-select	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
None			
Code List:			
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting Select Resources: 2902001 Blunt 2902003 Burn 2902005 Other 2902007 Penetrating			

eInjury.03 - Trauma Center Criteria

OC-MEDS Reporting:	Required

Reporting Condition:	eOther.02 includes a "Trauma" or "Burn" value.

Definition:
Field Triage Criteria for transport to a trauma center as defined by the Centers for Disease Control and Prevention and the American College of Surgeons-Committee on Trauma.

NEMSIS Element:	Trauma Center Criteria

Data Type:	Multi-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 2903015 Penetrating injuries to head, neck, chest, abdomen, back, groin, or extremities above the elbow or knee 2903001 Amputation above the wrist or ankle 2903005 Flail Chest or chest wall instability or deformity 2903003 Crushed, degloved, or mangled extremity (excluding only fingers or toes 2903007 Glasgow Coma Score < 14 in the presence of head injury it2903.104 Extremity with poor circulation or without a pulse it2903.119 Seat belt bruising or abrasion of neck, chest, or abdomen 2903009 Open or depressed skull fracture it2903.106 Suspicion of spinal cord injury 2903011 Paralysis or numbness of arm or leg 2903013 Pelvic pain or deformity on palpation 2903017 Respiratory Rate <12 OR >30 breaths per minute (Adult/Adolescent/Children) it2903.112 Blunt Head Trauma with loss of consciousness > 5 minutes 2903019 Systolic Blood Pressure <90 mmHg (Adult/Adolescent) or SBP< 80 (Child) it2903.111 Abdominal injury, blunt, with tenderness of 2 or more quadrants 2903021 Fracture of two or more long bones (femur, humerus)

eInjury.04 - Vehicular, Pedestrian, or Other Injury Risk Factor

OC-MEDS Reporting:	Required

Reporting Condition:	eInjury.01 includes a "motor vehicle", "bicycle", or "fall" based value.

Definition:
Field Triage Criteria for transport to a trauma center as defined by the Centers for Disease Control and Prevention and the American College of Surgeons-Committee on Trauma.

NEMSIS Element:	Vehicular, Pedestrian, or Other Injury Risk Factor

Data Type:	Multi-select	Pertinent Negatives (PN):	Yes

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Pertinent Negatives: 8801005 Exam Finding Not Present Select Resources: 2904019 Anticoagulants and Bleeding Disorders 2904001 Auto v. Pedestrian/Bicyclist Thrown, Run Over, or > 20 MPH Impact 2904007 Crash Death in Same Passenger Compartment 2904009 Crash Ejection (partial or complete) from vehicle 2904011 Crash Intrusion, including roof: > 12 in. occupant site; > 18 in. any site 2904023 EMS Provider Judgment 2904003 Fall Adults: > 15 ft. (one story is equal to 10 ft.) or Ground level age 75 or older w ALOC or head/face trauma 2904005 Fall Children: > 10 ft. or 2-3 times the height of the child 2904015 Motorcycle Crash > 20 MPH 2904021 Pregnancy > 20 weeks

eInjury.05 - Main Area of the Vehicle Impacted by the Collision

OC-MEDS Reporting:	Optional

Reporting Condition:	Complete and submit if pertinent

Definition:
The area or location of initial impact on the vehicle based on 12-point clock diagram.

NEMSIS Element:	Main Area of the Vehicle Impacted by the Collision

Data Type:	Number	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: minimum = 1; maximum = 12

Code List:
None

eInjury.06 - Location of Patient in Vehicle

OC-MEDS Reporting:	Required

Reporting Condition:	eInjury.01 includes a "motor vehicle" or "bicycle" based value.

Definition:
The seat row location of the vehicle at the time of the crash with the front seat numbered as 1

NEMSIS Element:	Location of Patient in Vehicle

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: 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, etc.) 2906009 Passenger in unenclosed passenger or cargo area (non-trailing unit such as a pickup, etc.) 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

eInjury.07 - Use of Occupant Safety Equipment

OC-MEDS Reporting:	Required

Reporting Condition:	eInjury.01 includes a "motor vehicle" or "bicycle" based value.

Definition:
Safety equipment in use by the patient at the time of the injury

NEMSIS Element:	Use of Occupant Safety Equipment

Data Type:	Multi-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting Select Resources: 2907001 Child Booster Seat 2907003 Eye Protection 2907005 Helmet Worn 2907007 Infant Car Seat Forward Facing 2907009 Infant Car Seat Rear Facing 2907029 Lap Belt Only Used 2907015 None 2907017 Other 2907019 Personal Floatation Device 2907021 Protective Clothing 2907023 Protective Non-Clothing Gear 2907027 Shoulder and Lap Belt Used 2907031 Shoulder Belt Only Used

eInjury.08 - Airbag Deployment			
OC-MEDS Reporting:	Required		
Reporting Condition:	eInjury.01 includes a "motor vehicle" or "bicycle" based value.		
Definition:			
Indication of Airbag Deployment			
NEMSIS Element:	Airbag Deployment		
Data Type:	Multi-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
None			
Code List:			
Select Resources: 2908001 Airbag Deployed Front 2908005 Airbag Deployed Other (knee, air belt, etc.) 2908003 Airbag Deployed Side 2908007 No Airbag Deployed 2908009 No Airbag Present			

eInjury.09 - Height of Fall (feet)			
OC-MEDS Reporting:	Required		
Reporting Condition:	eInjury.01 includes a "fall" based value.		
Definition:			
The distance in feet the patient fell, measured from the lowest point of the patient to the ground			
NEMSIS Element:	Height of Fall (feet)		
Data Type:	Number	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: minimum = 0; maximum = 10000			
Code List:			
None			

eMedications.01 - Date/Time Medication Administered

OC-MEDS Reporting:	Required

Reporting Condition:	Complete and submit if medication administered.

Definition:
The date/time medication administered to the patient

NEMSIS Element:	Date/Time Medication Administered

Data Type:	Datetime	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: between 1/1/1950 and 1/1/2050; 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}

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting

eMedications.02 - Medication Administered Prior to this Units EMS Care

OC-MEDS Reporting:	Required

Reporting Condition:	Complete and submit if medication administered.

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

NEMSIS Element:	Medication Administered Prior to this Units EMS Care

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 9923001 No 9923003 Yes

eMedications.03 - Medication Given			
OC-MEDS Reporting:	Required		
Reporting Condition:	Complete and submit if medication administered.		
Definition:			
The medication given to the patient			
NEMSIS Element:	Medication Given		
Data Type:	RxNorm value	Pertinent Negatives (PN):	Yes
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Constraints: character length = 2 to 7			
Code List:			
See Attachment 9 – eMedications.03 Data List			

eMedications.04 - Medication Administered Route

OC-MEDS Reporting:	Required

Reporting Condition:	Complete and submit if medication administered.

Definition:
The route medication was administered to the patient

NEMSIS Element:	Medication Administered Route

Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: 9927001 Blow-By 9927005 Endotracheal Tube (ET) 9927009 Inhalation/Nebulizer 9927015 Intramuscular (IM) 9927017 Intranasal (IN) 9927021 Intraosseous (IO) 9927023 Intravenous (IV) it9727.001 Intravenous Pump 9927025 Nasal Cannula 9927031 Non-Rebreather Mask 9927035 Oral 9927037 Other/miscellaneous 9927045 Subcutaneous 9927047 Sublingual 9927049 Topical 9927053 Transdermal 9927057 Ventimask 9927059 Wound

eMedications.05 - Medication Dosage			
OC-MEDS Reporting:	Required		
Reporting Condition:	Complete and submit if medication administered.		
Definition:			
The dose or amount of the medication given to the patient			
NEMSIS Element:	Medication Dosage		
Data Type:	Decimal	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Constraints: format = ######.###			
Code List:			
Not Values: 7701001 Not Applicable 7701003 Not Recorded			

eMedications.06 - Medication Dosage Units			
OC-MEDS Reporting:	Required		
Reporting Condition:	Complete and submit if medication administered.		
Definition:			
The unit of medication dosage given to patient			
NEMSIS Element:	Medication Dosage Units		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
None			

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 3706001 gm (Grams) it9727.002 gtts (Drops) 3706007 Keep Vein Open (kvo) 3706009 L (Liters) 3706035 L/min (Liters Per Minute) 3706013 Puffs 3706015 mcg (Micrograms) 3706017 mcg/kg/min (Micrograms per Kilogram per Minute) 3706019 mEq (Milliequivalents) 3706021 mg (Milligrams) 3706023 mg/kg/min (Milligrams Per Kilogram Per Minute) 3706025 ml (Milliliters) 3706027 ml/hr (Milliliters Per Hour) 3706045 Units per Hour (units/hr) 3706029 Other

eMedications.07 - Response to Medication			
OC-MEDS Reporting:	Required		
Reporting Condition:	Complete and submit if medication administered.		
Definition:			
The patient's response to the medication			
NEMSIS Element:	Response to Medication		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
None			
Code List:			
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 9916001 Improved 9916003 Unchanged 9916005 Worse			

eMedications.08 - Medication Complication

OC-MEDS Reporting:	Required

Reporting Condition:	Complete and submit if medication administered.

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

NEMSIS Element:	Medication Complication

Data Type:	Multi-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 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 3708027 Itching/Urticaria 3708029 Nausea 3708031 None 3708033 Other 3708035 Respiratory Distress

3708037 Tachycardia 3708039 Tachypnea 3708041 Vomiting

eMedications.09 - Medication Crew (Healthcare Professionals) ID			
OC-MEDS Reporting:	Required		
Reporting Condition:	Complete and submit if medication administered.		
Definition:			
The statewide assigned ID number of the EMS crew member giving the treatment to the patient			
NEMSIS Element:	Medication Crew (Healthcare Professionals) ID		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 2 to 50			
Code List:			
None			

eMedications.10 - Role/Type of Person Administering Medication

OC-MEDS Reporting:	Required

Reporting Condition:	Complete and submit if medication administered.

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 Element:	Role/Type of Person Administering Medication

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 9905009 EMT 9905011 Advanced EMT 9905013 Paramedic 9905017 Nurse/MICN 9905019 Other Healthcare Professional 9905023 Patient/Lay Person 9905025 Physician 9905027 Respiratory Therapist 9905029 Student

eMedications.11 - Medication Authorization

OC-MEDS Reporting:	Optional

Reporting Condition:	Complete and submit if available

Definition:
The type of treatment authorization obtained

NEMSIS Element:	Medication Authorization

Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: 9918001 Base Hospital Order 9918003 On-Scene Physician 9918005 Standing Order/Protocol 9918007 Written Orders (Patient Specific)

itMedications.002 - Medication Comments			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if pertinent.		
Definition:			
Medication Comments			
OC-MEDS Element:	Medication Comments		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: max length = 500 Comments: v2 Code			
Code List:			
None			

itMedications.017 - Medication Ordered			
OC-MEDS Reporting:	Base Hospital Use Only		
Reporting Condition:	Complete and submit if available.		
Definition:			
Medication Ordered			
OC-MEDS Element:	Medication Ordered		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT32.3			
Code List:			
See Attachment 9 – eMedications.03 Data List			

itMedications.018 - Medication Ordered By			
OC-MEDS Reporting:	Base Hospital Use Only		
Reporting Condition:	Complete and submit if available.		
Definition:			
The ID number of the MICN or Base Physician who ordered the medication.			
OC-MEDS Element:	Medication Ordered By		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
None			
Code List:			
None			

itMedications.019 - Medication Ordered Dosage			
OC-MEDS Reporting:	Base Hospital Use Only		
Reporting Condition:	Complete and submit if available.		
Definition:			
The dosage of the medication ordered by the base hospital.			
OC-MEDS Element:	Medication Ordered Dosage		
Data Type:	Decimal	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT32.4			
Code List:			
None			

itMedications.020 - Medication Ordered Dosage Units			
OC-MEDS Reporting:	Base Hospital Use Only		
Reporting Condition:	Complete and submit if available.		
Definition:			
The dose units of the medication ordered by the base hospital.			
OC-MEDS Element:	Medication Ordered Dosage Units		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT32.5			

Code List:

Select Resources:
itMedications.020.100 Grams
itMedications.020.101 gtts (Drops)
itMedications.020.102 Inches
itMedications.020.103 International Units
itMedications.020.104 Keep Vein Open (To Keep Open)
itMedications.020.105 Liters
itMedications.020.106 Liters Per Minute
itMedications.020.107 MDI Puffs
itMedications.020.108 Micrograms
itMedications.020.109 Micrograms per Kilogram per Minute
itMedications.020.110 Milliequivalents
itMedications.020.111 Milligrams
itMedications.020.112 Milligrams Per Kilogram Per Minute
itMedications.020.113 Milliliters
itMedications.020.114 Milliliters Per Hour
itMedications.020.115 Other
itMedications.020.116 Units Per Hour

itMedications.021 - Medication Ordered Route			
OC-MEDS Reporting:	Base Hospital Use Only		
Reporting Condition:	Complete and submit if available.		
Definition:			
The route of the medication ordered by the base hospital.			
OC-MEDS Element:	Medication Ordered Route		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT32.6			

Code List:

Select Resources:
itMedications.021.100 Blow-By
itMedications.021.101 Buccal
itMedications.021.102 Endotracheal Tube (ET)
itMedications.021.103 Gastrostomy Tube
itMedications.021.104 Inhalation
itMedications.021.105 Intraarterial
itMedications.021.106 Intradermal
itMedications.021.107 Intramuscular (IM)
itMedications.021.108 Intranasal
itMedications.021.109 Intraocular
itMedications.021.110 Intraosseous (IO)
itMedications.021.111 Intravenous (IV)
itMedications.021.112 Intravenous Pump
itMedications.021.113 Nasal Cannula
itMedications.021.114 Nasogastric
itMedications.021.115 Nasotracheal Tube
itMedications.021.116 Non-Rebreather Mask
itMedications.021.117 Ophthalmic
itMedications.021.118 Oral
itMedications.021.119 Other/miscellaneous
itMedications.021.120 Otic
itMedications.021.121 Re-breather mask

itMedications.021.122 Rectal
itMedications.021.123 Subcutaneous
itMedications.021.124 Sublingual
itMedications.021.125 Topical
itMedications.021.126 Tracheostomy
itMedications.021.127 Transdermal
itMedications.021.128 Urethral
itMedications.021.129 Ventimask
itMedications.021.130 Wound

itMedications.022 - Medication Ordered Response			
OC-MEDS Reporting:	Base Hospital Use Only		
Reporting Condition:	Complete and submit if available.		
Definition:			
The response of the patient to the ordered medication as reported to the MICN or Physician.			
OC-MEDS Element:	Medication Ordered Response		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT32.7			
Code List:			
Select Resources: itMedications.022.100 Improved itMedications.022.101 Unchanged itMedications.022.102 Worse			

itMedications.023 - Medication Ordered Date/Time			
OC-MEDS Reporting:	Base Hospital Use Only		
Reporting Condition:	Complete and submit if available.		
Definition:			
The date/time the medication was ordered by the base hospital.			
OC-MEDS Element:	Medication Ordered Date/Time		
Data Type:	Datetime	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT32.8			
Code List:			
None			

itMedications.024 - Medication Ordered Comments			
OC-MEDS Reporting:	Base Hospital Use Only		
Reporting Condition:	Complete and submit if available.		
Definition:			
Comments regarding the medication ordered by the base hospital.			
OC-MEDS Element:	Medication Ordered Comments		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT32.9			
Code List:			
None			

eNarrative.01 - Patient Care Report Narrative

OC-MEDS Reporting:	Required
Reporting Condition:	eTimes.07 - Patient Contact Time is complete and eDisposition.12 is not blank.

Definition:
The narrative of the patient care report (PCR).

NEMSIS Element:	Patient Care Report Narrative

Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: character length = 1 to 10,000

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting

eOther.02 - Potential System of Care/Specialty/Registry Patient

OC-MEDS Reporting:	Required

Reporting Condition:	eDisposition.20 includes "Regional Specialty" value.

Definition:
An indication if the patient may meet the entry criteria for an injury or illness specific registry

NEMSIS Element:	Potential System of Care/Specialty/Registry Patient

Data Type:	Multi-select	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: 4502003 Burn 4502007 CVA/Stroke 4502011 Other (Explain in Narrative) it4502.100 Replant 4502015 STEMI/CVRC 4502017 Trauma

eOther.03 - Personal Protective Equipment Used

OC-MEDS Reporting:	Optional

Reporting Condition:	Complete and submit if available

Definition:
The personal protective equipment which was used by EMS personnel during this EMS patient contact.

NEMSIS Element:	Personal Protective Equipment Used

Data Type:	Multi-select	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: 4503001 Eye Protection 4503003 Gloves 4503005 Helmet 4503007 Level A Suit 4503009 Level B Suit 4503011 Level C Suit 4503013 Level D Suit (Turn out gear) 4503015 Mask-N95 4503017 Mask-Surgical (Non-Fitted) 4503019 Other 4503021 PAPR 4503023 Reflective Vest

eOther.04 - EMS Professional (Crew Member) ID

OC-MEDS Reporting:	Optional

Reporting Condition:	Complete and submit if available

Definition:
The ID number of the EMS Crew Member associated with eOther.03, eOther.05, eOther.06.

NEMSIS Element:	EMS Professional (Crew Member) ID

Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: character length = 2 to 50

Code List:
None

eOther.05 - Suspected EMS Work Related Exposure, Injury, or Death

OC-MEDS Reporting:	Required

Reporting Condition:	Complete and submit if pertinent

Definition:
Indication of an EMS work related exposure, injury, or death associated with this EMS event.

NEMSIS Element:	

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 9923001 No 9923003 Yes

eOther.06 - The Type of Work-Related Injury, Death or Suspected Exposure

OC-MEDS Reporting:	Recommended

Reporting Condition:	Complete and submit if pertinent

Definition:
The type of exposure or unprotected contact with blood or body fluids

NEMSIS Element:	The Type of Work-Related Injury, Death or Suspected Exposure

Data Type:	Multi-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting Select Resources: 4506001 Death-Cardiac Arrest 4506003 Death-Injury Related 4506005 Death-Other 4506007 Exposure-Airborne Respiratory/Biological/Aerosolized Secretions 4506009 Exposure-Body Fluid Contact to Broken Skin 4506011 Exposure-Body Fluid Contact with Eye 4506013 Exposure-Body Fluid Contact with Intact Skin 4506015 Exposure-Body Fluid Contact with Mucosal Surface 4506017 Exposure-Needle Stick with Body Fluid Injection 4506019 Exposure-Needle Stick without Body Fluid Injection 4506021 Exposure-Toxin/Chemical/Hazmat 4506023 Injury-Lifting/Back/Musculoskeletal 4506025 Injury-Other 4506027 None 4506029 Other

eOther.08 - Crew Member Completing this Report

OC-MEDS Reporting:	Required

Reporting Condition:	Every submitted incident.

Definition:
The statewide assigned ID number of the EMS crew member which completed this patient care report

NEMSIS Element:	Crew Member Completing this Report

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: character length = 2 to 50

Code List:
None

eOther.09 - External Electronic Document Type

OC-MEDS Reporting:	Optional

Reporting Condition:	Complete and submit if available

Definition:
Document type which has been electronically stored with PCR.

NEMSIS Element:	External Electronic Document Type

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: 4509001 Other Audio Recording 4509003 Billing Information / Facesheet 4509005 Diagnostic Image (CT, X-ray, US, etc.) 4509007 DNR/Living Will 4509009 12-Lead ECG 4509011 Guardianship/Power of Attorney 4509013 History, Allergies, Medications Docs 4509015 Other 4509017 Patient Identification 4509019 Patient Refusal/AMA Sheet 4509021 Other Picture/Graphic it4509.100 Other Provider PCR 4509025 Other Video/Movie

eOther.10 - File Type

OC-MEDS Reporting:	Optional

Reporting Condition:	Complete and submit if available

Definition:
The description of the file attachment stored in File Attachment Image (eOther.11). The description is defined as the extension of the file type. Examples of file name extensions include "doc", "jpeg", "tiff", etc.

NEMSIS Element:	File Type

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:

Code List:
None

eOther.11 - File Attachment			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if available		
Definition:			
The file that is attached electronically to the patient care report.			
NEMSIS Element:	File Attachment		
Data Type:	Base64Binary	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
None			
Code List:			
None			

eOther.12 - Type of Person Signing

OC-MEDS Reporting:	Optional

Reporting Condition:	Complete and submit if available

Definition:
The individual's signature associated with eOther.15 (Signature Status).

NEMSIS Element:	Type of Person Signing

Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Comments: v2 Code = IT4.2

Code List:
Select Resources: 4512001 EMS Crew Member (Other) 4512003 EMS Primary Care Provider (for this event) 4512005 Healthcare Provider (Nurse / Physician) 4512007 Medical Director 4512009 Non-Healthcare Provider 4512011 Base Hospital Personnel (BHC, MICN, etc.) 4512013 Other 4512015 Patient (Self) 4512017 Parent / Guardian / Representative 4512019 Witness

eOther.13 - Signature Reason			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if available		
Definition:			
The reason for the individuals signature.			
NEMSIS Element:	Signature Reason		
Data Type:	Multi-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT4.17			

Code List:
Select Resources: 4513015 Airway Verification 4513011 Controlled Substance, Administration 4513013 Controlled Substance, Waste it4513.103 EMS Provider 4513001 HIPAA acknowledgement/Release it4513.104 Medical Necessity 4513023 Other 4513017 Patient Belongings (Receipt) it4513.105 Patient/Medical Necessity Unable to Sign 4513003 Permission to Treat / Transport 4513009 Against Medical Advice - Treatment / Transport 4513005 Authorization for Billing 4513007 Transfer of Patient Care

eOther.14 - Type Of Patient Representative

OC-MEDS Reporting:	Optional

Reporting Condition:	Complete and submit if available

Definition:
If Patient Representative is chosen as the owner of the signature, this documents the relationship of the individual signing to the patient.

NEMSIS Element:	Type Of Patient Representative

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Comments: v2 Code = IT8.50

Code List:
Select Resources: 4514001 Aunt 4514003 Brother 4514005 Daughter 4514007 Discharge Planner 4514009 Domestic Partner 4514011 Father 4514013 Friend 4514015 Grandfather 4514017 Grandmother 4514019 Guardian 4514021 Husband 4514023 Law Enforcement 4514025 MD/DO 4514027 Mother 4514031 Nurse Practitioner (NP) 4514029 Nurse (RN) 4514035 Other 4514033 Other Care Provider (Home health, hospice, etc.) 4514037 Physician's Assistant (PA) 4514039 Power of Attorney 4514041 Other Relative 4514043 Self

4514045 Sister 4514047 Son 4514049 Uncle 4514051 Wife

eOther.15 - Signature Status

OC-MEDS Reporting:	Optional

Reporting Condition:	Complete and submit if available

Definition:
Indication that a patient or patient representative signature has been collected or attempted to be collected.

NEMSIS Element:	Signature Status

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: Code Description 4515001 Not Signed - Crew Called out to another call 4515003 Not Signed - Deceased 4515005 Not Signed - Due to Distress Level 4515007 Not Signed - Equipment Failure 4515009 Not Signed - In Law Enforcement Custody 4515011 Not Signed - Language Barrier 4515013 Not Signed - Mental Status/Impaired 4515015 Not Signed - Minor/Child 4515017 Not Signed - Physical Impairment of Extremities 4515019 Not Signed - Refused 4515021 Not Signed - Transferred Care/No Access to Obtain Signature 4515023 Not Signed - Unconscious 4515025 Not Signed -Visually Impaired 4515027 Physical Signature/Paper Copy Obtained 4515031 Signed 4515033 Signed-Not Patient eOther.15.100 Not Signed - Patient Contamination eOther.15.101 Physically Restrained eOther.15.102 Bilateral Upper Extremity Weakness

eOther.16 - Signature File Name			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if available		
Definition:			
The name of the graphic file for the signature.			
NEMSIS Element:	Signature File Name		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 1 to 255			
Code List:			
None			

eOther.17 - Signature File Type			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if available		
Definition:			
The description of the file attachment stored in Signature Graphic (eOther.18).			
NEMSIS Element:	Signature File Type		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 1 to 255			
Code List:			
None			

eOther.18 - Signature Graphic			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if available		
Definition:			
The graphic file for the signature.			
NEMSIS Element:	Signature Graphic		
Data Type:	Base64Binary	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
None			
Code List:			
None			

eOther.19 - Date/Time of Signature

OC-MEDS Reporting:	Optional

Reporting Condition:	Complete and submit if available

Definition:
The date and time the signature was captured.

NEMSIS Element:	Date/Time of Signature

Data Type:	Datetime	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: between 1/1/1950 and 1/1/2050; 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}

Code List:
None

eOther.20 - Signature Last Name

OC-MEDS Reporting:	Optional

Reporting Condition:	Complete and submit if available

Definition:
The last name of the individual who signed the associated signature.

NEMSIS Element:	Signature Last Name

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: character length = 1 to 60

Code List:
None

eOther.21 - Signature First Name			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if available		
Definition:			
The first name of the individual associated with the signature.			
NEMSIS Element:	Signature First Name		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 1 to 50			
Code List:			
None			

itOther.015 - AMA Type			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if pertinent		
Definition:			
AMA Type			
OC-MEDS Element:	AMA Type		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT8.19			
Code List:			
Select Resources: itOther.015.100 AGAINST MEDICAL ADVICE, refuse medical care, transportation, and/or advice by this agency. itOther.015.102 REFUSE SPECIFIC care, advice, or recommended destination as provided by this agency. itOther.015.101 REQUEST RELEASE, as I do not feel my condition requires emergency care and/or transportation by this agency.			

itOther.017 - Patient/DDM Reason For AMA			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if pertinent		
Definition:			
Patient/DDM Reason For AMA			
OC-MEDS Element:	Patient/DDM Reason For AMA		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT8.21			
Code List:			
Select Resources: itOther.017.100 Chief Complaint resolved itOther.017.101 Feels ambulance transport not necessary itOther.017.103 Other itOther.017.102 Private tx to hospital/PMD available			

itOther.018 - Patient/DDM Alternative Plan			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if pertinent		
Definition:			
AMA - Patient/DDM Alternative Plan			
OC-MEDS Element:	AMA - Patient/DDM Alternative Plan		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT8.22			
Code List:			
Select Resources: itOther.018.104 Call PMD itOther.018.101 Go home & monitor itOther.018.105 Other itOther.018.102 Private auto to hospital itOther.018.103 Private auto to PMD itOther.018.100 Stay home & monitor			

itOther.019 - Who (family/friends) with patient now			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if pertinent		
Definition:			
AMA - Who (family/friends) with patient now			
OC-MEDS Element:	AMA - Who (family/friends) with patient now		
Data Type:	Multi-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT8.23			
Code List:			
Select Resources: itOther.019.100 Family itOther.019.101 Friends itOther.019.103 Law Enforcement itOther.019.102 Legal Guardian/DDM itOther.019.105 Other itOther.019.104 Responsible Adult (i.e. School Nurse)			

itOther.020 - Is Patient (or DDM) oriented to person, place, time & event			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if pertinent		
Definition:			
AMA - Is Patient (or DDM) oriented to person, place, time & event			
OC-MEDS Element:	AMA - Is Patient (or DDM) oriented to person, place, time & event		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Comments: v2 Code = IT8.24			
Code List:			
Not Values: itOther.020.NV.100 Not Applicable itOther.020.NV.102 Not Available itOther.020.NV.101 Unknown Select Resources: itOther.020.101 No itOther.020.100 Yes			

itOther.021 - Is Patient (or DDM) Unimpaired by drugs or alcohol			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if pertinent		
Definition:			
AMA - Is Patient (or DDM) Unimpaired by drugs or alcohol			
OC-MEDS Element:	AMA - Is Patient (or DDM) Unimpaired by drugs or alcohol		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Comments: v2 Code = IT8.25			
Code List:			
Not Values: itOther.021.NV.100 Not Applicable itOther.021.NV.102 Not Available itOther.021.NV.101 Unknown Select Resources: itOther.021.101 No itOther.021.100 Yes			

itOther.022 - Is Patient (or DDM) competent to refuse care			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if pertinent		
Definition:			
AMA - Is Patient (or DDM) competent to refuse care			
OC-MEDS Element:	AMA - Is Patient (or DDM) competent to refuse care		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Comments: v2 Code = IT8.26			
Code List:			
Not Values: itOther.022.NV.100 Not Applicable itOther.022.NV.102 Not Available itOther.022.NV.101 Unknown Select Resources: itOther.022.101 No itOther.022.100 Yes			

itOther.023 - Has patient (or DDM) been advised that 911 can be reassessed			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if pertinent		
Definition:			
AMA - Has patient (or DDM) been advised that 911 can be reassessed			
OC-MEDS Element:	AMA - Has patient (or DDM) been advised that 911 can be reassessed		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Comments: v2 Code = IT8.27			
Code List:			
Not Values: itOther.023.NV.100 Not Applicable itOther.023.NV.102 Not Available itOther.023.NV.101 Unknown Select Resources: itOther.023.101 No itOther.023.100 Yes			

itOther.024 - Have the risks and complications of refusal been discussed			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if pertinent		
Definition:			
AMA - Have the risks and complications of refusal been discussed			
OC-MEDS Element:	AMA - Have the risks and complications of refusal been discussed		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Comments: v2 Code = IT8.28			
Code List:			
Not Values: itOther.024.NV.100 Not Applicable itOther.024.NV.102 Not Available itOther.024.NV.101 Unknown Select Resources: itOther.024.101 No itOther.024.100 Yes			

itOther.025 - Is the patient 18 YEARS OF AGE or emancipated			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if pertinent		
Definition:			
AMA - Is the patient 18 YEARS OF AGE or emancipated			
OC-MEDS Element:	AMA - Is the patient 18 YEARS OF AGE or emancipated		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Comments: v2 Code = IT8.29			
Code List:			
Not Values: itOther.025.NV.100 Not Applicable itOther.025.NV.102 Not Available itOther.025.NV.101 Unknown Select Resources: itOther.025.101 No itOther.025.100 Yes			

itOther.029 - AMA Initial Disposition			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if pertinent		
Definition:			
AMA Initial Disposition			
OC-MEDS Element:	AMA Initial Disposition		
Data Type:	Multi-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT8.96			
Code List:			
Select Resources: itOther.029.106 Authorized Decision Maker (ADM) Refused Exam itOther.029.108 Authorized Decision Maker (ADM) Refused Transport itOther.029.107 Authorized Decision Maker (ADM) Refused Treatment itOther.029.103 Patient Accepted Exam itOther.029.105 Patient Accepted Transport itOther.029.104 Patient Accepted Treatment itOther.029.100 Patient Refused Exam itOther.029.102 Patient Refused Transport itOther.029.101 Patient Refused Treatment			

eOutcome.01 - Emergency Department Disposition

OC-MEDS Reporting:	Recommended

Reporting Condition:	Complete and submit if available; Component of an integration with receiving facility EMR or through Health Information Exchange (HIE) Network.

Definition:
The known disposition of the patient from the Emergency Department (ED)

NEMSIS Element:	Emergency Department Disposition

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 09 Admitted as an inpatient to this hospital. 20 Deceased/Expired (or did not recover - Religious Non Medical Health Care Patient) 01 Discharged to home or self care (routine discharge) 66 Discharged/transferred to a Critical Access Hospital (CAH). 43 Discharged/transferred to a Federal Health Care Facility (e.g., VA or federal health care facility) 62 Discharged/transferred to a inpatient rehabilitation facility including distinct part units of a hospital. 04 Discharged/transferred to an intermediate care facility (ICF) 02 Discharged/transferred to another short term general hospital for inpatient care 70 Discharged/transferred to another type of health care institution not defined elsewhere in the code list. 05 Discharged/transferred to another type of institution not defined elsewhere in this code list 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.

03 Discharged/transferred to a skilled nursing facility (SNF) 21 Discharged/transferred to court/law enforcement 06 Discharged/transferred to home under care of organized home health service organization in anticipation of covered skills care 50 Discharged/transferred to Hospice - home. 51 Discharged/transferred to Hospice - medical facility 63 Discharged/transferred to long term care hospitals 61 Discharged/transferred within this institution to a hospital based Medicare approved swing bed. 07 Left against medical advice or discontinued care Code Description 30 Still a patient or expected to return for outpatient services.

eOutcome.02 - Hospital Disposition

OC-MEDS Reporting:	Recommended

Reporting Condition:	Complete and submit if available; Component of an integration with receiving facility EMR or through Health Information Exchange (HIE) Network.

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

NEMSIS Element:	Hospital Disposition

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 20 Deceased/Expired (or did not recover - Religious Non Medical Health Care Patient) 01 Discharged to home or self care (routine discharge) 66 Discharged/transferred to a Critical Access Hospital (CAH). 43 Discharged/transferred to a Federal Health Care Facility (e.g., VA or federal health care facility) 62 Discharged/transferred to a inpatient rehabilitation facility including distinct part units of a hospital. 04 Discharged/transferred to an intermediate care facility (ICF) 02 Discharged/transferred to another short term general hospital for inpatient care 70 Discharged/transferred to another type of health care institution not defined elsewhere in the code list. 05 Discharged/transferred to another type of institution not defined elsewhere in this code list 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. 03 Discharged/transferred to a skilled nursing facility (SNF)

21 Discharged/transferred to court/law enforcement
06 Discharged/transferred to home under care of organized home health service organization in anticipation of covered skills care
50 Discharged/transferred to Hospice - home.
51 Discharged/transferred to Hospice - medical facility
63 Discharged/transferred to long term care hospitals
61 Discharged/transferred within this institution to a hospital based Medicare approved swing bed.
07 Left against medical advice or discontinued care
30 Still a patient or expected to return for outpatient services.

eOutcome.06 - Emergency Department Chief Complaint

OC-MEDS Reporting:	Optional

Reporting Condition:	Complete and submit if available; Component of an integration with receiving facility EMR or through Health Information Exchange (HIE) Network.

Definition:
The patient's reason for seeking care or attention, expressed in the terms as close as possible to those used by the patient or responsible informant.

NEMSIS Element:	Emergency Department Chief Complaint

Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: character length = 2 to 100

Code List:
None

eOutcome.07 - First ED Systolic Blood Pressure			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if available; Component of an integration with receiving facility EMR or through Health Information Exchange (HIE) Network.		
Definition:			
The first recorded Emergency Department Systolic Blood Pressure.			
NEMSIS Element:	First ED Systolic Blood Pressure		
Data Type:	Number	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: minimum = 0; maximum = 500			
Code List:			
None			

eOutcome.08 - Emergency Department Recorded Cause of Injury	
OC-MEDS Reporting:	Optional
Reporting Condition:	Complete and submit if available; Component of an integration with receiving facility EMR or through Health Information Exchange (HIE) Network.

Definition:
The documented cause of injury from the emergency department record.

NEMSIS Element:	Emergency Department Recorded Cause of Injury

Data Type:	Multi-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: pattern = ([TV-Y][0-9]{2})((\.[0-9A-Z]{1,7})?)

Code List:
Code list is represented in ICD-10. Future Use.

eOutcome.09 - Emergency Department Procedures	
OC-MEDS Reporting:	Optional
Reporting Condition:	Complete and submit if available; Component of an integration with receiving facility EMR or through Health Information Exchange (HIE) Network.

Definition:
The procedures performed on the patient during the emergency department visit.

NEMSIS Element:	Emergency Department Procedures

Data Type:	ICD-10 value	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: pattern = [0-9A-HJ-NP-Z]{3,7}

Code List:
Code list is represented in ICD-10. Future Use.

eOutcome.10 - Emergency Department Diagnosis

OC-MEDS Reporting:	Optional

Reporting Condition:	Complete and submit if available; Component of an integration with receiving facility EMR or through Health Information Exchange (HIE) Network.

Definition:
The practitioner's description of the condition or problem for which Emergency Department services were provided.

NEMSIS Element:	Emergency Department Diagnosis

Data Type:	ICD-10 value	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: pattern = [A-Z][0-9][0-9A-Z]((\.[0-9A-Z]{1,3})?)

Code List:
Code list is represented in ICD-10. Future Use.

eOutcome.11 - Date/Time of Hospital Admission

OC-MEDS Reporting:	Optional

Reporting Condition:	Complete and submit if available; Component of an integration with receiving facility EMR or through Health Information Exchange (HIE) Network.

Definition:
The date and time the patient was admitted to the hospital.

NEMSIS Element:	Date/Time of Hospital Admission

Data Type:	Datetime	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: between 1/1/1950 and 1/1/2050; 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}

Code List:
None

eOutcome.12 - Hospital Procedures	
OC-MEDS Reporting:	Optional
Reporting Condition:	Complete and submit if available; Component of an integration with receiving facility EMR or through Health Information Exchange (HIE) Network.

Definition:
Hospital Procedures performed on the patient during the hospital admission.

NEMSIS Element:	Hospital Procedures

Data Type:	ICD-10 value	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: pattern = [0-9A-HJ-NP-Z]{3,7}

Code List:
Code list is represented in ICD-10. Future Use.

eOutcome.13 - Hospital Diagnosis	
OC-MEDS Reporting:	Optional
Reporting Condition:	Complete and submit if available; Component of an integration with receiving facility EMR or through Health Information Exchange (HIE) Network.

Definition:
The hospital diagnosis of the patient associated with the hospital admission.

NEMSIS Element:	Hospital Diagnosis

Data Type:	ICD-10 value	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: pattern = [A-Z][0-9][0-9A-Z]((\.[0-9A-Z]{1,4})?)

Code List:
Code list is represented in ICD-10. Future Use.

eOutcome.14 - Total ICU Length of Stay	
OC-MEDS Reporting:	Optional
Reporting Condition:	Complete and submit if available; Component of an integration with receiving facility EMR or through Health Information Exchange (HIE) Network.

Definition:
The total number of patient days in any ICU (including all ICU episodes).

NEMSIS Element:	Total ICU Length of Stay

Data Type:	Number	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: minimum = 1; maximum = 400

Code List:
None

eOutcome.15 - Total Ventilator Days	
OC-MEDS Reporting:	Optional
Reporting Condition:	Complete and submit if available; Component of an integration with receiving facility EMR or through Health Information Exchange (HIE) Network.

Definition:
The total number of patient days spend on a mechanical ventilator (excluding time in the operating room).

NEMSIS Element:	Total Ventilator Days		
Data Type:	Number	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: minimum = 1; maximum = 400

Code List:
None

eOutcome.16 - Date/Time of Hospital Discharge

OC-MEDS Reporting:	Optional

Reporting Condition:	Complete and submit if available; Component of an integration with receiving facility EMR or through Health Information Exchange (HIE) Network.

Definition:
The date the patient was discharged from the hospital.

NEMSIS Element:	Date/Time of Hospital Discharge

Data Type:	Datetime	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: between 1/1/1950 and 1/1/2050; 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}

Code List:
None

eOutcome.17 - Outcome at Hospital Discharge

OC-MEDS Reporting:	Optional

Reporting Condition:	Complete and submit if available; Component of an integration with receiving facility EMR or through Health Information Exchange (HIE) Network.

Definition:
The patient's functional status at time of hospital discharge.

NEMSIS Element:	Outcome at Hospital Discharge

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: 4317013 Dead 4317007 Moderate disability; requiring some help, but able to walk without assistance 4317009 Moderately severe disability; unable to walk without assistance and unable to attend to own bodily needs without assistance 4317003 No significant disability despite symptoms; able to carry out all usual duties and activities 4317001 No Symptoms At All 4317011 Severe disability; bedridden, incontinent and requiring constant nursing care and attention 4317005 Slight disability; unable to carry out all previous activities, but able to look after own affairs without assistance

itOutcome.015 - Misc Patient Number (EMS Subscription Number)			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if available.		
Definition:			
The EMS subscription number assigned by the EMS provider agency for the patient.			
OC-MEDS Element:	Misc Patient Number		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: max length = 255 Comments: v2 Code = IT5.41			
Code List:			
None			

ePatient.02 - Last Name			
OC-MEDS Reporting:	Required		
Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.		
Definition:			
The patient's last (family) name			
NEMSIS Element:	Last Name		
Data Type:	String	Pertinent Negatives (PN):	Yes
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Constraints: character length = 1 to 60			
Code List:			
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting Pertinent Negatives: 8801019 Refused 8801023 Unable to Complete			

ePatient.03 - First Name			
OC-MEDS Reporting:	Required		
Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.		
Definition:			
The patient's first (given) name			
NEMSIS Element:	First Name		
Data Type:	String	Pertinent Negatives (PN):	Yes
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Constraints: character length = 1 to 50			
Code List:			
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting Pertinent Negatives: 8801019 Refused 8801023 Unable to Complete			

ePatient.04 - Middle Initial/Name			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if available		
Definition:			
The patient's middle name, if any			
NEMSIS Element:	Middle Initial/Name		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 1 to 50			
Code List:			
None			

ePatient.05 - Patient's Home Address			
OC-MEDS Reporting:	Required		
Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.		
Definition:			
Patient's address of residence			
NEMSIS Element:	Patient's Home Address		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 1 to 255			
Code List:			
None			

ePatient.05.StreetAddress2 - StreetAddress2			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if available		
Definition:			
Additional address field.			
OC-MEDS Element:	Street Address 2		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
None			
Code List:			
None			

ePatient.06 - Patient's Home City			
OC-MEDS Reporting:	Required		
Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.		
Definition:			
The patient's primary city or township of residence.			
NEMSIS Element:	Patient's Home City		
Data Type:	GNIS Value	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT8.37 / City codes are based on GNIS Feature Class. The primary Feature Class to use is "Civil" with "Populated Place" and "Military" code as additional options.			
Code List:			
GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm			

ePatient.07 - Patient's Home County

OC-MEDS Reporting:	Required
Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.

Definition:
The patient's home county or parish of residence.

NEMSIS Element:	Patient's Home County

Data Type:	ANSI value	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: pattern = [0-9]{5} Comments: v2 Code = IT10.28

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded

ePatient.08 - Patient's Home State

OC-MEDS Reporting:	Required
Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.

Definition:
The state, territory, or province where the patient resides.

NEMSIS Element:	Patient's Home State

Data Type:	ANSI value	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: character length = 2 Comments: The ANSI Code Selection by text but stored as ANSI code.

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded

ePatient.09 - Patient's Home ZIP Code

OC-MEDS Reporting:	Required
Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.

Definition:
The patient's ZIP code of residence.

NEMSIS Element:	Patient's Home ZIP Code

Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
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]

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded

ePatient.10 - Patient's Country of Residence

OC-MEDS Reporting:	Optional

Reporting Condition:	Complete and submit if available.

Definition:
The country of residence of the patient.

NEMSIS Element:	Patient's Country of Residence

Data Type:	ANSI Value	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: character length = 2 Comments: Based on the ISO Country Code.

Code List:
ANSI Country Codes (ISO 3166) Website: http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm

ePatient.12 - Social Security Number			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
The patient's social security number			
NEMSIS Element:	Social Security Number		
Data Type:	Number	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: pattern = [0-9]{9}			
Code List:			
None			

ePatient.13 - Gender			
OC-MEDS Reporting:	Required		
Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.		
Definition:			
The Patient's Gender			
NEMSIS Element:	Gender		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Code List:			

Not Values:
7701001 Not Applicable
7701003 Not Recorded

Select Resources:
9906001 Female
9906003 Male
9906005 Unknown (Unable to Determine)

ePatient.15 - Age			
OC-MEDS Reporting:	Required		
Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.		
Definition:			
The patient's age (either calculated from date of birth or best approximation)			
NEMSIS Element:	Age		
Data Type:	Number	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Constraints: minimum = 1; maximum = 120			
Code List:			
Not Values: 7701001 Not Applicable 7701003 Not Recorded			

ePatient.16 - Age Units

OC-MEDS Reporting:	Required
Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.

Definition:
The unit used to define the patient's age

NEMSIS Element:	Age Units

Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 2516001 Days 2516003 Hours 2516005 Minutes 2516007 Months 2516009 Years

ePatient.17 - Date of Birth			
OC-MEDS Reporting:	Recommended		
Reporting Condition:	Complete and submit if available		
Definition:			
The patient's date of birth			
NEMSIS Element:	Date of Birth		
Data Type:	Datetime	Pertinent Negatives (PN):	Yes
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Constraints: minimum = 1/1/1890; maximum = 1/1/2050			
Code List:			
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting Pertinent Negatives: 8801019 Refused 8801023 Unable to Complete			

ePatient.18 - Patient's Phone Number			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
The patient's phone number			
NEMSIS Element:	Patient's Phone Number		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: pattern = [2-9][0-9][0-9]-[2-9][0-9][0-9]-[0-9][0-9][0-9][0-9]			
Code List:			
None			

ePatient.20 - State Issuing Driver's License			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
The state that issued the drivers license			
NEMSIS Element:	State Issuing Driver's License		
Data Type:	ANSI Value	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: pattern = [0-9]{2}			
Code List:			
Stored as the ANSI State Code. GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm			

ePatient.21 - Driver's License Number			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
The patient's drivers license number			
NEMSIS Element:	Driver's License Number		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 1 to 30			
Code List:			
None			

itOtherKin.001 - Street Address			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Street Address of the other kin.			
OC-MEDS Element:	Street Address		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT10.24			
Code List:			
None			

itOtherKin.002 - Street Address 2			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Street Address 2 of the other kin.			
OC-MEDS Element:	Street Address 2		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	
Attributes:			
None			
Code List:			
None			

itOtherKin.003 - Postal Code			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Postal Code of the other kin.			
OC-MEDS Element:	Postal Code		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT10.31			
Code List:			
None			

itOtherKin.004 - Apartment Number			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Apartment Number of the other kin.			
OC-MEDS Element:	Apartment Number		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
None			
Code List:			
None			

itOtherKin.006 - City Name			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
City Name of the other kin.			
OC-MEDS Element:	City Name		
Data Type:	GNIS Value	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
City codes are based on GNIS Feature Class. The primary Feature Class to use is "Civil" with "Populated Place" and "Military" code as additional options.			
Code List:			
GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm			

itOtherKin.008 - County Name			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
County Name of the other kin.			
OC-MEDS Element:	County Name		
Data Type:	ANSI Value	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: pattern = [0-9]{5}			
Code List:			
None			

itOtherKin.010 - State Name			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
State Name of the other kin.			
OC-MEDS Element:	State Name		
Data Type:	ANSI Value	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: The ANSI Code Selection by text but stored as ANSI code.			
Code List:			
None			

itOtherKin.012 - Country Code			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Country Code of the other kin.			
OC-MEDS Element:	Country Code		
Data Type:	ANSI Value	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: Based on the ISO Country Codes.			
Code List:			
ANSI Country Codes (ISO 3166) Website: http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm			

itOtherKin.013 - First Name			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
First Name of the other kin.			
OC-MEDS Element:	First Name		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT10.21			
Code List:			
None			

itOtherKin.014 - Last Name			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Last Name of the other kin.			
OC-MEDS Element:	Last Name		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT10.22			
Code List:			
None			

itOtherKin.015 - Middle Initial			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Middle Initial of the other kin.			
OC-MEDS Element:	Middle Initial		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT10.23			
Code List:			
None			

itOtherKin.016 - Phone			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Phone Number of the other kin.			
OC-MEDS Element:	Phone		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT10.32			
Code List:			
None			

itOtherKin.017 - Relation			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
The relation of the other kin to the patient.			
OC-MEDS Element:	Relation		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT10.33			

Code List:
Select Resources: itOtherKin.017.001 Appointed Guardian itOtherKin.017.002 Aunt/Uncle itOtherKin.017.003 Brother itOtherKin.017.004 Child Dependent itOtherKin.017.005 Employee itOtherKin.017.006 Father itOtherKin.017.007 Grandchild itOtherKin.017.008 Grandparent itOtherKin.017.009 Life Domestic Partner itOtherKin.017.010 Mother itOtherKin.017.011 Other itOtherKin.017.012 Other Non-Relative itOtherKin.017.013 Other Relative itOtherKin.017.014 Partner to a Civil Union itOtherKin.017.015 Sibling itOtherKin.017.016 Sister itOtherKin.017.017 Son/Daughter itOtherKin.017.018 Spouse itOtherKin.017.019 Unknown

itPatient.004 - Patient Apartment Number			
OC-MEDS Reporting:	Recommended		
Reporting Condition:	Complete and submit if available		
Definition:			
Patient Apartment Number			
OC-MEDS Element:	Patient Apartment Number		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: max length = 50 Comments: v2 Code = IT8.53			
Code List:			
None			

itPatient.013 - Patient Alternate Address - Street Address			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Patient Alternate Address - Street Address			
OC-MEDS Element:	Patient Alternate Address - Street Address		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT8.33			
Code List:			
None			

itPatient.014 - Patient Alternate Address - Street Address 2			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Patient Alternate Address - Street Address 2			
OC-MEDS Element:	Patient Alternate Address - Street Address 2		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT8.54			
Code List:			
None			

itPatient.015 - Patient Alternate Address - Postal Code			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Patient Alternate Address - Postal Code			
OC-MEDS Element:	Patient Alternate Address - Postal Code		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT8.39			
Code List:			
None			

itPatient.016 - Patient Alternate Address - City			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Patient Alternate Address - City			
OC-MEDS Element:	Patient Alternate Address - City		
Data Type:	GNIS Value	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT8.36 / City codes are based on GNIS Feature Class. The primary Feature Class to use is "Civil" with "Populated Place" and "Military" code as additional options.			
Code List:			
GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm			

itPatient.017 - Patient Alternate Address - County			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Patient Alternate Address - County			
OC-MEDS Element:	Patient Alternate Address - County		
Data Type:	ANSI Value	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT8.43 Constraints: pattern = [0-9]{5}			
Code List:			
None			

itPatient.018 - Patient Alternate Address - State			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Patient Alternate Address - State			
OC-MEDS Element:	Patient Alternate Address - State		
Data Type:	ANSI Value	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT8.38 / The ANSI Code Selection by text but stored as ANSI code.			
Code List:			
None			

itPatient.019 - Patient Alternate Address - Country Code			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Patient Alternate Address - Country Code			
OC-MEDS Element:	Patient Alternate Address - Country Code		
Data Type:	ANSI Value	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: Based on the ISO Country Codes.			
Code List:			
ANSI Country Codes (ISO 3166) Website: http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm			

itPatient.020 - Patient Alternate Address - Apartment Number			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Patient Alternate Address - Apartment Number			
OC-MEDS Element:	Patient Alternate Address - Apartment Number		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT8.34			
Code List:			
None			

ePayment.01 - Primary Method of Payment

OC-MEDS Reporting:	Recommended

Reporting Condition:	Complete and submit if available

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

NEMSIS Element:	Primary Method of Payment

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 2601019 Community Network 2601017 Contracted Payment 2601001 Insurance 2601003 Medicaid 2601005 Medicare 2601021 No Insurance Identified 2601007 Not Billed (for any reason) 2601009 Other Government 2601023 Other Payment Option 2601015 Payment by Facility 2601011 Self Pay 2601013 Workers Compensation

ePayment.02 - Physician Certification Statement

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
Indication of whether a physician certification statement (PCS) is available documenting the medical necessity or the EMS encounter.

NEMSIS Element:	Physician Certification Statement

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: 9922001 No 9922003 Unknown 9922005 Yes

ePayment.03 - Date Physician Certification Statement Signed

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
The date the Physician Certification Statement was signed

NEMSIS Element:	Date Physician Certification Statement Signed

Data Type:	Datetime	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: between 1/1/1950 and 1/1/2050; 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}

Code List:
None

ePayment.04 - Reason for Physician Certification Statement

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
The reason for EMS transport noted on the Physician Certification Statement

NEMSIS Element:	Reason for Physician Certification Statement

Data Type:	Multi-select	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: Code Description 2604001 Bed Confined 2604003 Cardiac/Hemodynamic monitoring required during transport 2604005 Confused, combative, lethargic, comatose 2604007 Contractures 2604009 Danger to self or others-monitoring 2604011 Danger to self or others-seclusion (flight risk) 2604013 DVT requires elevation of lower extremity 2604015 IV medications/fluids required during transport 2604017 Moderate to severe pain on movement 2604019 Morbid Obesity requires additional personnel/equipment to handle 2604021 Non-healing fractures 2604023 Orthopedic device (backboard, halo, use of pins in traction, etc.) requiring special handling in transit 2604025 Restraints (Physical or Chemical) anticipated or used during transport 2604027 Risk of falling off wheelchair or stretcher while in motion (not related to obesity) 2604029 Severe Muscular weakness and de-conditioned state precludes any significant physical activity 2604031 Special handling en route-Isolation 2604033 Third Party assistance/attendant required to apply, administer, or regulate or adjust oxygen en route 2604035 Unable to maintain erect sitting position in a chair for time needed to transport, due to moderate muscular weakness and de-conditioning.

2604037 Unable to sit in chair or wheelchair due to Grade II or greater decubitus ulcers on buttocks.

ePayment.05 - Healthcare Provider Type Signing Physician Certification Statement

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
The type of healthcare provider who signed the Physician Certification Statement

NEMSIS Element:	Healthcare Provider Type Signing Physician Certification Statement

Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: 2605001 Clinical Nurse Specialist 2605003 Discharge Planner 2605007 Physician Assistant 2605005 Physician (MD or DO) 2605009 Registered Nurse 2605011 Registered Nurse Practitioner

ePayment.06 - Last Name of Individual Signing Physician Certification Statement

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
The last name of the healthcare provider who signed the Physician Certification Statement.

NEMSIS Element:	Last Name of Individual Signing Physician Certification Statement

Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: character length = 1 to 60

Code List:
None

ePayment.07 - First Name of Individual Signing Physician Certification Statement

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
The first name of the healthcare provider who signed the Physician Certification Statement.

NEMSIS Element:	First Name of Individual Signing Physician Certification Statement

Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: character length = 1 to 50

Code List:
None

ePayment.08 - Patient Resides in Service Area

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
An indication of whether the patient's current residence is within the EMS agency service area.

NEMSIS Element:	Patient Resides in Service Area

Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: 2608003 Not a Resident Within EMS Service Area 2608001 Resident Within EMS Service Area

ePayment.09 - Insurance Company ID			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
The ID Number of the patient's insurance company.			
NEMSIS Element:	Insurance Company ID		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 2 to 60			
Code List:			
None			

ePayment.10 - Insurance Company Name			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
The name of the patient's insurance company.			
NEMSIS Element:	Insurance Company Name		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 2 to 100			
Code List:			
None			

ePayment.11 - Insurance Company Billing Priority

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
The billing priority or order for the insurance company.

NEMSIS Element:	Insurance Company Billing Priority

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: 2611001 Other 2611017 Payer Responsibility Eight 2611023 Payer Responsibility Eleven 2611011 Payer Responsibility Five 2611009 Payer Responsibility Four 2611019 Payer Responsibility Nine 2611015 Payer Responsibility Seven 2611013 Payer Responsibility Six 2611021 Payer Responsibility Ten 2611003 Primary 2611005 Secondary 2611007 Tertiary 2611025 Unknown

ePayment.12.StreetAddress2 - Insurance Company Address 2			
OC-MEDS Reporting:			
Reporting Condition:			
Definition:			
The mailing address 2 of the Insurance Company			
OC-MEDS Element:	Insurance Company Address 2		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
None			
Code List:			
None			

ePayment.12 - Insurance Company Address			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
The mailing address of the Insurance Company			
NEMSIS Element:	Insurance Company Address		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 1 to 255			
Code List:			
None			

ePayment.13 - Insurance Company City			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
The insurance company's city or township used for mailing purposes.			
NEMSIS Element:	Insurance Company City		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 2 to 30			
Code List:			
None			

ePayment.14 - Insurance Company State

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
The insurance company's state, territory, or province, or District of Columbia.

NEMSIS Element:	Insurance Company State

Data Type:	ANSI Value	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
The ANSI Code Selection by text but stored as ANSI code.

Code List:
None

ePayment.15 - Insurance Company ZIP Code			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
The insurance company's ZIP Code			
NEMSIS Element:	Insurance Company ZIP Code		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
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]			
Code List:			
None			

ePayment.16 - Insurance Company Country			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
The insurance company's country			
NEMSIS Element:	Insurance Company Country		
Data Type:	ANSI Value	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 2 / Based on the ISO Country Codes.			
Code List:			
ANSI Country Codes (ISO 3166) Website: http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm			

ePayment.17 - Insurance Group ID			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
The ID number of the patient's insurance group.			
NEMSIS Element:	Insurance Group ID		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 2 to 30			
Code List:			
None			

ePayment.18 - Insurance Policy ID Number

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
The ID number of the patient's insurance policy

NEMSIS Element:	Insurance Policy ID Number

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: character length = 2 to 30

Code List:
None

ePayment.19 - Last Name of the Insured			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
The last (family) name of the person insured by the insurance company.			
NEMSIS Element:	Last Name of the Insured		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 1 to 60			
Code List:			
None			

ePayment.20 - First Name of the Insured			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
The first (given) name of the person insured by the insurance company			
NEMSIS Element:	First Name of the Insured		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 1 to 50			
Code List:			
None			

ePayment.21 - Middle Initial/Name of the Insured			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
The middle name, if any, of the person insured by the insurance company.			
NEMSIS Element:	Middle Initial/Name of the Insured		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 1 to 50			
Code List:			
None			

ePayment.22 - Relationship to the Insured

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
The relationship of the patient to the primary insured person

NEMSIS Element:	Relationship to the Insured

Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: 2622009 Cadaver Donor 2622005 Child/Dependent 2622011 Employee 2622013 Life/Domestic Partner 2622015 Organ Donor 2622007 Other 2622019 Other Relationship 2622001 Self 2622003 Spouse 2622017 Unknown

ePayment.23 - Closest Relative/Guardian Last Name

OC-MEDS Reporting:	Optional
Reporting Condition:	None

Definition:
The last (family) name of the patient's closest relative or guardian

NEMSIS Element:	Closest Relative/Guardian Last Name		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: character length = 1 to 60

Code List:
None

ePayment.24 - Closest Relative/ Guardian First Name			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
The first (given) name of the patient's closest relative or guardian			
NEMSIS Element:	Closest Relative/ Guardian First Name		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 1 to 50			
Code List:			
None			

ePayment.25 - Closest Relative/ Guardian Middle Initial/Name

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
The middle name/initial, if any, of the closest patient's relative or guardian.

NEMSIS Element:	Closest Relative/ Guardian Middle Initial/Name

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: character length = 1 to 50

Code List:
None

ePayment.26 - Closest Relative/ Guardian Street Address

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
The street address of the residence of the patient's closest relative or guardian.

NEMSIS Element:	Closest Relative/ Guardian Street Address

Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: character length = 1 to 255

Code List:
None

ePayment.27 - Closest Relative/ Guardian City

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
The primary city or township of residence of the patient's closest relative or guardian.

NEMSIS Element:	Closest Relative/ Guardian City

Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: character length = 2 to 30

Code List:
None

ePayment.28 - Closest Relative/ Guardian State

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
The state of residence of the patient's closest relative or guardian.

NEMSIS Element:	Closest Relative/ Guardian State

Data Type:	ANSI Value	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: character length = 2 / The ANSI Code Selection by text but stored as ANSI code.

Code List:
None

ePayment.29 - Closest Relative/ Guardian ZIP Code

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
The ZIP Code of the residence of the patient's closest relative or guardian.

NEMSIS Element:	Closest Relative/ Guardian ZIP Code

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
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]

Code List:
None

ePayment.30 - Closest Relative/ Guardian Country

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
The country of residence of the patient's closest relative or guardian.

NEMSIS Element:	Closest Relative/ Guardian Country

Data Type:	ANSI Value	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: character length = 2 / Based on the ISO Country Codes.

Code List:
ANSI Country Codes (ISO 3166) Website: http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm

ePayment.31 - Closest Relative/ Guardian Phone Number

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
The phone number of the patient's closest relative or guardian

NEMSIS Element:	Closest Relative/ Guardian Phone Number

Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: pattern = [2-9][0-9][0-9]-[2-9][0-9][0-9]-[0-9][0-9][0-9][0-9]

Code List:
None

ePayment.32 - Closest Relative/ Guardian Relationship

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
The relationship of the patient's closest relative or guardian

NEMSIS Element:	Closest Relative/ Guardian Relationship

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: 2632001 Appointed Guardian 2632003 Child/Dependent 2632017 Employee 2632005 Father 2632019 Life/Domestic Partner 2632007 Mother 2632009 Other (Non-Relative) 2632011 Other (Relative) 2632013 Sibling 2632015 Spouse 2632021 Unknown

ePayment.33 - Patient's Employer			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
The patient's employers Name			
NEMSIS Element:	Patient's Employer		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 2 to 60			
Code List:			
None			

ePayment.34 - Patient's Employers Address

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
The street address of the patient's employer

NEMSIS Element:	Patient's Employers Address

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: character length = 1 to 255

Code List:
None

ePayment.35 - Patient Employers City			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
The city or township of the patients employer used for mailing purposes			
NEMSIS Element:	Patient Employers City		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 2 to 30			
Code List:			
None			

ePayment.36 - Patient's Employers State			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
The state of the patient's employer			
NEMSIS Element:	Patient's Employers State		
Data Type:	ANSI Value	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 2 / The ANSI Code Selection by text but stored as ANSI code.			
Code List:			
None			

ePayment.37 - Patient's Employers ZIP Code			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
The ZIP Code of the patient's employer			
NEMSIS Element:	Patient's Employers ZIP Code		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
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]			
Code List:			
None			

ePayment.38 - Patient's Employers Country			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
The country of the patient's employer			
NEMSIS Element:	Patient's Employers Country		
Data Type:	ANSI Value	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 2 / Based on the ISO Country Codes.			
Code List:			
ANSI Country Codes (ISO 3166) Website: http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm			

ePayment.39 - Patient's Employers Primary Phone Number

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
The employer's primary phone number.

NEMSIS Element:	Patient's Employers Primary Phone Number

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: pattern = [2-9][0-9][0-9]-[2-9][0-9][0-9]-[0-9][0-9][0-9][0-9]

Code List:
None

ePayment.40 - Response Urgency

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
The urgency in which the EMS agency began to mobilize resources for this EMS encounter.

NEMSIS Element:	Response Urgency

Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: 2640001 Immediate 2640003 Non-Immediate

ePayment.41 - Patient Transport Assessment

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
Documentation of the patient's transport need based on mobility and/or physical capability.

NEMSIS Element:	Patient Transport Assessment

Data Type:	Multi-select	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: 2641001 Unable to sit without assistance 2641003 Unable to stand without assistance 2641005 Unable to walk without assistance

ePayment.42 - Specialty Care Transport Care Provider

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
Documentation to show the patient care provided to the patient met the Specialty Care Transport Base Rate requirements.

NEMSIS Element:	Specialty Care Transport Care Provider

Data Type:	Multi-select	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: 2642015 2009 Advanced Emergency Medical Technician (AEMT) 2642011 2009 Emergency Medical Responder (EMR) 2642013 2009 Emergency Medical Technician (EMT) 2642017 2009 Paramedic 2642001 Advanced EMT-Paramedic 2642037 Community Paramedicine 2642035 Critical Care Paramedic 2642021 EMT-Basic 2642023 EMT-Intermediate 2642025 EMT-Paramedic 2642019 First Responder 2642003 Nurse 2642005 Nurse Practitioner 2642027 Other Healthcare Professional 2642029 Other Non-Healthcare Professional 2642009 Physician Assistant 2642007 Physician (MD, DO) 2642039 Registered Nurse 2642031 Respiratory Therapist 2642033 Student

ePayment.44 - Ambulance Transport Reason Code

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
The CMS Ambulance Transport Reason Code for the transport.

NEMSIS Element:	Ambulance Transport Reason Code

Data Type:	Multi-select	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: E Patient was transferred to a Rehabilitation Facility B Patient was transported for the benefit of a preferred physician D Patient was transported for the care of a specialist or for availability of equipment C Patient was transported for the nearness of family members A Patient was transported to the nearest facility for care of symptoms, complaints, or both

ePayment.45 - Round Trip Purpose Description

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
Free text description providing the purpose of the round trip EMS transport based on CR109 field for CMS.

NEMSIS Element:	Round Trip Purpose Description

Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: character length = 2 to 80

Code List:
None

ePayment.46 - Stretcher Purpose Description

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
Free Text Documentation providing the reason for use of a stretcher in the EMS patient transport.

NEMSIS Element:	Stretcher Purpose Description

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: character length = 2 to 80

Code List:
None

ePayment.47 - Ambulance Conditions Indicator

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
Documentation of the CRC03 through CRC07 requirements for CMS billing using X12 transactions.

NEMSIS Element:	Ambulance Conditions Indicator

Data Type:	Multi-select	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: 09 Ambulance service was medically necessary 07 Patient had to be physically restrained 08 Patient had visible hemorrhaging 12 Patient is confined to a bed or chair (Use code 12 to indicate patient was bedridden during transport.) 01 Patient was admitted to a hospital 04 Patient was moved by stretcher 06 Patient was transported in an emergency situation 05 Patient was unconscious or in shock

ePayment.48 - Mileage to Closest Hospital Facility

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
The mileage to the closest hospital facility from the scene. Documented only if the patient was transported to a facility farther away than the closest hospital.

NEMSIS Element:	Mileage to Closest Hospital Facility

Data Type:	Decimal	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: minimum = 1; maximum = 1000; format = ####.##

Code List:
None

ePayment.49 - ALS Assessment Performed and Warranted

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
Documentation that the patient required an ALS assessment and it was performed.

NEMSIS Element:	ALS Assessment Performed and Warranted

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: Code Description 9923001 No 9923003 Yes

ePayment.50 - CMS Service Level

OC-MEDS Reporting:	Recommended

Reporting Condition:	Complete and submit if available

Definition:
The CMS service level for this EMS encounter.

NEMSIS Element:	CMS Service Level

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 2650001 ALS, Level 1 2650003 ALS, Level 1 Emergency 2650005 ALS, Level 2 2650007 BLS 2650009 BLS, Emergency 2650011 Fixed Wing (Airplane) 2650013 Paramedic Intercept 2650017 Rotary Wing (Helicopter) 2650015 Specialty Care Transport

ePayment.51 - EMS Condition Code			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
The condition code associated with the CMS EMS negotiated rule-making process.			
NEMSIS Element:	EMS Condition Code		
Data Type:	ICD-10 value	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: pattern = [A-Z][0-9]{2}((\.[0-9A-Z]{1,3})?)			
Code List:			
Relevant ICD-10 Value			

ePayment.52 - CMS Transportation Indicator

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
The CMS Ambulance Fee Schedule Transportation and Air Medical Transportation Indicators are used to better describe why it was necessary for the patient to be transported in a particular way or circumstance.

NEMSIS Element:	CMS Transportation Indicator

Data Type:	Multi-select	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: C6 ALS Response (Based on Dispatch Info) to BLS Patient (Condition) C5 BLS Transport of ALS Patient (ALS not available) C3 Emergency Trauma Dispatch Condition Code (Major Incident or Mechanism of Injury) C1 Interfacility Transport (Requires Higher level of care) C2 Interfacility Transport (service not available) C7 IV Medications required en route (ALS) D1 Long Distance-patient's condition requires rapid transportation over a long distance C4 Medically Necessary Transport (Facility on Divert or Services Unavailable) D4 Pick up Point not Accessible by Ground Transport D2 Rare Circumstances, Traffic Patterns Precludes Ground Transport D3 Time to the closest appropriate hospital due to the patient's condition precludes ground transport; maximize clinical benefits

ePayment.53 - Transport Authorization Code			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Prior authorization code provided by the insurance carrier/payer.			
NEMSIS Element:	Transport Authorization Code		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 2 to 52			
Code List:			
None			

ePayment.54 - Prior Authorization Code Payer

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
The Payer who has provided the Prior Authorization Code.

NEMSIS Element:	Prior Authorization Code Payer

Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: character length = 1 to 255

Code List:
None

ePayment.55 - Supply Item Used Name			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
The name of the supply used on the patient by the EMS Crew during the EMS event.			
NEMSIS Element:	Supply Item Used Name		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 2 to 80 Comments: Added to track EMS supplies for billing. The list of supplies would be created by the EMS Agency.			
Code List:			
List to be created by EMS Provider Agency.			

ePayment.56 - Number of Supply Item(s) Used

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
The number of the specific supply item used on the patient by the EMS Crew during the EMS event.

NEMSIS Element:	Number of Supply Item(s) Used

Data Type:	Number	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: minimum = 1; maximum = 100,000,000

Code List:
None

ePayment.57 - Payer Type

OC-MEDS Reporting:	Optional
Reporting Condition:	None

Definition:
Payer type according to X12 standard.

NEMSIS Element:	Payer Type

Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Comments:This element should only be used if Insurance, Medicare, Medicaid, Workers Compensation, or Other Government are selected in ePayment.01 - Primary Method of Payment

Code List:
Select Resources: AM Automobile Medical BL Blue Cross/Blue Shield CH Champus CI Commercial Insurance Co. 17 Dental Maintenance Organization DS Disability 14 Exclusive Provider Organization (EPO) FI Federal Employees Program HM Health Maintenance Organization 16 Health Maintenance Organization (HMO) Medicare Risk 15 Indemnity Insurance LM Liability Medical MC Medicaid MA Medicare Part A MB Medicare Part B ZZ Mutually Defined OF Other Federal Program 11 Other Non-Federal Programs 13 Point of Service (POS) 12 Preferred Provider Organization (PPO) TV Title V VA Veteran Affairs Plan

WC Workers' Compensation Health Claim

ePayment.58 - Insurance Group Name

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
The name of the patient's insurance group.

NEMSIS Element:	Insurance Group Name

Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: character length = 2 to 30

Code List:
None

itPayment.001 - Moved by Stretcher			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Moved by Stretcher			
OC-MEDS Element:	Moved by Stretcher		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT8.2			
Code List:			
Select Resources: itPayment.001.100 No itPayment.001.101 Yes			

itPayment.002 - Visible Hemorrhaging			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Visible Hemorrhaging			
OC-MEDS Element:	Visible Hemorrhaging		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT8.3			
Code List:			
Select Resources: itPayment.002.100 No itPayment.002.101 Yes			

itPayment.003 - Unconscious/Shock			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Unconscious/Shock			
OC-MEDS Element:	Unconscious/Shock		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT8.4			
Code List:			
Select Resources: itPayment.003.100 No itPayment.003.101 Yes			

itPayment.004 - Bed Confined Before			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Bed Confined Before			
OC-MEDS Element:	Bed Confined Before		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT8.5			
Code List:			
Select Resources: itPayment.004.100 No itPayment.004.101 Yes			

itPayment.005 - Bed Confined After			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Bed Confined After			
OC-MEDS Element:	Bed Confined After		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT8.6			
Code List:			
Select Resources: itPayment.005.100 No itPayment.005.101 Yes			

itPayment.007 - Physical Restraints			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Physical Restraints			
NEMSIS Element:	Physical Restraints		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT8.11			
Code List:			
Select Resources: itPayment.007.100 No itPayment.007.101 Yes			

itPayment.008 - Hospital Admit			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Hospital Admit			
OC-MEDS Element:	Hospital Admit		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT8.12			
Code List:			
Select Resources: itPayment.008.100 No itPayment.008.101 Yes			

itPayment.010 - Patient Belongings Other			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Patient Belongings Other			
OC-MEDS Element:	Patient Belongings Other		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT8.16			
Code List:			
None			

itPayment.011 - Patient Belongings Left With			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Patient Belongings Left With			
OC-MEDS Element:	Patient Belongings Left With		
Data Type:	Single-select	Pertinent Negatives (PN):	
Is Nillable:	No	NOT Values:	
Attributes:			
Comments: v2 Code = IT8.17			
Code List:			

Select Resources:
itPayment.011.105 At Destination with Family
itPayment.011.103 At Destination with Patient
itPayment.011.102 At Destination with Staff (includes Aeromed. staff)
itPayment.011.100 At Incident Location with Family/friends
itPayment.011.101 At Incident with Law Enforcements
itPayment.011.104 At Other (Describe Below)

itPayment.012 - Patient Belongings Left With Other			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Patient Belongings Left With Other			
OC-MEDS Element:	Patient Belongings Left With Other		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT8.18			
Code List:			
None			

itPayment.013 - Mult. Joint Contracture			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Mult. Joint Contracture			
OC-MEDS Element:	Mult. Joint Contracture		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT8.46			
Code List:			
Select Resources: itPayment.013.100 No itPayment.013.101 Yes			

itPayment.014 - Invalid Transport Possible			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Invalid Transport Possible			
OC-MEDS Element:	Invalid Transport Possible		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT8.47			
Code List:			
Select Resources: itPayment.014.100 No itPayment.014.101 Yes			

itPayment.015 - Treatment Available at the Originating Facility			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Treatment Available at the Originating Facility			
OC-MEDS Element:	Treatment Available at the Originating Facility		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT8.48			
Code List:			
Select Resources: itPayment.015.100 No itPayment.015.101 Yes			

itPayment.016 - Patient Status/Bed Type			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Patient Status/Bed Type			
OC-MEDS Element:	Patient Status/Bed Type		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT8.49			
Code List:			
Select Resources: itPayment.016.102 DRG Patient itPayment.016.103 Hospice patient itPayment.016.101 NH Bed itPayment.016.100 SNF Bed			

eProcedures.01 - Date/Time Procedure Performed			
OC-MEDS Reporting:	Required		
Reporting Condition:	Complete and submit if procedure performed.		
Definition:			
The date/time the procedure was performed on the patient			
NEMSIS Element:	Date/Time Procedure Performed		
Data Type:	Datetime	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Constraints: between 1/1/1950 and 1/1/2050; 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}			
Code List:			
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting			

eProcedures.02 - Procedure Performed Prior to this Units EMS Care

OC-MEDS Reporting:	Required

Reporting Condition:	Complete and submit if procedure performed.

Definition:
Indicates that the procedure which was performed and documented was performed prior to this EMS units care.

NEMSIS Element:	Procedure Performed Prior to this Units EMS Care

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 9923001 No 9923003 Yes

eProcedures.03 - Procedure	
OC-MEDS Reporting:	Required
Reporting Condition:	Complete and submit if procedure performed.

Definition:
The procedure performed on the patient.

NEMSIS Element:	Procedure

Data Type:	SnoMed value	Pertinent Negatives (PN):	Yes
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
See Attachment 6 - eProcedures.03 Data List

eProcedures.04 - Size of Procedure Equipment			
OC-MEDS Reporting:	Required		
Reporting Condition:	Complete and submit if procedure performed.		
Definition:			
The size of the equipment used in the procedure on the patient			
NEMSIS Element:	Size of Procedure Equipment		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 1 to 20			
Code List:			
None			

eProcedures.05 - Number of Procedure Attempts			
OC-MEDS Reporting:	Required		
Reporting Condition:	Complete and submit if procedure performed.		
Definition:			
The number of attempts taken to complete a procedure or intervention regardless of success.			
NEMSIS Element:	Number of Procedure Attempts		
Data Type:	Number	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Constraints: minimum = 1; maximum = 10			
Code List:			
Not Values: 7701001 Not Applicable 7701003 Not Recorded			

eProcedures.06 - Procedure Successful

OC-MEDS Reporting:	Required

Reporting Condition:	Complete and submit if procedure performed.

Definition:
Indicates that this individual procedure attempt which was performed on the patient was successful.

NEMSIS Element:	Procedure Successful

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 9923001 No 9923003 Yes

eProcedures.07 - Procedure Complication

OC-MEDS Reporting:	Required

Reporting Condition:	Complete and submit if procedure performed.

Definition:
Any complication (abnormal effect on the patient) associated with the performance of the procedure on the patient

NEMSIS Element:	Procedure Complication

Data Type:	Multi-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 3907001 Altered Mental Status 3907003 Apnea 3907005 Bleeding 3907047 Bradycardia 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/Urticaria 3907031 Nausea 3907033 None

3907035 Other
3907039 Respiratory Distress
3907041 Tachycardia
3907043 Tachypnea
3907045 Vomiting

eProcedures.08 - Response to Procedure			
OC-MEDS Reporting:	Required		
Reporting Condition:	Complete and submit if procedure performed.		
Definition:			
The patient's response to the procedure			
NEMSIS Element:	Response to Procedure		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
None			
Code List:			

Not Values:
7701001 Not Applicable
7701003 Not Recorded

Select Resources:
9916001 Improved
9916003 Unchanged
9916005 Worse

eProcedures.09 - Procedure Crew Members ID			
OC-MEDS Reporting:	Required		
Reporting Condition:	Complete and submit if procedure performed.		
Definition:			
The statewide assigned ID number of the EMS crew member performing the procedure on the patient			
NEMSIS Element:	Procedure Crew Members ID		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 2 to 50			
Code List:			
None			

eProcedures.10 - Role/Type of Person Performing the Procedure

OC-MEDS Reporting:	Required

Reporting Condition:	Complete and submit if procedure performed.

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 Element:	Role/Type of Person Performing the Procedure

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 9905009 EMT 9905013 Paramedic 9905017 Nurse/MICN 9905019 Other Healthcare Professional 9905023 Patient/Lay Person 9905025 Physician 9905027 Respiratory Therapist 9905029 Student

eProcedures.11 - Procedure Authorization

OC-MEDS Reporting:	Optional

Reporting Condition:	Complete and submit if available

Definition:
The type of treatment authorization obtained

NEMSIS Element:	Procedure Authorization

Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: 9918001 Base Hospital Order 9918003 On-Scene Physician 9918005 Standing Order/Protocol 9918007 Written Orders (Patient Specific)

eProcedures.13 - Vascular Access Location

OC-MEDS Reporting:	Required

Reporting Condition:	Complete and submit if eProcedures.03 includes a "vascular access" value.

Definition:
The location of the vascular access site attempt on the patient, if applicable.

NEMSIS Element:	Vascular Access Location

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting Select Resources: 3913001 Antecubital-Left 3913003 Antecubital-Right 3913005 External Jugular-Left 3913007 External Jugular-Right 3913015 Foot-Left 3913013 Foot-Right 3913017 Forearm-Left 3913019 Forearm-Right 3913021 Hand-Left 3913023 Hand-Right 3913047 IO-Tibia-Left Proximal 3913049 IO-Tibia-Right Proximal 3913051 Lower Extremity-Left 3913053 Lower Extremity-Right 3913057 Other Central (PICC, Portacath, etc.) 3913055 Other Peripheral 3913059 Scalp 3913065 Umbilical

3913071 Upper Arm-Left 3913073 Upper Arm-Right

itProcedures.005 - Procedure Comments			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if available		
Definition:			
Procedure Comments			
OC-MEDS Element:	Procedure Comments		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: max length = 500 Comments: v2 Code = IT7.22			
Code List:			
None			

itProcedures.006 - Procedure Location			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if available		
Definition:			
Procedure Location			
OC-MEDS Element:	Procedure Location		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT7.24			

Code List:

Select Resources:
itProcedures.006.100 Antecubital-Left
itProcedures.006.101 Antecubital-Right
itProcedures.006.125 Arm-Left
itProcedures.006.126 Arm-Right
itProcedures.006.127 Back
itProcedures.006.143 Chest
itProcedures.006.128 Chest-Left
itProcedures.006.129 Chest-Right
itProcedures.006.146 Esophagus
itProcedures.006.102 External Jugular-Left
itProcedures.006.103 External Jugular-Right
itProcedures.006.130 Eye-Left
itProcedures.006.131 Eye-Right
itProcedures.006.132 Eyes-Both
itProcedures.006.105 Femoral-Left Distal IO
itProcedures.006.104 Femoral-Left IV
itProcedures.006.107 Femoral-Right Distal IO
itProcedures.006.106 Femoral-Right IV
itProcedures.006.133 Foot-Left
itProcedures.006.134 Foot-Right
itProcedures.006.108 Forearm-Left
itProcedures.006.109 Forearm-Right

itProcedures.006.135 GI/GU
itProcedures.006.110 Hand-Left
itProcedures.006.111 Hand-Right
itProcedures.006.136 Head
itProcedures.006.122 Humeral Head IO-Left
itProcedures.006.123 Humeral Head IO-Right
itProcedures.006.158 Internal Jugular-Left
itProcedures.006.159 Internal Jugular-Right
itProcedures.006.112 Lower Extremity-Left
itProcedures.006.113 Lower Extremity-Right
itProcedures.006.145 Mainstem Bronchus
itProcedures.006.156 Midclavicular - Right
itProcedures.006.137 Mouth
itProcedures.006.138 Neck
itProcedures.006.139 Nose
itProcedures.006.114 Other
itProcedures.006.140 Pelvis
itProcedures.006.147 Pharynx/hypopharynx
itProcedures.006.115 Scalp
itProcedures.006.116 Sternal IO
itProcedures.006.160 Subclavian
itProcedures.006.141 Tibia Distal IO-Left
itProcedures.006.142 Tibia Distal IO-Right
itProcedures.006.117 Tibia Proximal IO-Left
itProcedures.006.118 Tibia Proximal IO-Right
itProcedures.006.144 Trachea
itProcedures.006.119 Umbilical
itProcedures.006.151 Upper Extremity - Left
itProcedures.006.152 Upper Extremity - Right
itProcedures.006.120 Wrist-Left
itProcedures.006.121 Wrist-Right

itProcedures.045 - Circulation Prior To Procedure			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if pertinent		
Definition:			
Circulation Prior To Procedure			
OC-MEDS Element:	Circulation Prior To Procedure		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT7.104			
Code List:			
Select Resources: itProcedures.045.100 Absent itProcedures.045.101 Present			

itProcedures.046 - Sensation Prior To Procedure			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if pertinent		
Definition:			
Sensation Prior To Procedure			
OC-MEDS Element:	Sensation Prior To Procedure		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT7.105			
Code List:			
Select Resources: itProcedures.046.100 Absent itProcedures.046.101 Present			

itProcedures.047 - Motor Prior To Procedure			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if pertinent		
Definition:			
Motor Prior To Procedure			
OC-MEDS Element:	Motor Prior To Procedure		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT7.106			
Code List:			
Select Resources: itProcedures.047.100 Absent itProcedures.047.101 Present			

itProcedures.048 - Circulation After Procedure			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if pertinent		
Definition:			
Circulation After Procedure			
OC-MEDS Element:	Circulation After Procedure		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT7.107			
Code List:			
Select Resources: itProcedures.048.100 Absent itProcedures.048.101 Present			

itProcedures.049 - Sensation After Procedure			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if pertinent		
Definition:			
Sensation After Procedure			
OC-MEDS Element:	Sensation After Procedure		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT7.108			
Code List:			
Select Resources: itProcedures.049.100 Absent itProcedures.049.101 Present			

itProcedures.050 - Motor After Procedure			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if pertinent		
Definition:			
Motor After Procedure			
OC-MEDS Element:	Motor After Procedure		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT7.109			
Code List:			
Select Resources: itProcedures.050.100 Absent itProcedures.050.101 Present			

itProcedures.055 - Procedure Ordered			
OC-MEDS Reporting:	Base Hospital Use Only		
Reporting Condition:	Complete and submit if available		
Definition:			
The Procedure Ordered by the Base Hospital			
OC-MEDS Element:	Procedure Ordered		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT32.11			
Code List:			
See Attachment 6 - eProcedures.03 Data List			

itProcedures.056 - Procedure Ordered By	
OC-MEDS Reporting:	Base Hospital Use Only
Reporting Condition:	Complete and submit if available

Definition:
The MICN or Physician who ordered the procedure.

OC-MEDS Element:	Procedure Ordered By

Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
None

itProcedures.057 - Procedure Ordered Size of Equipment			
OC-MEDS Reporting:	Base Hospital Use Only		
Reporting Condition:	Complete and submit if available		
Definition:			
The size of the equipment ordered by the Base Hospital.			
OC-MEDS Element:	Procedure Ordered Size of Equipment		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT32.14			
Code List:			
None			

itProcedures.058 - Procedure Ordered Date/Time			
OC-MEDS Reporting:	Base Hospital Use Only		
Reporting Condition:	Complete and submit if available		
Definition:			
The date/time that the procedure was ordered.			
OC-MEDS Element:	Procedure Ordered Date/Time		
Data Type:	Datetime	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT32.13			
Code List:			
None			

itProcedures.059 - Procedure Ordered Comments			
OC-MEDS Reporting:	Base Hospital Use Only		
Reporting Condition:	Complete and submit if available		
Definition:			
Procedure Ordered Comments			
OC-MEDS Element:	Procedure Ordered Comments		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT32.16			
Code List:			
None			

itProcedures.060 - Procedure Ordered Location			
OC-MEDS Reporting:	Base Hospital Use Only		
Reporting Condition:	Complete and submit if available		
Definition:			
The location in which the procedure ordered by the Base Hospital is to be performed.			
OC-MEDS Element:	Procedure Ordered Location		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Comments: v2 Code = IT32.15			

Code List:
Not Values: itProcedures.060.161 Not Applicable itProcedures.060.162 Not Recorded Select Resources: itProcedures.060.100 Abdomen itProcedures.060.101 Antecubital-Left itProcedures.060.102 Antecubital-Right itProcedures.060.103 Anterior Axillary - Left itProcedures.060.104 Anterior Axillary - Right itProcedures.060.105 Arm-Left itProcedures.060.106 Arm-Right itProcedures.060.107 Assessment-Global itProcedures.060.108 Back itProcedures.060.109 Chest itProcedures.060.110 Chest-Left itProcedures.060.111 Chest-Right itProcedures.060.112 Ear-Left itProcedures.060.113 Ear-Right itProcedures.060.114 Esophagus itProcedures.060.115 External Jugular-Left itProcedures.060.116 External Jugular-Right itProcedures.060.117 Eye-Left itProcedures.060.118 Eye-Right

itProcedures.060.119 Eyes-Both
itProcedures.060.120 Femoral-Left Distal IO
itProcedures.060.121 Femoral-Left IV
itProcedures.060.122 Femoral-Right Distal IO
itProcedures.060.123 Femoral-Right IV
itProcedures.060.124 Foot-Left
itProcedures.060.125 Foot-Right
itProcedures.060.126 Forearm-Left
itProcedures.060.127 Forearm-Right
itProcedures.060.128 GI/GU
itProcedures.060.129 Hand-Left
itProcedures.060.130 Hand-Right
itProcedures.060.131 Head
itProcedures.060.132 Humeral Head IO-Left
itProcedures.060.133 Humeral Head IO-Right
itProcedures.060.134 Internal Jugular-Left
itProcedures.060.135 Internal Jugular-Right
itProcedures.060.136 Lower Extremity-Left
itProcedures.060.137 Lower Extremity-Right
itProcedures.060.138 Mainstem Bronchus
itProcedures.060.139 Midclavicular - Left
itProcedures.060.140 Midclavicular - Right
itProcedures.060.141 Mouth
itProcedures.060.142 Neck
itProcedures.060.143 Nose
itProcedures.060.144 Other
itProcedures.060.145 Pelvis
itProcedures.060.146 Pharynx/hypopharynx
itProcedures.060.147 Scalp
itProcedures.060.148 Sternal IO
itProcedures.060.149 Subclavian
itProcedures.060.150 Temporal
itProcedures.060.151 Tibia Distal IO-Left
itProcedures.060.152 Tibia Distal IO-Right
itProcedures.060.153 Tibia Proximal IO-Left
itProcedures.060.154 Tibia Proximal IO-Right
itProcedures.060.155 Trachea
itProcedures.060.156 Umbilical
itProcedures.060.157 Upper Extremity - Left
itProcedures.060.158 Upper Extremity - Right
itProcedures.060.159 Wrist-Left
itProcedures.060.160 Wrist-Right

itProcedures.061 - Procedure Ordered Response			
OC-MEDS Reporting:	Base Hospital Use Only		
Reporting Condition:	Complete and submit if available		
Definition:			
The patient's response to the procedure ordered by the Base Hospital.			
OC-MEDS Element:	Procedure Ordered Response		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Comments: v2 Code = IT32.12			
Code List:			
Not Values: itProcedures.061.103 Not Applicable itProcedures.061.104 Not Recorded Select Resources: itProcedures.061.100 Improved itProcedures.061.101 Unchanged itProcedures.061.102 Worse			

eRecord.01 - Patient Care Report Number

OC-MEDS Reporting:	Required

Reporting Condition:	Every submitted incident.

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 Element:	Patient Care Report Number

Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: character length = 3 to 50

Code List:
None

eRecord.02 - Software Creator

OC-MEDS Reporting:	Required

Reporting Condition:	Every submitted incident.

Definition:
The name of the vendor, manufacturer, and developer who designed the application that created this record.

NEMSIS Element:	Software Creator

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: character length = 1 to 50 Comments: Software Creator must be certified compliant with the current version of the National EMS Information System (NEMSIS) as stated on the NEMSIS Website.

Code List:
None

eRecord.03 - Software Name			
OC-MEDS Reporting:	Required		
Reporting Condition:	Every submitted incident.		
Definition:			
The name of the application used to create this record.			
NEMSIS Element:	Software Name		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 1 to 50			
Code List:			
None			

eRecord.04 - Software Version			
OC-MEDS Reporting:	Required		
Reporting Condition:	Every submitted incident.		
Definition:			
The version of the application used to create this record.			
NEMSIS Element:	Software Version		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 1 to 50			
Code List:			
None			

eResponse.01 - EMS Agency Number	
OC-MEDS Reporting:	Required
Reporting Condition:	Every submitted incident.

Definition:
The provider number of the responding agency

NEMSIS Element:	EMS Agency Number

Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: character length = 1 to 15 Public Provider Agencies (Fire Departments) will utilize the provider's Fire Department Identification Number (FDID). FDID Numbers are issued to fire departments by the California State Office of the State Fire Marshal (SFM). More information regarding NFIRS is available at . FDID numbers are a five-digit number used for reporting data pursuant to the National Fire Incident Reporting System (NFIRS) - www.nfirs.fema.gov. Private Provider Agencies (Ambulance Companies) will utilize the provider's Health Insurance Portability and Accountability Act (HIPAA) National Provider Identifier (NPI). NPI # is a HIPAA Administrative Simplification Standard. The NPI is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses will use the NPI's in the administrative and financial transactions adopted under HIPAA. The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). This means that the numbers do not carry other information about healthcare providers, such as the state in which they live or their medical specialty. Additional information is available online at: http://www.cms.hhs.gov/NationalProvIdentStand/

Code List:
See Attachment 2 - EMS Provider Agency Data List

eResponse.02 - EMS Agency Name			
OC-MEDS Reporting:	Required		
Reporting Condition:	Every submitted incident.		
Definition:			
EMS Agency Name			
NEMSIS Element:	EMS Agency Name		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Constraints: character length = 2 to 100			
Code List:			

See Attachment 2 - EMS Provider Agency Data List

Not Values:
7701005 Not Applicable
7701003 Not Recorded
7701001 Not Reporting

eResponse.03 - Incident Number			
OC-MEDS Reporting:	Required		
Reporting Condition:	Every submitted incident.		
Definition:			
The incident number assigned by the 911 Dispatch System			
NEMSIS Element:	Incident Number		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Constraints: character length = 3 to 50			
Code List:			
Not Values: 7701001 Not Applicable 7701003 Not Recorded			

eResponse.04 - EMS Response Number

OC-MEDS Reporting:	Recommended

Reporting Condition:	Completed and submit if available

Definition:
The internal EMS response number which is unique for each EMS Vehicle's (Unit) response to an incident within an EMS Agency.

NEMSIS Element:	EMS Response Number

Data Type:	String	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: character length = 3 to 50

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded

eResponse.05 - Type of Service Requested

OC-MEDS Reporting:	Required

Reporting Condition:	Every submitted incident.

Definition:
The type of service or category of service requested of the EMS Agency responding for this specific EMS event

NEMSIS Element:	Type of Service Requested

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: 2205001 911 Response (Scene) 2205003 Intercept 2205005 Interfacility Transport 2205007 Medical Transport 2205009 Mutual Aid 2205011 Public Assistance/Other Not Listed 2205013 Standby

eResponse.07 - Primary Role of the Unit			
OC-MEDS Reporting:	Required		
Reporting Condition:	Every submitted incident.		
Definition:			
The primary role of the EMS Unit which responded to this specific EMS event			
NEMSIS Element:	Primary Role of the Unit		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
None			
Code List:			
Select Resources: 2207001 Air Ambulance 2207003 Ground Ambulance 2207009 Engine / Truck / Paramedic Van			

eResponse.09 - Type of Response Delay

OC-MEDS Reporting:	Required

Reporting Condition:	Complete and submit if pertinent

Definition:
The response delays, if any, of the EMS unit associated with the EMS event.

NEMSIS Element:	Type of Response Delay

Data Type:	Multi-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 2209001 Crowd 2209003 Directions/Unable to Locate 2209005 Distance 2209007 Diversion (Different Incident) 2209033 Flight Planning 2209009 HazMat 2209031 Mechanical Issue-Unit, Equipment, etc. 2209011 None/No Delay 2209013 Other 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

eResponse.11 - Type of Transport Delay

OC-MEDS Reporting:	Required

Reporting Condition:	Complete and submit if pertinent

Definition:
The transport delays, if any, of the EMS unit associated with the EMS event.

NEMSIS Element:	Type of Transport Delay

Data Type:	Multi-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 2211001 Crowd 2211003 Directions/Unable to Locate 2211005 Distance 2211007 Diversion 2211009 HazMat 2211011 None/No Delay 2211013 Other 2211031 Patient Condition Change (e.g., Unit Stopped) 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

eResponse.12 - Type of Turn-Around Delay

OC-MEDS Reporting:	Required

Reporting Condition:	Complete and submit if pertinent

Definition:
The turn-around delays, if any, of EMS unit associated with the EMS event.

NEMSIS Element:	Type of Turn-Around Delay

Data Type:	Multi-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 2212001 Clean-up 2212003 Decontamination 2212005 Distance 2212007 Documentation 2212009 ED Overcrowding / Transfer of Care 2212033 EMS Crew Accompanies Patient for Facility Procedure 2212011 Equipment Failure 2212013 Equipment/Supply Replenishment 2212015 None/No Delay 2212017 Other 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

eResponse.13 - EMS Vehicle (Unit) Number	
OC-MEDS Reporting:	Required
Reporting Condition:	Every submitted incident.

Definition:
The unique physical vehicle number of the responding unit.

NEMSIS Element:	EMS Vehicle (Unit) Number

Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: character length = 1 to 25

Code List:
Unit list created by EMS provider agency.

eResponse.14 - EMS Unit Call Sign	
OC-MEDS Reporting:	Required
Reporting Condition:	Every Submitted Incident.

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 Element:	EMS Unit Call Sign

Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: character length = 1 to 50

Code List:
Unit list created by EMS provider agency.

eResponse.15 - Level of Care of This Unit

OC-MEDS Reporting:	Required

Reporting Condition:	Every submitted incident.

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 Element:	Level of Care of This Unit

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: 2215009 PAU 2215017 CCT (RN) 2215013 ALS 2215003 BLS 2215021 Non-911 IFT-ALS

eResponse.19 - Beginning Odometer Reading of Responding Vehicle

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
The mileage (counter or odometer reading) of the vehicle at the beginning of the call (when the wheels begin moving). If EMS vehicle/unit is via water or air travel document the number in "hours" as it relates to the documentation of Boat, Fixed Wing, or Rotor Craft in eDisposition.16 (EMS Transport Method)

NEMSIS Element:	Beginning Odometer Reading of Responding Vehicle

Data Type:	Decimal	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: format = ######.## Comments: If a mileage counter is being used instead of an odometer, this value would be “0”. If the provider does not record this information, then the default value will be “0”.

Code List:
None

eResponse.20 - On-Scene Odometer Reading of Responding Vehicle

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
The mileage (counter or odometer reading) of the vehicle when it arrives at the scene. If EMS vehicle/unit is via water or air travel document the number in "hours" as it relates to the documentation of Boat, Fixed Wing, or Rotor Craft in eDisposition.16 (EMS Transport Method)

NEMSIS Element:	On-Scene Odometer Reading of Responding Vehicle

Data Type:	Decimal	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: format = ######.## Comments: If a mileage counter is being used instead of an odometer, this value would be “0”. In general, this is the starting odometer reading as documented by most EMS providers.

Code List:
None

eResponse.21 - Patient Destination Odometer Reading of Responding Vehicle

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
The mileage (counter or odometer reading) of the vehicle when it arrives at the patient's destination. If EMS vehicle/unit is via water or air travel document the number in "hours" as it relates to the documentation of Boat, Fixed Wing, or Rotor Craft in eDisposition.16 (EMS Transport Method)

NEMSIS Element:	Patient Destination Odometer Reading of Responding Vehicle

Data Type:	Decimal	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: format = ######.## Comments: If a mileage counter is being used instead of an odometer, ths value would be the miles from the scene to the destination (if eResponse.20 is the starting point).

Code List:
None

eResponse.22 - Ending Odometer Reading of Responding Vehicle

OC-MEDS Reporting:	Optional

Reporting Condition:	None

Definition:
If using a counter, this is the mileage traveled beginning with dispatch through the transport of the patient to their destination and ending when back in service, starting from 0. If EMS vehicle/unit is via water or air travel document the number in "hours" as it relates to the documentation of boat, Fixed Wing, or Rotor Craft in eDisposition.16

NEMSIS Element:	Ending Odometer Reading of Responding Vehicle

Data Type:	Decimal	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: format = ######.## Comments: If the provider does not record this information, then the default value will be “0”.

Code List:
None

eResponse.23 - Response Mode to Scene

OC-MEDS Reporting:	Required

Reporting Condition:	Every submitted incident.

Definition:
The indication whether the response was emergent or non-emergent. An emergent response is an immediate response (typically using lights and sirens).

NEMSIS Element:	Response Mode to Scene

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: 2223003 Code 3 Downgraded to Code 2 2223001 Code 3 2223005 Code 2 2223007 Code 2 Upgraded to Code 3

itResponse.017 - Encounter Specific Patient Tracking Number (Triage Tag #)			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if pertinent.		
Definition:			
This number should be automatically generated by a concatenation of four fields. This number will follow the specific patient event.			
OC-MEDS Element:	Encounter Specific Patient Tracking Number		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
None			
Code List:			
None			

eScene.01 - First EMS Unit on Scene			
OC-MEDS Reporting:	Required		
Reporting Condition:	Every submitted incident.		
Definition:			
Documentation that this EMS Unit was the first EMS Unit for the EMS Agency on the Scene			
NEMSIS Element:	First EMS Unit on Scene		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
None			
Code List:			
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 9923001 No 9923003 Yes			

eScene.02 - Other EMS or Public Safety Agencies at Scene			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if available.		
Definition:			
Other EMS agency names that were at the scene, if any			
NEMSIS Element:	Other EMS or Public Safety Agencies at Scene		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 2 to 100			
Code List:			
See Attachment 2 - EMS Provider Agency Data List			

eScene.03 - Other EMS or Public Safety Agency ID Number	
OC-MEDS Reporting:	Optional
Reporting Condition:	Complete and submit if available.

Definition:
The ID number for the EMS Agency or Other Public Safety listed in eScene.02

NEMSIS Element:	Other EMS or Public Safety Agency ID Number

Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: character length = 1 to 25

Code List:
See Attachment 2 - EMS Provider Agency Data List

eScene.06 - Number of Patients at Scene

OC-MEDS Reporting:	Required

Reporting Condition:	Every submitted incident.

Definition:
Indicator of how many total patients were at the scene

NEMSIS Element:	Number of Patients at Scene

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 2707001 Multiple 2707003 None 2707005 Single

eScene.07 - Mass Casualty Incident

OC-MEDS Reporting:	Required

Reporting Condition:	Every submitted incident.

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

NEMSIS Element:	Mass Casualty Incident

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 9923001 No 9923003 Yes

eScene.08 - Triage Classification for MCI Patient

OC-MEDS Reporting:	Required

Reporting Condition:	eScene.07 is equal to "Yes".

Definition:
The color associated with the initial triage assessment/classification of the MCI patient.

NEMSIS Element:	Triage Classification for MCI Patient

Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 2708009 Black - Deceased 2708005 Green - Minor 2708001 Red - Immediate 2708003 Yellow - Delayed

eScene.09 - Incident Location Type			
OC-MEDS Reporting:	Required		
Reporting Condition:	Every submitted incident.		
Definition:			
The kind of location where the incident happened			
NEMSIS Element:	Incident Location Type		
Data Type:	ICD-10 value	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Constraints: pattern = Y92\.[0-9]{1,3}			
Code List:			
See Attachment 7 - eScene.09 Data List			

eScene.10 - Incident Facility Code			
OC-MEDS Reporting:	Recommended		
Reporting Condition:	Complete and submit if available.		
Definition:			
The state, regulatory, or other unique number (code) associated with the facility if the Incident is a Healthcare Facility.			
NEMSIS Element:	Incident Facility Code		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Constraints: character length = 2 to 50			
Code List:			
NOT Values: 7701001 - Not Applicable 7701003 - Not Recorded 7701005 - Not Reporting **See Attachment 1 - Orange County Facilities Data List**			

eScene.11 - Scene GPS Location			
OC-MEDS Reporting:	Recommended		
Reporting Condition:	Complete and submit if available		
Definition:			
The GPS coordinates associated with the Scene.			
NEMSIS Element:	Scene GPS Location		
Data Type:	GPS value	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
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})?)			
Code List:			
None			

eScene.13 - Incident Facility or Location Name			
OC-MEDS Reporting:	Recommended		
Reporting Condition:	Complete and submit if available		
Definition:			
The name of the facility, business, building, etc. associated with the scene of the EMS event.			
NEMSIS Element:	Incident Facility or Location Name		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 2 to 100			
Code List:			
See Attachment 1 - Orange County Facilities Data List			

eScene.15 - Incident Street Address			
OC-MEDS Reporting:	Required		
Reporting Condition:	Every submitted incident.		
Definition:			
The street address where the patient was found, or, if no patient, the address to which the unit responded.			
NEMSIS Element:	Incident Street Address		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Constraints: character length = 1 to 255			
Code List:			
Not Values: 7701001 Not Applicable 7701003 Not Recorded			

eScene.15.StreetAddress2 – Incident StreetAddress2			
OC-MEDS Reporting:	Recommended		
Reporting Condition:	Complete and submit if available		
Definition:			
StreetAddress2			
OC-MEDS Element:	StreetAddress2		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT5.28			
Code List:			
None			

eScene.16 - Incident Apartment, Suite, or Room			
OC-MEDS Reporting:	Recommended		
Reporting Condition:	Complete and submit if available		
Definition:			
The number of the specific apartment, suite, or room where the incident occurred.			
NEMSIS Element:	Incident Apartment, Suite, or Room		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Constraints: character length = 1 to 15			
Code List:			
Not Values: 7701001 Not Applicable 7701003 Not Recorded			

eScene.17 - Incident City			
OC-MEDS Reporting:	Required		
Reporting Condition:	Every submitted incident.		
Definition:			
The city or township (if applicable) where the patient was found or to which the unit responded (or best approximation)			
NEMSIS Element:	Incident City		
Data Type:	GNIS value	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
None			
Code List:			

Not Values:
7701001 Not Applicable
7701003 Not Recorded
7701005 Not Reporting

See Attachment 4 - Orange County Cities and Places GNIS Code List

eScene.18 - Incident State			
OC-MEDS Reporting:	Required		
Reporting Condition:	Every submitted incident.		
Definition:			
The state, territory, or province where the patient was found or to which the unit responded (or best approximation)			
NEMSIS Element:	Incident State		
Data Type:	ANSI value	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Constraints: character length = 2 Comments: The ANSI Code Selection by text but stored as ANSI code.			
Code List:			
Not Values: 7701001 Not Applicable 7701003 Not Recorded			

eScene.19 - Incident ZIP Code			
OC-MEDS Reporting:	Required		
Reporting Condition:	Every submitted incident.		
Definition:			
The ZIP code of the incident location			
NEMSIS Element:	Incident ZIP Code		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
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]			
Code List:			
Not Values: 7701001 Not Applicable 7701003 Not Recorded			

eScene.21 - Incident County			
OC-MEDS Reporting:	Required		
Reporting Condition:	Every submitted incident.		
Definition:			
The county or parish where the patient was found or to which the unit responded (or best approximation)			
NEMSIS Element:	Incident County		
Data Type:	ANSI value	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
None			
Code List:			
Not Values: 7701001 Not Applicable 7701003 Not Recorded			

eScene.22 - Incident Country			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
The country of the incident location.			
NEMSIS Element:	Incident Country		
Data Type:	ANSI value	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: character length = 2 Comments: Based on the ISO Country codes.			
Code List:			
ANSI Country Codes (ISO 3166) Website: http://www.iso.org/iso/country_codes/iso_3166_code_lists.htm			

itScene.005 - Incident Area Classification			
OC-MEDS Reporting:	Recommended		
Reporting Condition:	Complete and submit if available		
Definition:			
Incident Area Classification			
OC-MEDS Element:	Incident Area Classification		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT5.52			
Code List:			
Select Resources: itScene.005.102 Rural itScene.005.101 Suburban itScene.005.100 Urban itScene.005.103 Wilderness			

itScene.025 - Zone Number (District Number)			
OC-MEDS Reporting:	Recommended		
Reporting Condition:	Complete and submit if available		
Definition:			
The fire department incident district number.			
OC-MEDS Element:	District Number		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = E8.9			
Code List:			
See Attachment 10 - Orange County Fire District Numbers Data List			

itScene.026 - Areas of Operation (Emergency Operating Area)	
OC-MEDS Reporting:	Recommended
Reporting Condition:	Complete and submit if available
Definition:	
The Emergency Operating Area (EOA) as defined by the Orange County EMS Plan.	
OC-MEDS Element:	

Data Type:		Pertinent Negatives (PN):	
Is Nillable:		NOT Values:	

Attributes:

Code List:
See Attachment 11 - Orange County EOA Data List

eSituation.01 - Date/Time of Symptom Onset

OC-MEDS Reporting:	Recommended

Reporting Condition:	Complete and submit if available

Definition:
The date and time the symptom began (or was discovered) as it relates to this EMS event. This is described or estimated by the patient, family, and/or healthcare professionals.

NEMSIS Element:	Date/Time of Symptom Onset

Data Type:	Datetime	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: between 1/1/1950 and 1/1/2050; 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}

Code List:
Not Values: 7701001 Unknown 7701003 Not Recorded

eSituation.02 - Possible Injury			
OC-MEDS Reporting:	Required		
Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.		
Definition:			
Indication whether or not there was an injury			
NEMSIS Element:	Possible Injury		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
None			
Code List:			
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 9922001 No 9922003 Unknown 9922005 Yes			

eSituation.03 - Complaint Type

OC-MEDS Reporting:	Required

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.

Definition:
The type of patient healthcare complaint being documented.

NEMSIS Element:	Complaint Type

Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting Select Resources: 2803001 Chief (Primary) 2803003 Other 2803005 Secondary

eSituation.04 - Complaint			
OC-MEDS Reporting:	Required		
Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.		
Definition:			
The statement of the problem by the patient or the history provider.			
NEMSIS Element:	Complaint		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Constraints: character length = 1 to 255			
Code List:			
Not Values: 7701001 Unknown/Not Applicable 7701003 Not Recorded 7701005 Not Reporting			

eSituation.05 - Duration of Complaint

OC-MEDS Reporting:	Required

Reporting Condition:	eSituation.04 is not blank.

Definition:
The duration of the complaint

NEMSIS Element:	Duration of Complaint

Data Type:	Number	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: minimum = 1; maximum = 365

Code List:
Not Values: 7701001 Unknown 7701003 Not Recorded 7701005 Not Reporting

eSituation.06 - Time Units of Duration of Complaint

OC-MEDS Reporting:	Required

Reporting Condition:	eSituation.04 is not blank.

Definition:
The time units of the duration of the patient's complaint

NEMSIS Element:	Time Units of Duration of Complaint

Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting Select Resources: 2806007 Days 2806005 Hours 2806003 Minutes 2806011 Months 2806001 Seconds 2806009 Weeks 2806013 Years

eSituation.09 - Primary Symptom			
OC-MEDS Reporting:	Required		
Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.		
Definition:			
The primary sign and symptom present in the patient or observed by EMS personnel			
NEMSIS Element:	Primary Symptom		
Data Type:	ICD-10 value	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: pattern = (R[0-6][0-9](\.[0-9]{1,4})?|(R73\.9)|(R99))|([A-QSTZ][0-9]{2})((\.[0-9A-Z]{1,4})?)			
Code List:			
See Attachment 13 - eSituation.09 Data List			

eSituation.11 - Provider's Primary Impression

OC-MEDS Reporting:	Required

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.

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 Element:	Provider's Primary Impression

Data Type:	ICD-10 value	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: pattern = (R[0-6][0-9](\.[0-9]{1,4})?|(R73\.9)|(R99))|([A-QSTZ][0-9]{2})((\.[0-9A-Z]{1,4})?)

Code List:
See Attachment 12 - eSituation.11 and eSituation.12 Data List

eSituation.12 - Provider's Secondary Impressions	
OC-MEDS Reporting:	Required
Reporting Condition:	Complete and submit if pertinent

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 Element:	Provider's Secondary Impressions

Data Type:	ICD-10 value	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: pattern = (R[0-6][0-9](\.[0-9]{1,4})?|(R73\.9)|(R99))|([A-QSTZ][0-9]{2})((\.[0-9A-Z]{1,4})?)

Code List:
See Attachment 12 – eSituation.11 and eSituation.12 Data List

eSituation.14 - Work-Related Illness/Injury			
OC-MEDS Reporting:	Required		
Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.		
Definition:			
Indication of whether or not the illness or injury is work related.			
NEMSIS Element:	Work-Related Illness/Injury		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
None			
Code List:			

Not Values:
7701001 Not Applicable
7701003 Not Recorded
7701005 Not Reporting

Select Resources:
9922001 No
9922003 Unknown
9922005 Yes

itSituation.001 - Patient Belongings			
OC-MEDS Reporting:	Optional		
Reporting Condition:	None		
Definition:			
Patient Belongings			
OC-MEDS Element:	Patient Belongings		
Data Type:	Multi-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT8.15			

Code List:

Select Resources:
itSituation.001.115 Cane
itSituation.001.111 Cell Phone
itSituation.001.103 Clothing
itSituation.001.114 Crutches
itSituation.001.106 False Teeth
itSituation.001.104 Glasses
itSituation.001.105 ID Card/License
itSituation.001.102 Insurance Card
itSituation.001.107 Jewelry (Describe Below)
itSituation.001.110 Keys
itSituation.001.118 Medication List
itSituation.001.100 Medications
itSituation.001.109 None
itSituation.001.108 Other (Describe Below)
itSituation.001.113 Suitcase
itSituation.001.112 Walker/Cane
itSituation.001.101 Wallet/Purse
itSituation.001.117 Weapon
itSituation.001.116 Wheelchair

eTimes.02 - Dispatch Notified Date/Time

OC-MEDS Reporting:	Required

Reporting Condition:	Every submitted incident.

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

NEMSIS Element:	Dispatch Notified Date/Time

Data Type:	Datetime	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: between 1/1/1950 and 1/1/2050; 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}

Code List:
None

eTimes.03 - Unit Notified by Dispatch Date/Time

OC-MEDS Reporting:	Required

Reporting Condition:	Every submitted incident.

Definition:
The date/time the responding unit was notified by dispatch.

NEMSIS Element:	Unit Notified by Dispatch Date/Time

Data Type:	Datetime	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: between 1/1/1950 and 1/1/2050; 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}

Code List:
None

eTimes.05 - Unit En Route Date/Time

OC-MEDS Reporting:	Required

Reporting Condition:	Complete and submit if available

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

NEMSIS Element:	Unit En Route Date/Time

Data Type:	Datetime	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: between 1/1/1950 and 1/1/2050; 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}

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded

eTimes.06 - Unit Arrived on Scene Date/Time

OC-MEDS Reporting:	Required

Reporting Condition:	Complete and submit if available

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

NEMSIS Element:	Unit Arrived on Scene Date/Time

Data Type:	Datetime	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: between 1/1/1950 and 1/1/2050; 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}

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded

eTimes.07 - Arrived at Patient Date/Time

OC-MEDS Reporting:	Required

Reporting Condition:	Complete and submit if available

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

NEMSIS Element:	Arrived at Patient Date/Time

Data Type:	Datetime	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: between 1/1/1950 and 1/1/2050; 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}

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded

eTimes.08 - Transfer of EMS Patient Care Date/Time

OC-MEDS Reporting:	Required

Reporting Condition:	Complete and submit if available

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

NEMSIS Element:	Transfer of EMS Patient Care Date/Time

Data Type:	Datetime	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: between 1/1/1950 and 1/1/2050; 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}

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting

eTimes.09 - Unit Left Scene Date/Time

OC-MEDS Reporting:	Required
Reporting Condition:	Complete and submit if available

Definition:
The date/time the responding unit left the scene with a patient (started moving).

NEMSIS Element:	Unit Left Scene Date/Time

Data Type:	Datetime	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: between 1/1/1950 and 1/1/2050; 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}

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded

eTimes.11 - Patient Arrived at Destination Date/Time			
OC-MEDS Reporting:	Required		
Reporting Condition:	Complete and submit if available		
Definition:			
The date/time the responding unit arrived with the patient at the destination or transfer point.			
NEMSIS Element:	Patient Arrived at Destination Date/Time		
Data Type:	Datetime	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Constraints: between 1/1/1950 and 1/1/2050; 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}			
Code List:			
Not Values: 7701001 Not Applicable 7701003 Not Recorded			

eTimes.12 - Destination Patient Transfer of Care Date/Time

OC-MEDS Reporting:	Required
Reporting Condition:	Complete and submit if available

Definition:
The date/time that patient care was transferred to the destination healthcare facilities staff.

NEMSIS Element:	Destination Patient Transfer of Care Date/Time

Data Type:	Datetime	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: between 1/1/1950 and 1/1/2050; 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}

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded

eTimes.13 - Unit Back in Service Date/Time

OC-MEDS Reporting:	Required

Reporting Condition:	Every submitted incident.

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 Element:	Unit Back in Service Date/Time

Data Type:	Datetime	Pertinent Negatives (PN):	No

Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: between 1/1/1950 and 1/1/2050; 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}

Code List:
None

eTimes.14 - Unit Canceled Date/Time

OC-MEDS Reporting:	Recommended

Reporting Condition:	Complete and submit if available

Definition:
The date/time the unit was canceled.

NEMSIS Element:	Unit Canceled Date/Time

Data Type:	Datetime	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: between 1/1/1950 and 1/1/2050; 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}

Code List:
None

eVitals.01 - Date/Time Vital Signs Taken

OC-MEDS Reporting:	Required
Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.

Definition:
The date/time vital signs were taken on the patient.

NEMSIS Element:	Date/Time Vital Signs Taken

Data Type:	Datetime	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: between 1/1/1950 and 1/1/2050; 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}

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting

eVitals.02 - Obtained Prior to this Units EMS Care

OC-MEDS Reporting:	Required

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.

Definition:
Indicates that the information which is documented was obtained prior to the documenting EMS units care.

NEMSIS Element:	Obtained Prior to this Units EMS Care

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 9923001 No 9923003 Yes

eVitals.03 - Cardiac Rhythm / Electrocardiography (ECG)

OC-MEDS Reporting:	Required

Reporting Condition:	Complete and submit if available

Definition:
The cardiac rhythm / ECG and other electrocardiography findings of the patient as interpreted by EMS personnel.

NEMSIS Element:	Cardiac Rhythm / Electrocardiography (ECG)

Data Type:	Multi-select	Pertinent Negatives (PN):	Yes

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Pertinent Negatives: 8801019 Refused 8801023 Unable to Complete Select Resources: 9901001 Agonal/Idioventricular 9901005 Artifact 9901003 Asystole 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
9901033 Paced Rhythm
9901035 PEA
9901037 Premature Atrial Contractions (PAC)
9901039 Premature Ventricular Contractions (PVC)
9901041 Right Bundle Branch Block
9901043 Sinus Arrhythmia
9901045 Sinus Bradycardia (SB)
9901047 Normal Sinus Rhythm (NSR)
9901049 Sinus Tachycardia (ST)
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 (VF)
9901071 Ventricular Tachycardia (Pulseless)
9901069 Ventricular Tachycardia (With Pulse)

eVitals.06 - SBP (Systolic Blood Pressure)			
OC-MEDS Reporting:	Required		
Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.		
Definition:			
The patient's systolic blood pressure.			
NEMSIS Element:	SBP (Systolic Blood Pressure)		
Data Type:	Number	Pertinent Negatives (PN):	Yes
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Constraints: minimum = 0; maximum = 500			
Code List:			
Not Values: 7701001 Not Applicable 7701003 Not Recorded Pertinent Negatives: 8801005 Exam Finding Not Present 8801019 Refused 8801023 Unable to Complete			

eVitals.07 - DBP (Diastolic Blood Pressure)

OC-MEDS Reporting:	Required

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.

Definition:
The patient's diastolic blood pressure.

NEMSIS Element:	DBP (Diastolic Blood Pressure)

Data Type:	String	Pertinent Negatives (PN):	Yes

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: pattern = [5][0][0]|[1-4][0-9][0-9]|[0]|[1-9][0-9]|P|p

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting Pertinent Negatives: 8801005 Exam Finding Not Present 8801019 Refused 8801023 Unable to Complete

eVitals.08 - Method of Blood Pressure Measurement

OC-MEDS Reporting:	Required

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.

Definition:
Indication of method of blood pressure measurement.

NEMSIS Element:	Method of Blood Pressure Measurement

Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 3308005 Cuff-Automated 3308007 Cuff-Manual Auscultated 3308009 Cuff-Manual Palpated Only 3308011 Venous Line

eVitals.10 - Heart Rate

OC-MEDS Reporting:	Required
Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.

Definition:
The patient's heart rate expressed as a number per minute.

NEMSIS Element:	Heart Rate

Data Type:	Number	Pertinent Negatives (PN):	Yes
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: minimum = 0; maximum = 500

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Pertinent Negatives: 8801005 Exam Finding Not Present 8801019 Refused 8801023 Unable to Complete

eVitals.12 - Pulse Oximetry			
OC-MEDS Reporting:	Required		
Reporting Condition:	Complete and submit if available		
Definition:			
The patient's oxygen saturation.			
NEMSIS Element:	Pulse Oximetry		
Data Type:	Number	Pertinent Negatives (PN):	Yes
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Constraints: minimum = 0; maximum = 100			
Code List:			
Not Values: 7701001 Not Applicable 7701003 Not Recorded Pertinent Negatives: 8801005 Exam Finding Not Present 8801019 Refused 8801023 Unable to Complete			

eVitals.13 - Pulse Rhythm

OC-MEDS Reporting:	Required
Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.

Definition:
The clinical rhythm of the patient's pulse.

NEMSIS Element:	Pulse Rhythm

Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: 3313001 Irregularly Irregular 3313003 Regular 3313005 Regularly Irregular

eVitals.14 - Respiratory Rate			
OC-MEDS Reporting:	Required		
Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.		
Definition:			
The patient's respiratory rate expressed as a number per minute.			
NEMSIS Element:	Respiratory Rate		
Data Type:	Number	Pertinent Negatives (PN):	Yes
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Constraints: minimum = 0; maximum = 300			
Code List:			
Not Values: 7701001 Not Applicable 7701003 Not Recorded Pertinent Negatives: 8801005 Exam Finding Not Present 8801019 Refused 8801023 Unable to Complete			

eVitals.15 - Respiratory Effort			
OC-MEDS Reporting:	Required		
Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.		
Definition:			
The patient's respiratory effort.			
NEMSIS Element:	Respiratory Effort		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
None			
Code List:			
Select Resources: 3315001 Apneic 3315003 Labored 3315005 Mechanically Assisted (BVM, CPAP, etc.) 3315007 Normal 3315009 Rapid 3315011 Shallow 3315013 Weak/Agonal			

eVitals.16 - End Tidal Carbon Dioxide (ETCO2)

OC-MEDS Reporting:	Required

Reporting Condition:	Complete and submit if available

Definition:
The numeric value of the patient's exhaled end tidal carbon dioxide (ETCO2) level measured as a unit of pressure in millimeters of mercury (mmHg).

NEMSIS Element:	End Tidal Carbon Dioxide (ETCO2)

Data Type:	Number	Pertinent Negatives (PN):	Yes

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: minimum = 0; maximum = 200

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Pertinent Negatives: 8801019 Refused 8801023 Unable to Complete

eVitals.18 - Blood Glucose Level

OC-MEDS Reporting:	Required

Reporting Condition:	Complete and submit if available

Definition:
The patient's blood glucose level.

NEMSIS Element:	Blood Glucose Level

Data Type:	Number	Pertinent Negatives (PN):	Yes

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: minimum = 0; maximum = 2000

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Pertinent Negatives: 8801019 Refused 8801023 Unable to Complete

eVitals.19 - Glasgow Coma Score-Eye

OC-MEDS Reporting:	Required
Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.

Definition:
The patient's Glasgow Coma Score Eye opening.

NEMSIS Element:	Glasgow Coma Score-Eye

Data Type:	Single-select	Pertinent Negatives (PN):	Yes
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Pertinent Negatives: 8801019 Refused 8801023 Unable to Complete Select Resources: 1 1 - No eye movement 4 4 - Opens eyes spontaneously 2 2 - Painful stimulation 3 3 - Verbal stimulation

eVitals.20 - Glasgow Coma Score-Verbal

OC-MEDS Reporting:	Required
Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.

Definition:
The patient's Glasgow Coma Score Verbal.

NEMSIS Element:	Glasgow Coma Score-Verbal

Data Type:	Single-select	Pertinent Negatives (PN):	Yes
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Pertinent Negatives: 8801019 Refused 8801023 Unable to Complete Select Resources: 4 4 - Confused 3 3 - Inappropriate words 2 2 - Incomprehensible sounds 1 1- No verbal/vocal response 5 5 - Oriented

eVitals.21 - Glasgow Coma Score-Motor

OC-MEDS Reporting:	Required
Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.

Definition:
The patient's Glasgow Coma Score Motor

NEMSIS Element:	Glasgow Coma Score-Motor

Data Type:	Single-select	Pertinent Negatives (PN):	Yes
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Pertinent Negatives: 8801019 Refused 8801023 Unable to Complete Select Resources: 2 2 - Extension to pain 3 3 - Flexion to pain 5 5 - Localizing pain 1 1 - No motor response 6 6 - Obeys commands 4 4 - Withdrawal from pain

eVitals.22 - Glasgow Coma Score-Qualifier

OC-MEDS Reporting:	Required
Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.

Definition:
Documentation of factors which make the GCS score more meaningful.

NEMSIS Element:	Glasgow Coma Score-Qualifier

Data Type:	Multi-select	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 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

eVitals.23 - Total Glasgow Coma Score			
OC-MEDS Reporting:	Required		
Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.		
Definition:			
The patient's total Glasgow Coma Score.			
NEMSIS Element:	Total Glasgow Coma Score		
Data Type:	Number	Pertinent Negatives (PN):	Yes
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Constraints: minimum = 3; maximum = 15			
Code List:			
Not Values: 7701003 Not Recorded Pertinent Negatives: 8801019 Refused 8801023 Unable to Complete			

eVitals.24 - Temperature			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if available		
Definition:			
The patient's body temperature in degrees Celsius/centigrade.			
NEMSIS Element:	Temperature		
Data Type:	Decimal	Pertinent Negatives (PN):	Yes
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
Constraints: minimum = 0; maximum = 50; format = ###.#			
Code List:			
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting Pertinent Negatives: 8801019 Refused 8801023 Unable to Complete			

eVitals.25 - Temperature Method

OC-MEDS Reporting:	Optional

Reporting Condition:	Complete and submit if available

Definition:
The method used to obtain the patient's body temperature.

NEMSIS Element:	Temperature Method

Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
None

Code List:
Select Resources: 3325001 Axillary 3325003 Central (Venous or Arterial) 3325005 Esophageal 3325007 Oral 3325009 Rectal 3325011 Temporal Artery 3325013 Tympanic 3325015 Urinary Catheter it3325.102 Skin Probe

eVitals.26 - Level of Responsiveness (AVPU)			
OC-MEDS Reporting:	Required		
Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.		
Definition:			
The patient's highest level of responsiveness.			
NEMSIS Element:	Level of Responsiveness (AVPU)		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	Yes	NOT Values:	Yes
Attributes:			
None			
Code List:			
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 3326001 Alert 3326005 Painful 3326007 Unresponsive 3326003 Verbal			

eVitals.27 - Pain Scale Score

OC-MEDS Reporting:	Required
Reporting Condition:	Complete and submit if available

Definition:
The patient's indication of pain from a scale of 0-10.

NEMSIS Element:	Pain Scale Score

Data Type:	Number	Pertinent Negatives (PN):	Yes
Is Nillable:	Yes	NOT Values:	Yes

Attributes:
Constraints: minimum = 0; maximum = 10

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Pertinent Negatives: 8801019 Refused 8801023 Unable to Complete

eVitals.28 - Pain Scale Type

OC-MEDS Reporting:	Required

Reporting Condition:	Complete and submit if available

Definition:
The type of pain scale used.

NEMSIS Element:	Pain Scale Type

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting Select Resources: 3328001 FLACC (Face, Legs, Activity, Cry, Consolability) 3328003 Numeric (0-10) 3328005 Other 3328007 Wong-Baker (FACES)

eVitals.29 - Stroke Scale Score

OC-MEDS Reporting:	Required

Reporting Condition:	Complete and submit if available

Definition:
The findings or results of the Stroke Scale Type (eVitals.30) used to assess the patient exhibiting stroke-like symptoms.

NEMSIS Element:	Stroke Scale Score

Data Type:	Single-select	Pertinent Negatives (PN):	Yes

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Pertinent Negatives: 8801019 Refused 8801023 Unable to Complete Select Resources: 3329001 Negative 3329003 Non-Conclusive 3329005 Positive

eVitals.30 - Stroke Scale Type

OC-MEDS Reporting:	Required

Reporting Condition:	Complete and submit if available

Definition:
The type of stroke scale used.

NEMSIS Element:	Stroke Scale Type

Data Type:	Single-select	Pertinent Negatives (PN):	No

Is Nillable:	Yes	NOT Values:	Yes

Attributes:
None

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Select Resources: 3330001 Cincinnati 3330013 F.A.S.T. Exam 3330003 Los Angeles 3330009 NIH 3330011 Orange County EMS

eVitals.32 - APGAR			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if available		
Definition:			
The patient's total APGAR score (0-10).			
NEMSIS Element:	APGAR		
Data Type:	Number	Pertinent Negatives (PN):	Yes
Is Nillable:	Yes	NOT Values:	No
Attributes:			
Constraints: minimum = 0; maximum = 10			
Code List:			
Pertinent Negatives: 8801023 Unable to Complete			

itStemi.001 - STEMI 12 Lead ECG Used?			
OC-MEDS Reporting:	Required		
Reporting Condition:	Complete and submit if pertinent		
Definition:			
STEMI 12 Lead ECG Used?			
OC-MEDS Element:	STEMI 12 Lead ECG Used?		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT12.2			
Code List:			
Select Resources: itStemi.001.100 No itStemi.001.101 Yes			

itStemi.002 - STEMI 12 Lead ECG Transmitted for Interpretation			
OC-MEDS Reporting:	Required		
Reporting Condition:	Complete and submit if pertinent		
Definition:			
STEMI 12 Lead ECG Transmitted for Interpretation			
OC-MEDS Element:	STEMI 12 Lead ECG Transmitted for Interpretation		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT12.3			
Code List:			
Select Resources: itStemi.002.100 No itStemi.002.101 Yes			

itStemi.003 - STEMI Probable?			
OC-MEDS Reporting:	Required		
Reporting Condition:	Complete and submit if pertinent		
Definition:			
STEMI Probable?			
OC-MEDS Element:	STEMI Probable?		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT12.5			
Code List:			
Select Resources: itStemi.003.102 Inconclusive itStemi.003.100 No itStemi.003.101 Yes			

itVitals.001 - Pulse Oximetry Qualifier			
OC-MEDS Reporting:	Required		
Reporting Condition:	Complete and submit if available		
Definition:			
Pulse Oximetry Qualifier			
OC-MEDS Element:	Pulse Oximetry Qualifier		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT1.1			
Code List:			
Select Resources: itVitals.001.102 At Room Air itVitals.001.101 CPAP itVitals.001.103 High Concentration O2 (10-25 LPM) itVitals.001.104 Low Concentration O2 (1-6 LPM) itVitals.001.105 Medium Concentration O2 (7-9 LPM)			

itVitals.002 - Airway			
OC-MEDS Reporting:	Required		
Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.		
Definition:			
Assessment of the status of the patient's airway.			
OC-MEDS Element:	Airway		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT1.4			
Code List:			
Select Resources: itVitals.002.108 Compromised itVitals.002.109 Obstructed itVitals.002.110 Other itVitals.002.111 Patent			

itVitals.006 - Provoked	
OC-MEDS Reporting:	Optional
Reporting Condition:	Complete and submit if available

Definition:
The provoking factor that led to the patient's pain or condition.

OC-MEDS Element:	Provoked

Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Comments: v2 Code = IT1.12

Code List:
Select Resources: itVitals.006.100 Anger itVitals.006.101 Anxiety itVitals.006.102 Exertion itVitals.006.103 Foods itVitals.006.105 Lie/Sit itVitals.006.104 Muscle Use itVitals.006.108 Palpation itVitals.006.109 Respiration itVitals.006.106 Stress itVitals.006.107 Unprovoked

itVitals.007 - Quality	
OC-MEDS Reporting:	Optional
Reporting Condition:	Complete and submit if available

Definition:
The quality of the patient's pain.

OC-MEDS Element:	Quality

Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Comments: v2 Code = IT1.13

Code List:
Select Resources: itVitals.007.103 Burning itVitals.007.101 Dull itVitals.007.107 Expiratory itVitals.007.108 Insp/Exp itVitals.007.106 Inspiratory itVitals.007.110 Intermittent itVitals.007.105 Mild Onset itVitals.007.104 Onset-SUD itVitals.007.109 Pressure itVitals.007.100 Sharp itVitals.007.111 Throbbing itVitals.007.102 Tight

itVitals.008 - Region			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if available		
Definition:			
Description of the location of the patient's pain or condition.			
OC-MEDS Element:	Region		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT1.14			

Code List:
Select Resources:
itVitals.008.102 Anterior
itVitals.008.123 Arm
itVitals.008.107 Back
itVitals.008.103 Epigastric
itVitals.008.120 Head
itVitals.008.108 Jaw
itVitals.008.100 L Ant Chst
itVitals.008.119 Left Arm
itVitals.008.118 Left Leg
itVitals.008.124 Leg
itVitals.008.114 LLQ
itVitals.008.117 Lower Back
itVitals.008.112 LUQ
itVitals.008.109 Neck
itVitals.008.122 Posterior
itVitals.008.101 R Ant Chst
itVitals.008.110 Right Arm
itVitals.008.111 Right Leg
itVitals.008.115 RLQ
itVitals.008.113 RUQ
itVitals.008.104 Subcost L
itVitals.008.105 Subcost R
itVitals.008.106 Substernal

itVitals.008.116 Upper Back

itVitals.009 - Radiation			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if available		
Definition:			
Description of whether the patient's pain radiated to any other part of the body.			
OC-MEDS Element:	Radiation		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT1.15			

Code List:
Select Resources: itVitals.009.118 Non-radiating itVitals.009.102 To Anterior itVitals.009.110 To Arm itVitals.009.107 To Back itVitals.009.103 To Epigastric itVitals.009.119 To Head itVitals.009.108 To Jaw itVitals.009.100 To L Ant Chst itVitals.009.114 To Left Lower itVitals.009.112 To Left Upper itVitals.009.111 To Leg itVitals.009.117 To Lower Back itVitals.009.109 To Neck itVitals.009.101 To R Ant Chst itVitals.009.115 To Right Lower itVitals.009.113 To Right Upper itVitals.009.104 To Subcost L itVitals.009.105 To Subcost R itVitals.009.106 To Substernal itVitals.009.116 To Upper Back

itVitals.010 - Duration			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if available		
Definition:			
The amount of time the patient has experienced the pain or condition.			
OC-MEDS Element:	Duration		
Data Type:	Number	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT1.16			
Code List:			
None			

itVitals.011 - Duration Units			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if available		
Definition:			
Duration Units.			
OC-MEDS Element:	Duration Units		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT1.17			
Code List:			
Select Resources: itVitals.011.102 Days itVitals.011.101 Hours itVitals.011.100 Minutes itVitals.011.103 Weeks			

itVitals.017 - PQRST Narrative	
OC-MEDS Reporting:	Optional
Reporting Condition:	Complete and submit if available

Definition:
PQRST Narrative

OC-MEDS Element:	PQRST Narrative

Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No

Attributes:
Constraints: max length = 255 Comments: v2 Code = IT1.24

Code List:
None

itVitals.018 - Blood Glucose Other			
OC-MEDS Reporting:	Recommended		
Reporting Condition:	Complete and submit if available		
Definition:			
Blood Glucose Other			
OC-MEDS Element:	Blood Glucose Other		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT1.25, IT1.26			
Code List:			
Select Resources: itVitals.018.001 Hi itVitals.018.000 Low			

itVitals.019 - Pulse Quality			
OC-MEDS Reporting:	Required		
Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.		
Definition:			
Pulse Quality			
OC-MEDS Element:	Pulse Quality		
Data Type:	Multi-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT1.43			
Code List:			
Select Resources: itVitals.020.104 Absent itVitals.020.101 Bounding itVitals.020.103 Normal itVitals.020.102 Rapid itVitals.020.100 Weak			

itVitals.025 - Stroke Scale Speech			
OC-MEDS Reporting:	Recommended		
Reporting Condition:	Complete and submit if available		
Definition:			
Stroke Scale Speech			
OC-MEDS Element:	Stroke Scale Speech		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: max length = 500 Comments: v2 Code = IT13.11			
Code List:			
Select Resources: itVitals.025.102 Abnormal itVitals.025.101 Normal			

itVitals.026 - Stroke Scale Facial Droop			
OC-MEDS Reporting:	Recommended		
Reporting Condition:	Complete and submit if available		
Definition:			
Stroke Scale Facial Droop			
OC-MEDS Element:	Stroke Scale Facial Droop		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT13.12			
Code List:			
Select Resources: itVitals.026.102 Abnormal itVitals.026.103 Left itVitals.026.101 Normal itVitals.026.100 Right			

itVitals.027 - Stroke Scale Arm Drift			
OC-MEDS Reporting:	Recommended		
Reporting Condition:	Complete and submit if available		
Definition:			
Stroke Scale Arm Drift			
OC-MEDS Element:	Stroke Scale Arm Drift		
Data Type:	Single-select	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Comments: v2 Code = IT13.13			
Code List:			
Select Resources: itVitals.027.102 Abnormal itVitals.027.100 Left Drifts Down itVitals.027.103 Left Falls Rapidly itVitals.027.101 Normal itVitals.027.104 Right Drifts Down itVitals.027.105 Right Falls Rapidly			

itVitals.046 - Vitals Crew Members ID			
OC-MEDS Reporting:	Optional		
Reporting Condition:	Complete and submit if available		
Definition:			
The statewide assigned ID number of the EMS crew member taking the vitals on the patient			
OC-MEDS Element:	Vitals Crew Members ID		
Data Type:	String	Pertinent Negatives (PN):	No
Is Nillable:	No	NOT Values:	No
Attributes:			
Constraints: max length = 50 Comments: v2 Code = IT1.63			
Code List:			
None			