



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 description of the types of information that are available for each data element.

OC-MEDS Usage: 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 Information 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.



OC-MEDS – DATA DICTIONARY

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
- Attachment 16 – eNarrative.01 Approved Abbreviations
- Attachment 17 – eDisposition.12 (Incident/Patient Disposition) Field Value Definitions

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:

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Effective Date: 04/01/2017

**OC-MEDS – DATA DICTIONARY**V. RESOURCES:**eAirway.02 - Date/Time Airway Device Placement Confirmation**

OC-MEDS Reporting:	Required
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Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
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Definition:
The date and time the airway device placement was confirmed.

NEMESIS Element:	Date/Time Airway Device Placement Confirmation
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Data Type:	Datetime	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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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

**OC-MEDS – DATA DICTIONARY****eAirway.03 - Airway Device Being Confirmed**

OC-MEDS Reporting:	Required
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Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
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Definition:	The airway device in which placement is being confirmed.
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NEMSIS Element:	Airway Device Being Confirmed
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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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

**OC-MEDS – DATA DICTIONARY****eAirway.04 - Airway Device Placement Confirmed Method**

OC-MEDS Reporting:	Required
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Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
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Definition:	The method used to confirm the airway device placement.
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NEMSIS Element:	Airway Device Placement Confirmed Method
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Data Type:	Multi-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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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

**OC-MEDS – DATA DICTIONARY****eAirway.05 - Tube Depth**

OC-MEDS Reporting:	Required
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Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
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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
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Data Type:	Number	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:**Constraints:**

minimum = 8; maximum = 32

Code List:

None



OC-MEDS – DATA DICTIONARY

eAirway.06 - Type of Individual Confirming Airway Device Placement

OC-MEDS Reporting:	Required
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Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
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Definition:	The type of individual who confirmed the airway device placement.
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NEMSIS Element:	Type of Individual Confirming Airway Device Placement
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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Attributes:

None

Code List:

Not Values:

7701001 Not Applicable

7701003 Not Recorded

7701005 Not Reporting

Select Resources:

4006001 Another Paramedic on the Same Crew

4006003 Other

4006005 Paramedic Performing Intubation

4006007 Receiving Air Medical/EMS Crew

4006009 Receiving Hospital Team

**OC-MEDS – DATA DICTIONARY****eAirway.07 - Crew Member ID**

OC-MEDS Reporting:	Required
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Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
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Definition:	The statewide assigned ID number of the EMS crew member confirming the airway placement.
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NEMSIS Element:	Crew Member ID
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Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Constraints: character length = 2 to 50

Code List:

None

**OC-MEDS – DATA DICTIONARY****eAirway.08 - Airway Complications Encountered**

OC-MEDS Reporting:	Required
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Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
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Definition:	The airway management complications encountered during the patient care episode.
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NEMSIS Element:	Airway Complications Encountered
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Data Type:	Multi-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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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

**OC-MEDS – DATA DICTIONARY****eAirway.09 - Suspected Reasons for Failed Airway Management**

OC-MEDS Reporting:	Required
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Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
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Definition:
The reason(s) the airway was unable to be successfully managed.

NEMSIS Element:	Suspected Reasons for Failed Airway Management
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Data Type:	Multi-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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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

**OC-MEDS – DATA DICTIONARY****itAirway.002 - ETT Placement Verification**

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

OC-MEDS Element:	ETT Placement Verification
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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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

**OC-MEDS – DATA DICTIONARY****itAirway.003 - ETT Verification Comments**

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

OC-MEDS Element:	ETT Verification Comments
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Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Constraints: max length = 255 Comments: v2 Code = IT7.29

Code List:

None

**OC-MEDS – DATA DICTIONARY****itAirway.004 - Breath Sounds-Left**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
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Definition:
Breath Sounds-Left

OC-MEDS Element:	Breath Sounds-Left
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments:
v2 Code = IT7.45

Code List:
Select Resources:
itAirway.004.100 No
itAirway.004.101 Yes

**OC-MEDS – DATA DICTIONARY****itAirway.005 - Airway Measured At**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
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Definition:
Airway Measured At

OC-MEDS Element:	Airway Measured At
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments:
v2 Code = IT7.48

Code List:
Select Resources:
itAirway.005.100 Gums
itAirway.005.101 Lips
itAirway.005.102 Teeth

**OC-MEDS – DATA DICTIONARY****itAirway.006 - Breath Sounds-Right**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
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Definition:
Breath Sounds-Right

OC-MEDS Element:	Breath Sounds-Right
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments:
v2 Code = IT7.49

Code List:
Select Resources:
itAirway.006.100 No
itAirway.006.101 Yes

**OC-MEDS – DATA DICTIONARY****itAirway.007 - Chest Rise-Left**

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

OC-MEDS Element:	Chest Rise-Left
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments:
v2 Code = IT7.55

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

**OC-MEDS – DATA DICTIONARY****itAirway.008 - Chest Rise-Right**

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

OC-MEDS Element:	Chest Rise-Right
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments:
v2 Code = IT7.56

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



OC-MEDS – DATA DICTIONARY

itAirway.009 - Esophageal Detector Device

OC-MEDS Reporting:	Recommended
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Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
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Definition:
Esophageal Detector Device

OC-MEDS Element:	Esophageal Detector Device
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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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

**OC-MEDS – DATA DICTIONARY****itAirway.010 - Gastric Sounds**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
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Definition:
Gastric Sounds

OC-MEDS Element:	Gastric Sounds
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments:
v2 Code = IT7.64

Code List:
Select Resources:
itAirway.010.100 No
itAirway.010.101 Yes

**OC-MEDS – DATA DICTIONARY****itAirway.011 - Tube Misting**

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

OC-MEDS Element:	Tube Misting
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments:
v2 Code = IT7.65

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

**OC-MEDS – DATA DICTIONARY****itAirway.013 - Preoxygenation Done**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	eProcedures.03 contains an Advanced Airway and eProcedures.06 is equal to Yes.
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Definition:
Preoxygenation Done

OC-MEDS Element:	Preoxygenation Done
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments:
v2 Code = IT7.71

Code List:
Select Resources:
itAirway.013.100 No
itAirway.013.101 Yes

**OC-MEDS – DATA DICTIONARY****itAirway.015 - ETT Verification Findings**

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

OC-MEDS Element:	ETT Verification Findings
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Data Type:	Multi-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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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

**OC-MEDS – DATA DICTIONARY****eArrest.01 - Cardiac Arrest**

OC-MEDS Reporting:	Required
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Reporting Condition:	eSituation.11 includes Cardiac Arrest, Traumatic Cardiac Arrest, Respiratory Arrest, or Unconscious.
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Definition:	Indication of the presence of a cardiac arrest at any time during this EMS event.
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NEMSIS Element:	Cardiac Arrest
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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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

**OC-MEDS – DATA DICTIONARY****eArrest.02 - Cardiac Arrest Etiology**

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

Indication of the etiology or cause of the cardiac arrest (classified as cardiac, non-cardiac, etc.)
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NEMSIS Element:	Cardiac Arrest Etiology
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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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

**OC-MEDS – DATA DICTIONARY****eArrest.03 - Resuscitation Attempted By EMS**

OC-MEDS Reporting:	Required
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Reporting Condition:	eArrest.01 includes a "Yes" value.
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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
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Data Type:	Multi-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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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



OC-MEDS – DATA DICTIONARY

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



OC-MEDS – DATA DICTIONARY

eArrest.05 - CPR Care Provided Prior to EMS Arrival

OC-MEDS Reporting:	Required
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Reporting Condition:	eArrest.01 includes a "Yes" value.
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Definition:
Documentation of the CPR provided prior to EMS arrival

NEMSIS Element:	CPR Care Provided Prior to EMS Arrival
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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Attributes:

None

Code List:

Not Values: 7701001 Not Applicable 7701003 Not Recorded

Select Resources: 9923001 No 9923003 Yes
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**OC-MEDS – DATA DICTIONARY****eArrest.06 - Who Provided CPR Prior to EMS Arrival**

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

Documentation of who performed CPR prior to this EMS unit's arrival.
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NEMESIS Element:	Who Provided CPR Prior to EMS Arrival
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Data Type:	Multi-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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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)



OC-MEDS – DATA DICTIONARY

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

**OC-MEDS – DATA DICTIONARY****eArrest.08 - Who Used AED Prior to EMS Arrival**

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

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

NEMSIS Element:	Who Used AED Prior to EMS Arrival
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Data Type:	Multi-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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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)

**OC-MEDS – DATA DICTIONARY****eArrest.11 - First Monitored Arrest Rhythm of the Patient**

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

Documentation of what the first monitored arrest rhythm which was noted

NEMESIS Element:	First Monitored Arrest Rhythm of the Patient
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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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

**OC-MEDS – DATA DICTIONARY****eArrest.12 - Any Return of Spontaneous Circulation**

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

Indication whether or not there was any return of spontaneous circulation.
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NEMSIS Element:	Any Return of Spontaneous Circulation
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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

**OC-MEDS – DATA DICTIONARY****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).

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS 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



OC-MEDS – DATA DICTIONARY

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)



OC-MEDS – DATA DICTIONARY

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



OC-MEDS – DATA DICTIONARY

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.

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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



OC-MEDS – DATA DICTIONARY

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

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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



OC-MEDS – DATA DICTIONARY

4103047 Temperature 1
4103049 Temperature 2

**OC-MEDS – DATA DICTIONARY****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).

NEMESIS 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



OC-MEDS – DATA DICTIONARY

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

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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)

NEMESIS 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



OC-MEDS – DATA DICTIONARY

eDevice.09 - Type of Shock

OC-MEDS Reporting:	Recommended
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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

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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 Practitioner
- itDevice.007.105 Physician
- itDevice.007.108 Physician Assistant
- itDevice.007.106 Registered Nurse

**OC-MEDS – DATA DICTIONARY****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



OC-MEDS – DATA DICTIONARY

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

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS 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

NEMESIS Element:	Destination Street Address 2
------------------	------------------------------

Data Type:	String
------------	--------

Pertinent Negatives (PN):	No
---------------------------	----

Is Nillable:	No
--------------	----

NOT Values:	No
-------------	----

Attributes:

None

Code List:

None



OC-MEDS – DATA DICTIONARY

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
--

**OC-MEDS – DATA DICTIONARY****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.
--

NEMESIS 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
--

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS 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



OC-MEDS – DATA DICTIONARY

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			

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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:

See Attachment 17 for more information and definitions.

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 BHC - Pronounced Death After Intervention Attempted 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 it4212.101 911 BHC - 911 IFT with PM it4212.110 911 ALS NO CONTACT – Treated,Transported ALS w/o Base Hospital Contact (ALS No Contact) it4212.111 911 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 BLS after PM/ALS evaluation it4212.143 NON-911 BLS Interfacility Transport it4212.114 NON-911 IFT-ALS - Treated and Transported with non-911 IFT PM w/o Base Hospital Contact it4212.115 NON-911 IFT-ALS BHC - Treated and Transported with IFT PM with Base Hospital Contact it4212.116 NON-911 CCT – Critical Care Transport it4212.122 BHC - AMA - with Base Hospital Contact



OC-MEDS – DATA DICTIONARY

it4212.129 911 TRANSFER - Treated, Transferred Care to an ALS EMS Unit (BLS/PAU/ALS to ALS)
it4212.141 911 TRANSFER - Treated, Transferred Care to a BLS EMS Unit (ALS/PAU to BLS Ambulance)
it4212.143 NON-911 BLS Interfacility Transport



OC-MEDS – DATA DICTIONARY

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 RecordedSelect Resources:
4216003 Air Medical-Helicopter
4216005 Ground-Ambulance
4216011 Other (Not Listed)



OC-MEDS – DATA DICTIONARY

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



OC-MEDS – DATA DICTIONARY

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

**OC-MEDS – DATA DICTIONARY****eDisposition.20 - Reason for Choosing Destination**

OC-MEDS Reporting:	Required
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Reporting Condition:	eDisposition.12 includes a "Transport" value.
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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
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Is Nillable:	Yes	NOT Values:	Yes
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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



OC-MEDS – DATA DICTIONARY

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

**OC-MEDS – DATA DICTIONARY****eDisposition.22 - Hospital In-Patient Destination**

OC-MEDS Reporting:	Required
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Reporting Condition:	eDisposition.12 includes a "Transport" value.
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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
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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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



OC-MEDS – DATA DICTIONARY

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
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Reporting Condition:	Complete and submit if available
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Definition:
Destination Directed To Code

OC-MEDS Element:	Destination Directed To Code
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Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments:
v2 Code = IT32.1

Code List:

None

**OC-MEDS – DATA DICTIONARY****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
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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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
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Reporting Condition:	eDisposition.12 includes a Base Hospital value.
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Definition:
Base Hospital Contact Date

OC-MEDS Element:	Base Hospital Contact Date
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Data Type:	Datetime	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments:
v2 Code = IT5.48

Code List:

None



itDisposition.008 - Base Hospital Clear Communications Date/Time

OC-MEDS Reporting:	Required
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Reporting Condition:	Base Hospital Use Only
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Definition:
Base Hospital Clear Communications Date/Time

OC-MEDS Element:	Base Hospital Clear Communications Date/Time
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Data Type:	Datetime	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments:
v2 Code = IT5.77

Code List:

None



OC-MEDS – DATA DICTIONARY

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
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OC-MEDS Reporting:	Recommended
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Reporting Condition:	Complete and submit if available
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Definition:
First EMS Unit Arriving

OC-MEDS Element:	First EMS Unit Arriving
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Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Constraints: max length = 100
Comments: v2 Code = IT5.13

Code List:

None

**OC-MEDS – DATA DICTIONARY****itDisposition.038 - Transporting Agency**

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

OC-MEDS Element:	Transporting Agency
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Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Constraints: max length = 50
Comments: v2 Code = IT5.50

Code List:

See Attachment 2 – EMS Provider Agency List



OC-MEDS – DATA DICTIONARY

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)			



OC-MEDS – DATA DICTIONARY

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

**OC-MEDS – DATA DICTIONARY****eExam.02 - Length Based Tape Measure**

OC-MEDS Reporting:	Required
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Reporting Condition:	Complete and submit if pertinent.
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Definition:
The length-based color as taken from the tape.

NEMESIS Element:	Length Based Tape Measure
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Data Type:	Single-select	Pertinent Negatives (PN):	Yes
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Is Nillable:	Yes	NOT Values:	Yes
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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

**OC-MEDS – DATA DICTIONARY****eExam.03 - Date/Time of Assessment**

OC-MEDS Reporting:	Required
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Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
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Definition:
The date/time of the assessment

NEMESIS Element:	Date/Time of Assessment
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Data Type:	Datetime	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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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



OC-MEDS – DATA DICTIONARY

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



OC-MEDS – DATA DICTIONARY

3504031 Tenting 3504033 Warm

**OC-MEDS – DATA DICTIONARY****eExam.05 - Head Assessment**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	Complete and submit if pertinent.
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Definition:
The assessment findings associated with the patient's head.

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



OC-MEDS – DATA DICTIONARY

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

**OC-MEDS – DATA DICTIONARY****eExam.06 - Face Assessment**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	Complete and submit if pertinent.
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Definition:
The assessment findings associated with the patient's face.

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



OC-MEDS – DATA DICTIONARY

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

**OC-MEDS – DATA DICTIONARY****eExam.07 - Neck Assessment**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	Complete and submit if pertinent.
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Definition:
The assessment findings associated with the patient's neck.

NEMSIS Element:	Neck Assessment
-----------------	-----------------

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

**OC-MEDS – DATA DICTIONARY****eExam.08 - Chest/Lungs Assessment**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	Complete and submit if pertinent.
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Definition:

The assessment findings associated with the patient's chest/lungs.
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NEMSIS Element:	Chest/Lungs Assessment
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Data Type:	Multi-select	Pertinent Negatives (PN):	Yes
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Is Nillable:	Yes	NOT Values:	No
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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



OC-MEDS – DATA DICTIONARY

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
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Reporting Condition:	Complete and submit if pertinent.
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Definition:
The location of the patient's abdomen assessment findings.

NEMSIS Element:	Abdominal Assessment Finding Location
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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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

**OC-MEDS – DATA DICTIONARY****eExam.11 - Abdomen Assessment**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	Complete and submit if pertinent.
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Definition:
The assessment findings associated with the patient's abdomen.

NEMSIS Element:	Abdomen Assessment
-----------------	--------------------

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



OC-MEDS – DATA DICTIONARY



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

**OC-MEDS – DATA DICTIONARY****eExam.12 - Pelvis/Genitourinary Assessment**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	Complete and submit if pertinent.
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Definition:

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

NEMSIS Element:	Pelvis/Genitourinary Assessment
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Data Type:	Multi-select	Pertinent Negatives (PN):	Yes
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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



OC-MEDS – DATA DICTIONARY



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

**OC-MEDS – DATA DICTIONARY****eExam.13 - Back and Spine Assessment Finding Location**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	Complete and submit if pertinent.
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Definition:

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

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****eExam.14 - Back and Spine Assessment**

OC-MEDS Reporting:	Recommended
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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



OC-MEDS – DATA DICTIONARY

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

**OC-MEDS – DATA DICTIONARY****eExam.15 - Extremity Assessment Finding Location**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	Complete and submit if pertinent.
----------------------	-----------------------------------

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

NEMESIS 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



OC-MEDS – DATA DICTIONARY

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

**OC-MEDS – DATA DICTIONARY****eExam.16 - Extremities Assessment**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	Complete and submit if pertinent.
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Definition:

The assessment findings associated with the patient's extremities.
--

NEMSIS Element:	Extremities Assessment
-----------------	------------------------

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



OC-MEDS – DATA DICTIONARY

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
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Reporting Condition:	Complete and submit if pertinent.
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Definition:
The location of the patient's eye assessment findings.

NEMSIS Element:	Eye Assessment Finding Location
-----------------	---------------------------------

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

None

Code List:

Select Resources: 3517001 Bilateral 3517003 Left 3517005 Right

**OC-MEDS – DATA DICTIONARY****eExam.18 - Eye Assessment**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	Complete and submit if pertinent.
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Definition:
The assessment findings of the patient's eye examination.

NEMSIS Element:	Eye Assessment
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Data Type:	Multi-select	Pertinent Negatives (PN):	Yes
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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



OC-MEDS – DATA DICTIONARY



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

**OC-MEDS – DATA DICTIONARY****eExam.19 - Mental Status Assessment**

OC-MEDS Reporting:	Required
--------------------	----------

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

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

NEMESIS 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 (Lethargic / Sleepy)

3519027 Stupor

3519021 Unresponsive

**OC-MEDS – DATA DICTIONARY****eExam.20 - Neurological Assessment**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	Complete and submit if pertinent.
----------------------	-----------------------------------

Definition:

The assessment findings of the patient's neurological examination.
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NEMSIS Element:	Neurological Assessment
-----------------	-------------------------

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

Is Nillable:	Yes	NOT Values:	No
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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



OC-MEDS – DATA DICTIONARY

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
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Reporting Condition:	Complete and submit if pertinent.
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Definition:
STEMI Triage Criteria

OC-MEDS Element:	STEMI Triage Criteria
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments:
v2 Code = IT12.1

Code List:
Select Resources:
itExam.002.100 No
itExam.002.101 Yes



itExam.037 - Skin Exam Details			
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OC-MEDS Reporting:	Optional
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Reporting Condition:	None
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Definition:
Skin Exam Details – Comments Field

OC-MEDS Element:	Skin Exam Details
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Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
None

Code List:

None



itExam.038 - Mental Exam Details			
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OC-MEDS Reporting:	Optional
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Reporting Condition:	None
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Definition:
Mental Exam Details – Comments Field

OC-MEDS Element:	Mental Exam Details
------------------	---------------------

Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
None

Code List:

None



itExam.039 - Neurological Exam Details

OC-MEDS Reporting:	Optional
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Reporting Condition:	None
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Definition:
Neurological Exam Details – Comments Field

OC-MEDS Element:	Neurological Exam Details
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Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
None

Code List:

None



itExam.040 - Head Exam Details			
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OC-MEDS Reporting:	Optional
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Reporting Condition:	None
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Definition:
Head Exam Details – Comments Field

OC-MEDS Element:	Head Exam Details
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Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
None

Code List:

None



OC-MEDS – DATA DICTIONARY

itExam.041 - Face Exam Details

OC-MEDS Reporting:	Optional
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Reporting Condition:	None
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Definition:
Face Exam Details – Comments Field

OC-MEDS Element:	Face Exam Details
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Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
None

Code List:

None



itExam.042 - Eye Exam Details			
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OC-MEDS Reporting:	Optional
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Reporting Condition:	None
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Definition:
Eye Exam Details – Comments Field

OC-MEDS Element:	Eye Exam Details
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Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
None

Code List:

None



itExam.043 - Neck Exam Details			
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OC-MEDS Reporting:	Optional
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Reporting Condition:	None
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Definition:
Neck Exam Details – Comments Field

OC-MEDS Element:	Neck Exam Details
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Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
None

Code List:

None



itExam.044 - Extremity Exam Details			
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OC-MEDS Reporting:	Optional
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Reporting Condition:	None
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Definition:
Extremity Exam Details – Comments Field

OC-MEDS Element:	Extremity Exam Details
------------------	------------------------

Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
None

Code List:

None



itExam.045 - Chest Exam Details			
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OC-MEDS Reporting:	Optional
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Reporting Condition:	None
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Definition:
Chest Exam Details – Comments Field

OC-MEDS Element:	Chest Exam Details
------------------	--------------------

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

Attributes:
None

Code List:

None



itExam.046 - Heart Exam Details

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
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Definition:
Heart Exam Details – Comments Field

OC-MEDS Element:	Heart Exam Details
------------------	--------------------

Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
None

Code List:

None



itExam.047 - Abdomen Exam Details			
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OC-MEDS Reporting:	Optional
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Reporting Condition:	None
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Definition:
Abdomen Exam Details – Comments Field

OC-MEDS Element:	Abdomen Exam Details
------------------	----------------------

Data Type:	String	Pertinent Negatives (PN):	No
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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
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Is Nillable:	No	NOT Values:	No
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Attributes:
None

Code List:

None



itExam.049 - Spine Exam Details			
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OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
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Definition:
Spine Exam Details – Comments Field

OC-MEDS Element:	Spine Exam Details
------------------	--------------------

Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
None

Code List:

None

**OC-MEDS – DATA DICTIONARY****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
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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
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Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
Constraints: character length = 1 to 60

Code List:

None



OC-MEDS – DATA DICTIONARY

eHistory.03 - First Name of Patient's Practitioner

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

Definition:
The first name of the patient's practitioner

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS Element:	Medication Allergies
------------------	----------------------

Data Type:	ICD-10 or RxNorm	Pertinent Negatives (PN):	Yes
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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.

NEMESIS Element:	Environmental/Food Allergies
------------------	------------------------------

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

Attributes:

None

Code List:

See Attachment 15 – eHistory.07 Data List

**OC-MEDS – DATA DICTIONARY****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

NEMESIS Element:	Medical/Surgical History
------------------	--------------------------

Data Type:	ICD-10 value	Pertinent Negatives (PN):	Yes
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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}
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Code List:

See Attachment 5 – eHistory.08 Data List

**OC-MEDS – DATA DICTIONARY****eHistory.09 - Medical History Obtained From**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	Complete and submit if pertinent.
----------------------	-----------------------------------

Definition:
Type of person medical history obtained from

NEMESIS 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



OC-MEDS – DATA DICTIONARY

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
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Is Nillable:	No	NOT Values:	No
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Attributes:
Constraints: format = #####.##

Code List:

None

**OC-MEDS – DATA DICTIONARY****eHistory.14 - Current Medication Dosage Unit**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if pertinent.
----------------------	-----------------------------------

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

NEMESIS 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)

**OC-MEDS – DATA DICTIONARY****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

NEMESIS Element:	Current Medication Administration Route
------------------	---

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



OC-MEDS – DATA DICTIONARY

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

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS 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



OC-MEDS – DATA DICTIONARY

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
--

**OC-MEDS – DATA DICTIONARY****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



OC-MEDS – DATA DICTIONARY

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)

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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

NEMESIS 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
--

**OC-MEDS – DATA DICTIONARY****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
--

NEMESIS 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

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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
--

NEMESIS 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

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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



OC-MEDS – DATA DICTIONARY

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

**OC-MEDS – DATA DICTIONARY****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
it9905.171 Law Enforcement



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

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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



OC-MEDS – DATA DICTIONARY



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

**OC-MEDS – DATA DICTIONARY****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
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Attributes:

Comments: v2 Code = IT32.7

Code List:**Select Resources:**

itMedications.022.100 Improved
itMedications.022.101 Unchanged
itMedications.022.102 Worse



OC-MEDS – DATA DICTIONARY

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
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Is Nillable:	No	NOT Values:	No
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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.
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Definition:
Comments regarding the medication ordered by the base hospital.

OC-MEDS Element:	Medication Ordered Comments
------------------	-----------------------------

Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments: v2 Code = IT32.9

Code List:

None



OC-MEDS – DATA DICTIONARY

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:

Ref. Attachment 16 – Approved Abbreviations

Not Values:

7701001 Not Applicable

7701003 Not Recorded

7701005 Not Reporting

**OC-MEDS – DATA DICTIONARY****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

NEMESIS Element:	Potential System of Care/Specialty/Registry Patient
------------------	---

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

None

Code List:

Select Resources:

4502003 Burn

4502007 CVA/Stroke

4502011 Other (Explain in Narrative)

it4502.100 Replant

4502015 STEMI/CVRC

4502017 Trauma

**OC-MEDS – DATA DICTIONARY****eOther.03 - Personal Protective Equipment Used**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if available
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Definition:

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

NEMESIS Element:	Personal Protective Equipment Used
------------------	------------------------------------

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

Constraints: character length = 2 to 50

Code List:

None

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS Element:	
------------------	--

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

Is Nillable:	Yes	NOT Values:	Yes
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Attributes:

None

Code List:**Not Values:**

7701001 Not Applicable

7701003 Not Recorded

Select Resources:

9923001 No

9923003 Yes

**OC-MEDS – DATA DICTIONARY****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

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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
--

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS Element:	File Type
------------------	-----------

Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:**Code List:**

None



OC-MEDS – DATA DICTIONARY



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.

NEMESIS Element:	File Attachment
------------------	-----------------

Data Type:	Base64Binary	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:

None

Code List:

None

**OC-MEDS – DATA DICTIONARY****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).

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****eOther.13 - Signature Reason**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
The reason for the individuals signature.

NEMESIS Element:	Signature Reason
------------------	------------------

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

Is Nillable:	No	NOT Values:	No
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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

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS 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



OC-MEDS – DATA DICTIONARY

4514045 Sister
4514047 Son
4514049 Uncle
4514051 Wife

**OC-MEDS – DATA DICTIONARY****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



OC-MEDS – DATA DICTIONARY

eOther.16 - Signature File Name

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available
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Definition:
The name of the graphic file for the signature.

NEMESIS 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
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Pertinent Negatives (PN):	No
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Is Nillable:	No
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NOT Values:	No
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Attributes:

Constraints: character length = 1 to 255
--

Code List:

None



eOther.18 - Signature Graphic

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available
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Definition:
The graphic file for the signature.

NEMSIS Element:	Signature Graphic
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Data Type:	Base64Binary	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
None

Code List:

None

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS 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
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Reporting Condition:	Complete and submit if available
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Definition:

The last name of the individual who signed the associated signature.
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NEMSIS Element:	Signature Last Name
-----------------	---------------------

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

Attributes:
Constraints: character length = 1 to 50

Code List:

None

**OC-MEDS – DATA DICTIONARY****itOther.015 - AMA Type**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if pertinent
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Definition:

AMA Type

OC-MEDS Element:	AMA Type
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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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.

**OC-MEDS – DATA DICTIONARY****itOther.017 - Patient/DDM Reason For AMA**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if pertinent
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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
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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

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY**

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)			

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****eOutcome.01 - Emergency Department Disposition**

OC-MEDS Reporting:	Recommended
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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)

NEMESIS Element:	Emergency Department Disposition
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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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.



OC-MEDS – DATA DICTIONARY

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

**OC-MEDS – DATA DICTIONARY****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)



OC-MEDS – DATA DICTIONARY



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.
--

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS Element:	Emergency Department Chief Complaint
------------------	--------------------------------------

Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Constraints: character length = 2 to 100

Code List:

None

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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.
-------------	--

NEMESIS Element:	Emergency Department Recorded Cause of Injury
------------------	---

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

Is Nillable:	No	NOT Values:	No
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Attributes:	
Constraints: pattern = ([TV-Y][0-9]{2})(\.[0-9A-Z]{1,7})?)	

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

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS 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.

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS 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.

**OC-MEDS – DATA DICTIONARY****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.
-------------	---

NEMESIS 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



OC-MEDS – DATA DICTIONARY

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.

**OC-MEDS – DATA DICTIONARY****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.
-------------	---

NEMESIS Element:	Hospital Diagnosis
------------------	--------------------

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

**OC-MEDS – DATA DICTIONARY****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).

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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).

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS Element:	Date/Time of Hospital Discharge
------------------	---------------------------------

Data Type:	Datetime	Pertinent Negatives (PN):	No
------------	----------	---------------------------	----

Is Nillable:	No	NOT Values:	No
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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

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS Element:	Outcome at Hospital Discharge
------------------	-------------------------------

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

Is Nillable:	No	NOT Values:	No
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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

**OC-MEDS – DATA DICTIONARY****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
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Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:

Constraints: max length = 255

Comments: v2 Code = IT5.41

Code List:

None

**OC-MEDS – DATA DICTIONARY****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

NEMESIS Element:	Last Name
------------------	-----------

Data Type:	String	Pertinent Negatives (PN):	Yes
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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

**OC-MEDS – DATA DICTIONARY****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

NEMESIS Element:	First Name
------------------	------------

Data Type:	String	Pertinent Negatives (PN):	Yes
------------	--------	---------------------------	-----

Is Nillable:	Yes	NOT Values:	Yes
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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



OC-MEDS – DATA DICTIONARY

ePatient.04 - Middle Initial/Name

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
The patient's middle name, if any

NEMESIS 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
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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
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Is Nillable:	No	NOT Values:	No
--------------	----	-------------	----

Attributes:
None

Code List:

None

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS Element:	Patient's Home County
------------------	-----------------------

Data Type:	ANSI value	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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Attributes:
Constraints: pattern = [0-9]{5}
Comments: v2 Code = IT10.28

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

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS Element:	Patient's Home State
------------------	----------------------

Data Type:	ANSI value	Pertinent Negatives (PN):	No
------------	------------	---------------------------	----

Is Nillable:	Yes	NOT Values:	Yes
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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



OC-MEDS – DATA DICTIONARY

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

**OC-MEDS – DATA DICTIONARY****ePatient.10 - Patient's Country of Residence**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available.
----------------------	-----------------------------------

Definition:
The country of residence of the patient.

NEMESIS 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

NEMESIS 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)



OC-MEDS – DATA DICTIONARY

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

**OC-MEDS – DATA DICTIONARY****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

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****ePatient.17 - Date of Birth**

OC-MEDS Reporting:	Recommended
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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
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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

NEMESIS Element:	Patient's Phone Number
------------------	------------------------

Data Type:	String	Pertinent Negatives (PN):	No
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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
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Definition:
The state that issued the drivers license

NEMESIS Element:	State Issuing Driver's License
------------------	--------------------------------

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



OC-MEDS – DATA DICTIONARY

itOtherKin.001 - Street Address

OC-MEDS Reporting:	Optional
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Reporting Condition:	None
----------------------	------

Definition:
Street Address of the other kin.

OC-MEDS Element:	Street Address
------------------	----------------

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

Attributes:
Comments: v2 Code = IT10.24

Code List:

None



itOtherKin.002 - Street Address 2			
--	--	--	--

OC-MEDS Reporting:	Optional
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Reporting Condition:	None
----------------------	------

Definition:
Street Address 2 of the other kin.

OC-MEDS Element:	Street Address 2
------------------	------------------

Data Type:	String	Pertinent Negatives (PN):	No
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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



OC-MEDS – DATA DICTIONARY



itOtherKin.004 - Apartment Number
--

OC-MEDS Reporting:	Optional
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Reporting Condition:	None
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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

**OC-MEDS – DATA DICTIONARY****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



OC-MEDS – DATA DICTIONARY



itOtherKin.008 - County Name			
------------------------------	--	--	--

OC-MEDS Reporting:	Optional		
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Reporting Condition:	None		
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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			
------	--	--	--



OC-MEDS – DATA DICTIONARY

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



OC-MEDS – DATA DICTIONARY



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



OC-MEDS – DATA DICTIONARY



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



OC-MEDS – DATA DICTIONARY



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

**OC-MEDS – DATA DICTIONARY****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



OC-MEDS – DATA DICTIONARY

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



OC-MEDS – DATA DICTIONARY



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

**OC-MEDS – DATA DICTIONARY****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



OC-MEDS – DATA DICTIONARY

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

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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

NEMESIS 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.



OC-MEDS – DATA DICTIONARY

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

**OC-MEDS – DATA DICTIONARY****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
--

NEMESIS 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.

NEMESIS 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



OC-MEDS – DATA DICTIONARY

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

**OC-MEDS – DATA DICTIONARY****ePayment.11 - Insurance Company Billing Priority**

OC-MEDS Reporting: Optional

Reporting Condition: None

Definition:

The billing priority or order for the insurance company.

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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



OC-MEDS – DATA DICTIONARY

ePayment.16 - Insurance Company Country

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

Definition:
The insurance company's country

NEMESIS 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.

NEMESIS 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



OC-MEDS – DATA DICTIONARY

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

NEMESIS 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.

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****ePayment.22 - Relationship to the Insured**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

Definition:

The relationship of the patient to the primary insured person

NEMESIS 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



OC-MEDS – DATA DICTIONARY

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

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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

NEMESIS 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

NEMESIS 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.

NEMESIS 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
--

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****ePayment.44 - Ambulance Transport Reason Code**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
----------------------	------

Definition:

The CMS Ambulance Transport Reason Code for the transport.
--

NEMESIS 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
--

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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
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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
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Attributes:

None

Code List:

Select Resources:

Code Description

9923001 No

9923003 Yes

**OC-MEDS – DATA DICTIONARY****ePayment.50 - CMS Service Level**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
The CMS service level for this EMS encounter.

NEMESIS 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
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Reporting Condition:	None
----------------------	------

Definition:

The condition code associated with the CMS EMS negotiated rule-making process.
--

NEMESIS Element:	EMS Condition Code
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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

**OC-MEDS – DATA DICTIONARY****ePayment.52 - CMS Transportation Indicator**

OC-MEDS Reporting:	Optional
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Reporting Condition:	None
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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.

NEMESIS 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
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Reporting Condition:	None
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Definition:
Prior authorization code provided by the insurance carrier/payer.

NEMSIS Element:	Transport Authorization Code
-----------------	------------------------------

Data Type:	String	Pertinent Negatives (PN):	No
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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
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Reporting Condition:	None
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Definition:
The Payer who has provided the Prior Authorization Code.

NEMSIS Element:	Prior Authorization Code Payer
-----------------	--------------------------------

Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Constraints: character length = 1 to 255

Code List:

None



ePayment.55 - Supply Item Used Name

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
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Definition:

The name of the supply used on the patient by the EMS Crew during the EMS event.

NEMESIS 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.

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****ePayment.57 - Payer Type**

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	None
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Definition:
Payer type according to X12 standard.

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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 = IT8.2Code List:

Select Resources:
itPayment.001.100 No
itPayment.001.101 Yes



itPayment.002 - Visible Hemorrhaging

OC-MEDS Reporting:	Optional
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Reporting Condition:	None
----------------------	------

Definition:
Visible Hemorrhaging

OC-MEDS Element:	Visible Hemorrhaging
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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

**OC-MEDS – DATA DICTIONARY****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
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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			
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OC-MEDS Reporting:	Optional
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Reporting Condition:	None
----------------------	------

Definition:
Hospital Admit

OC-MEDS Element:	Hospital Admit
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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

**OC-MEDS – DATA DICTIONARY****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
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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

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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
--

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS Element:	Procedure
------------------	-----------

Data Type:	SnoMed value	Pertinent Negatives (PN):	Yes
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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
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Attributes:

Constraints: minimum = 1; maximum = 10
--

Code List:

Not Values: 7701001 Not Applicable 7701003 Not Recorded



OC-MEDS – DATA DICTIONARY

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

**OC-MEDS – DATA DICTIONARY****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



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3907035 Other
3907039 Respiratory Distress
3907041 Tachycardia
3907043 Tachypnea
3907045 Vomiting

**OC-MEDS – DATA DICTIONARY****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

NEMESIS 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

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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

it9905.171 Law Enforcement



eProcedures.11 - Procedure Authorization

OC-MEDS Reporting:	Optional
--------------------	----------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
The type of treatment authorization obtained

NEMESIS 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)



OC-MEDS – DATA DICTIONARY

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.

NEMESIS 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			
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OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available
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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

**OC-MEDS – DATA DICTIONARY****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



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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

**OC-MEDS – DATA DICTIONARY****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 = IT7.104Code List:

Select Resources:
itProcedures.045.100 Absent
itProcedures.045.101 Present

**OC-MEDS – DATA DICTIONARY****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
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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

**OC-MEDS – DATA DICTIONARY****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



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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

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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



OC-MEDS – DATA DICTIONARY



eRecord.03 - Software Name			
-----------------------------------	--	--	--

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Every submitted incident.
----------------------	---------------------------

Definition:
The name of the application used to create this record.

NEMESIS 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



OC-MEDS – DATA DICTIONARY



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



OC-MEDS – DATA DICTIONARY

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

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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

NEMESIS 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
--

**OC-MEDS – DATA DICTIONARY****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)

it2209.112 Scheduled Call

2209021 Staff Delay

it2209.111 Surflines

2209023 Traffic

2209025 Vehicle Crash Involving this Unit

2209027 Vehicle Failure of this Unit

2209029 Weather

**OC-MEDS – DATA DICTIONARY****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



OC-MEDS – DATA DICTIONARY

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.

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS 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.

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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, this value would be the miles from the scene to the destination (if eResponse.20 is the starting point).

Code List:

None



OC-MEDS – DATA DICTIONARY

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

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS 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



OC-MEDS – DATA DICTIONARY

eScene.11 - Scene GPS Location

OC-MEDS Reporting:	Recommended
--------------------	-------------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
The GPS coordinates associated with the Scene.

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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)

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****eScene.19 - Incident ZIP Code**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Every submitted incident.
----------------------	---------------------------

Definition:
The ZIP code of the incident location

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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)

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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



OC-MEDS – DATA DICTIONARY

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
--

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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).

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS 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

**OC-MEDS – DATA DICTIONARY**

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		

**OC-MEDS – DATA DICTIONARY****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).

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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).

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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



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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)

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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.

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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

**OC-MEDS – DATA DICTIONARY****eVitals.12 - Pulse Oximetry**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	Complete and submit if available
----------------------	----------------------------------

Definition:
The patient's oxygen saturation.

NEMESIS 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

**OC-MEDS – DATA DICTIONARY****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
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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



OC-MEDS – DATA DICTIONARY

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

**OC-MEDS – DATA DICTIONARY****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
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Is Nillable:	Yes	NOT Values:	Yes
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Attributes:

Constraints: minimum = 0; maximum = 200

Code List:**Not Values:**

7701001 Not Applicable

7701003 Not Recorded

Pertinent Negatives:

8801019 Refused

8801023 Unable to Complete

**OC-MEDS – DATA DICTIONARY****eVitals.18 - Blood Glucose Level**

OC-MEDS Reporting:	Required
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Reporting Condition:	Complete and submit if available
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Definition:
The patient's blood glucose level.

NEMESIS Element:	Blood Glucose Level
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Data Type:	Number	Pertinent Negatives (PN):	Yes
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Is Nillable:	Yes	NOT Values:	Yes
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Attributes:
Constraints: minimum = 0; maximum = 2000

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded Pertinent Negatives: 8801019 Refused 8801023 Unable to Complete

**OC-MEDS – DATA DICTIONARY****eVitals.19 - Glasgow Coma Score-Eye**

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

The patient's Glasgow Coma Score Eye opening.

NEMESIS Element:	Glasgow Coma Score-Eye
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Data Type:	Single-select	Pertinent Negatives (PN):	Yes
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Is Nillable:	Yes	NOT Values:	Yes
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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

**OC-MEDS – DATA DICTIONARY****eVitals.20 - Glasgow Coma Score-Verbal**

OC-MEDS Reporting:	Required
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Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
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Definition:
The patient's Glasgow Coma Score Verbal.

NEMESIS Element:	Glasgow Coma Score-Verbal
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Data Type:	Single-select	Pertinent Negatives (PN):	Yes
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Is Nillable:	Yes	NOT Values:	Yes
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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

**OC-MEDS – DATA DICTIONARY****eVitals.21 - Glasgow Coma Score-Motor**

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

The patient's Glasgow Coma Score Motor
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NEMESIS Element:	Glasgow Coma Score-Motor
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Data Type:	Single-select	Pertinent Negatives (PN):	Yes
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Is Nillable:	Yes	NOT Values:	Yes
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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

**OC-MEDS – DATA DICTIONARY****eVitals.22 - Glasgow Coma Score-Qualifier**

OC-MEDS Reporting:	Required
--------------------	----------

Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
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Definition:
Documentation of factors which make the GCS score more meaningful.

NEMSIS Element:	Glasgow Coma Score-Qualifier
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Data Type:	Multi-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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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
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Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
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Definition:
The patient's total Glasgow Coma Score.

NEMSIS Element:	Total Glasgow Coma Score
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Data Type:	Number	Pertinent Negatives (PN):	Yes
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Is Nillable:	Yes	NOT Values:	Yes
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Attributes:
Constraints: minimum = 3; maximum = 15

Code List:
Not Values: 7701003 Not Recorded
Pertinent Negatives: 8801019 Refused 8801023 Unable to Complete

**OC-MEDS – DATA DICTIONARY****eVitals.24 - Temperature**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available
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Definition:
The patient's body temperature in degrees Celsius/centigrade.

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

**OC-MEDS – DATA DICTIONARY****eVitals.25 - Temperature Method**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available
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Definition:
The method used to obtain the patient's body temperature.

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

**OC-MEDS – DATA DICTIONARY****eVitals.26 - Level of Responsiveness (AVPU)**

OC-MEDS Reporting:	Required
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Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
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Definition:
The patient's highest level of responsiveness.

NEMESIS Element:	Level of Responsiveness (AVPU)
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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Attributes:

None

Code List:

Not Values:
7701001 Not Applicable
7701003 Not Recorded

Select Resources:
3326001 Alert
3326005 Painful
3326007 Unresponsive
3326003 Verbal

**OC-MEDS – DATA DICTIONARY****eVitals.27 - Pain Scale Score**

OC-MEDS Reporting:	Required
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Reporting Condition:	Complete and submit if available
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Definition:

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

NEMESIS Element:	Pain Scale Score
------------------	------------------

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

Constraints: minimum = 0; maximum = 10

Code List:**Not Values:**

7701001 Not Applicable
7701003 Not Recorded

Pertinent Negatives:

8801019 Refused
8801023 Unable to Complete

**OC-MEDS – DATA DICTIONARY****eVitals.28 - Pain Scale Type**

OC-MEDS Reporting:	Required
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Reporting Condition:	Complete and submit if available
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Definition:
The type of pain scale used.

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

**OC-MEDS – DATA DICTIONARY****eVitals.29 - Stroke Scale Score**

OC-MEDS Reporting:	Required
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Reporting Condition:	Complete and submit if available
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Definition:

The findings or results of the Stroke Scale Type (eVitals.30) used to assess the patient exhibiting stroke-like symptoms.

NEMESIS Element:	Stroke Scale Score
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Data Type:	Single-select	Pertinent Negatives (PN):	Yes
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Is Nillable:	Yes	NOT Values:	Yes
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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

**OC-MEDS – DATA DICTIONARY****eVitals.30 - Stroke Scale Type**

OC-MEDS Reporting:	Required
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Reporting Condition:	Complete and submit if available
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Definition:
The type of stroke scale used.

NEMESIS Element:	Stroke Scale Type
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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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
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Reporting Condition:	Complete and submit if available
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Definition:
The patient's total APGAR score (0-10).

NEMESIS Element:	APGAR
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Data Type:	Number	Pertinent Negatives (PN):	Yes
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Is Nillable:	Yes	NOT Values:	No
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Attributes:
Constraints: minimum = 0; maximum = 10

Code List:

Pertinent Negatives: 8801023 Unable to Complete
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itStemi.001 - STEMI 12 Lead ECG Used?

OC-MEDS Reporting:	Required
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Reporting Condition:	Complete and submit if pertinent
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Definition:
STEMI 12 Lead ECG Used?

OC-MEDS Element:	STEMI 12 Lead ECG Used?
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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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
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Reporting Condition:	Complete and submit if pertinent
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Definition:
STEMI 12 Lead ECG Transmitted for Interpretation

OC-MEDS Element:	STEMI 12 Lead ECG Transmitted for Interpretation
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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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
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Reporting Condition:	Complete and submit if pertinent
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Definition:
STEMI Probable?

OC-MEDS Element:	STEMI Probable?
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments: v2 Code = IT12.5

Code List:
Select Resources: itStemi.003.102 Inconclusive itStemi.003.100 No itStemi.003.101 Yes

**OC-MEDS – DATA DICTIONARY****itVitals.001 - Pulse Oximetry Qualifier**

OC-MEDS Reporting:	Required
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Reporting Condition:	Complete and submit if available
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Definition:
Pulse Oximetry Qualifier

OC-MEDS Element:	Pulse Oximetry Qualifier
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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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)

**OC-MEDS – DATA DICTIONARY****itVitals.002 - Airway**

OC-MEDS Reporting:	Required
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Reporting Condition:	eDisposition.12 does not include a Canceled or No Patient Contact value.
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Definition:
Assessment of the status of the patient's airway.

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

**OC-MEDS – DATA DICTIONARY****itVitals.006 - Provoked**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available
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Definition:
The provoking factor that led to the patient's pain or condition.

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

**OC-MEDS – DATA DICTIONARY****itVitals.007 - Quality**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available
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Definition:
The quality of the patient's pain.

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

**OC-MEDS – DATA DICTIONARY****itVitals.008 - Region**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available
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Definition:
Description of the location of the patient's pain or condition.

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

**OC-MEDS – DATA DICTIONARY****itVitals.009 - Radiation**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available
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Definition:

Description of whether the patient's pain radiated to any other part of the body.

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



OC-MEDS – DATA DICTIONARY

itVitals.010 - Duration

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available
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Definition:
The amount of time the patient has experienced the pain or condition.

OC-MEDS Element:	Duration
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Data Type:	Number	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments: v2 Code = IT1.16

Code List:

None

**OC-MEDS – DATA DICTIONARY****itVitals.011 - Duration Units**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available
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Definition:
Duration Units.

OC-MEDS Element:	Duration Units
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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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			
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OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available
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Definition:
PQRST Narrative

OC-MEDS Element:	PQRST Narrative
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Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Constraints: max length = 255
Comments: v2 Code = IT1.24

Code List:

None

**OC-MEDS – DATA DICTIONARY****itVitals.018 - Blood Glucose Other**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	Complete and submit if available
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Definition:
Blood Glucose Other

OC-MEDS Element:	Blood Glucose Other
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:
Comments: v2 Code = IT1.25, IT1.26

Code List:
Select Resources: itVitals.018.001 Hi itVitals.018.000 Low

**OC-MEDS – DATA DICTIONARY****itVitals.019 - Pulse Quality**

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

OC-MEDS Element:	Pulse Quality
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Data Type:	Multi-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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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
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Reporting Condition:	Complete and submit if available
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Definition:
Stroke Scale Speech

OC-MEDS Element:	Stroke Scale Speech
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Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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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
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Reporting Condition:	Complete and submit if available
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Definition:
Stroke Scale Facial Droop

OC-MEDS Element:	Stroke Scale Facial Droop
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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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

**OC-MEDS – DATA DICTIONARY****itVitals.027 - Stroke Scale Arm Drift**

OC-MEDS Reporting:	Recommended
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Reporting Condition:	Complete and submit if available
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Definition:
Stroke Scale Arm Drift

OC-MEDS Element:	Stroke Scale Arm Drift
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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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
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OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available
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Definition:

The statewide assigned ID number of the EMS crew member taking the vitals on the patient
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OC-MEDS Element:	Vitals Crew Members ID
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Data Type:	String	Pertinent Negatives (PN):	No
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Is Nillable:	No	NOT Values:	No
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Attributes:

Constraints: max length = 50

Comments: v2 Code = IT1.63

Code List:

None



OC-MEDS – DATA DICTIONARY

itVitals.050 - Appearance

OC-MEDS Reporting: Optional

Reporting Condition: Complete and submit if available

Definition:
APGAR Appearance (skin color)

OC-MEDS Element: Appearance

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

Is Nillable: Yes NOT Values: Yes

Attributes:
Comments:
v2 Code = E14.26.1

Code List:

Not Values:

- 7701001 Not Applicable
- 7701003 Not Recorded
- 7701005 Not Reporting

Select Resources:

- itVitals.050.100 Blue, pale
- itVitals.050.102 Completely pink
- itVitals.050.101 Body pink, blue extremities

**OC-MEDS – DATA DICTIONARY****itVitals.051 - Pulse**

OC-MEDS Reporting: Optional

Reporting Condition: Complete and submit if available

Definition:
APGAR Pulse (heart rate)

OC-MEDS Element: Pulse

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

Is Nillable: Yes NOT Values: Yes

Attributes:
Comments:
v2 Code = E14.26.2**Code List:**

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

Select Resources:
itVitals.051.100 Absent
itVitals.051.101 < 100/minute
itVitals.051.102 > 100/minute

**OC-MEDS – DATA DICTIONARY****itVitals.052 - Grimace**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available
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Definition:
APGAR Grimace ("reflex irritability")

OC-MEDS Element:	Grimace
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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Attributes:
Comments:
v2 Code = E14.26.3

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting Select Resources: itVitals.052.100 No response itVitals.052.101 Grimace itVitals.052.102 Cough, sneeze, cry

**OC-MEDS – DATA DICTIONARY****itVitals.053 - Activity**

OC-MEDS Reporting:	Optional
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Reporting Condition:	Complete and submit if available
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Definition:
APGAR Activity (muscle tone)

OC-MEDS Element:	Activity
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Data Type:	Single-select	Pertinent Negatives (PN):	No
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Is Nillable:	Yes	NOT Values:	Yes
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Attributes:
Comments:
v2 Code = E14.26.4

Code List:
Not Values: 7701001 Not Applicable 7701003 Not Recorded 7701005 Not Reporting Select Resources: itVitals.053.102 Active motion itVitals.053.101 Some flexion itVitals.053.100 Limp

**OC-MEDS – DATA DICTIONARY****itVitals.054 - Respiration**

OC-MEDS Reporting: Optional

Reporting Condition: Complete and submit if available

Definition:

APGAR Respiration (breathing rate and effort)

OC-MEDS Element: Respiration

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

Is Nillable: Yes NOT Values: Yes

Attributes:**Comments:**

v2 Code = E14.26.5

Code List:**Not Values:**

7701001 Not Applicable

7701003 Not Recorded

7701005 Not Reporting

Select Resources:

itVitals.054.100 Absent

itVitals.054.102 Good, crying

itVitals.054.101 Slow, irregular