

**ARIZONA DEPARTMENT OF  
HEALTH SERVICES  
BUREAU OF EMERGENCY MEDICAL  
SERVICES AND TRAUMA SYSTEM**



**ARIZONA EMS INFORMATION  
SYSTEM (AZ-EMISIS)  
DATA DICTIONARY AND USER'S  
MANUAL  
VERSION FEBRUARY 2010  
FOR NEMESIS 2.2.1**

**ARIZONA DEPARTMENT OF HEALTH  
SERVICES**

**DIVISION OF PUBLIC HEALTH  
SERVICES**

**BUREAU OF EMERGENCY MEDICAL  
SERVICES AND TRAUMA SYSTEM**

**ARIZONA EMS INFORMATION  
SYSTEM (AZ-EMSIS)  
DATA DICTIONARY & USER  
MANUAL  
VERSION FEBRUARY 2010  
FOR NEMESIS 2.2.1**

This Data Dictionary and User's Manual is the official reference document for the Arizona Emergency Medical Services Information System (AZ-EMSIS) as part of the Premier EMS Agency Program (PEAP), the inclusive EMS data collection and quality assurance program of the Arizona Department of Health Services/Bureau of EMS and Trauma System. All Data Elements are consistent with the National Highway Transportation Safety Administration/National EMS Information System Program Data Dictionary Version 2.2.1, last updated 7/29/09.

**ARIZONA EMS INFORMATION SYSTEM (AZ-EMIS)**  
**DATA DICTIONARY AND USER'S MANUAL VERSION FEBRUARY 2010 FOR NEMIS 2.2.1**

**TABLE OF CONTENTS**

<b><u>TOPIC DESCRIPTION</u></b>	<b><u>PAGE NO.</u></b>
Section I Required Data Elements Definitions, Coding and Format Descriptions .....	1
D01_01 EMS Agency Number .....	2
D01_02 EMS Agency Name.....	8
D01_03 EMS Agency State .....	14
D01_04 EMS Agency County .....	15
D01_05 Primary Type of Service .....	16
D01_07 Level of Service .....	17
D01_08 Organizational Type.....	18
D01_09 Organization Status .....	19
D01_10 Statistical Year .....	20
D01_11 Other Agencies in Area.....	21
D01_12 Total Service Size Area.....	27
D01_13 Total Service Size Area Population .....	28
D01_14 911 Call Volume Per Year .....	29
D01_15 EMS Dispatch Volume Per Year .....	30
D01_16 EMS Transport Volume Per Year .....	31
D01_17 EMS Patient Contact Volume Per Year .....	32
D01_19 EMS Agency Time Zone .....	33
D01_20 EMS Agency Daylight Savings Time Use.....	34
D01_21 National Provider Identifier .....	35
D02_01 Agency Contact Last Name .....	36
D02_02 Agency Contact Middle Name/Initial .....	37
D02_03 Agency Contact First Name .....	38
D02_07 Agency Contact Zip Code.....	39
D02_10 Agency Contact Email Address .....	40
D03_01 Agency Medical Director Last Name .....	41
D03_02 Agency Medical Director Middle Name/Initial .....	42
D03_03 Agency Medical Director First Name .....	43
D03_11 Agency Medical Director Email Address .....	44
D04_01 State Certification Licensure Levels .....	45
D04_04 Procedures.....	46
D04_05 Personnel Level Permitted to Use the Procedure .....	49
D04_06 Medications Given .....	50
D04_07 Personnel Level Permitted to Use the Medication .....	53
D04_08 Protocol (a list).....	54
D04_11 Hospitals Served .....	55
D04_12 Hospital Facility Number .....	57
D06_01 Unit/Vehicle Number .....	59
D09_02 Device Name or ID .....	60
D09_03 Device Manufacturer.....	61
D09_04 Model Number .....	62
E00 Common Null Values .....	63
E01_01 Patient Care Report Number.....	64
E01_02 Software Creator.....	65
E01_03 Software Name .....	66
E01_04 Software Version .....	67
E02_01 EMS Agency Number .....	68
E02_02 Incident Number .....	69
E02_03 EMS Unit (Vehicle) Response Number .....	70
E02_04 Type of Service Requested.....	71
E02_05 Primary Role of the Unit .....	72
E02_06 Type of Dispatch Delay .....	73

E02_07 Type of Response Delay .....	74
E02_08 Type of Scene Delay .....	75
E02_09 Type of Transport Delay.....	76
E02_10 Type of Turn-Around Delay.....	77
E02_11 EMS Unit/Vehicle Number .....	78
E02_12 EMS Unit Call Sign (Radio Number).....	79
E02_20 Response Mode to Scene.....	80
E03_01 Complaint Reported by Dispatch .....	81
E03_02 EMD Performed .....	82
E04_03 Crew Member Level.....	83
E05_01 Incident or Onset Date/Time .....	84
E05_02 PSAP Call Date/Time.....	85
E05_03 Dispatch Notified Date/Time.....	86
E05_04 Unit Notified by Dispatch Date/Time .....	87
E05_05 Unit En Route Date/Time .....	88
E05_06 Unit Arrived on Scene Date/Time .....	89
E05_07 Arrived at Patient Date/Time.....	90
E05_08 Transfer of Patient Care Date/Time.....	91
E05_09 Unit Left Scene Date/Time.....	92
E05_10 Patient Arrived at Destination Date/Time .....	93
E05_11 Unit Back in Service Date/Time.....	94
E05_13 Unit Back at Home Location Date/Time .....	95
E06_01 Patient's Last Name.....	96
E06_02 Patient's First Name .....	97
E06_03 Patient's Middle Initial/Name .....	98
E06_04 Patient's Home Address .....	99
E06_05 Patient's Home City .....	100
E06_06 Patient's Home County.....	101
E06_07 Patient's Home State .....	102
E06_08 Patient's Home Zip Code .....	103
E06_09 Patient's Home Country .....	104
E06_10 Patient's Social Security Number.....	105
E06_11 Gender .....	106
E06_12 Race .....	107
E06_13 Ethnicity .....	108
E06_14 Patient's Age .....	109
E06_15 Patient's Age Units.....	110
E06_16 Patient's Date of Birth.....	111
E07_01 Primary Method of Payment.....	112
E07_15 Work-Related .....	113
E07_16 Patient's Occupational Industry.....	114
E07_17 Patient's Occupation.....	115
E07_34 CMS Service Level.....	116
E07_35 Condition Code Number.....	118
E07_36 ICD-9 Code for the Condition Code Number.....	120
E07_37 Condition Code Modifier.....	121
E08_01 Other EMS Agencies at Scene.....	122
E08_02 Other Services at Scene .....	123
E08_04 Date/Time Initial Responder Arrived on Scene.....	124
E08_05 Number of Patients at Scene.....	125
E08_06 Mass Casualty Incident.....	126
E08_07 Incident Location Type.....	127
E08_08 Incident Facility Code .....	128
E08_10 Scene GPS Location .....	129
E08_11 Incident Address .....	130
E08_12 Incident City .....	131

E08_13 Incident County .....	132
E08_14 Incident State .....	133
E08_15 Incident ZIP Code.....	134
E09_01 Prior Aid .....	135
E09_02 Prior Aid Performed by .....	136
E09_03 Outcome of the Prior Aid .....	137
E09_04 Possible Injury .....	138
E09_05 Chief Complaint .....	139
E09_06 Duration of Chief Complaint.....	140
E09_07 Time Units of Duration of Chief Complaint.....	141
E09_11 Chief Complaint Anatomic Location .....	142
E09_12 Chief Complaint Organ System.....	143
E09_13 Primary Symptom.....	144
E09_14 Other Associated Symptoms .....	145
E09_15 Providers Primary Impression .....	146
E09_16 Provider’s Secondary Impression.....	147
E10_01 Cause of Injury .....	148
E10_02 Intent of Injury.....	150
E10_03 Mechanism of Injury .....	151
E10_04 Vehicular Injury Indicators.....	152
E10_05 Area of the Vehicle impacted by the collision.....	153
E10_06 Seat Row Location of Patient in Vehicle.....	154
E10_08 Use of Occupant Safety Equipment.....	155
E10_09 Airbag Deployment .....	156
E10_10 Height of Fall.....	157
E11_01 Cardiac Arrest.....	158
E11_02 Cardiac Arrest Etiology .....	159
E11_03 Resuscitation Attempted.....	160
E11_04 Arrest Witnessed by .....	161
E11_05 First Monitored Rhythm of the Patient.....	162
E11_06 Any Return of Spontaneous Circulation.....	163
E11_07 Neurological Outcome at Hospital Discharge .....	164
E11_08 Estimated Time of Arrest Prior to EMS Arrival.....	165
E11_09 Date/Time Resuscitation Discontinued .....	166
E11_10 Reason CPR Discontinued.....	167
E11_11 Cardiac Rhythm on Arrival at Destination .....	168
E12_01 Barriers to Patient Care.....	169
E12_03 Destination Medical Record Number .....	170
E12_08 Medication Allergies .....	171
E12_09 Environmental/Food Allergies .....	172
E12_10 Medical/Surgical History.....	173
E12_14 Current Medications .....	174
E12_15 Current Medication Dose.....	175
E12_16 Current Medication Dosage Unit.....	176
E12_17 Current Medication Administration Route .....	177
E12_19 Alcohol/Drug Use Indicators.....	178
E12_20 Pregnancy .....	179
E13_01 Run Report Narrative .....	180
E14_01 Date/Time Vital Signs Taken .....	181
E14_02 Obtained Prior to this Unit’s EMS Care .....	182
E14_03 Cardiac Rhythm.....	183
E14_04 SBP (Systolic Blood Pressure) .....	184
E14_05 DBP (Diastolic Blood Pressure).....	185
E14_07 Pulse Rate .....	186
E14_08 Electronic Monitor Rate .....	187
E14_09 Pulse Oximetry .....	188

E14_10 Pulse Rhythm.....	189
E14_11 Respiratory Rate .....	190
E14_12 Respiratory Effort.....	191
E14_13 Carbon Dioxide .....	192
E14_14 Blood Glucose Level .....	193
E14_15 Glasgow Coma Score-Eye.....	194
E14_16 Glasgow Coma Score-Verbal .....	195
E14_17 Glasgow Coma Score-Motor .....	196
E14_19 Total Glasgow Coma Score.....	197
E14_20 Temperature.....	198
E14_22 Level of Responsiveness .....	199
E14_23 Pain Scale .....	200
E14_24 Stroke Scale .....	201
E14_25 Thrombolytic Screen .....	202
E14_27 Revised Trauma Score.....	203
E14_28 Pediatric Trauma Score .....	204
E15_01 NHTSA Injury Matrix External/Skin .....	205
E15_02 NHTSA Injury Matrix Head.....	206
E15_03 NHTSA Injury Matrix Face.....	207
E15_04 NHTSA Injury Matrix Neck.....	208
E15_05 NHTSA Injury Matrix Thorax.....	209
E15_06 NHTSA Injury Matrix Abdomen .....	210
E15_07 NHTSA Injury Matrix Spine .....	211
E15_08 NHTSA Injury Matrix Upper Extremities.....	212
E15_09 NHTSA Injury Matrix Pelvis .....	213
E15_10 NHTSA Injury Matrix Lower Extremities .....	214
E15_11 NHTSA Injury Matrix Unspecified.....	215
E16_01 Estimated Body Weight.....	216
E16_02 Broslow/Luten Color.....	217
E16_03 Date/Time of Assessment.....	218
E16_04 Skin Assessment.....	219
E16_05 Head/Face Assessment .....	220
E16_06 Neck Assessment.....	221
E16_07 Chest/Lungs Assessment .....	222
E16_09 Abdomen Left Upper Assessment.....	223
E16_10 Abdomen Left Lower Assessment .....	224
E16_11 Abdomen Right Upper Assessment.....	225
E16_12 Abdomen Right Lower Assessment .....	226
E16_13 GU Assessment .....	227
E16_14 Back Cervical Assessment.....	228
E16_15 Back Thoracic Assessment.....	229
E16_16 Back Lumbar/Sacral Assessment .....	230
E16_17 Extremities-Right Upper Assessment.....	231
E16_18 Extremities-Right Lower Assessment .....	232
E16_19 Extremities-Left Upper Assessment.....	233
E16_20 Extremities-Left Lower Assessment .....	234
E16_21 Eyes-Left Assessment.....	235
E16_22 Eyes-Right Assessment .....	236
E16_23 Mental Status Assessment .....	237
E16_24 Neurological Assessment .....	238
E17_01 Protocols Used.....	239
E18_01 Date/Time Medication Administered .....	240
E18_02 Medication Administered Prior to this Units EMS Care .....	241
E18_03 Medication Given .....	242
E18_04 Medication Administered Route.....	243
E18_05 Medication Dosage.....	244

E18_06 Medication Dosage Units .....	245
E18_07 Response to Medication.....	246
E18_08 Medication Complication .....	247
E19_01 Date/Time Procedure Performed Successfully.....	248
E19_02 Procedure Performed Prior to this Units EMS Care.....	249
E19_03 Procedure.....	250
E19_04 Size of Procedure Equipment .....	251
E19_05 Number of Procedure Attempts.....	252
E19_06 Procedure Successful.....	253
E19_07 Procedure Complication .....	254
E19_08 Response to Procedure .....	255
E19_12 Successful IV Site.....	256
E19_13 Tube Confirmation .....	257
E19_14 Destination Confirmation of Tube Placement .....	258
E20_01 Destination/Transferred To, Name .....	259
E20_02 Destination/Transferred To, Code .....	260
E20_04 Destination City .....	261
E20_05 Destination State.....	262
E20_06 Destination County .....	263
E20_07 Destination Zip Code.....	264
E20_10 Incident/Patient Disposition .....	265
E20_14 Transport Mode from Scene.....	266
E20_15 Condition of Patient at Destination .....	267
E20_16 Reason for Choosing Destination .....	268
E20_17 Type of Destination .....	269
E21_01 Event Date/Time.....	270
E21_02 Medical Device Event Name.....	271
E21_03 Waveform Graphic Type.....	272
E21_04 Waveform Graphic .....	273
E21_05 AED, Pacing, or CO2 Mode.....	274
E21_06 ECG Lead .....	275
E21_07 ECG Interpretation .....	276
E21_08 Type of Shock.....	277
E21_09 Shock or Pacing Energy .....	278
E21_10 Total Number of Shocks Delivered.....	279
E21_11 Pacing Rate.....	280
E21_12 Device Heart Rate.....	281
E21_13 Device Pulse Rate.....	282
E21_14 Device Systolic Blood Pressure.....	283
E21_15 Device Diastolic Blood Pressure .....	284
E21_16 Device Respiratory Rate.....	285
E21_17 Device Pulse Oximetry.....	286
E21_18 Device CO2 or etCO2.....	287
E21_19 Device CO2, etCO2, or Invasive Pressure Monitor Units.....	288
E22_01 Emergency Department Disposition.....	289
E22_02 Hospital Disposition .....	290
E22_03 Law Enforcement/Crash Report Number .....	291
E22_04 Trauma Registry ID.....	292
E22_05 Fire Incident Report Number.....	293
E23_02 Potential Registry Candidate .....	294
E23_04 Suspected Intentional or Unintentional Disaster .....	295
E23_05 Suspected Contact with Blood/Body Fluids or EMS Injury or Death.....	296
E23_09 Research Survey Field.....	297
E23_11 Research Survey Field Title .....	298
Appendix-1 AZ-EMSIS Agency Name and Descriptive Information Summary Table .....	299
Appendix-2 HIPAA and the Arizona Department of Health Services.....	306

Appendix-3 EMS Data Submission Schedule.....	307
Index .....	308

**SECTION I**

**ARIZONA EMS INFORMATION SYSTEM (AZ-EMIS)  
VERSION FEBRUARY 2010 FOR NEMIS 2.2.1**

---

**EMS AGENCY NUMBER****AZ-EMESIS Data Element**

Field Name: EMSAgencyNumber  
Field Code: D01\_01  
Type: String  
Field Width: Min. 3, Max. 15  
Null Values Accepted: No  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

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

**Instructions for Coding/Data Entry:**

The EMS Agency Number is generated by the ADHS and provided to the applicable EMS agency. The EMS Agency Number is auto-populated by the EMS agency's specific software. If the EMS agency directly enters EMS Run Report data onto the ADHS EMS Data Collection Website, the ADHS EMS Data Collection software will auto-populate the field for each EMS Run Report based on the UserID and Password entered by the EMS agency's designated user.

**Explanation of Alpha-Numeric Agency Number/Name Assignment:**

EMS Agency Codes were assigned in the following manner:

**EMS Agency Air Transporter code assignment:**

System code TA (Transport Air) + B + assigned number = Agencies on BEMSTS Air Ambulance License List.

System code TA (Transport Air) + N + assigned number = Agencies NOT on BEMSTS Air Ambulance License List.

**EMS Agency Ground Transporter code assignment:**

For CON holders (on BEMSTS Ground Transport List), system code = TG (Transport Ground) + an assigned number.

For IHS transporters, system code = TG (Transport Ground) + IHS + an assigned number.

For any other transporter not on BEMSTS list and NOT IHS, system code = TG (Transport Ground) + OTH + an assigned number.

For an unknown EMS ground transporter option, system code = TG (Transport Ground) + UNK + an assigned number.

**EMS Agency 1st Response Non-Transport code assignment:**

For First Responders who are also BEMSTS CON holders, the system code = FRT + an assigned #.

For First Responders who are NOT BEMSTS CON holders, the system code = FRN + an assigned #.

**Field Values:**

EMS AIR MEDICAL TRANSPORT AGENCIES			
Unique ID	Agency Name	Unique ID	Agency Name
TAB001	Aerocare Med. Transport System (Scottsdale)	TAN013	Lifeguard Air Emergency Services (New Mexico)
TAB002	Aerocare Med. Transport-AeroMed Chinle/Winslow/Show Low	TAB010	LifeNet (Arizona)
TAB017	Air Ambulance Specialists	TAN014	MCAS Search and Rescue (SAR) - Marines (Yuma)
TAB003	Air Evac Svcs.	TAB011	Medical Express Int'l.
TAB004	AirCARE1 International	TAN004	Military Air Transport (not on this list)
TAN001	AirMed (Utah)	TAB012	Native American Air Ambul. - OMNI Flight
TAN016	American Care Air Ambulance	TAN015	Other Air Search and Rescue (not on this list)
TAB018	Angel Medflight Worldwide Air Ambulance Service	TAN005	Other Air Transporter (not on this list)
TAB005	Arizona Lifeline	TAN006	Other Fixed Wing Ambul. Air Transport
TAN011	Border Patrol Search & Rescue	TAN007	Other Rotor Ambul. Air Transport
TAN012	California Highway Patrol -CHP (California)	TAN008	Out of State Air Transporter (not on this list)
TAN002	Care Flight/REMSA (Nevada)	TAN017	REACH Air Medical Services (California)
TAB006	Classic Lifeguard Aeromedical Svc.	TAN009	San Juan Regional Air Care (New Mexico)
TAB015	Coast to Coast Air Ambulance	TAB013	Sun Care Air Ambulance
TAB007	DPS - Department of Public Safety (Air Rescue AZ)	TAB016	Trauma Flight, Inc.
TAB008	Eagle Air Med (was Golden Eagle)	TAB014	Tri State Care Flight
TAN003	Gallup Med Flight (New Mexico)	TAN010	Unknown Air Provider (not specified)
TAB009	Guardian Air (Flagstaff)		
EMS GROUND LICENSED (C.O.N.) TRANSPORT AGENCIES			
Unique ID	Agency Name	Unique ID	Agency Name
TGCON001	Action Medical Svc. - Ganado	TGOTH002	Out of State EMS Ground Transport Agency
TGCON002	Action Medical Svc. - Winslow	TGCON050	PMT- Professional Medical Transport
TGCON003	Ajo Ambulance	TGCON044	Page Fire Dept. Ambulance Svc., City of
TGCON004	American Ambulance	TGCON045	Phoenix Fire Dept.
TGCON005	American Comtrans	TGCON046	Picture Rocks Fire Dept.
TGCON006	Arizona Ambulance Transport of Douglas	TGCON047	Pine/Strawberry Fire Dept.
TGCON007	Avra Valley Fire District	TGCON048	Pinetop Vol. Fire District
TGCON086	Baker Emergency Medical Services, Inc.	TGCON049	Pinewood Fire Dept.
TGCON008	Beaver Dam-Littlefield Fire District	TGCON051	Puerco Valley Ambulance Svc.
TGCON009	Bisbee Fire Dept.	TGCON052	Rincon Valley Fire District
TGCON010	Black Canyon Fire Dept.	TGCON053	Rio Rico Fire District
TGCON011	Blue Ridge Fire Dept.	TGCON054	River Medical Inc.
TGCON012	Buckeye Valley Vol. Rescue Unit (Buckeye Fire)	TGCON055	Rural/Metro Corp. - AMT (Maricopa)
TGCON013	Bullhead City Fire Dept. Ambulance Svc.	TGCON056	Rural/Metro Corp. (Pima)
TGCON014	Camp Verde Fire and EMS	TGCON057	Rural Metro Corp. (Pinal) - TRI-CITY MED
TGCON015	Canyon State Ambulance	TGCON058	Rural/Metro Corp. (Yuma)
TGCON016	Colorado City Fire Dept.	TGCON059	Sacred Mountain Medical Svc.
TGCON017	Daisy Mountain Fire District	TGCON060	San Manuel Fire Dept. Assoc.
TGCON018	Douglas Fire Dept. Ambul. Svc., City of	TGCON061	Sedona Fire District
TGCON019	Drexel Heights Fire District	TGCON062	Show Low EMS
TGCON020	Elfrida Ambulance Svc.	TGCON063	Sierra Vista Fire Dept.
TGCON021	Eloy Fire District Ambulance Svc.	TGCON064	Snowflake/Taylor Ambulance Svc.
TGCON022	Forest Lakes Fire District	TGCON065	Somerton Fire Dept.
TGCON023	Fort Mojave Mesa Fire Dept.	TGCON087	Sonoita-Elgin Fire District
TGCON024	Fry Fire District	TGCON066	Southwest Ambulance & Rescue of AZ
TGCON025	Gila Bend Rescue / Ambulance	TGCON068	Southwest Ambulance (Maricopa)
TGCON026	Golden Shores Fire Dept. Ambul. Svc.	TGCON070	Southwest Ambulance (Yavapai)
TGCON027	Golder Ranch Fire District	TGCON067	Southwest Ambulance of Casa Grande
TGCON028	Grapevine Mesa Fire District	TGCON069	Southwest Ambulance of Safford
TGCON029	Greenlee County Ambulance Svc.	TGCON071	St. Johns Emergency Svcs.
TGCON030	Guardian Medical Transport	TGCON072	Sun City West Fire Dist. Ambul., Fire District of SCW

**EMS GROUND LICENSED (C.O.N.) TRANSPORT AGENCIES (Continued)**

Unique ID	Agency Name	Unique ID	Agency Name
TGCON031	Healthcare Innovations	TGCON073	Sun Lakes Fire District
TGCON032	Heber-Overgaard Fire District	TGCON074	Sunsites-Pearce Fire District
TGCON033	Holbrook EMS	TGCON075	Superior Emergency Medical Svcs.
TGCON034	Kearny Ambulance Svc., Town of	TGCON076	Three Points Fire District
TGCON035	Kord's Southwest	TGCON077	Tonto Basin Fire District
TGCON036	Lake Mohave Ranchos Fire District	TGCON078	Tri-City Fire District Ambulance Svc.
TGCON037	Lakeside Fire District	TGCON079	Tri-Valley Ambulance Svc.
TGCON038	Life Line Ambulance Svc.	TGCON080	Tubac Fire District Ambulance Svc.
TGCON039	Mayer Fire District Ambulance Svc.	TGCON081	Tucson Fire Dept.
TGOTH003	Military Ground Transport	TGCON082	Verde Valley Ambulance Co.
TGCON040	Mohave Valley Fire Dept. Ambulance Svc.	TGCON083	Verde Valley Fire District
TGCON041	Montezuma-Rimrock Fire District	TGCON084	Whetstone Fire District Ambulance Svc.
TGCON042	Motorsport Medical Svc. (Las Vegas)	TGCON085	White Mountain Ambulance Svc.
TGCON043	Nogales Ambulance Svc. (Nogales Fire)	TGUNK001	Unknown EMS Ground Transport (not specified)
TGOTH001	Other AZ EMS Ground Transport Agency		

**EMS GROUND NON-LICENSED NON-TRANSPORT FIRST RESPONDER AGENCIES**

Unique ID	Agency Name	Unique ID	Agency Name
FRT0001	Action Medical Svc. - Ganado	FRN0099	National Forest Service or National Park Service
FRN0001	Action Medical Svc. - Kayenta	FRN0100	Navajo Nation EMS/Fire
FRT0002	Action Medical Svc. - Winslow	FRT0043	Nogales Ambulance Svc./Nogales Fire Dept.
FRN0002	Aguila Fire Dist.	FRN0101	Nogales Suburban Fire Dist.
FRT0003	Ajo Ambulance	FRN0102	Northwest Fire Rescue Dist.
FRN0003	Ajo Gibson Vol. Fire Dept.	FRN0103	Nutrisio Vol. Fire Dist.
FRN0004	Ak-Chin Fire Dept.	FRN0104	Oatman Fire Dist.
FRN0005	Alpine Fire Dist.	FRN0105	Oracle Vol. Fire Dist.
FRT0004	American Ambulance	FRN0106	Other AZ EMS First Responder
FRT0005	American Comtrans	FRN0198	Other Military EMS First Responder
FRN0006	Apache Junction Fire Dist.	FRN0107	Other Tribal EMS First Responder
FRT0006	Arizona Ambulance Transport of Douglas	FRN0108	Out of State EMS First Responder
FRN0007	Arizona City Fire Dist.	FRT0044	Page Fire Dept. Ambulance Svc., City of
FRN0008	Ash Fork Fire Dist.	FRN0109	Palo Verde NGS Fire Dept.
FRN0009	Avondale Fire-Rescue	FRN0110	Palominas Fire Dist.
FRT0007	Avra Valley Fire District	FRN0111	Parker Fire Dist.
FRN0010	Babocomari Fire Dist.	FRN0112	Pascua Pueblo Fire Dept.
FRT0008	Beaver Dam-Littlefield Fire District	FRN0113	Patagonia Fire Dept.
FRN0011	Beaver Valley Fire Dist.	FRN0114	Payson Fire Dept.
FRN0012	Benson Vol. Fire Dept.	FRN0115	Peach Springs Ambulance Service
FRT0009	Bisbee Fire Dept.	FRN0116	Peeples Valley Fire Dist.
FRT0010	Black Canyon Fire Dept.	FRN0117	Peoria Fire Dept.
FRT0011	Blue Ridge Fire Dept.	FRT0045	Phoenix Fire Dept.
FRN0013	Border Patrol Rescue Services	FRN0118	Phoenix Fire Haz Mat Team
FRN0014	Bouse Volunteer Fire Dist.	FRN0119	Phoenix Indian Medical Service Unit EMS
FRN0015	Bowie Fire Dist.	FRT0046	Picture Rocks Fire Dept.
FRN0016	Buckeye Fire Department	FRN0120	Pima Fire Department
FRT0012	Buckeye Valley Vol. Rescue Unit	FRN0121	Pine Lake Fire Dist.
FRN0017	Buckskin Fire Dist.	FRT0047	Pine/Strawberry Fire Dept.
FRT0013	Bullhead City Fire Dept. Ambulance Svc.	FRT0048	Pinetop Vol. Fire District
FRT0014	Camp Verde Fire and EMS	FRT0049	Pinewood Fire Dept.
FRN0018	Canyon Fire Dist.	FRN0122	Pinion Pine Fire Dist.
FRT0015	Canyon State Ambulance	FRN0123	Pleasant Valley Fire Dist.
FRN0019	Casa Grande Fire Dept., City of	FRT0050	PMT- Professional Medical Transport
FRN0020	Catalina Foothills Fire Dist.	FRN0124	Police Department
FRN0021	Central AZ Mountain Rescue Assoc.	FRN0125	Ponderosa Fire Dist.

**EMS GROUND NON-LICENSED NON-TRANSPORT FIRST RESPONDER AGENCIES (Continued)**

Unique ID	Agency Name	Unique ID	Agency Name
FRN0022	Central Yavapai Fire Dist.	FRN0126	Prescott Fire Dept.
FRN0023	Chandler Fire Dept.	FRT0051	Puerco Valley Ambulance Svc./Fire
FRN0024	Chinle Community Fire Dept.	FRN0127	Quartzsite Fire Dist.
FRN0025	Chino Valley Fire Dist.	FRN0128	Queen Creek Fire Dept.
FRN0026	Chloride Fire Dist.	FRN0129	Queen Valley Fire Dist.
FRN0027	Christopher Kohls Fire Dist.	FRN0130	Regional Fire and Rescue Dept.
FRN0028	Cibecue Fire Dept.	FRT0052	Rincon Valley Fire District
FRN0029	Circle City-Morristown Fire Dist.	FRT0053	Rio Rico Fire District
FRN0030	Clarkdale Fire Dist.	FRN0131	Rio Verde Fire Dist.
FRN0031	Clay Springs-Pinedale Fire Dist.	FRT0054	River Medical Inc. (Lake Havasu)
FRT0016	Colorado City Fire Dept.	FRN0132	Round Valley/Oxbow Estates Fire Dist.
FRN0032	Colorado River Indian Tribes EMS	FRT0057	Rural Metro Corp. (Pinal) - TRI-CITY MED
FRN0033	Concho Fire Dist.	FRT0055	Rural/Metro Corp. - AMT (Maricopa)
FRN0034	Congress Fire Dist.	FRT0056	Rural/Metro Corp. (Pima)
FRN0035	Coolidge Fire Dept.	FRT0058	Rural/Metro Corp. (Yuma)
FRN0036	Corona de Tucson Fire Dist.	FRN0133	RW Bliss Army Ambulance
FRN0037	Cottonwood Fire Dept.	FRN0134	Sabino Vista Fire Dist.
FRN0038	County Sheriff's Ofc.	FRN0135	Sacaton Fire & Ambul.
FRN0039	County Sheriff's Ofc. - Search and Rescue Team	FRT0059	Sacred Mountain Medical Svc.
FRN0040	Crown King Fire Dist.	FRN0136	Safford Rural Fire Dist.
FRT0017	Daisy Mountain Fire District	FRN0137	Sage Memorial Hosp. Ambul. (Ganado)
FRN0041	Davis-Monthan AFB Vol. Fire Dept.	FRN0138	Salt River Fire Dept. (Salt River Pima)
FRN0042	Desert Hills Fire Dist.	FRN0139	San Carlos Apache EMS
FRN0043	Diamond Star Fire Dist.	FRN0140	San Jose Fire Dist.
FRT0018	Douglas Fire Dept. Ambul. Svc., City of	FRN0141	San Luis Fire Dept.
FRN0044	DPS - Department of Public Safety	FRT0060	San Manuel Fire Dept. Assoc.
FRT0019	Drexel Heights Fire District	FRN0142	Scottsdale Fire Dept.
FRN0045	Dudleyville Fire Dist.	FRN0143	Search and Rescue Unit (not on this list)
FRN0046	Duncan Valley Rural Fire Dist.	FRT0061	Sedona Fire District
FRN0047	Ehrenberg Fire Dist.	FRN0144	Seligman Fire Dist.
FRN0048	El Mirage Fire Dept.	FRN0145	Sells Service Unit IHS EMS Rescue
FRN0049	Elephant Head Vol. Fire Dept.	FRN0146	Sheriff's Office - IHS
FRT0020	Elfrida Ambulance Svc.	FRN0147	Sherwood Forest Estates Fire Dist.
FRT0021	Eloy Fire District Ambulance Svc.	FRN0148	Shiprock IHS EMS
FRN0050	Flagstaff Fire Dept.	FRT0062	Show Low EMS
FRN0051	Flagstaff Ranch Fire Dist.	FRN0149	Show Low Fire Dist.
FRN0052	Florence Fire Dept.	FRT0063	Sierra Vista Fire Dept.
FRT0022	Forest Lakes Fire District	FRN0150	Silverbell Army Heliport Fire Dept.
FRN0053	Fort Defiance Fire Dept.	FRN0151	Snowflake Fire Dept.
FRN0054	Fort Huachuca Fire Dept.	FRT0064	Snowflake/Taylor Ambulance Svc.
FRN0055	Fort McDowell Fire Dept.	FRT0065	Somerton Fire Dept.
FRT0023	Fort Mojave Mesa Fire Dept.	FRT0152	Sonoita-Elgin Fire Dept.
FRN0056	Fort Valley Fire Dist.	FRN0153	South Tucson Fire Dept.
FRN0057	Fountain Hills Fire Dept.	FRN0154	Southern Arizona Rescue Association
FRT0024	Fry Fire District	FRT0066	Southwest Ambulance & Rescue of AZ
FRN0058	Ganado Fire Dept.	FRT0067	Southwest Ambulance (Maricopa)
FRN0059	Gila Bend Fire Dist.	FRT0068	Southwest Ambulance (Yavapai)
FRT0025	Gila Bend Rescue / Ambulance	FRT0069	Southwest Ambulance of Casa Grande
FRN0060	Gila River EMS/Fire	FRT0070	Southwest Ambulance of Safford
FRN0061	Gilbert Fire Dept.	FRN0155	Springerville Vol. Fire Dept.
FRN0062	Gisela Valley Fire Dist.	FRN0156	St. David Vol. Fire Dist.
FRN0063	Glendale Fire Dept.	FRT0071	St. Johns Emergency Svcs./Fire
FRN0064	Globe Fire Dept.	FRN0157	Stanfield Fire Dist.

**EMS GROUND NON-LICENSED NON-TRANSPORT FIRST RESPONDER AGENCIES (Continued)**

<b>Unique ID</b>	<b>Agency Name</b>	<b>Unique ID</b>	<b>Agency Name</b>
FRT0026	Golden Shores Fire Dept. Ambul. Svc.	FRN0158	Summit Fire Dist.
FRN0065	Golden Valley Fire Dist.	FRN0159	Sun City Fire Dist.
FRT0027	Golder Ranch Fire District	FRT0072	Sun City West Fire Dist. Ambul., Fire District of SCW
FRN0066	Goldfield Ranch Fire Dist.	FRT0073	Sun Lakes Fire District
FRN0067	Goodyear Fire Dept.	FRN0160	Sun Valley Fire Dist.
FRN0068	Grand Canyon Nat. Park Fire Dept.	FRN0161	Sunnyside Fire Dist.
FRN0069	Grande Buttes Fire Dist.	FRT0074	Sunsites-Pearce Fire District
FRT0028	Grapevine Mesa Fire District	FRT0075	Superior Emergency Medical Svcs.
FRN0070	Green Valley Fire Dist.	FRN0162	Surprise Fire Dept.
FRN0071	Greenhaven Fire Dist.	FRN0163	Tacna Vol. Fire Dept.
FRT0029	Greenlee County Ambulance Svc.	FRN0164	Tanque Verde Valley Fire Dist.
FRN0072	Greer Fire Dist.	FRN0165	Taylor Fire Dept.
FRN0073	Groom Creek Fire Dist.	FRN0166	Teec Nos Pos BIA Fire
FRN0074	Guadalupe Fire Dept.	FRN0167	Teec Nos Pos EMS
FRT0030	Guardian Medical Transport	FRN0168	Tempe Fire Dept.
FRN0075	Harquahala Valley Fire Dist.	FRT0076	Three Points Fire District
FRT0031	Healthcare Innovations	FRN0169	Thunderbird Fire Dist.
FRT0032	Heber-Overgaard Fire District	FRN0170	Tohono O'odham Nation Fire Dept.
FRN0076	Heritage Hills Fire Dist.	FRN0171	Tolleson Fire Dept.
FRN0077	Highlands Fire Dist.	FRN0172	Tombstone Fire Dept.
FRT0033	Holbrook EMS	FRN0173	Tonopah Valley Fire District
FRN0078	Hopi EMS	FRT0077	Tonto Basin Fire District
FRN0079	Houston Mesa Fire Dist.	FRN0174	Tonto Rim Search and Rescue
FRN0080	Hualapai Valley Fire Dist.	FRN0175	Tonto Village Fire Dist.
FRN0081	Junipine Fire Dist.	FRT0078	Tri-City Fire District Ambulance Svc.
FRN0082	Kachina Village Fire Dept.	FRT0079	Tri-Valley Ambulance Svc.
FRN0083	Kaibab Estates (West) Fire Dist.	FRN0176	Truxton Fire Dist.
FRN0084	Kayenta Fire Dept.	FRN0177	Tuba City Fire & Rescue
FRT0034	Kearny Ambulance Svc., Town of	FRT0080	Tubac Fire District Ambulance Svc.
FRN0085	Kingman Fire Dept., City of	FRN0178	Tucson C.C. Estates Fire Dist.
FRT0035	Kord's Southwest	FRT0081	Tucson Fire Dept.
FRN0086	La Canada Fire Dist.	FRN0179	Tusayan Fire Dist.
FRN0087	Lake Havasu Fire Dept., City of	FRN0180	Unknown EMS First Responder (not specified)
FRT0036	Lake Mohave Ranchos Fire District	FRN0181	Valle Vista Fire Dist.
FRT0037	Lakeside Fire District	FRT0082	Verde Valley Ambulance Co.
FRN0088	Laveen Fire Dist.	FRT0083	Verde Valley Fire District
FRT0038	Life Line Ambulance Svc.	FRN0182	Vernon Fire Dist.
FRN0089	Linden Fire Dist.	FRT0084	Whetstone Fire District Ambulance Svc.
FRN0090	Lockheed Martin Aerospace Fire Dept.	FRN0183	Whispering Pines Fire Dist.
FRN0091	Mammoth Fire Dist.	FRT0085	White Mountain Ambulance Svc.
FRN0200	Maricopa County Sheriff's Office (MCSO)	FRN0184	White Mountain Apache Tribe EMS (Whiteriver)
FRN0092	Maricopa Fire Dist.	FRN0185	White Mountain Lake Fire Dist.
FRT0039	Mayer Fire District Ambulance Svc.	FRN0186	Why Fire Dist.
FRN0197	MCAS Fire Dept. (Marines) - Yuma	FRN0187	Wickenburg Rural Fire Dist.
FRN0093	McMullen Valley Fire Dist.	FRN0188	Williamson Valley Fire Dist.
FRN0094	McNeal Fire Department	FRN0189	Winslow Fire Dept.
FRN0095	Mesa Fire Dept.	FRN0190	Winslow HIS EMS
FRT0040	Mohave Valley Fire Dept. Ambulance Svc.	FRN0191	Wittman Fire Dist.
FRT0041	Montezuma-Rimrock Fire District	FRN0192	Yarnell Fire Dist.
FRN0096	Mormon Lake Fire Dist.	FRN0193	Yavapai Apache Tribe Fire Dept.
FRT0042	Motorsport Medical Svc. (Las Vegas)	FRN0194	Yucca Fire Dist.
FRN0097	Mount Lemmon Fire Dist.	FRN0195	Yuma Fire Dept.
FRN0098	Naco Fire Dist.	FRN0196	Yuma Proving Grounds Fire Dept.

INDIAN HEALTH SERVICES GROUND NON-LICENSED TRANSPORT EMS AENCIES			
Unique ID	Agency Name	Unique ID	Agency Name
TGIHS001	IHS- Ak-Chin Fire Dept.	TGIHS016	IHS- Peach Springs Ambulance Service
TGIHS003	IHS- Chinle Service Unit	TGIHS011	IHS- Salt River Fire Dept.
TGIHS004	IHS- Fort Defiance EMS	TGIHS012	IHS- San Carlos Apache EMS
TGIHS002	IHS- Fort McDowell Fire Dept.	TGIHS019	IHS- Sells Service Unit IHS EMS Rescue
TGIHS005	IHS- Gila River EMS/Fire	TGIHS013	IHS- Shiprock EMS
TGIHS006	IHS- Hopi EMS	TGIHS014	IHS- Teec Nos Pos EMS
TGIHS007	IHS- Kayenta EMS	TGIHS015	IHS- Tuba City EMS
TGIHS008	IHS- Navajo Nation EMS/Fire	TGIHS017	IHS- White Mountain Apache Tribe EMS (Whiteriver)
TGIHS009	IHS- Other Tribal EMS Transport	TGIHS018	IHS- Winslow EMS
TGIHS010	IHS- Pascua Pueblo Fire Dept.		

**Additional Information:**

The D01\_01 EMS Agency Number is the same as E02\_01 EMS Agency Number, and can be used to auto-populate E02\_01 on the Patient Care Report.

---

**EMS AGENCY NAME**

Field Name: EMSAgencyName  
Field Code: D01\_02  
Type: String  
Field Width: Min. 2, Max. 50  
Null Values Accepted: No  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

The formal name of the EMS agency.

**Instructions for Coding/Data Entry:**

The EMS Agency Name is typically documented once then verified each year, and updated yearly or when changed.

**Explanation of Alpha-Numeric Agency Number/Name Assignment:**

EMS Agency Codes were assigned in the following manner:

**EMS Agency Air Transporter code assignment:**

System code TA (Transport Air) + B + assigned number = Agencies on BEMSTS Air Ambulance License List.

System code TA (Transport Air) + N + assigned number = Agencies NOT on BEMSTS Air Ambulance License List.

**EMS Agency Ground Transporter code assignment:**

For CON holders (on BEMSTS Ground Transport List), system code = TG (Transport Ground) + an assigned number.

For IHS transporters, system code = TG (Transport Ground) + IHS + an assigned number.

For any other transporter not on BEMSTS list and NOT IHS, system code = TG (Transport Ground) + OTH + an assigned number.

For an unknown EMS ground transporter option, system code = TG (Transport Ground) + UNK + an assigned number.

**EMS Agency 1st Response Non-Transport code assignment:**

For First Responders who are also BEMSTS CON holders, the system code = FRT + an assigned #.

For First Responders who are NOT BEMSTS CON holders, the system code = FRN + an assigned #.

**Field Values:**

EMS AIR MEDICAL TRANSPORT AGENCIES			
Unique ID	Agency Name	Unique ID	Agency Name
TAB001	Aerocare Med. Transport System (Scottsdale)	TAN013	Lifeguard Air Emergency Services (New Mexico)
TAB002	Aerocare Med. Transport-AeroMed Chinle/Winslow/Show Low	TAB010	LifeNet (Arizona)
TAB017	Air Ambulance Specialists	TAN014	MCAS Search and Rescue (SAR) - Marines (Yuma)
TAB003	Air Evac Svcs.	TAB011	Medical Express Int'l.
TAB004	AirCARE1 International	TAN004	Military Air Transport (not on this list)
TAN001	AirMed (Utah)	TAB012	Native American Air Ambul. - OMNI Flight
TAN016	American Care Air Ambulance	TAN015	Other Air Search and Rescue (not on this list)
TAB018	Angel Medflight Worldwide Air Ambulance Service	TAN005	Other Air Transporter (not on this list)
TAB005	Arizona Lifeline	TAN006	Other Fixed Wing Ambul. Air Transport
TAN011	Border Patrol Search & Rescue	TAN007	Other Rotor Ambul. Air Transport
TAN012	California Highway Patrol -CHP (California)	TAN008	Out of State Air Transporter (not on this list)
TAN002	Care Flight/REMSA (Nevada)	TAN017	REACH Air Medical Services (California)
TAB006	Classic Lifeguard Aeromedical Svc.	TAN009	San Juan Regional Air Care (New Mexico)
TAB015	Coast to Coast Air Ambulance	TAB013	Sun Care Air Ambulance
TAB007	DPS - Department of Public Safety (Air Rescue AZ)	TAB016	Trauma Flight, Inc.
TAB008	Eagle Air Med (was Golden Eagle)	TAB014	Tri State Care Flight
TAN003	Gallup Med Flight (New Mexico)	TAN010	Unknown Air Provider (not specified)
TAB009	Guardian Air (Flagstaff)		
EMS GROUND LICENSED (C.O.N.) TRANSPORT AGENCIES			
Unique ID	Agency Name	Unique ID	Agency Name
TGCON001	Action Medical Svc. - Ganado	TGOTH002	Out of State EMS Ground Transport Agency
TGCON002	Action Medical Svc. - Winslow	TGCON050	PMT- Professional Medical Transport
TGCON003	Ajo Ambulance	TGCON044	Page Fire Dept. Ambulance Svc., City of
TGCON004	American Ambulance	TGCON045	Phoenix Fire Dept.
TGCON005	American Comtrans	TGCON046	Picture Rocks Fire Dept.
TGCON006	Arizona Ambulance Transport of Douglas	TGCON047	Pine/Strawberry Fire Dept.
TGCON007	Avra Valley Fire District	TGCON048	Pinetop Vol. Fire District
TGCON086	Baker Emergency Medical Services, Inc.	TGCON049	Pinewood Fire Dept.
TGCON008	Beaver Dam-Littlefield Fire District	TGCON051	Puerco Valley Ambulance Svc.
TGCON009	Bisbee Fire Dept.	TGCON052	Rincon Valley Fire District
TGCON010	Black Canyon Fire Dept.	TGCON053	Rio Rico Fire District
TGCON011	Blue Ridge Fire Dept.	TGCON054	River Medical Inc.
TGCON012	Buckeye Valley Vol. Rescue Unit (Buckeye Fire)	TGCON055	Rural/Metro Corp. - AMT (Maricopa)
TGCON013	Bullhead City Fire Dept. Ambulance Svc.	TGCON056	Rural/Metro Corp. (Pima)
TGCON014	Camp Verde Fire and EMS	TGCON057	Rural Metro Corp. (Pinal) - TRI-CITY MED
TGCON015	Canyon State Ambulance	TGCON058	Rural/Metro Corp. (Yuma)
TGCON016	Colorado City Fire Dept.	TGCON059	Sacred Mountain Medical Svc.
TGCON017	Daisy Mountain Fire District	TGCON060	San Manuel Fire Dept. Assoc.
TGCON018	Douglas Fire Dept. Ambul. Svc., City of	TGCON061	Sedona Fire District
TGCON019	Drexel Heights Fire District	TGCON062	Show Low EMS
TGCON020	Elfrida Ambulance Svc.	TGCON063	Sierra Vista Fire Dept.
TGCON021	Eloy Fire District Ambulance Svc.	TGCON064	Snowflake/Taylor Ambulance Svc.
TGCON022	Forest Lakes Fire District	TGCON065	Somerton Fire Dept.
TGCON023	Fort Mojave Mesa Fire Dept.	TGCON087	Sonoita-Elgin Fire District
TGCON024	Fry Fire District	TGCON066	Southwest Ambulance & Rescue of AZ
TGCON025	Gila Bend Rescue / Ambulance	TGCON068	Southwest Ambulance (Maricopa)
TGCON026	Golden Shores Fire Dept. Ambul. Svc.	TGCON070	Southwest Ambulance (Yavapai)
TGCON027	Golder Ranch Fire District	TGCON067	Southwest Ambulance of Casa Grande
TGCON028	Grapevine Mesa Fire District	TGCON069	Southwest Ambulance of Safford
TGCON029	Greenlee County Ambulance Svc.	TGCON071	St. Johns Emergency Svcs.
TGCON030	Guardian Medical Transport	TGCON072	Sun City West Fire Dist. Ambul., Fire District of SCW

**EMS GROUND LICENSED (C.O.N.) TRANSPORT AGENCIES (Continued)**

Unique ID	Agency Name	Unique ID	Agency Name
TGCON031	Healthcare Innovations	TGCON073	Sun Lakes Fire District
TGCON032	Heber-Overgaard Fire District	TGCON074	Sunsites-Pearce Fire District
TGCON033	Holbrook EMS	TGCON075	Superior Emergency Medical Svcs.
TGCON034	Kearny Ambulance Svc., Town of	TGCON076	Three Points Fire District
TGCON035	Kord's Southwest	TGCON077	Tonto Basin Fire District
TGCON036	Lake Mohave Ranchos Fire District	TGCON078	Tri-City Fire District Ambulance Svc.
TGCON037	Lakeside Fire District	TGCON079	Tri-Valley Ambulance Svc.
TGCON038	Life Line Ambulance Svc.	TGCON080	Tubac Fire District Ambulance Svc.
TGCON039	Mayer Fire District Ambulance Svc.	TGCON081	Tucson Fire Dept.
TGOTH003	Military Ground Transport	TGCON082	Verde Valley Ambulance Co.
TGCON040	Mohave Valley Fire Dept. Ambulance Svc.	TGCON083	Verde Valley Fire District
TGCON041	Montezuma-Rimrock Fire District	TGCON084	Whetstone Fire District Ambulance Svc.
TGCON042	Motorsport Medical Svc. (Las Vegas)	TGCON085	White Mountain Ambulance Svc.
TGCON043	Nogales Ambulance Svc. (Nogales Fire)	TGUNK001	Unknown EMS Ground Transport (not specified)
TGOTH001	Other AZ EMS Ground Transport Agency		

**EMS GROUND NON-LICENSED NON-TRANSPORT FIRST RESPONDER AGENCIES**

Unique ID	Agency Name	Unique ID	Agency Name
FRT0001	Action Medical Svc. - Ganado	FRN0099	National Forest Service or National Park Service
FRN0001	Action Medical Svc. - Kayenta	FRN0100	Navajo Nation EMS/Fire
FRT0002	Action Medical Svc. - Winslow	FRT0043	Nogales Ambulance Svc./Nogales Fire Dept.
FRN0002	Aguila Fire Dist.	FRN0101	Nogales Suburban Fire Dist.
FRT0003	Ajo Ambulance	FRN0102	Northwest Fire Rescue Dist.
FRN0003	Ajo Gibson Vol. Fire Dept.	FRN0103	Nutrisio Vol. Fire Dist.
FRN0004	Ak-Chin Fire Dept.	FRN0104	Oatman Fire Dist.
FRN0005	Alpine Fire Dist.	FRN0105	Oracle Vol. Fire Dist.
FRT0004	American Ambulance	FRN0106	Other AZ EMS First Responder
FRT0005	American Comtrans	FRN0198	Other Military EMS First Responder
FRN0006	Apache Junction Fire Dist.	FRN0107	Other Tribal EMS First Responder
FRT0006	Arizona Ambulance Transport of Douglas	FRN0108	Out of State EMS First Responder
FRN0007	Arizona City Fire Dist.	FRT0044	Page Fire Dept. Ambulance Svc., City of
FRN0008	Ash Fork Fire Dist.	FRN0109	Palo Verde NGS Fire Dept.
FRN0009	Avondale Fire-Rescue	FRN0110	Palominas Fire Dist.
FRT0007	Avra Valley Fire District	FRN0111	Parker Fire Dist.
FRN0010	Babocomari Fire Dist.	FRN0112	Pascua Pueblo Fire Dept.
FRT0008	Beaver Dam-Littlefield Fire District	FRN0113	Patagonia Fire Dept.
FRN0011	Beaver Valley Fire Dist.	FRN0114	Payson Fire Dept.
FRN0012	Benson Vol. Fire Dept.	FRN0115	Peach Springs Ambulance Service
FRT0009	Bisbee Fire Dept.	FRN0116	Peeples Valley Fire Dist.
FRT0010	Black Canyon Fire Dept.	FRN0117	Peoria Fire Dept.
FRT0011	Blue Ridge Fire Dept.	FRT0045	Phoenix Fire Dept.
FRN0013	Border Patrol Rescue Services	FRN0118	Phoenix Fire Haz Mat Team
FRN0014	Bouse Volunteer Fire Dist.	FRN0119	Phoenix Indian Medical Service Unit EMS
FRN0015	Bowie Fire Dist.	FRT0046	Picture Rocks Fire Dept.
FRN0016	Buckeye Fire Department	FRN0120	Pima Fire Department
FRT0012	Buckeye Valley Vol. Rescue Unit	FRN0121	Pine Lake Fire Dist.
FRN0017	Buckskin Fire Dist.	FRT0047	Pine/Strawberry Fire Dept.
FRT0013	Bullhead City Fire Dept. Ambulance Svc.	FRT0048	Pinetop Vol. Fire District
FRT0014	Camp Verde Fire and EMS	FRT0049	Pinewood Fire Dept.
FRN0018	Canyon Fire Dist.	FRN0122	Pinion Pine Fire Dist.
FRT0015	Canyon State Ambulance	FRN0123	Pleasant Valley Fire Dist.
FRN0019	Casa Grande Fire Dept., City of	FRT0050	PMT- Professional Medical Transport
FRN0020	Catalina Foothills Fire Dist.	FRN0124	Police Department
FRN0021	Central AZ Mountain Rescue Assoc.	FRN0125	Ponderosa Fire Dist.

**EMS GROUND NON-LICENSED NON-TRANSPORT FIRST RESPONDER AGENCIES (Continued)**

Unique ID	Agency Name	Unique ID	Agency Name
FRN0022	Central Yavapai Fire Dist.	FRN0126	Prescott Fire Dept.
FRN0023	Chandler Fire Dept.	FRT0051	Puerco Valley Ambulance Svc./Fire
FRN0024	Chinle Community Fire Dept.	FRN0127	Quartzsite Fire Dist.
FRN0025	Chino Valley Fire Dist.	FRN0128	Queen Creek Fire Dept.
FRN0026	Chloride Fire Dist.	FRN0129	Queen Valley Fire Dist.
FRN0027	Christopher Kohls Fire Dist.	FRN0130	Regional Fire and Rescue Dept.
FRN0028	Cibecue Fire Dept.	FRT0052	Rincon Valley Fire District
FRN0029	Circle City-Morristown Fire Dist.	FRT0053	Rio Rico Fire District
FRN0030	Clarkdale Fire Dist.	FRN0131	Rio Verde Fire Dist.
FRN0031	Clay Springs-Pinedale Fire Dist.	FRT0054	River Medical Inc. (Lake Havasu)
FRT0016	Colorado City Fire Dept.	FRN0132	Round Valley/Oxbow Estates Fire Dist.
FRN0032	Colorado River Indian Tribes EMS	FRT0057	Rural Metro Corp. (Pinal) - TRI-CITY MED
FRN0033	Concho Fire Dist.	FRT0055	Rural/Metro Corp. - AMT (Maricopa)
FRN0034	Congress Fire Dist.	FRT0056	Rural/Metro Corp. (Pima)
FRN0035	Coolidge Fire Dept.	FRT0058	Rural/Metro Corp. (Yuma)
FRN0036	Corona de Tucson Fire Dist.	FRN0133	RW Bliss Army Ambulance
FRN0037	Cottonwood Fire Dept.	FRN0134	Sabino Vista Fire Dist.
FRN0038	County Sheriff's Ofc.	FRN0135	Sacaton Fire & Ambul.
FRN0039	County Sheriff's Ofc. - Search and Rescue Team	FRT0059	Sacred Mountain Medical Svc.
FRN0040	Crown King Fire Dist.	FRN0136	Safford Rural Fire Dist.
FRT0017	Daisy Mountain Fire District	FRN0137	Sage Memorial Hosp. Ambul. (Ganado)
FRN0041	Davis-Monthan AFB Vol. Fire Dept.	FRN0138	Salt River Fire Dept. (Salt River Pima)
FRN0042	Desert Hills Fire Dist.	FRN0139	San Carlos Apache EMS
FRN0043	Diamond Star Fire Dist.	FRN0140	San Jose Fire Dist.
FRT0018	Douglas Fire Dept. Ambul. Svc., City of	FRN0141	San Luis Fire Dept.
FRN0044	DPS - Department of Public Safety	FRT0060	San Manuel Fire Dept. Assoc.
FRT0019	Drexel Heights Fire District	FRN0142	Scottsdale Fire Dept.
FRN0045	Dudleyville Fire Dist.	FRN0143	Search and Rescue Unit (not on this list)
FRN0046	Duncan Valley Rural Fire Dist.	FRT0061	Sedona Fire District
FRN0047	Ehrenberg Fire Dist.	FRN0144	Seligman Fire Dist.
FRN0048	El Mirage Fire Dept.	FRN0145	Sells Service Unit IHS EMS Rescue
FRN0049	Elephant Head Vol. Fire Dept.	FRN0146	Sheriff's Office - IHS
FRT0020	Elfrida Ambulance Svc.	FRN0147	Sherwood Forest Estates Fire Dist.
FRT0021	Eloy Fire District Ambulance Svc.	FRN0148	Shiprock IHS EMS
FRN0050	Flagstaff Fire Dept.	FRT0062	Show Low EMS
FRN0051	Flagstaff Ranch Fire Dist.	FRN0149	Show Low Fire Dist.
FRN0052	Florence Fire Dept.	FRT0063	Sierra Vista Fire Dept.
FRT0022	Forest Lakes Fire District	FRN0150	Silverbell Army Heliport Fire Dept.
FRN0053	Fort Defiance Fire Dept.	FRN0151	Snowflake Fire Dept.
FRN0054	Fort Huachuca Fire Dept.	FRT0064	Snowflake/Taylor Ambulance Svc.
FRN0055	Fort McDowell Fire Dept.	FRT0065	Somerton Fire Dept.
FRT0023	Fort Mojave Mesa Fire Dept.	FRT0152	Sonoita-Elgin Fire Dept.
FRN0056	Fort Valley Fire Dist.	FRN0153	South Tucson Fire Dept.
FRN0057	Fountain Hills Fire Dept.	FRN0154	Southern Arizona Rescue Association
FRT0024	Fry Fire District	FRT0066	Southwest Ambulance & Rescue of AZ
FRN0058	Ganado Fire Dept.	FRT0067	Southwest Ambulance (Maricopa)
FRN0059	Gila Bend Fire Dist.	FRT0068	Southwest Ambulance (Yavapai)
FRT0025	Gila Bend Rescue / Ambulance	FRT0069	Southwest Ambulance of Casa Grande
FRN0060	Gila River EMS/Fire	FRT0070	Southwest Ambulance of Safford
FRN0061	Gilbert Fire Dept.	FRN0155	Springerville Vol. Fire Dept.
FRN0062	Gisela Valley Fire Dist.	FRN0156	St. David Vol. Fire Dist.
FRN0063	Glendale Fire Dept.	FRT0071	St. Johns Emergency Svcs./Fire
FRN0064	Globe Fire Dept.	FRN0157	Stanfield Fire Dist.

**EMS GROUND NON-LICENSED NON-TRANSPORT FIRST RESPONDER AGENCIES (Continued)**

<b>Unique ID</b>	<b>Agency Name</b>	<b>Unique ID</b>	<b>Agency Name</b>
FRT0026	Golden Shores Fire Dept. Ambul. Svc.	FRN0158	Summit Fire Dist.
FRN0065	Golden Valley Fire Dist.	FRN0159	Sun City Fire Dist.
FRT0027	Golder Ranch Fire District	FRT0072	Sun City West Fire Dist. Ambul., Fire District of SCW
FRN0066	Goldfield Ranch Fire Dist.	FRT0073	Sun Lakes Fire District
FRN0067	Goodyear Fire Dept.	FRN0160	Sun Valley Fire Dist.
FRN0068	Grand Canyon Nat. Park Fire Dept.	FRN0161	Sunnyside Fire Dist.
FRN0069	Grande Buttes Fire Dist.	FRT0074	Sunsites-Pearce Fire District
FRT0028	Grapevine Mesa Fire District	FRT0075	Superior Emergency Medical Svcs.
FRN0070	Green Valley Fire Dist.	FRN0162	Surprise Fire Dept.
FRN0071	Greenhaven Fire Dist.	FRN0163	Tacna Vol. Fire Dept.
FRT0029	Greenlee County Ambulance Svc.	FRN0164	Tanque Verde Valley Fire Dist.
FRN0072	Greer Fire Dist.	FRN0165	Taylor Fire Dept.
FRN0073	Groom Creek Fire Dist.	FRN0166	Teec Nos Pos BIA Fire
FRN0074	Guadalupe Fire Dept.	FRN0167	Teec Nos Pos EMS
FRT0030	Guardian Medical Transport	FRN0168	Tempe Fire Dept.
FRN0075	Harquahala Valley Fire Dist.	FRT0076	Three Points Fire District
FRT0031	Healthcare Innovations	FRN0169	Thunderbird Fire Dist.
FRT0032	Heber-Overgaard Fire District	FRN0170	Tohono O'odham Nation Fire Dept.
FRN0076	Heritage Hills Fire Dist.	FRN0171	Tolleson Fire Dept.
FRN0077	Highlands Fire Dist.	FRN0172	Tombstone Fire Dept.
FRT0033	Holbrook EMS	FRN0173	Tonopah Valley Fire District
FRN0078	Hopi EMS	FRT0077	Tonto Basin Fire District
FRN0079	Houston Mesa Fire Dist.	FRN0174	Tonto Rim Search and Rescue
FRN0080	Hualapai Valley Fire Dist.	FRN0175	Tonto Village Fire Dist.
FRN0081	Junipine Fire Dist.	FRT0078	Tri-City Fire District Ambulance Svc.
FRN0082	Kachina Village Fire Dept.	FRT0079	Tri-Valley Ambulance Svc.
FRN0083	Kaibab Estates (West) Fire Dist.	FRN0176	Truxton Fire Dist.
FRN0084	Kayenta Fire Dept.	FRN0177	Tuba City Fire & Rescue
FRT0034	Kearny Ambulance Svc., Town of	FRT0080	Tubac Fire District Ambulance Svc.
FRN0085	Kingman Fire Dept., City of	FRN0178	Tucson C.C. Estates Fire Dist.
FRT0035	Kord's Southwest	FRT0081	Tucson Fire Dept.
FRN0086	La Canada Fire Dist.	FRN0179	Tusayan Fire Dist.
FRN0087	Lake Havasu Fire Dept., City of	FRN0180	Unknown EMS First Responder (not specified)
FRT0036	Lake Mohave Ranchos Fire District	FRN0181	Valle Vista Fire Dist.
FRT0037	Lakeside Fire District	FRT0082	Verde Valley Ambulance Co.
FRN0088	Laveen Fire Dist.	FRT0083	Verde Valley Fire District
FRT0038	Life Line Ambulance Svc.	FRN0182	Vernon Fire Dist.
FRN0089	Linden Fire Dist.	FRT0084	Whetstone Fire District Ambulance Svc.
FRN0090	Lockheed Martin Aerospace Fire Dept.	FRN0183	Whispering Pines Fire Dist.
FRN0091	Mammoth Fire Dist.	FRT0085	White Mountain Ambulance Svc.
FRN0200	Maricopa County Sheriff's Office (MCSO)	FRN0184	White Mountain Apache Tribe EMS (Whiteriver)
FRN0092	Maricopa Fire Dist.	FRN0185	White Mountain Lake Fire Dist.
FRT0039	Mayer Fire District Ambulance Svc.	FRN0186	Why Fire Dist.
FRN0197	MCAS Fire Dept. (Marines) - Yuma	FRN0187	Wickenburg Rural Fire Dist.
FRN0093	McMullen Valley Fire Dist.	FRN0188	Williamson Valley Fire Dist.
FRN0094	McNeal Fire Department	FRN0189	Winslow Fire Dept.
FRN0095	Mesa Fire Dept.	FRN0190	Winslow HIS EMS
FRT0040	Mohave Valley Fire Dept. Ambulance Svc.	FRN0191	Wittman Fire Dist.
FRT0041	Montezuma-Rimrock Fire District	FRN0192	Yarnell Fire Dist.
FRN0096	Mormon Lake Fire Dist.	FRN0193	Yavapai Apache Tribe Fire Dept.
FRT0042	Motorsport Medical Svc. (Las Vegas)	FRN0194	Yucca Fire Dist.
FRN0097	Mount Lemmon Fire Dist.	FRN0195	Yuma Fire Dept.
FRN0098	Naco Fire Dist.	FRN0196	Yuma Proving Grounds Fire Dept.

INDIAN HEALTH SERVICES GROUND NON-LICENSED TRANSPORT EMS AENCIES			
Unique ID	Agency Name	Unique ID	Agency Name
TGIHS001	IHS- Ak-Chin Fire Dept.	TGIHS016	IHS- Peach Springs Ambulance Service
TGIHS003	IHS- Chinle Service Unit	TGIHS011	IHS- Salt River Fire Dept.
TGIHS004	IHS- Fort Defiance EMS	TGIHS012	IHS- San Carlos Apache EMS
TGIHS002	IHS- Fort McDowell Fire Dept.	TGIHS019	IHS- Sells Service Unit IHS EMS Rescue
TGIHS005	IHS- Gila River EMS/Fire	TGIHS013	IHS- Shiprock EMS
TGIHS006	IHS- Hopi EMS	TGIHS014	IHS- Teec Nos Pos EMS
TGIHS007	IHS- Kayenta EMS	TGIHS015	IHS- Tuba City EMS
TGIHS008	IHS- Navajo Nation EMS/Fire	TGIHS017	IHS- White Mountain Apache Tribe EMS (Whiteriver)
TGIHS009	IHS- Other Tribal EMS Transport	TGIHS018	IHS- Winslow EMS
TGIHS010	IHS- Pascua Pueblo Fire Dept.		

**Additional Information:**

The D01\_02 EMS Agency Name is used to personalize the Patient Care Report associated with the EMS agency.

---

**EMS AGENCY STATE****AZ-EMESIS Data Element**

Field Name: AgencyState  
Field Code: D01\_03  
XSD Type: String  
Field Width: Min. 2, Max. 2  
Null Values Accepted: No  
Multiple Field Entry: Yes  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The state in which the EMS agency provides services.

**Instructions for Coding/Data Entry:**

The EMS Agency State is typically documented once then verified each year, and updated yearly or when changed.

**Field Values:**

Appropriate 2-digit FIPS Code.

<b>Data Value</b>	<b>Description</b>
04	Arizona

**Additional Information:**

The 2 digit FIPS code is not the same as the State 2 letter abbreviation (e.g., Arizona FIPS code is 04, the Arizona State abbreviation is AZ).

---

**EMS AGENCY COUNTY****AZ-EMESIS Data Element**

Field Name: AgencyCounty  
Field Code: D01\_04  
XSD Type: String  
Field Width: Min. 5, Max. 5  
Null Values Accepted: No  
Multiple Field Entry: Yes  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The county(s) for which the EMS agency formally provides service.

**Instructions for Coding/Data Entry:**

EMS Agency County is stored as a 5 digit FIPS code (combining the state and county code) to take into account agencies that serve more than one state and counties named the same in different states.

An EMS agency which formally provides services in more than one county inside or outside of Arizona must enter a separate 5 digit FIPS code for each State-County combination comprising the formal service area(s).

The EMS Agency County is typically documented once then verified each year, and updated yearly or when changed.

Example: The 5 digit FIPS Code for Maricopa County is 04013, derived from State FIPS and County FIPS.

**Field Values:**

Enter 5 digit FIPS Code for the appropriate County.

COUNTY NAME	EMS AGENCY COUNTY CODE	COUNTY NAME	EMS AGENCY COUNTY CODE
Apache	04001	Cochise	04003
Coconino	04005	Gila	04007
Graham	04009	Greenlee	04011
La Paz	04012	Maricopa	04013
Mohave	04015	Navajo	04017
Pima	04019	Pinal	04021
Santa Cruz	04023	Yavapai	04025
Yuma	04027		

---

**PRIMARY TYPE OF SERVICE****AZ-EMESIS Data Element**

Field Name: PrimaryTypeOfService  
Field Code: D01\_05  
XSD Type: Integer  
Field Width: Min. 4, Max. 4  
Null Values Accepted: No  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The primary service type provided by the EMS agency.

**Instructions for Coding/Data Entry:**

The Primary Service Type is captured by the EMS agency and is typically documented once then verified each year, and updated yearly or when changed.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
5610	911 Response (Scene) with Transport Capability	5620	911 Response (Scene) without Transport Capability
5630	Air Medical	5640	Hazmat
5650	Medical Transport (Convalescent)	5660	Paramedic Intercept
5670	Rescue	5680	Specialty Care Transport

---

**LEVEL OF SERVICE**

Field Name: DemographicStateCertificationLicensureLevels  
Field Code: D01\_07  
XSD Type: String/Integer  
Field Width: Min. 2, Max. 30  
Null Values Accepted: No  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**AZ-EMESIS Data Element****Definition:**

The highest credentialed personnel's level of service which the EMS agency provides for every EMS encounter if requested. In a tiered response system, this is the highest level of service which could be sent to any specific call.

**Instructions for Coding/Data Entry:**

The Level of Service is typically documented once then verified each year, and updated yearly or when changed.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
6090	EMT-Basic	6100	EMT-Intermediate
6110	EMT-Paramedic	6111	Nurse
6112	Physician	6120	First Responder

---

**ORGANIZATIONAL TYPE****AZ-EMESIS Data Element**

Field Name: OrganizationalType  
Field Code: D01\_08  
XSD Type: String  
Field Width: Min. 4, Max. 4  
Null Values Accepted: No  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

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

**Instructions for Coding/Data Entry:**

The Organizational Type is typically documented once then verified each year, and updated yearly or when changed.

**Field Values:**

Data Value	Description	Data Value	Description
5810	Community, Non-Profit	5820	Fire Department
5830	Governmental, Non-Fire	5840	Hospital
5850	Private, Non-Hospital	5860	Tribal

---

**ORGANIZATION STATUS**

Field Name: OrganizationStatus  
Field Code: D01\_09  
XSD Type: Integer  
Field Width: Min. 4, Max. 4  
Null Values Accepted: No  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**AZ-EMESIS Data Element****Definition:**

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

**Instructions for Coding/Data Entry:**

The Organizational Status is typically documented once then verified each year, and updated yearly or when changed.

**Field Values:**

Data Value	Description	Data Value	Description
5870	Mixed	5880	Non-Volunteer
5890	Volunteer		

---

**STATISTICAL YEAR**

**AZ-EMSYS Data Element**

Field Name: StatisticalYear  
Field Code: D01\_10  
XSD Type: gYear  
Field Width: Min. 1990, Max. 2030  
Null Values Accepted: No  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The year to which the information pertains.

**Instructions for Coding/Data Entry:**

The Statistical Year is typically documented once then verified each year, and updated yearly or when changed.

**Field Values:**

A unique value; no variable list is possible.

**Field Format:** [YYYY].

---

**OTHER AGENICES IN AREA**

Field Name: OtherAgenciesInArea  
Field Code: D01\_11  
XSD Type: String  
Field Width: Min. 2, Max. 50  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: Yes  
**National Element:** No

---

**AZ-EMISIS Data Element****Definition:**

All other EMS or First Responder Agencies, which are in the service area or are available for mutual aid.

**Instructions for Coding/Data Entry:**

Other Agencies in Area (D01\_11) is used as a list box for Other EMS Agencies at Scene (E08\_01). Only the EMS Agency Name is used, not the EMS Agency Number for E08\_11.

Other Agencies in Area is typically documented once then verified each year, and updated yearly or when changed.

**Explanation of Alpha-Numeric Agency Number/Name Assignment:**

EMS Agency Codes were assigned in the following manner:

**EMS Agency Air Transporter code assignment:**

System code TA (Transport Air) + B + assigned number = Agencies on BEMSTS Air Ambulance License List.

System code TA (Transport Air) + N + assigned number = Agencies NOT on BEMSTS Air Ambulance License List.

**EMS Agency Ground Transporter code assignment:**

For CON holders (on BEMSTS Ground Transport List), system code = TG (Transport Ground) + an assigned number.

For IHS transporters, system code = TG (Transport Ground) + IHS + an assigned number.

For any other transporter not on BEMSTS list and NOT IHS, system code = TG (Transport Ground) + OTH + an assigned number.

For an unknown EMS ground transporter option, system code = TG (Transport Ground) + UNK + an assigned number.

**EMS Agency 1st Response Non-Transport code assignment:**

For First Responders who are also BEMSTS CON holders, the system code = FRT + an assigned #.

For First Responders who are NOT BEMSTS CON holders, the system code = FRN + an assigned #.

**Field Values:**

<b>EMS AGENCIES ALPHA-NUMERIC CODES (NAME &amp; UNIQUE ID)</b>			
<b>Unique ID</b>	<b>Agency Name</b>	<b>Unique ID</b>	<b>Agency Name</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable		
<b>EMS AIR MEDICAL TRANSPORT AGENCIES</b>			
<b>Unique ID</b>	<b>Agency Name</b>	<b>Unique ID</b>	<b>Agency Name</b>
TAB001	Aerocare Med. Transport System (Scottsdale)	TAN013	Lifeguard Air Emergency Services (New Mexico)
TAB002	Aerocare Med. Transport-AeroMed Chinle/Winslow/Show Low	TAB010	LifeNet (Arizona)
TAB017	Air Ambulance Specialists	TAN014	MCAS Search and Rescue (SAR) - Marines (Yuma)
TAB003	Air Evac Svcs.	TAB011	Medical Express Int'l.
TAB004	AirCARE1 International	TAN004	Military Air Transport (not on this list)
TAN001	AirMed (Utah)	TAB012	Native American Air Ambul. - OMNI Flight
TAN016	American Care Air Ambulance	TAN015	Other Air Search and Rescue (not on this list)
TAB018	Angel Medflight Worldwide Air Ambulance Service	TAN005	Other Air Transporter (not on this list)
TAB005	Arizona Lifeline	TAN006	Other Fixed Wing Ambul. Air Transport
TAN011	Border Patrol Search & Rescue	TAN007	Other Rotor Ambul. Air Transport
TAN012	California Highway Patrol -CHP (California)	TAN008	Out of State Air Transporter (not on this list)
TAN002	Care Flight/REMSA (Nevada)	TAN017	REACH Air Medical Services (California)
TAB006	Classic Lifeguard Aeromedical Svc.	TAN009	San Juan Regional Air Care (New Mexico)
TAB015	Coast to Coast Air Ambulance	TAB013	Sun Care Air Ambulance
TAB007	DPS - Department of Public Safety (Air Rescue AZ)	TAB016	Trauma Flight, Inc.
TAB008	Eagle Air Med (was Golden Eagle)	TAB014	Tri State Care Flight
TAN003	Gallup Med Flight (New Mexico)	TAN010	Unknown Air Provider (not specified)
TAB009	Guardian Air (Flagstaff)		
<b>EMS GROUND LICENSED (C.O.N.) TRANSPORT AGENCIES</b>			
<b>Unique ID</b>	<b>Agency Name</b>	<b>Unique ID</b>	<b>Agency Name</b>
TGCON001	Action Medical Svc. - Ganado	TGOTH002	Out of State EMS Ground Transport Agency
TGCON002	Action Medical Svc. - Winslow	TGCON050	PMT- Professional Medical Transport
TGCON003	Ajo Ambulance	TGCON044	Page Fire Dept. Ambulance Svc., City of
TGCON004	American Ambulance	TGCON045	Phoenix Fire Dept.
TGCON005	American Comtrans	TGCON046	Picture Rocks Fire Dept.
TGCON006	Arizona Ambulance Transport of Douglas	TGCON047	Pine/Strawberry Fire Dept.
TGCON007	Avra Valley Fire District	TGCON048	Pinetop Vol. Fire District
TGCON086	Baker Emergency Medical Services, Inc.	TGCON049	Pinewood Fire Dept.
TGCON008	Beaver Dam-Littlefield Fire District	TGCON051	Puerco Valley Ambulance Svc.
TGCON009	Bisbee Fire Dept.	TGCON052	Rincon Valley Fire District
TGCON010	Black Canyon Fire Dept.	TGCON053	Rio Rico Fire District
TGCON011	Blue Ridge Fire Dept.	TGCON054	River Medical Inc.
TGCON012	Buckeye Valley Vol. Rescue Unit (Buckeye Fire)	TGCON055	Rural/Metro Corp. - AMT (Maricopa)
TGCON013	Bullhead City Fire Dept. Ambulance Svc.	TGCON056	Rural/Metro Corp. (Pima)
TGCON014	Camp Verde Fire and EMS	TGCON057	Rural Metro Corp. (Pinal) - TRI-CITY MED
TGCON015	Canyon State Ambulance	TGCON058	Rural/Metro Corp. (Yuma)
TGCON016	Colorado City Fire Dept.	TGCON059	Sacred Mountain Medical Svc.
TGCON017	Daisy Mountain Fire District	TGCON060	San Manuel Fire Dept. Assoc.
TGCON018	Douglas Fire Dept. Ambul. Svc., City of	TGCON061	Sedona Fire District
TGCON019	Drexel Heights Fire District	TGCON062	Show Low EMS
TGCON020	Elfrida Ambulance Svc.	TGCON063	Sierra Vista Fire Dept.
TGCON021	Eloy Fire District Ambulance Svc.	TGCON064	Snowflake/Taylor Ambulance Svc.
TGCON022	Forest Lakes Fire District	TGCON065	Somerton Fire Dept.
TGCON023	Fort Mojave Mesa Fire Dept.	TGCON087	Sonoita-Elgin Fire District
TGCON024	Fry Fire District	TGCON066	Southwest Ambulance & Rescue of AZ
TGCON025	Gila Bend Rescue / Ambulance	TGCON068	Southwest Ambulance (Maricopa)

**EMS GROUND LICENSED (C.O.N.) TRANSPORT AGENCIES (Continued)**

Unique ID	Agency Name	Unique ID	Agency Name
TGCON026	Golden Shores Fire Dept. Ambul. Svc.	TGCON070	Southwest Ambulance (Yavapai)
TGCON027	Golder Ranch Fire District	TGCON067	Southwest Ambulance of Casa Grande
TGCON028	Grapevine Mesa Fire District	TGCON069	Southwest Ambulance of Safford
TGCON029	Greenlee County Ambulance Svc.	TGCON071	St. Johns Emergency Svcs.
TGCON030	Guardian Medical Transport	TGCON072	Sun City West Fire Dist. Ambul., Fire District of SCW
TGCON031	Healthcare Innovations	TGCON073	Sun Lakes Fire District
TGCON032	Heber-Overgaard Fire District	TGCON074	Sunsites-Pearce Fire District
TGCON033	Holbrook EMS	TGCON075	Superior Emergency Medical Svcs.
TGCON034	Kearny Ambulance Svc., Town of	TGCON076	Three Points Fire District
TGCON035	Kord's Southwest	TGCON077	Tonto Basin Fire District
TGCON036	Lake Mohave Ranchos Fire District	TGCON078	Tri-City Fire District Ambulance Svc.
TGCON037	Lakeside Fire District	TGCON079	Tri-Valley Ambulance Svc.
TGCON038	Life Line Ambulance Svc.	TGCON080	Tubac Fire District Ambulance Svc.
TGCON039	Mayer Fire District Ambulance Svc.	TGCON081	Tucson Fire Dept.
TGOTH003	Military Ground Transport	TGCON082	Verde Valley Ambulance Co.
TGCON040	Mohave Valley Fire Dept. Ambulance Svc.	TGCON083	Verde Valley Fire District
TGCON041	Montezuma-Rimrock Fire District	TGCON084	Whetstone Fire District Ambulance Svc.
TGCON042	Motorsport Medical Svc. (Las Vegas)	TGCON085	White Mountain Ambulance Svc.
TGCON043	Nogales Ambulance Svc. (Nogales Fire)	TGUNK001	Unknown EMS Ground Transport (not specified)
TGOTH001	Other AZ EMS Ground Transport Agency		

**EMS GROUND NON-LICENSED NON-TRANSPORT FIRST RESPONDER AGENCIES**

Unique ID	Agency Name	Unique ID	Agency Name
FRT0001	Action Medical Svc. - Ganado	FRN0099	National Forest Service or National Park Service
FRN0001	Action Medical Svc. - Kayenta	FRN0100	Navajo Nation EMS/Fire
FRT0002	Action Medical Svc. - Winslow	FRT0043	Nogales Ambulance Svc./Nogales Fire Dept.
FRN0002	Aguila Fire Dist.	FRN0101	Nogales Suburban Fire Dist.
FRT0003	Ajo Ambulance	FRN0102	Northwest Fire Rescue Dist.
FRN0003	Ajo Gibson Vol. Fire Dept.	FRN0103	Nutrioso Vol. Fire Dist.
FRN0004	Ak-Chin Fire Dept.	FRN0104	Oatman Fire Dist.
FRN0005	Alpine Fire Dist.	FRN0105	Oracle Vol. Fire Dist.
FRT0004	American Ambulance	FRN0106	Other AZ EMS First Responder
FRT0005	American Comtrans	FRN0198	Other Military EMS First Responder
FRN0006	Apache Junction Fire Dist.	FRN0107	Other Tribal EMS First Responder
FRT0006	Arizona Ambulance Transport of Douglas	FRN0108	Out of State EMS First Responder
FRN0007	Arizona City Fire Dist.	FRT0044	Page Fire Dept. Ambulance Svc., City of
FRN0008	Ash Fork Fire Dist.	FRN0109	Palo Verde NGS Fire Dept.
FRN0009	Avondale Fire-Rescue	FRN0110	Palominas Fire Dist.
FRT0007	Avra Valley Fire District	FRN0111	Parker Fire Dist.
FRN0010	Babocomari Fire Dist.	FRN0112	Pascua Pueblo Fire Dept.
FRT0008	Beaver Dam-Littlefield Fire District	FRN0113	Patagonia Fire Dept.
FRN0011	Beaver Valley Fire Dist.	FRN0114	Payson Fire Dept.
FRN0012	Benson Vol. Fire Dept.	FRN0115	Peach Springs Ambulance Service
FRT0009	Bisbee Fire Dept.	FRN0116	Peoples Valley Fire Dist.
FRT0010	Black Canyon Fire Dept.	FRN0117	Peoria Fire Dept.
FRT0011	Blue Ridge Fire Dept.	FRT0045	Phoenix Fire Dept.
FRN0013	Border Patrol Rescue Services	FRN0118	Phoenix Fire Haz Mat Team
FRN0014	Bouse Volunteer Fire Dist.	FRN0119	Phoenix Indian Medical Service Unit EMS
FRN0015	Bowie Fire Dist.	FRT0046	Picture Rocks Fire Dept.
FRN0016	Buckeye Fire Department	FRN0120	Pima Fire Department
FRT0012	Buckeye Valley Vol. Rescue Unit	FRN0121	Pine Lake Fire Dist.
FRN0017	Buckskin Fire Dist.	FRT0047	Pine/Strawberry Fire Dept.
FRT0013	Bullhead City Fire Dept. Ambulance Svc.	FRT0048	Pinetop Vol. Fire District
FRT0014	Camp Verde Fire and EMS	FRT0049	Pinewood Fire Dept.

**EMS GROUND NON-LICENSED NON-TRANSPORT FIRST RESPONDER AGENCIES (Continued)**

Unique ID	Agency Name	Unique ID	Agency Name
FRN0018	Canyon Fire Dist.	FRN0122	Pinion Pine Fire Dist.
FRT0015	Canyon State Ambulance	FRN0123	Pleasant Valley Fire Dist.
FRN0019	Casa Grande Fire Dept., City of	FRT0050	PMT- Professional Medical Transport
FRN0020	Catalina Foothills Fire Dist.	FRN0124	Police Department
FRN0021	Central AZ Mountain Rescue Assoc.	FRN0125	Ponderosa Fire Dist.
FRN0022	Central Yavapai Fire Dist.	FRN0126	Prescott Fire Dept.
FRN0023	Chandler Fire Dept.	FRT0051	Puerco Valley Ambulance Svc./Fire
FRN0024	Chinle Community Fire Dept.	FRN0127	Quartzsite Fire Dist.
FRN0025	Chino Valley Fire Dist.	FRN0128	Queen Creek Fire Dept.
FRN0026	Chloride Fire Dist.	FRN0129	Queen Valley Fire Dist.
FRN0027	Christopher Kohls Fire Dist.	FRN0130	Regional Fire and Rescue Dept.
FRN0028	Cibecue Fire Dept.	FRT0052	Rincon Valley Fire District
FRN0029	Circle City-Morristown Fire Dist.	FRT0053	Rio Rico Fire District
FRN0030	Clarkdale Fire Dist.	FRN0131	Rio Verde Fire Dist.
FRN0031	Clay Springs-Pinedale Fire Dist.	FRT0054	River Medical Inc. (Lake Havasu)
FRT0016	Colorado City Fire Dept.	FRN0132	Round Valley/Oxbow Estates Fire Dist.
FRN0032	Colorado River Indian Tribes EMS	FRT0057	Rural Metro Corp. (Pinal) - TRI-CITY MED
FRN0033	Concho Fire Dist.	FRT0055	Rural/Metro Corp. - AMT (Maricopa)
FRN0034	Congress Fire Dist.	FRT0056	Rural/Metro Corp. (Pima)
FRN0035	Coolidge Fire Dept.	FRT0058	Rural/Metro Corp. (Yuma)
FRN0036	Corona de Tucson Fire Dist.	FRN0133	RW Bliss Army Ambulance
FRN0037	Cottonwood Fire Dept.	FRN0134	Sabino Vista Fire Dist.
FRN0038	County Sheriff's Ofc.	FRN0135	Sacaton Fire & Ambul.
FRN0039	County Sheriff's Ofc. - Search and Rescue Team	FRT0059	Sacred Mountain Medical Svc.
FRN0040	Crown King Fire Dist.	FRN0136	Safford Rural Fire Dist.
FRT0017	Daisy Mountain Fire District	FRN0137	Sage Memorial Hosp. Ambul. (Ganado)
FRN0041	Davis-Monthan AFB Vol. Fire Dept.	FRN0138	Salt River Fire Dept. (Salt River Pima)
FRN0042	Desert Hills Fire Dist.	FRN0139	San Carlos Apache EMS
FRN0043	Diamond Star Fire Dist.	FRN0140	San Jose Fire Dist.
FRT0018	Douglas Fire Dept. Ambul. Svc., City of	FRN0141	San Luis Fire Dept.
FRN0044	DPS - Department of Public Safety	FRT0060	San Manuel Fire Dept. Assoc.
FRT0019	Drexel Heights Fire District	FRN0142	Scottsdale Fire Dept.
FRN0045	Dudleyville Fire Dist.	FRN0143	Search and Rescue Unit (not on this list)
FRN0046	Duncan Valley Rural Fire Dist.	FRT0061	Sedona Fire District
FRN0047	Ehrenberg Fire Dist.	FRN0144	Seligman Fire Dist.
FRN0048	El Mirage Fire Dept.	FRN0145	Sells Service Unit IHS EMS Rescue
FRN0049	Elephant Head Vol. Fire Dept.	FRN0146	Sheriff's Office - IHS
FRT0020	Elfrida Ambulance Svc.	FRN0147	Sherwood Forest Estates Fire Dist.
FRT0021	Eloy Fire District Ambulance Svc.	FRN0148	Shiprock IHS EMS
FRN0050	Flagstaff Fire Dept.	FRT0062	Show Low EMS
FRN0051	Flagstaff Ranch Fire Dist.	FRN0149	Show Low Fire Dist.
FRN0052	Florence Fire Dept.	FRT0063	Sierra Vista Fire Dept.
FRT0022	Forest Lakes Fire District	FRN0150	Silverbell Army Heliport Fire Dept.
FRN0053	Fort Defiance Fire Dept.	FRN0151	Snowflake Fire Dept.
FRN0054	Fort Huachuca Fire Dept.	FRT0064	Snowflake/Taylor Ambulance Svc.
FRN0055	Fort McDowell Fire Dept.	FRT0065	Somerton Fire Dept.
FRT0023	Fort Mojave Mesa Fire Dept.	FRT0152	Sonoita-Elgin Fire Dept.
FRN0056	Fort Valley Fire Dist.	FRN0153	South Tucson Fire Dept.
FRN0057	Fountain Hills Fire Dept.	FRN0154	Southern Arizona Rescue Association
FRT0024	Fry Fire District	FRT0066	Southwest Ambulance & Rescue of AZ
FRN0058	Ganado Fire Dept.	FRT0067	Southwest Ambulance (Maricopa)
FRN0059	Gila Bend Fire Dist.	FRT0068	Southwest Ambulance (Yavapai)
FRT0025	Gila Bend Rescue / Ambulance	FRT0069	Southwest Ambulance of Casa Grande

**EMS GROUND NON-LICENSED NON-TRANSPORT FIRST RESPONDER AGENCIES (Continued)**

Unique ID	Agency Name	Unique ID	Agency Name
FRN0060	Gila River EMS/Fire	FRT0070	Southwest Ambulance of Safford
FRN0061	Gilbert Fire Dept.	FRN0155	Springerville Vol. Fire Dept.
FRN0062	Gisela Valley Fire Dist.	FRN0156	St. David Vol. Fire Dist.
FRN0063	Glendale Fire Dept.	FRT0071	St. Johns Emergency Svcs./Fire
FRN0064	Globe Fire Dept.	FRN0157	Stanfield Fire Dist.
FRT0026	Golden Shores Fire Dept. Ambul. Svc.	FRN0158	Summit Fire Dist.
FRN0065	Golden Valley Fire Dist.	FRN0159	Sun City Fire Dist.
FRT0027	Golder Ranch Fire District	FRT0072	Sun City West Fire Dist. Ambul., Fire District of SCW
FRN0066	Goldfield Ranch Fire Dist.	FRT0073	Sun Lakes Fire District
FRN0067	Goodyear Fire Dept.	FRN0160	Sun Valley Fire Dist.
FRN0068	Grand Canyon Nat. Park Fire Dept.	FRN0161	Sunnyside Fire Dist.
FRN0069	Grande Buttes Fire Dist.	FRT0074	Sunsites-Pearce Fire District
FRT0028	Grapevine Mesa Fire District	FRT0075	Superior Emergency Medical Svcs.
FRN0070	Green Valley Fire Dist.	FRN0162	Surprise Fire Dept.
FRN0071	Greenhaven Fire Dist.	FRN0163	Tacna Vol. Fire Dept.
FRT0029	Greenlee County Ambulance Svc.	FRN0164	Tanque Verde Valley Fire Dist.
FRN0072	Greer Fire Dist.	FRN0165	Taylor Fire Dept.
FRN0073	Groom Creek Fire Dist.	FRN0166	Teec Nos Pos BIA Fire
FRN0074	Guadalupe Fire Dept.	FRN0167	Teec Nos Pos EMS
FRT0030	Guardian Medical Transport	FRN0168	Tempe Fire Dept.
FRN0075	Harquahala Valley Fire Dist.	FRT0076	Three Points Fire District
FRT0031	Healthcare Innovations	FRN0169	Thunderbird Fire Dist.
FRT0032	Heber-Overgaard Fire District	FRN0170	Tohono O'odham Nation Fire Dept.
FRN0076	Heritage Hills Fire Dist.	FRN0171	Tolleson Fire Dept.
FRN0077	Highlands Fire Dist.	FRN0172	Tombstone Fire Dept.
FRT0033	Holbrook EMS	FRN0173	Tonopah Valley Fire District
FRN0078	Hopi EMS	FRT0077	Tonto Basin Fire District
FRN0079	Houston Mesa Fire Dist.	FRN0174	Tonto Rim Search and Rescue
FRN0080	Hualapai Valley Fire Dist.	FRN0175	Tonto Village Fire Dist.
FRN0081	Junipine Fire Dist.	FRT0078	Tri-City Fire District Ambulance Svc.
FRN0082	Kachina Village Fire Dept.	FRT0079	Tri-Valley Ambulance Svc.
FRN0083	Kaibab Estates (West) Fire Dist.	FRN0176	Truxton Fire Dist.
FRN0084	Kayenta Fire Dept.	FRN0177	Tuba City Fire & Rescue
FRT0034	Kearny Ambulance Svc., Town of	FRT0080	Tubac Fire District Ambulance Svc.
FRN0085	Kingman Fire Dept., City of	FRN0178	Tucson C.C. Estates Fire Dist.
FRT0035	Kord's Southwest	FRT0081	Tucson Fire Dept.
FRN0086	La Canada Fire Dist.	FRN0179	Tusayan Fire Dist.
FRN0087	Lake Havasu Fire Dept., City of	FRN0180	Unknown EMS First Responder (not specified)
FRT0036	Lake Mohave Ranchos Fire District	FRN0181	Valle Vista Fire Dist.
FRT0037	Lakeside Fire District	FRT0082	Verde Valley Ambulance Co.
FRN0088	Laveen Fire Dist.	FRT0083	Verde Valley Fire District
FRT0038	Life Line Ambulance Svc.	FRN0182	Vernon Fire Dist.
FRN0089	Linden Fire Dist.	FRT0084	Whetstone Fire District Ambulance Svc.
FRN0090	Lockheed Martin Aerospace Fire Dept.	FRN0183	Whispering Pines Fire Dist.
FRN0091	Mammoth Fire Dist.	FRT0085	White Mountain Ambulance Svc.
FRN0200	Maricopa County Sheriff's Office (MCSO)	FRN0184	White Mountain Apache Tribe EMS (Whiteriver)
FRN0092	Maricopa Fire Dist.	FRN0185	White Mountain Lake Fire Dist.
FRT0039	Mayer Fire District Ambulance Svc.	FRN0186	Why Fire Dist.
FRN0197	MCAS Fire Dept. (Marines) - Yuma	FRN0187	Wickenburg Rural Fire Dist.
FRN0093	McMullen Valley Fire Dist.	FRN0188	Williamson Valley Fire Dist.
FRN0094	McNeal Fire Department	FRN0189	Winslow Fire Dept.
FRN0095	Mesa Fire Dept.	FRN0190	Winslow HIS EMS
FRT0040	Mohave Valley Fire Dept. Ambulance Svc.	FRN0191	Wittman Fire Dist.

<b>EMS GROUND NON-LICENSED NON-TRANSPORT FIRST RESPONDER AGENCIES (Continued)</b>			
<b>Unique ID</b>	<b>Agency Name</b>	<b>Unique ID</b>	<b>Agency Name</b>
FRT0041	Montezuma-Rimrock Fire District	FRN0192	Yarnell Fire Dist.
FRN0096	Mormon Lake Fire Dist.	FRN0193	Yavapai Apache Tribe Fire Dept.
FRT0042	Motorsport Medical Svc. (Las Vegas)	FRN0194	Yucca Fire Dist.
FRN0097	Mount Lemmon Fire Dist.	FRN0195	Yuma Fire Dept.
FRN0098	Naco Fire Dist.	FRN0196	Yuma Proving Grounds Fire Dept.
<b>INDIAN HEALTH SERVICES GROUND NON-LICENSED TRANSPORT EMS AGENCIES</b>			
<b>Unique ID</b>	<b>Agency Name</b>	<b>Unique ID</b>	<b>Agency Name</b>
TGIHS001	IHS- Ak-Chin Fire Dept.	TGIHS016	IHS- Peach Springs Ambulance Service
TGIHS003	IHS- Chinle Service Unit	TGIHS011	IHS- Salt River Fire Dept.
TGIHS004	IHS- Fort Defiance EMS	TGIHS012	IHS- San Carlos Apache EMS
TGIHS002	IHS- Fort McDowell Fire Dept.	TGIHS019	IHS- Sells Service Unit IHS EMS Rescue
TGIHS005	IHS- Gila River EMS/Fire	TGIHS013	IHS- Shiprock EMS
TGIHS006	IHS- Hopi EMS	TGIHS014	IHS- Teec Nos Pos EMS
TGIHS007	IHS- Kayenta EMS	TGIHS015	IHS- Tuba City EMS
TGIHS008	IHS- Navajo Nation EMS/Fire	TGIHS017	IHS- White Mountain Apache Tribe EMS (Whiteriver)
TGIHS009	IHS- Other Tribal EMS Transport	TGIHS018	IHS- Winslow EMS
TGIHS010	IHS- Pascua Pueblo Fire Dept.		

---

**TOTAL SERVICE SIZE AREA****AZ-EMESIS Data Element**

Field Name: TotalServiceSizeArea  
Field Code: D01\_12  
XSD Type: PositiveInteger  
Field Width: Min. 1, Max. 100,000,000  
Null Values Accepted: Yes\*  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

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

**Instructions for Coding/Data Entry:**

The Total Service Size Area is typically documented once then verified each year, and updated yearly or when changed.

\* Accepts Null Values, but null value is blank or empty.

**Field Values:**

A unique value; no variable list is possible.

---

**TOTAL SERVICE SIZE AREA POPULATION****AZ-EMESIS Data Element**

Field Name: TotalServiceAreaPopulation  
Field Code: D01\_13  
XSD Type: PositiveInteger  
Field Width: Min. 1, Max. 100,000,000  
Null Values Accepted: Yes\*  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The total population in the EMS agency's service area based on year 2000 census data (if possible). This number does not include population changes associated with daily work flow or seasonal movements.

**Instructions for Coding/Data Entry:**

The Total Service Size Area Population is typically documented once then verified each year, and updated yearly or when changed.

Baseline data should be taken from the 2000 Census data if possible.

\* Accepts Null Values, but null value is blank or empty.

**Field Values:**

A unique value; no variable list is possible.

---

## 911 CALL VOLUME PER YEAR

### AZ-EMESIS Data Element

Field Name: CallVolumeYear911  
Field Code: D01\_14  
XSD Type: PositiveInteger  
Field Width: Min. 1, Max. 100,000,000  
Null Values Accepted: Yes\*  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element: Yes**

---

#### **Definition:**

The number of 911 EMS calls for the calendar year.

#### **Instructions for Coding/Data Entry:**

The 911 Call Volume Per Year is typically documented once then verified each year, and updated yearly or when changed.

\* Accepts Null Values, but null value is blank or empty.

#### **Field Values:**

A unique value; no variable list is possible.

---

**EMS DISPATCH VOLUME PER YEAR**

**AZ-EMESIS Data Element**

Field Name: EMSDispatchVolumeYear  
Field Code: D01\_15  
XSD Type: PositiveInteger  
Field Width: Min. 1, Max. 100,000,000  
Null Values Accepted: Yes\*  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The number of EMS dispatches for the calendar year.

**Instructions for Coding/Data Entry:**

The EMS Dispatch Volume Per Year is typically documented once then verified each year, and updated yearly or when changed.

\* Accepts Null Values, but null value is blank or empty.

**Field Values:**

A unique value; no variable list is possible.

---

**EMS TRANSPORT VOLUME PER YEAR**

**AZ-EMSI Data Element**

Field Name: EMSTransportVolumeYear  
Field Code: D01\_16  
XSD Type: PositiveInteger  
Field Width: Min. 1, Max. 100,000,000  
Null Values Accepted: Yes\*  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The number of EMS transports for the calendar year.

**Instructions for Coding/Data Entry:**

The EMS Transport Volume Per Year is typically documented once then verified each year, and updated yearly or when changed.

\* Accepts Null Values, but null value is blank or empty.

**Field Values:**

A unique value; no variable list is possible.

---

**EMS PATIENT CONTACT VOLUME PER YEAR**

**AZ-EMESIS Data Element**

Field Name: EMSPatientContactVolumeYear  
Field Code: D01\_17  
XSD Type: PositiveInteger  
Field Width: Min. 1, Max. 100,000,000  
Null Values Accepted: Yes\*  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The number of EMS patient contacts for the calendar year.

**Instructions for Coding/Data Entry:**

The EMS Patient Contact Volume Per Year is typically documented once then verified each year, and updated yearly or when changed.

\* Accepts Null Values, but null value is blank or empty.

**Field Values:**

A unique value; no variable list is possible.

---

**EMS AGENCY TIME ZONE****AZ-EMESIS Data Element**

Field Name: EMSAgencyTimeZone  
Field Code: D01\_19  
XSD Type: Integer  
Field Width: Min. 4, Max. 4  
Null Values Accepted: No  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The time zone for the EMS agency.

**Instructions for Coding/Data Entry:**

The EMS Agency Time Zone is typically documented once then verified each year, and updated yearly or when changed.

**Field Values:**

“GMT” = Greenwich Meridian Time

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
5900	GMT-11:00 Midway Island, Samoa	5910	GMT-10:00 Hawaii
5920	GMT-9:00 Alaska	5930	GMT-8:00 Pacific Time
5940	GMT-7:00 Mountain Time	5950	GMT-6:00 Central Time
5960	GMT-5:00 Eastern Time	5970	GMT-4:00 Atlantic Time

---

**EMS AGENCY  
DAYLIGHT SAVINGS TIME USE**

**AZ-EMSI Data Element**

Field Name: EMSAgencyDaylightSavingsTimeUse  
Field Code: D01\_20  
XSD Type: Integer  
Field Width: Min. 1, Max. 1  
Null Values Accepted: No  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

Indicate if the EMS agency conforms to Daylight Savings Time.

**Instructions for Coding/Data Entry:**

The EMS Agency Daylight Savings Time Use is collected by the EMS agency and is typically documented once then verified each year, and updated yearly or when changed.

**Field Values:**

“GMT” = Greenwich Meridian Time

Data Value	Description	Data Value	Description
0	No	1	Yes

---

**NATIONAL PROVIDER IDENTIFIER**

Field Name: NationalProviderIdentifier  
Field Code: D01\_21  
XSD Type: String  
Field Width: Min. 2, Max. 10  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**AZ-EMESIS Data Element****Definition:**

The National Provider Identifier associated with the National Provider System (NPS) and used in all standard HIPAA transactions such as electronic claim filing.

**Instructions for Coding/Data Entry:**

The National Provider Identifier is auto-populated by the EMS agency's specific software. If the EMS agency directly enters EMS Run Report data onto the ADHS EMS Data Collection Website, the ADHS EMS Data Collection software will auto-populate the field for each EMS Run Report based on the UserID and Password entered by the EMS agency's designated user.

**Additional Information:**

The National Provider Identifier is typically documented once then verified each year, and updated yearly or when changed.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable		

---

**AGENCY CONTACT LAST NAME**

**AZ-EMESIS Data Element**

Field Name: DemographicLastName  
Field Code: D02\_01  
XSD Type: String  
Field Width: Min. 2, Max. 20  
Null Values Accepted: No  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The Last Name of the EMS agency's primary contact.

**Instructions for Coding/Data Entry:**

The Agency Contact Last Name is typically documented once then verified and updated yearly or when changed.

**Field Values:**

A unique value; no variable list is possible.

---

**AGENCY CONTACT MIDDLE NAME/INITIAL**

Field Name: MiddleInitialName  
Field Code: D02\_02  
XSD Type: String  
Field Width: Min. 1, Max. 20  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**AZ-EMESIS Data Element**

**Definition:**

The Middle Name or Initial of the EMS agency's primary contact.

**Instructions for Coding/Data Entry:**

The Agency Contact Middle Name or Initial is typically documented once then verified and updated yearly or when changed.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	Relevant Value for the Data Element	

---

**AGENCY CONTACT FIRST NAME**

Field Name: FirstName  
Field Code: D02\_03  
XSD Type: String  
Field Width: Min. 1, Max. 20  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

The First Name of the EMS agency's primary contact.

**Instructions for Coding/Data Entry:**

The Agency Contact First Name is typically documented once then verified and updated yearly or when changed.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	Relevant Value for the Data Element	

---

**AGENCY CONTACT ZIP CODE**

**AZ-EMESIS Data Element**

Field Name: DemographicZip  
Field Code: D02\_07  
XSD Type: String  
Field Width: Min. 5, Max. 10  
Null Values Accepted: No  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The ZIP code of the EMS agency contact's mailing address.

**Instructions for Coding/Data Entry:**

The Agency Contact Zip Code is typically documented once then verified each year, and updated yearly or when changed.

The Zip code can be 5 or 9 digits.

**Field Values:**

A unique value; no variable list is possible.

---

**AGENCY CONTACT EMAIL ADDRESS****AZ-EMESIS Data Element**

Field Name: EmailAddress  
Field Code: D02\_10  
XSD Type: String  
Field Width: Min. 2, Max. 100  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The primary email address of the EMS agency's primary contact.

**Instructions for Coding/Data Entry:**

Agency Email Address is typically documented once by the EMS agency then verified each year, and updated yearly or when changed.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	Relevant Value for the Data Element	

---

**AGENCY MEDICAL DIRECTOR  
LAST NAME**

**AZ-EMESIS Data Element**

Field Name: DemographicLastName  
Field Code: D03\_01  
XSD Type: String  
Field Width: Min. 2, Max. 20  
Null Values Accepted: No  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The last name of the EMS agency's medical director.

**Instructions for Coding/Data Entry:**

Agency Medical Director Last Name is typically documented once by the EMS agency then verified each year, and updated yearly or when changed.

**Field Values:**

A unique value; no variable list is possible.

---

**AGENCY MEDICAL DIRECTOR  
MIDDLE NAME/INITIAL**

**AZ-EMESIS Data Element**

Field Name: MiddleInitialName  
Field Code: D03\_02  
XSD Type: String  
Field Width: Min. 1, Max. 20  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The middle name or initial of the EMS agency's medical director.

**Instructions for Coding/Data Entry:**

Agency Medical Director Middle Name/Initial is typically documented once by the EMS agency then verified each year, and updated yearly or when changed.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	Relevant Value for the Data Element	

---

**AGENCY MEDICAL DIRECTOR  
FIRST NAME**

**AZ-EMESIS Data Element**

Field Name: FirstName  
Field Code: D03\_03  
XSD Type: String  
Field Width: Min. 1, Max. 20  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The first name or initial of the EMS agency's medical director.

**Instructions for Coding/Data Entry:**

Agency Medical Director First Name is typically documented once by the EMS agency then verified each year, and updated yearly or when changed.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	Relevant Value for the Data Element	

---

**AGENCY MEDICAL DIRECTOR  
EMAIL ADDRESS**

**AZ-EMESIS Data Element**

Field Name: EmailAddress  
Field Code: D03\_11  
XSD Type: String  
Field Width: Min. 2, Max. 100  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The primary email address of the EMS agency's medical director.

**Instructions for Coding/Data Entry:**

Agency Medical Director First Name is typically documented once by the EMS agency then verified each year, and updated yearly or when changed.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	Relevant Value for the Data Element	

---

**STATE CERTIFICATION  
LICENSURE LEVELS**

**AZ-EMESIS Data Element**

Field Name: DemographicStateCertificationLicensureLevels  
Field Code: D04\_01  
XSD Type: String/Integer  
Field Width: Min. 2, Max. 30  
Null Values Accepted: No  
Multiple Field Entry: Yes  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

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

**Instructions for Coding/Data Entry:**

State Certification Licensure Levels are typically documented once then verified and updated yearly or when changed.

**Field Values:**

Data Value	Description	Data Value	Description
6090	EMT-Basic	6100	EMT-Intermediate
6110	EMT-Paramedic	6111	Nurse
6112	Physician	6120	First Responder

---

**PROCEDURES****AZ-EMESIS Data Element**

Field Name: DemographicProcedure  
Field Code: D04\_04  
XSD Type: Decimal  
Field Width: Min. 0, Max. 1000  
Null Values Accepted: No  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

A list of procedures that the EMS agency has implemented and available for use.

**Instructions for Coding/Data Entry:**

Procedures based on CPT codes from the ICD-9 standard are typically documented once then verified and updated yearly or when changed.

**Field Values:**

Data Value	Description	Data Value	Description
89.820	12 Lead ECG - Obtained	89.821	12 Lead ECG - Transmitted
101.201	Activation-Advanced Hazmat Specialty Service/Response Team	101.202	Activation-Fire Rehabilitation Specialty Service/Response Team
101.203	Activation-Other Specialty Service/Response Team	101.204	Activation-Rescue Specialty Service/Response Team
101.205	Activation-Social Services Notification/Referral	101.206	Activation-Tactical or SWAT Specialty Service/Response Team
93.930	Assisted Ventilation (Positive Pressure) Airway Bagged (Tube or BVM)	96.702	Airway-BiPAP
93.931	Airway-BVM (via BVMask)	97.230	Airway-Change Tracheostomy Tube
98.130	Airway-Cleared, Opened, or Heimlich	96.051	Airway-Combitube Blind Insertion Airway Device
93.900	Airway-CPAP	31.420	Airway-Direct Laryngoscopy
96.030	Airway-EOA/EGTA	96.993	Airway-Extubation
98.131	Airway-Foreign Body Removal	96.703	Airway-Impedance Threshold Device
96.991	Airway-Intubation Confirm Colormetric ETCO2	96.992	Airway-Intubation Confirm Esophageal Bulb
97.231	Airway-Intubation of Existing Tracheostomy Stoma	96.053	Airway-King LT Blind Insertion Airway Device
96.052	Airway-Laryngeal Mask Blind Insertion Airway Device	96.010	Airway-Nasal
96.041	Airway-Nasotracheal Intubation	93.940	Airway-Nebulizer Treatment
31.110	Airway-Needle Cricothyrotomy	96.020	Airway-Oral
96.040	Airway-Orotracheal Intubation	96.790	Airway-PEEP
96.042	Airway-Rapid Sequence Induction	93.910	Airway-Respirator Operation (BLS)
98.150	Airway-Suctioning	31.120	Airway-Surgical Cricothyrotomy

**Field Values (Continued):**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
96.700	Airway-Ventilator Operation	96.701	Airway-Ventilator with PEEP
31.421	Airway-Video Laryngoscopy	38.910	Arterial Access-Blood Draw
89.610	Arterial Line Maintenance	89.700	Assessment-Adult
89.701	Assessment-Pediatric	38.995	Blood Glucose Analysis
89.391	CO2 Monitoring Without Intubation	89.510	Cardiac Monitor
99.624	Cardiac Pacing-External	99.626	Cardiac Pacing-Transvenous
99.623	Cardioversion	34.041	Chest Decompression
34.042	Chest Tube Placement	73.590	Childbirth
1.181	CNS Catheter-Epidural Maintenance	1.182	CNS Catheter-Intraventricular Maintenance
101.500	Contact Medical Control	99.601	CPR-Other External Device
99.602	CPR-AutoPulse Device	99.603	CPR-Mechanical Thumper Type Device
99.604	CPR-Precordial Thump Only	99.612	CPR-Star Rescue Breathing without Compressions
99.600	CPR-Start	99.611	CPR-Start Compressions only without Ventilations
99.615	CPR-Stop	86.280	Decontamination
99.621	Defibrillation-Automated (AED)	99.622	Defibrillation-Manual
99.625	Defibrillation-Placement for Monitoring/Analysis	86.090	Escharotomy
100.200	Extrication	96.070	Gastric Tube Insertion-Inserted Nasally
96.071	Gastric Tube Insertion-Inserted Orally	99.290	Injections-SQ/IM
37.611	Intra-Aortic Balloon Pump Maintenance	79.700	Joint Reduction/Relocation
37.612	Left Ventricular Assist Device Maintenance	93.580	MAST
89.590	Orthostatic Blood Pressure Measurement	89.702	Pain Measurement
99.810	Patient Cooling (Cold Pack, etc.)	99.811	Patient Cooling-Post Resuscitation
100.300	Patient Loaded	100.301	Patient Loaded-Helicopter Hot-Load
89.599	Patient Monitoring-Pre-existing devices, equipment, or ongoing medications	100.302	Patient Off-Loaded
100.303	Patient Off-Loaded-Helicopter Hot Off-Load	93.350	Patient Warming (Hot Packs, etc.)
37.000	Pericardiocentesis	89.392	Pulse Oximetry
100.100	Rescue	99.841	Restraints-Pharmacological
99.842	Restraints-Physical	101.101	Specialty Center Activation-Adult Trauma
101.103	Specialty Center Activation-Cardiac Arrest	101.102	Specialty Center Activation-Pediatric Trauma
101.104	Specialty Center Activation-STEMI	101.105	Specialty Center Activation-Stroke

**Field Values (Continued):**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
93.591	Spinal Immobilization	93.540	Splinting-Basic
93.450	Splinting-Traction	89.703	Temperature Measurement
89.704	Thrombolytic Screen	57.940	Urinary Catheterization
99.640	Vagal Maneuver-Carotid Massage	99.641	Vagal Maneuver-Valsalva Maneuver (Not Carotid Massage)
38.990	Venous Access-Blood Draw	89.620	Venous Access-Central Line Maintenance
39.997	Venous Access-Discontinue	38.991	Venous Access-Existing Catheter
38.993	Venous Access-External Jugular Line	38.992	Venous Access-Extremity
38.994	Venous Access-Femoral Line	39.995	Venous Access-Internal Jugular Line
41.920	Venous Access-Intraosseous Adult	41.921	Venous Access-Intraosseous Pediatric
39.996	Venous Access-Subclavian Line	89.640	Venous Access-Swan Ganz Maintenance
39.998	Venous Access-Umbilical Vein Cannulation	93.057	Wound Care-General
93.059	Wound Care-Hemostatic Agent	93.058	Wound Care-Irrigation
93.055	Wound Care-Taser Barb Removal	93.056	Wound Care-Tourniquet

---

**PERSONNEL LEVEL PERMITTED  
TO USE THE PROCEDURE**

**AZ-EMESIS Data Element**

Field Name: DemographicStateCertificationzLicensureLevels  
Field Code: D04\_05  
XSD Type: String/Integer  
Field Width: Min. 2, Max. 30  
Null Values Accepted: No  
Multiple Field Entry: Yes\*  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

All Personnel Levels which are permitted to use the associated procedure.

**Instructions for Coding/Data Entry:**

Personnel Level Permitted to use the Procedure is collected by the EMS agency and is typically documented once then verified and updated yearly or when changed.

**Field Values:**

Data Value	Description	Data Value	Description
6090	EMT-Basic	6100	EMT-Intermediate
6110	EMT-Paramedic	6111	Nurse
6112	Physician	6120	First Responder

\* (1) Yes with each Procedure; (2) Yes, via structure

---

**MEDICATIONS GIVEN****AZ-EMESIS Data Element**

Field Name: DemographicMedicationsGiven  
Field Code: D04\_06  
XSD Type: String  
Field Width: Min. 2, Max. 30  
Null Values Accepted: No  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

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

**Instructions for Coding/Data Entry:**

Medications Given is based upon the Drug List adopted by ADHS and is typically documented once then verified and updated yearly or when changed. Medications listed below are from Table 1 of A.A.C. R9-25-503.

**Field Values:**

**Authorization for Administration, Monitoring, and Assistance in Patient Self-Administration of Agents by EMT Certification; Identification of Transport Agents; Administration Requirements; and Minimum Supply Requirements for Agents**

**KEY:**

A = Authorized to administer the agent

M = Authorized to monitor IV administration of the agent during interfacility transport, if the IV was started at the sending health care institution

PA = Authorized to assist in patient self-administration of the agent

TA = Transport agent for an EMT with the specified certification

IFIP = Agent shall be administered by infusion pump on interfacility transports

IP = Agent shall be administered by infusion pump

SVN = Agent shall be administered by small volume nebulizer

SVN or MDI = Agent shall be administered by small volume nebulizer or metered dose inhaler

\* = Optional agent for a BLS ambulance that is not primarily serving as the first emergency medical services provider arriving on scene in response to an emergency dispatch

\*\* = The Minimum supply for an EMT assigned to respond by bicycle or on foot is 2 cubic feet.

\*\*\* = An EMT-B may administer if authorized under R9-25-505.

[ ] = Minimum supply required if an EMS provider chooses to make the optional agent available for EMT administration

Agent	Minimum Supply	EMT-P	EMT-I(99) Cert. < 1/6/07	EMT-I(99) Cert. ≥ 1/6/07	EMT-I(85)	EMT-B
Adenosine	30 mg	A	A	A	-	-
Albuterol Sulfate SVN or MDI (sulfite free)	10 mg	A	A	A	A	-
Amiodarone IFIP	Optional [300 mg]	A	A	-	-	-
Antibiotics	None	TA	TA	TA	TA	-
Aspirin	324 mg	A	A	A	A	A
Atropine Sulfate	4 prefilled syringes, total of 4 mg	A	A	A	-	-
Atropine Sulfate	8 mg multidose vial (1)	A	A	A	A	-
Blood	None	TA	TA	-	-	-
Bronchodilator, inhaler	None	PA	PA	PA	PA	PA
Calcium Chloride	1 g	A	A	-	-	-
Charcoal, Activated (without sorbitol)	Optional [50 g]	A	A	A	A	A
Colloids	None	TA	TA	TA	TA	-
Corticosteroids IP	None	TA	TA	TA	TA	-
Dexamethasone	Optional [8 mg]	A	A	A	A	-
Dextrose	50 g	A	A	A	A	-
Dextrose, 5% in H2O	Optional [250 mL bag (1)]	A	A	A	A	M***

Agent	Minimum Supply	EMT-P	EMT-I(99) Cert. < 1/6/07	EMT-I(99) Cert. ≥ 1/6/07	EMT-I(85)	EMT-B
Diazepam	20 mg	A	A	A	A	-
Diazepam Rectal Delivery Gel	Optional [20 mg]	A	A	A	A	-
Diltiazem IFIP or Verapamil HCl	25 mg 10 mg	A A	A A	- -	- -	- -
Diphenhydramine HCl	50 mg	A	A	A	A	-
Diuretics	None	TA	TA	TA	-	-
Dopamine HCl IFIP	400 mg	A	A	-	-	-
Electrolytes/Crystalloids (Commercial Preparations)	None	TA	TA	TA	TA	M
Epinephrine Auto-Injector	2 adult auto-injectors* 2 pediatric auto-injectors*	-	-	-	-	A
Epinephrine Auto-Injector	Optional [2 adult auto-injectors 2 pediatric auto-injectors]	A	A	A	A	-
Epinephrine HCl, 1:1,000	2 mg	A	A	A	A	-
Epinephrine HCl, 1:1,000	30 mg multidose vial (1)	A	A	A	-	-
Epinephrine HCl, 1:10,000	5 mg	A	A	A	-	-
Etomidate	Optional [40 mg]	A	-	-	-	-
Fosphenytoin Na IP or Phenytoin Na IP	None	TA	TA	-	-	-
Furosemide or, If Furosemide is not available, Bumetanide	100 mg 4 mg	A A	A A	A A	A A	- -
Glucagon IFIP	2 mg	A	A	A	A	-
Glucose, oral	Optional [30 gm]	A	A	A	A	A
Glycoprotein IIb/IIIa Inhibitors	None	TA	TA	-	-	-
H2 Blockers	None	TA	TA	TA	TA	-
Heparin Na IP	None	TA	TA	-	-	-
<i>Immunizing Agent</i>	<i>Optional</i>	A	A	A	-	-
Ipratropium Bromide 0.02%SVN or MDI	5 mL	A	A	A	A	-
Lactated Ringers	1 L bag (2)	A	A	A	A	M***
Lidocaine HCl IV	3 prefilled syringes, total of 300 mg 1 g vials or premixed infusion, total of 2 g	A	A	A	-	-
Lorazepam	Optional [8 mg]	A	A	A	A	-
Magnesium Sulfate IFIP	5 g	A	A	-	-	-
Methylprednisolone Sodium Succinate	250 mg	A	A	A	A	-
Midazolam	Optional [10 mg]	A	A	-	-	-
Morphine Sulfate	20 mg	A	A	A	A	-
Nalmefene HCl	Optional [4 mg]	A	A	A	A	-
Naloxone HCl	10 mg	A	A	A	A	-
Nitroglycerin IV Solution IP	None	TA	TA	-	-	-
Nitroglycerin Sublingual Spray or Nitroglycerin Tablets	1 bottle 1 bottle	A A	A A	A A	A A	PA PA
Nitrous Oxide	Optional [Nitrous oxide 50% / Oxygen 50% fixed ratio setup with O2 fail-safe device and self- administration mask, 1 setup]	A	A	A	A	-
Normal Saline	1 L bag (2) 250 mL bag (1) 50 mL bag (2)	A	A	A	A	M***
<i>Ondansetron HCl</i>	<i>Optional [4 mg]</i>	A	A	A	A	-
Oxygen	13 cubic feet**	A	A	A	A	A
Oxytocin	Optional [10 units]	A	A	A	A	-
Phenobarbital Na IP	None	TA	TA	-	-	-
Phenylephrine Nasal Spray 0.5%	1 bottle	A	A	A	A	-
Potassium Salts IP	None	TA	TA	-	-	-
Procainamide HCl IP	None	TA	TA	-	-	-
Racemic Epinephrine SVN	None	TA	TA	-	-	-
Sodium Bicarbonate 8.4%	100 mEq	A	A	A	A	-

<b>Agent</b>	<b>Minimum Supply</b>	<b>EMT-P</b>	<b>EMT-I(99) Cert. &lt; 1/6/07</b>	<b>EMT-I(99) Cert. ≥ 1/6/07</b>	<b>EMT-I(85)</b>	<b>EMT-B</b>
Succinylcholine	Optional [400 mg]	A	-	-	-	-
Theophylline IP	None	TA	TA	-	-	-
Thiamine HCl	100 mg	A	A	A	A	-
Total Parenteral Nutrition, with or without lipids/IFIP	None	TA	TA	-	-	-
<i>Tuberculin PPD</i>	<i>Optional [5 cc]</i>	A	A	A	-	-
Vasopressin	Optional [40 units]	A	A	-	-	-
Vitamins	None	TA	TA	TA	TA	-

**Historical Note**

Table 1 adopted by exempt rulemaking at 13 A.A.R. 27, effective January 6, 2007 (Supp. 06-4). Amended by exempt rulemaking at 13 A.A.R. 578, effective January 31, 2007 (Supp. 07-1). Historical note added to Table 1; amended by exempt rulemaking 14 A.A.R. 3491, effective August 14, 2008 (Supp. 08-3).

---

**PERSONNEL LEVEL PERMITTED  
TO USE THE MEDICATION**

**AZ-EMESIS Data Element**

Field Name: DemographicStateCertificationzLicensureLevels  
Field Code: D04\_07  
XSD Type: String/Integer  
Field Width: Min. 4, Max. 4  
Null Values Accepted: No  
Multiple Field Entry: Yes\*  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

All Personnel Levels which are permitted to use the associated medication.

**Instructions for Coding/Data Entry:**

Personnel Level Permitted to use the Procedure is collected by the EMS agency and is typically documented once then verified and updated yearly or when changed.

**Field Values:**

Data Value	Description	Data Value	Description
6090	EMT-Basic	6100	EMT-Intermediate
6110	EMT-Paramedic	6111	Nurse
6112	Physician	6120	First Responder

\* (1) Yes with each Procedure; (2) Yes, via structure

---

**PROTOCOL****AZ-EMESIS Data Element**

Field Name: DemographicProtocolsUsed  
Field Code: D04\_08  
XSD Type: String  
Field Width: Min. 2, Max. 30  
Null Values Accepted: No  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

A list of all of the medical treatment protocols that the EMS agency has in place and available for use. Specific Adult and Pediatric Protocols should be mapped to one of these topics if possible.

**Instructions for Coding/Data Entry:**

Protocol is typically documented once and then verified and updated yearly or when changed.

**Field Values:**

Data Value	Description	Data Value	Description
6720	Abdominal Pain	6730	Airway
6740	Airway-Failed	6760	Airway-RSI
6770	Allergic Reaction/Anaphylaxis	6780	Altered Mental Status
6785	Altitude Sickness	6790	Asystole
6791	Atrial Fibrillation	6800	Back Pain
6810	Behavioral	6820	Bites and Envenomations
6830	Bradycardia	6840	Burns
6850	Cardiac Arrest	6860	Cardiac Chest Pain
6870	Childbirth/Labor	6875	Cold Exposure
6880	Dental Problems	6881	Device Malfunction
6885	Diarrhea	6890	Drowning/Near Drowning
6892	Diving Emergencies	6900	Electrical Injuries
6910	Epistaxis	6911	Exposure-Airway Irritants
6912	Exposure-Biological/Infectious	6913	Exposure-Blistering Agents
6914	Exposure-Cyanide	6915	Exposure-Nerve Agents
6916	Exposure-Radiologic Agents	6917	Exposure-Riot Control Agents
6920	Extremity Trauma	6925	Eye Trauma
6930	Fever	6935	Gynecologic Emergencies
6940	Head Trauma	6945	Hyperglycemia
6950	Hypertension	6960	Hyperthermia
6965	Hypoglycemia	6970	Hypotension/Shock (Non-Trauma)
6980	Hypothermia	6990	IV Access
7000	Trauma-Multisystem	7010	Newly Born
7020	Obstetrical Emergencies	7030	Overdose/Toxic Ingestion
7040	Pain Control	7130	Post Resuscitation
7140	Pulmonary Edema	7150	Pulseless Electrical Activity (PEA)
7160	Respiratory Distress	7170	Seizure
7175	Spinal Cord Trauma	7180	Spinal Immobilization
7190	Supraventricular Tachycardia	7200	Stroke/TVA
7210	Syncope	7214	Trauma-Arrest
7215	Trauma-Amputation	7220	Universal Patient Care
7230	Ventricular Fibrillation	7232	Ventricular Ectopy
7240	Ventricular Tachycardia	7251	Vomiting

---

**HOSPITALS SERVED****AZ-EMESIS Data Element**

Field Name: FacilityName  
Field Code: D04\_11  
XSD Type: String  
Field Width: Min. 2, Max. 50  
Null Values Accepted: No  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

A list of all hospitals the EMS agency transports to or from.

**Instructions for Coding/Data Entry:**

Healthcare Facility Name is typically documented once then verified and updated yearly or when changed based on updates provided by ADHS/Bureau of EMS and Trauma System.

**Additional Information:**

Healthcare Facility Name is used by EMS personnel to populate PCR Data Element E20\_01 (Destination/Transferred To, Name).

**Field Values:**

CODE	NAME	CODE	NAME
MED1442	Arizona Heart Hosp	OOS0016	Out of State-Acute Care.-Othr State not listed
MED2787	Arizona Orthopedic Surgical Hosp	OOS0017	Out of State-Acute Care Facil.-UT
MED3795	Arizona Reg'l Med Ctr	MED0203	Page Hosp
MED2312	Arizona Spine & Joint Hosp	MED2149	Paradise Vly Hosp
MED0209	Arrowhead Hosp	MED0204	Payson Reg'l Med Ctr
MED2157	Banner Baywood Heart Hosp	MED0228	Phoenix Baptist Hosp
MED0239	Banner Baywood Med Ctr	MED2170	Phoenix Children's Hosp
MED0241	Banner Boswell Hosp	MED2590	Promise Hospital
MED0217	Banner Del E. Webb Hosp	MED3007	PHS-Chinle Compreh. Health Care Facil.
MED0216	Banner Desert Med Ctr	MED3005	PHS-Fort Defiance Indian Hosp
MED2910	Banner Estrella Med Ctr	MED3008	PHS-Fort Yuma Indian Hosp
MED3557	Banner Gateway Med Ctr (Gilbert)	MED3010	PHS-Hopi Healthcare Ctr
MED0219	Banner Good Samaritan Med Ctr	MED3009	PHS-Hu Hu Kam Mem'l. Hosp.
MED0238	Banner Thunderbird Med Ctr	UNK0007	PHS-Kayenta Health Ctr (EMS transport)
MED0194	Benson Hosp	MED3011	PHS-Parker Indian Health Ctr
MED3310	Carondelet Holy Cross Hosp-Nogales	MED3013	PHS-Phoenix Indian Med Ctr
MED0253	Carondelet St. Joseph's Hosp-Tucson	MED3014	PHS-San Carlos Indian Hosp
MED0254	Carondelet St. Mary's Hosp & Hlth Ctr	MED3012	PHS-Sells Indian Hosp
MED0258	Casa Grande Reg'l Med Ctr	UNK0066	PHS-Supai Clinic (EMS transport)
MED2124	Chandler Reg'l Hosp	MED3006	PHS-Tuba City Reg'l Healthcare Corp.
MED0205	Cobre Vly Comm Hosp	MED3003	PHS-Whiteriver Indian Health Service
MED3242	Copper Queen Comm Hosp	UNK0012	R. W. Bliss Army Hosp-Fort Huachuca
MED1397	Cornerstone Hosp of Southeast Arizona	MED0192	Sage Mem'l Hosp-Ganado
UNK0001	Davis Monthan AFB Hosp-Tucson	MED0235	Scottsdale Healthcare-Osborn
MED0201	Flagstaff Med Ctr	MED0236	Scottsdale Healthcare-Shea
MED3150	Gilbert Hosp	MED3513	Scottsdale Healthcare-Thompson Peak
MED2568	Greenbaum Surgical Specialty Hospital	MED0532	Select Specialty Hospital - Phoenix
MED0244	Havasu Reg'l Med Ctr	MED2151	Select Specialty Hospital - Arizona
MED4160	Hualapai Mtn Med Ctr	MED1724	Select Specialty Hospital - Scottsdale
MED0230	John C. Lincoln Hosp-Deer Vly	MED0198	Sierra Vista Reg'l Health Ctr
MED0222	John C. Lincoln Hosp-North Mtn.	MED3286	Southeast Arizona Med Ctr-Douglas

<b>CODE</b>	<b>NAME</b>	<b>CODE</b>	<b>NAME</b>
MED3573	Kindred Hospital – Northwest Phoenix	MED2125	St. Joseph's Hosp & Med Ctr-Phoenix
MED0340	Kindred Hospital – Phoenix	MED0234	St. Luke's Med Ctr-Phoenix
MED2199	Kindred Hospital – Scottsdale	MED0246	Summit Healthcare Reg'l Med Ctr
MED0565	Kindred Hospital – Tucson	MED1864	Surgical Specialty Hosp of AZ
MED0245	Kingman Reg'l Med Ctr	MED3833	Tempe St. Luke's Hosp
MED0207	La Paz Reg'l Hosp-Parker	MED1129	Tucson Heart Hosp
MED0247	Little Colorado Med Ctr	MED0256	Tucson Med Ctr Healthcare
MED0483	Los Ninos Hosp	MED0257	University Med Ctr-Tucson
MED0223	Maricopa Med Ctr	MED2863	University Physicians Hosp at Kino
MED0224	Maryvale Hosp	UNS0001	Unspecified Acute Care Hosp
MED1574	Mayo Clinic Hospital	UNS0011	Urgent Care Facil. (EMS transfer only)
MED3311	Mercy Gilbert Med Ctr	UNK0014	VA-Carl T. Hayden VA Med Ctr
MED0226	Mesa General Hosp	UNK0013	VA-Northern AZ VA Healthcare
MED0206	Mount Graham Reg'l Med Ctr	UNK0015	VA-Southern AZ VA Healthcare Sys
MED3289	Mountain Valley Regional Rehab. Hospital	MED3174	Vly View Med Ctr (Ft Mohave)
MED3488	Mountain Vista Med Ctr	MED0260	Verde Vly Med Ctr-Cottonwood
MED0196	Northern Cochise Comm Hosp	MED0811	Verde Vly Med Ctr-Sedona Campus
MED0251	Northwest Med Ctr-Tucson	MED2640	West Vly Hosp
MED2944	Northwest Med Ctr Oro Vly (Oro Vly Med Ctr)	MED0243	Western Arizona Reg'l Med Ctr
EMS0001	Other EMS Destination	MED0193	White Mountain Reg'l Med. Ctr
OOS0010	Out of State-Acute Care Facil.-CA	MED2277	Wickenburg Reg'l Med Ctr
OOS0011	Out of State-Acute Care Facil.-CO	MED3378	Yavapai Reg'l Med Ctr-East
OOS0012	Out of State-Acute Care Facil.-Mex	MED0261	Yavapai Reg'l Med Ctr-West
OOS0013	Out of State-Acute Care Facil.-NV	MED0262	Yuma Reg'l Med Ctr
OOS0014	Out of State-Acute Care Facil.-NM	MED2543	Yuma Rehabilitation Hospital
OOS0015	Out of State-Acute Care.-Othr Cntry-Not Mex	Relevant Value for the Data Element & Patient Care	

---

**HOSPITAL FACILITY NUMBER****AZ-EMESIS Data Element**

Field Name: FacilityNumber  
Field Code: D04\_12  
XSD Type: String  
Field Width: Min. 2, Max. 30  
Null Values Accepted: Yes  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The state assigned licensure number (code) for each Hospital Served (D04\_11).

**Instructions for Coding/Data Entry:**

The Hospital Facility Number is typically documented once then verified and updated yearly or when changed based on updates provided by ADHS/Bureau of EMS and Trauma System.

**Additional Information:**

Hospital Facility Number is used by EMS personnel to populate PCR Data Element E08\_08 (Incident Facility Code) and E20\_02 (Destination/Transferred To, Code).

**Field Values:**

CODE	NAME	CODE	NAME
MED1442	Arizona Heart Hosp	OOS0016	Out of State-Acute Care.-Othr State not listed
MED2787	Arizona Orthopedic Surgical Hosp	OOS0017	Out of State-Acute Care Facil.-UT
MED3795	Arizona Reg'l Med Ctr	MED0203	Page Hosp
MED2312	Arizona Spine & Joint Hosp	MED2149	Paradise Vly Hosp
MED0209	Arrowhead Hosp	MED0204	Payson Reg'l Med Ctr
MED2157	Banner Baywood Heart Hosp	MED0228	Phoenix Baptist Hosp
MED0239	Banner Baywood Med Ctr	MED2170	Phoenix Children's Hosp
MED0241	Banner Boswell Hosp	MED2590	Promise Hospital
MED0217	Banner Del E. Webb Hosp	MED3007	PHS-Chinle Compreh. Health Care Facil.
MED0216	Banner Desert Med Ctr	MED3005	PHS-Fort Defiance Indian Hosp
MED2910	Banner Estrella Med Ctr	MED3008	PHS-Fort Yuma Indian Hosp
MED3557	Banner Gateway Med Ctr (Gilbert)	MED3010	PHS-Hopi Healthcare Ctr
MED0219	Banner Good Samaritan Med Ctr	MED3009	PHS-Hu Hu Kam Mem'l. Hosp.
MED0238	Banner Thunderbird Med Ctr	UNK0007	PHS-Kayenta Health Ctr (EMS transport)
MED0194	Benson Hosp	MED3011	PHS-Parker Indian Health Ctr
MED3310	Carondelet Holy Cross Hosp-Nogales	MED3013	PHS-Phoenix Indian Med Ctr
MED0253	Carondelet St. Joseph's Hosp-Tucson	MED3014	PHS-San Carlos Indian Hosp
MED0254	Carondelet St. Mary's Hosp & Hlth Ctr	MED3012	PHS-Sells Indian Hosp
MED0258	Casa Grande Reg'l Med Ctr	UNK0066	PHS-Supai Clinic (EMS transport)
MED2124	Chandler Reg'l Hosp	MED3006	PHS-Tuba City Reg'l Healthcare Corp.
MED0205	Cobre Vly Comm Hosp	MED3003	PHS-Whiteriver Indian Health Service
MED3242	Copper Queen Comm Hosp	UNK0012	R. W. Bliss Army Hosp-Fort Huachuca
MED1397	Cornerstone Hosp of Southeast Arizona	MED0192	Sage Mem'l Hosp-Ganado
UNK0001	Davis Monthan AFB Hosp-Tucson	MED0235	Scottsdale Healthcare-Osborn
MED0201	Flagstaff Med Ctr	MED0236	Scottsdale Healthcare-Shea
MED3150	Gilbert Hosp	MED3513	Scottsdale Healthcare-Thompson Peak
MED2568	Greenbaum Surgical Specialty Hospital	MED0532	Select Specialty Hospital - Phoenix
MED0244	Havasu Reg'l Med Ctr	MED2151	Select Specialty Hospital - Arizona
MED4160	Hualapai Mtn Med Ctr	MED1724	Select Specialty Hospital - Scottsdale
MED0230	John C. Lincoln Hosp-Deer Vly	MED0198	Sierra Vista Reg'l Health Ctr
MED0222	John C. Lincoln Hosp-North Mtn.	MED3286	Southeast Arizona Med Ctr-Douglas

<b>CODE</b>	<b>NAME</b>	<b>CODE</b>	<b>NAME</b>
MED3573	Kindred Hospital – Northwest Phoenix	MED2125	St. Joseph's Hosp & Med Ctr-Phoenix
MED0340	Kindred Hospital – Phoenix	MED0234	St. Luke's Med Ctr-Phoenix
MED2199	Kindred Hospital – Scottsdale	MED0246	Summit Healthcare Reg'l Med Ctr
MED0565	Kindred Hospital – Tucson	MED1864	Surgical Specialty Hosp of AZ
MED0245	Kingman Reg'l Med Ctr	MED3833	Tempe St. Luke's Hosp
MED0207	La Paz Reg'l Hosp-Parker	MED1129	Tucson Heart Hosp
MED0247	Little Colorado Med Ctr	MED0256	Tucson Med Ctr Healthcare
MED0483	Los Ninos Hosp	MED0257	University Med Ctr-Tucson
MED0223	Maricopa Med Ctr	MED2863	University Physicians Hosp at Kino
MED0224	Maryvale Hosp	UNS0001	Unspecified Acute Care Hosp
MED1574	Mayo Clinic Hospital	UNS0011	Urgent Care Facil. (EMS transfer only)
MED3311	Mercy Gilbert Med Ctr	UNK0014	VA-Carl T. Hayden VA Med Ctr
MED0226	Mesa General Hosp	UNK0013	VA-Northern AZ VA Healthcare
MED0206	Mount Graham Reg'l Med Ctr	UNK0015	VA-Southern AZ VA Healthcare Sys
MED3289	Mountain Valley Regional Rehab. Hospital	MED3174	Vly View Med Ctr (Ft Mohave)
MED3488	Mountain Vista Med Ctr	MED0260	Verde Vly Med Ctr-Cottonwood
MED0196	Northern Cochise Comm Hosp	MED0811	Verde Vly Med Ctr-Sedona Campus
MED0251	Northwest Med Ctr-Tucson	MED2640	West Vly Hosp
MED2944	Northwest Med Ctr Oro Vly (Oro Vly Med Ctr)	MED0243	Western Arizona Reg'l Med Ctr
EMS0001	Other EMS Destination	MED0193	White Mountain Reg'l Med. Ctr
OOS0010	Out of State-Acute Care Facil.-CA	MED2277	Wickenburg Reg'l Med Ctr
OOS0011	Out of State-Acute Care Facil.-CO	MED3378	Yavapai Reg'l Med Ctr-East
OOS0012	Out of State-Acute Care Facil.-Mex	MED0261	Yavapai Reg'l Med Ctr-West
OOS0013	Out of State-Acute Care Facil.-NV	MED0262	Yuma Reg'l Med Ctr
OOS0014	Out of State-Acute Care Facil.-NM	MED2543	Yuma Rehabilitation Hospital
OOS0015	Out of State-Acute Care.-Othr Cntry-Not Mex		

---

**UNIT/VEHICLE NUMBER****AZ-EMESIS Data Element**

Field Name: VehicleNumber  
Field Code: D06\_01  
XSD Type: String  
Field Width: Min. 2, Max. 50  
Null Values Accepted: No  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The unique ID number of the unit which is specific for each vehicle; typically the VIN associated with the vehicle.

**Instructions for Coding/Data Entry:**

The Unit/Vehicle Number is typically documented once then verified and updated yearly or when changed.

**Field Values:**

A unique value; no variable list is possible.

---

**DEVICE NAME OR ID**

Field Name: DeviceNameOrID

Field Code: D09\_02

XSD Type: String

Field Width: Min. 2, Max. 50

Null Values Accepted: No

Multiple Field Entry: Yes, via structure

Common to All PECs: Yes

**National Element:** No**AZ-EMESIS Data Element**

---

**Definition:**

The local number or configurable ID/Name of the medical device.

**Instructions for Coding/Data Entry:**

The Device Name or ID is typically documented once then verified and updated yearly or when changed. The Device Name or ID can be provided by the medical device during electronic transmission of data.

**Field Values:**

A unique value; no variable list is possible.

---

**DEVICE MANUFACTURER****AZ-EMESIS Data Element**

Field Name: DeviceManufacturer  
Field Code: D09\_03  
XSD Type: String  
Field Width: Min. 2, Max. 50  
Null Values Accepted: No  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The manufacturer of the medical device.

**Instructions for Coding/Data Entry:**

Device Manufacturer is typically documented once then verified each year, and updated yearly or when changed.

**Field Values:**

A unique value; no variable list is possible.

---

**MODEL NUMBER**

Field Name: ModelNumber  
Field Code: D09\_04  
XSD Type: String  
Field Width: Min. 2, Max. 50  
Null Values Accepted: No  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

The specific manufacturer's model number associated with the medical device.

**Instructions for Coding/Data Entry:**

Model Number is typically documented once then verified each year, and updated yearly or when changed.

**Field Values:**

A unique value; no variable list is possible.

---

## COMMON NULL VALUES

### AZ-EMESIS Data Element

Field Name: N/A  
Field Code: E00  
XSD Type: Integer  
Field Width: Min. 2, Max. 3  
Null Values Accepted: N/A  
Multiple Field Entry: N/A  
Common to All PECs: Yes  
**National Element:** No

---

#### **Definition:**

These values are to be used in each of the Demographic and EMS Data Elements described in this document which have been defined to accept the E00 Null Values. Please include these variables in the implementation of the NHTSA Version 2.2.1/3.0 Datasets.

#### **Instructions for Coding/Data Entry:**

Data elements being electronically stored in a database or moved from one database to another using XML the indicated field values should be applied when a data element is empty or contains a null value.

**Not Applicable: (Code -25)** means at the time of EMS patient care report documentation, information requested was “Not Available” to the EMS or patient event. This indicates that it is unnecessary to document mechanism of injury related information on a patient who is not traumatized.

**Not Available: (Code -5)** means at the time of EMS patient care report documentation, information was “Not Available” to EMS personnel. This documents that needed information did exist but the EMS personnel were unsuccessful in their attempt to obtain it.

**Not Known: (Code -10)** means at the time of EMS patient care report documentation, information was “Not Known” to the patient, family, and EMS personnel. This documents that there was an attempt to obtain information but it was unknown by all parties involved.

**Not Recorded (Code -20)** means if an EMS documentation or information system has an empty field or nothing is recorded in any data element of the NHTSA dataset, code “-20” should be inserted into the database and/or XML for that data element indicating that the EMS patient care report did not have a value for that specific data element when the EMS event or patient encounter was documented.

**Not Reporting (Code -15)** means if an EMS documentation or information system is not using any of the “National” data elements of the NHTSA dataset, code “-15” should be inserted into the database and/or XML for that data element.

#### **Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recording
-25	Not Applicable		

---

**PATIENT CARE REPORT NUMBER**

**AZ-EMESIS Data Element**

Field Name: PatientCareReportNumber  
Field Code: E01\_01  
XSD Type: String  
Field Width: Min. 3, Max. 32  
Null Values Accepted: No  
Multiple Field Entry: No  
Common to All PECs: No  
**National Element: Yes**

---

**Definition:**

The unique number automatically assigned by the EMS agency for each patient care report (PCR). This is a unique number to the EMS agency for all of time.

**Instructions for Coding/Data Entry:**

The Patient Care Report Number is provided by the EMS agency or may be electronically provided through the 911 or dispatch center.

**Field Values:**

A unique value; no variable list is possible.

---

**SOFTWARE CREATOR****AZ-EMESIS Data Element**

Field Name: SoftwareCreatedBy  
Field Code: E01\_02  
XSD Type: String  
Field Width: Min. 3, Max. 30  
Null Values Accepted: No  
Multiple Field Entry: No  
Common to All PECs: No  
**National Element: Yes**

---

**Definition:**

The name of the software vendor by whom the data collection software was developed.

**Instructions for Coding/Data Entry:**

Software Creator is typically documented once then verified each year, and updated yearly or when changed.

**Field Values:**

A unique value; no variable list is possible.

---

**SOFTWARE NAME**

**AZ-EMESIS Data Element**

Field Name: SoftwareName  
Field Code: E01\_03  
XSD Type: String  
Field Width: Min. 3, Max. 30  
Null Values Accepted: No  
Multiple Field Entry: No  
Common to All PECs: No  
**National Element: Yes**

---

**Definition:**

The name of the software package with which the data was collected by the EMS agency.

**Instructions for Coding/Data Entry:**

Software Name is typically documented once then verified each year, and updated yearly or when changed.

**Field Values:**

A unique value; no variable list is possible.

---

**SOFTWARE VERSION****AZ-EMESIS Data Element**

Field Name: SoftwareVersion  
Field Code: E01\_04  
XSD Type: String  
Field Width: Min. 3, Max. 30  
Null Values Accepted: No  
Multiple Field Entry: No  
Common to All PECs: No  
**National Element: Yes**

---

**Definition:**

The version of the software used by the EMS agency to collect the data.

**Instructions for Coding/Data Entry:**

Software Version is typically documented once then verified each year, and updated yearly or when changed.

**Field Values:**

A unique value; no variable list is possible.

---

**EMS AGENCY NUMBER****AZ-EMESIS Data Element**

Field Name: EMSAgencyNumber  
Field Code: E02\_01  
XSD Type: String  
Field Width: Min. 3, Max. 15  
Null Values Accepted: No  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

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

**Instructions for Coding/Data Entry:**

EMS Agency Number is generated by the ADHS and provided to the applicable EMS agency. EMS Agency Number is auto-populated by the EMS agency's specific software. If the EMS agency directly enters EMS Run Report data onto the ADHS EMS Data Collection Website, the ADHS EMS Data Collection software will auto-populate the field for each EMS Run Report based on the UserID and Password entered by the EMS agency's designated user.

**Additional Information:**

E02\_01 EMS Agency Number is the same as D01\_01 EMS Agency Number.

**Field Values:**

A unique value; no variable list is possible

---

**INCIDENT NUMBER****AZ-EMESIS Data Element**

Field Name: IncidentNumber  
Field Code: E02\_02  
XSD Type: String  
Field Width: Min. 2, Max. 15  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The incident number assigned by the 911 Dispatch System.

**Instructions for Coding/Data Entry:**

Incident Number is provided by the 911 or dispatch center and electronically or verbally transmitted to the EMS agency.

**Additional Information:**

If the Incident Number is known, enter the Relevant Value for the Data Element and Patient Care.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recording
-25	Not Applicable	Relevant Value for the Data Element & Patient Care	

---

**EMS UNIT (VEHICLE) RESPONSE NUMBER**

Field Name: EMSUnitResponseNumber  
Field Code: E02\_03  
XSD Type: String  
Field Width: Min. 1, Max. 15  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

The internal EMS response number which is unique for each EMS unit's (vehicle's) response to an incident within an EMS agency.

**Instructions for Coding/Data Entry:**

EMS Unit (Vehicle) Response Number is provided by the 911 or dispatch center and electronically or verbally transmitted to the EMS agency.

**Additional Information:**

If the EMS (Vehicle) Response Number is known, enter the Relevant Value for the Data Element and Patient Care.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recording
-25	Not Applicable		Relevant Value for the Data Element & Patient Care

---

**TYPE OF SERVICE REQUESTED****AZ-EMESIS Data Element**

Field Name: TypeOfServiceRequested  
Field Code: E02\_04  
XSD Type: Integer  
Field Width: Min. 2, Max. 2  
Null Values Accepted: No  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The type of service or category of service requested of the EMS service responding for this specific EMS incident.

**Instructions for Coding/Data Entry:**

Type of Service Requested is provided by the 911 or dispatch center and electronically or verbally transmitted to the EMS agency.

**Field Values:**

Data Value	Description	Data Value	Description
30	911 Response (Scene)	35	Intercept
40	Inter-facility Transfer	45	Medical Transport
50	Mutual Aid	55	Standby

**Extended Definitions of Field Values:**

**911 Response (Scene)** - Emergent or immediate response to an incident location, regardless of method of notification (for example, 911, direct dial, walk-in, or flagging down)

**Intercept** – When one EMS Provider meets a transporting EMS unit with the intent of receiving a patient or providing a higher level of care

**Inter-facility Transfer** – Transfer of a patient from one hospital to another hospital

**Medical Transport** – Transports that are not between hospitals or that do not require an immediate response

**Mutual Aid** – Request from another ambulance service to provide emergent or immediate response to an incident location

**Standby** – Initial request for service was not tied to a patient but to a situation where a person may become ill or injured

---

**PRIMARY ROLE OF THE UNIT****AZ-EMESIS Data Element**

Field Name: PrimaryRollOfTheUnit  
Field Code: E02\_05  
XSD Type: Integer  
Field Width: Min. 2, Max. 2  
Null Values Accepted: No  
Multiple Field Entry: No  
Common to All PECs: No  
**National Element: Yes**

---

**Definition:**

The primary role of the EMS service which was requested for this specific EMS incident.

**Instructions for Coding/Data Entry:**

Primary Role of the Unit is provided by the 911 or dispatch center and electronically or verbally transmitted to the EMS agency.

**Field Values:**

Data Value	Description	Data Value	Description
60	Non-Transport	65	Rescue
70	Supervisor	75	Transport

**Extended Definitions of Field Values:**

*Non-Transport* - The unit's role in this incident is to provide EMS care but is not intended to provide transport

*Rescue* - The unit's role in this incident is to provide rescue services

*Supervisor* - The unit's role in this incident is as a supervisor

*Transport* - The unit's role in this incident is to provide transportation of the patient even if no transport happened

---

## TYPE OF DISPATCH DELAY

### AZ-EMESIS Data Element

Field Name: TypeOfDispatchDelay  
Field Code: E02\_06  
XSD Type: Integer  
Field Width: Min. 2, Max. 3  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: No  
**National Element: Yes**

---

#### **Definition:**

The dispatch delays, if any, associated with the dispatch of the EMS unit to the patient encounter.

#### **Instructions for Coding/Data Entry:**

Type of Dispatch Delay is provided by the 911 or dispatch center and electronically or verbally transmitted to the EMS agency.

#### **Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	80	Caller (Uncooperative)
85	High Call Volume	90	Language Barrier
95	Location (Inability to Obtain)	100	No Units Available
105	None	110	Other
115	Scene Safety (Not Secure for EMS)	120	Technical Failure (Computer, Phone, etc.)

#### **Extended Definitions of Field Values:**

**Caller Uncooperative** – Caller uncooperative (i.e. does not answer questions)

**High Call Volume** – High call volume in the dispatch center caused delayed notification of the EMS unit

**Language Barrier** – Difficulty communicating with the caller because of language problems

**Location (Inability to Obtain)** – Inability to determine where to dispatch the EMS unit

**No Units Available** – Lack of available EMS units

**None** – Use if the dispatch of the EMS unit was not delayed

**Other** – Dispatch was delayed for reasons not listed here

**Scene Safety (Not Secure for EMS)** – Notification of the EMS unit was delayed in dispatch because the scene was unsafe

**Technical Failure (Computer, Phone, etc.)** – Failure of phones, computers, radios, or other technical failure

---

## TYPE OF RESPONSE DELAY

### AZ-EMESIS Data Element

Field Name: TypeOfResponseDelay  
Field Code: E02\_07  
XSD Type: Integer  
Field Width: Min. 2, Max. 3  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: No  
National Element: Yes

---

#### Definition:

The response delays, if any, of the unit associated with the patient encounter.

#### Instructions for Coding/Data Entry:

Type of Response Delay is provided by the EMS personnel.

#### Field Values:

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	125	Crowd
130	Directions	135	Distance
140	Diversion	145	HazMat
150	None	155	Other
160	Safety	165	Staff Delay
170	Traffic	175	Vehicle Crash
180	Vehicle Failure	185	Weather

#### Extended Definitions of Field Values:

**Crowd** – The presence of sufficient number of people to impair normal response

**Directions** – Bad or inadequate directions, or if the unit got lost en route

**Distance** – A long distance to the scene from the unit’s location when dispatched

**Diversion** – Diversion of the initially dispatched unit to another incident

**HazMat** – Hazardous Material danger

**None** – Use if the arrival of the EMS unit at the scene was not delayed

**Other** – Other reasons not listed here

**Safety** – Scene safety issues not related to crowds or HazMat

**Staff Delay** – Issues arising with crew members’ ability to respond

**Traffic** – The sufficient amount of traffic to impair normal response

**Vehicle Crash** – EMS unit was involved in a crash

**Vehicle Failure** – EMS unit mechanical reasons (i.e., ambulance did not start, flat tire, etc.)

**Weather** – Adverse weather conditions impairing normal response

---

**TYPE OF SCENE DELAY****AZ-EMESIS Data Element**

Field Name: TypeOfSceneDelay  
Field Code: E02\_08  
XSD Type: Integer  
Field Width: Min. 2, Max. 3  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The scene delays, if any, of the unit associated with the patient encounter.

**Instructions for Coding/Data Entry:**

Type of Scene Delay is provided by the EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	190	Crowd
195	Directions	200	Distance
205	Diversion	210	Extrication >20 Min.
215	HazMat	220	Language Barrier
225	None	230	Other
235	Safety	240	Staff Delay
245	Traffic	250	Vehicle Crash
255	Vehicle Failure	260	Weather

**Extended Definitions of Field Values:**

**Crowd** – The presence of sufficient number of people to impair normal response

**Directions** – Bad or inadequate directions resulting in the crew having difficulty finding the patient

**Distance** – Distance between the ambulance and the patient

**Diversion** – Need to find receiving hospital not on diversion before departing the scene

**Extrication > 20 Min.** – Extrication of patient that took longer than 20 Minutes

**HazMat** – Hazardous Material danger

**Language Barrier** – Difficulty communicating with the patient or bystanders because of language problems

**None** – Use if the total scene time was not extended

**Other** – Any other factor not described here

**Safety** – Scene safety issues not related to crowds or HazMat

**Staff Delay** – Total scene time issues arising with crew members

**Traffic** – The sufficient amount of traffic to impair normal response

**Vehicle Crash** – EMS unit was involved in a crash

**Vehicle Failure** – EMS unit had mechanical reasons (i.e., ambulance did not start, flat tire, etc.)

**Weather** – Adverse weather conditions impairing normal response

---

## TYPE OF TRANSPORT DELAY

### AZ-EMESIS Data Element

Field Name: TypeOfTransportDelay  
Field Code: E02\_09  
XSD Type: Integer  
Field Width: Min. 2, Max. 3  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: Yes  
**National Element: Yes**

---

#### **Definition:**

The transport delays, if any, of the unit associated with the patient encounter.

#### **Instructions for Coding/Data Entry:**

Type of Transport Delay is provided by the EMS personnel.

#### **Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	265	Crowd
270	Directions	275	Distance
280	Diversion	285	HazMat
290	None	295	Other
300	Safety	305	Staff Delay
310	Traffic	315	Vehicle Crash
320	Vehicle Failure	325	Weather

#### **Extended Definitions of Field Values:**

**Crowd** – The presence of sufficient number of people to impair normal response

**Directions** – Bad or inadequate directions, or if the unit got lost en route

**Distance** – A long distance to the destination from the scene

**Diversion** – Diversion of the transporting unit to a different receiving hospital

**HazMat** – Hazardous Material danger

**None** – Use if the arrival of the EMS unit at the destination was not delayed

**Other** – Other reasons not listed here

**Safety** – Transport safety issues not related to crowds or HazMat

**Staff Delay** – Issues arising with crew members' ability to transport

**Traffic** – The sufficient amount of traffic to impair normal response

**Vehicle Crash** – EMS unit was involved in a crash

**Vehicle Failure** – EMS unit mechanical reasons (i.e., ambulance did not start, flat tire, etc.)

**Weather** – Adverse weather conditions impairing normal response

---

**TYPE OF TURN-AROUND DELAY****AZ-EMESIS Data Element**

Field Name: TypeOfTurnAroundDelay  
Field Code: E02\_10  
XSD Type: Integer  
Field Width: Min. 2, Max. 3  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The turn-around delays, if any, associated with the EMS unit associated with the patient encounter.

**Instructions for Coding/Data Entry:**

Type of Turn-Around Delay is provided by the EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	330	Clean-Up
335	Decontamination	340	Documentation
345	ED Overcrowding	350	Equipment Failure
355	Equipment Replenishment	360	None
365	Other	370	Staff Delay
375	Vehicle Failure		

**Extended Definitions of Field Values:**

**Clean-up** – EMS unit clean up takes longer than normal

**Decontamination** – EMS unit decontamination

**Documentation** – Patient care documentation takes longer than normal

**ED Over-crowding** – Over-crowding in the hospital emergency department

**Equipment Failure** – Equipment Failure with the exception of the EMS unit

**Equipment Replacement** – Re-supply of the EMS unit takes longer than normal

**None** – There were no delays in returning to service

**Other** – Any other reason not listed here

**Staff Delay** – Issues arising with crew members

**Vehicle Failure** – EMS unit mechanical reasons (i.e., ambulance did not start, flat tire, etc.)

---

**EMS UNIT/VEHICLE NUMBER****AZ-EMESIS Data Element**

Field Name: EMSUnitNumber  
Field Code: E02\_11  
XSD Type: String  
Field Width: Min. 2, Max. 30  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The unique physical vehicle number of the responding unit.

**Instructions for Coding/Data Entry:**

EMS Unit/Vehicle Number may be electronically provided through the 911 or dispatch center or verbally transmitted to the EMS agency.

**Additional Information:**

List box created from EMS Unit/Vehicle Number (D06\_01)

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable		Relevant Value for the Data Element and Patient Care

---

**EMS UNIT CALL SIGN (RADIO NUMBER)****AZ-EMESIS Data Element**

Field Name: EMSUnitCallSign  
Field Code: E02\_11  
XSD Type: String  
Field Width: Min. 2, Max. 15  
Null Values Accepted: No  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The unique physical vehicle number of the responding unit.

**Instructions for Coding/Data Entry:**

EMS Unit/Vehicle Number may be electronically provided through the 911 or dispatch center or verbally transmitted to the EMS agency.

**Additional Information:**

List box created from EMS Unit/Vehicle Number (D06\_01)

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	Relevant Value for the Data Element and Patient Care	

---

**RESPONSE MODE TO SCENE****AZ-EMISIS Data Element**

Field Name: ResponseModeToScene  
Field Code: E02\_20  
XSD Type: Integer  
Field Width: Min. 3, Max. 3  
Null Values Accepted: No  
Multiple Field Entry: No  
Common to All PECs: No  
**National Element: Yes**

---

**Definition:**

Indication whether or not lights and/or sirens were used on the vehicle on the way to the scene.

**Instructions for Coding/Data Entry:**

Response Mode to Scene is provided by the EMS agency or electronically provided through the 911 or dispatch center.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
380	Initial Lights and Siren, Downgraded to No Lights or Siren	385	Initial No Lights or Sirens, Upgraded to Lights and Sirens
390	Lights and Sirens	395	No Lights or Sirens

---

**COMPLAINT REPORTED BY DISPATCH****AZ-EMESIS Data Element**

Field Name: ComplaintReportedByDispatch  
Field Code: E03\_01  
XSD Type: Integer  
Field Width: Min. 2, Max. 3  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: No  
**National Element: Yes**

---

**Definition:**

The complaint dispatch reported to the responding unit.

**Instructions for Coding/Data Entry:**

Complaint Reported by Dispatch is provided by the 911 or dispatch center and electronically or verbally transmitted to the EMS agency.

**Field Values:**

Data Value	Description	Data Value	Description
-25	Not Applicable	-20	Not Recorded
-15	Not Reporting	-10	Not Known
-5	Not Available	400	Abdominal Pain
405	Allergies	410	Animal Bite
415	Assault	420	Back Pain
425	Breathing Problem	430	Burns
435	CO Poisoning/HazMat	440	Cardiac Arrest
445	Chest Pain	450	Choking
455	Convulsions/Seizure	460	Diabetic Problem
465	Drowning	470	Electrocution
475	Eye Problem	480	Fall Victim
485	Headache	490	Heart Problem
495	Heat/Cold Exposure	500	Hemorrhage/Laceration
505	Industrial Accident / Inaccessible Incident/Other Entrapments (non-vehicle)	510	Ingestion/Poisoning
515	Pregnancy/Childbirth	520	Psychiatric Problem
525	Sick Person	530	Stab/Gunshot Wound
535	Stroke/CVA	540	Traffic Accident
545	Traumatic Injury	550	Unconscious/Fainting
555	Unknown Problem Man Down	560	Transfer/Inter-facility/ Palliative Care
565	MCI (Mass Casualty Incident)		

---

**EMD PERFORMED****AZ-EMSYS Data Element**

Field Name: EMDPerformed  
Field Code: E03\_02  
XSD Type: Integer  
Field Width: Min. 2, Max. 3  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: No  
**National Element: Yes**

---

**Definition:**

Indication of whether EMD was performed for this EMS event.

**Instructions for Coding/Data Entry:**

EMD Performed is provided by the 911 or dispatch center and electronically or verbally transmitted to the EMS agency.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	0	No
570	Yes, With Pre-Arrival Instructions	575	Yes, Without Pre-Arrival Instructions

**Extended Definitions of Field Values:**

*No* – EMD was not performed for this incident.

*Yes, with Pre-Arrival Instructions* – EMD was performed for this incident and the caller was given instructions on how to provide treatment (CPR, bleeding control, etc.) for the patient.

*Yes, without Pre-Arrival Instructions* – EMD was performed for this incident but no treatment instructions were given.

*Common Null Value – Not Available* – Used when EMD is not available in the provider’s primary service area. (If your dispatchers never provide EMD, this will always be the correct value).

*Common Null Value – Not Known* – Used when the EMS provider’s Do Not Know if EMD service was provided for this incident.

---

**CREW MEMBER LEVEL**

Field Name: CrewMemberLevel

Field Code: E04\_03

XSD Type: String/Integer

Field Width: Min. 2, Max. 4

Null Values Accepted: Yes

Multiple Field Entry: Yes, via structure

Common to All PECs: Yes

**National Element:** No**AZ-EMESIS Data Element****Definition:**

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

**Instructions for Coding/Data Entry:**

Crew Member Level is provided by the EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	635	Student
640	Other Healthcare Professional	645	Other Non-Healthcare Professional
6090	EMT-Basic	6100	EMT-Intermediate
6110	EMT-Paramedic	6111	Nurse
6112	Physician	6120	First Responder

---

**INCIDENT OR ONSET DATE/TIME****AZ-EMESIS Data Element**

Field Name: DateTime  
Field Code: E05\_01  
XSD Type: DateTime  
Field Width: Min. 1990, Max. 2030  
Null Values Accepted: Yes\*  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The date/time the injury occurred, or the date/time the symptoms or problem started.

**Instructions for Coding/Data Entry:**

Incident or Onset Date/Time is provided by the 911 or Dispatch Center and electronically or verbally transmitted to the EMS agency.

\* Accepts Null Values, but null value is blank or empty.

**Field Values:**

Enter the relevant value for the data element and patient care.

If the Incident or Onset Date/Time is electronically stored within a database or transmitted via XML as a “tick”, the referenced variables may also be used.

**Field Format:** [YYYY-MM-DD-T00:00.0Z].

---

**PSAP CALL DATE/TIME**

**AZ-EMESIS Data Element**

Field Name: DateTime  
Field Code: E05\_02  
XSD Type: DateTime  
Field Width: Min. 1990, Max. 2030  
Null Values Accepted: Yes\*  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The date/time the phone rings (911 call to public safety answering point or other designated entity) requesting EMS services.

**Instructions for Coding/Data Entry:**

PSAP Call Date/Time is provided by the 911 or Dispatch Center and electronically or verbally transmitted to the EMS agency.

\* Accepts Null Values, but null value is blank or empty.

**Field Values:**

If PSAP Call Date/Time is known, enter the relevant value for the data element and patient care

If the PSAP Call Date/Time is electronically stored within a database or transmitted via XML as a “tick”, the referenced variables may also be used.

**Field Format:** [YYYY-MM-DD-T00:00.0Z].

---

**DISPATCH NOTIFIED DATE/TIME****AZ-EMESIS Data Element**

Field Name: DateTime  
Field Code: E05\_03  
XSD Type: DateTime  
Field Width: Min. 1990, Max. 2030  
Null Values Accepted: Yes\*  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The date/time dispatch was notified by the 911 call taker (if a separate entity).

**Instructions for Coding/Data Entry:**

Dispatch Notified Date/Time is provided by the 911 or Dispatch Center and electronically or verbally transmitted to the EMS agency.

\* Accepts Null Values, but null value is blank or empty.

**Field Values:**

If Dispatch Notified Date/Time is known, enter the relevant value for the data element and patient care.

If the Dispatch Notified Date/Time is electronically stored within a database or transmitted via XML as a “tick”, the referenced variables may also be used.

**Field Format:** [YYYY-MM-DD-T00:00.0Z].

---

**UNIT NOTIFIED BY DISPATCH DATE/TIME**

**AZ-EMESIS Data Element**

Field Name: DateTime  
Field Code: E05\_04  
XSD Type: DateTime  
Field Width: Min. 1990, Max. 2030  
Null Values Accepted: No  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The date/time the responding unit was notified by dispatch.

**Instructions for Coding/Data Entry:**

Unit Notified by Dispatch Date/Time is provided by the 911 or Dispatch Center and electronically or verbally transmitted to the EMS agency.

Not Nullable. A unique value must be provided to create a unique record ID within a database.

**Field Values:**

If Unit Notified by Dispatch Date/Time is known, enter the relevant value for the data element and patient care.

If the Unit Notified by Dispatch Date/Time is electronically stored within a database or transmitted via XML as a “tick”, the referenced variables may also be used.

**Field Format:** [YYYY-MM-DD-T00:00.0Z].

---

**UNIT EN ROUTE DATE/TIME****AZ-EMESIS Data Element**

Field Name: DateTime  
Field Code: E05\_05  
XSD Type: Date/Time  
Field Width: Min. 1990, Max. 2030  
Null Values Accepted: Yes\*  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The date/time the unit responded; that is, the time the vehicle started moving.

**Instructions for Coding/Data Entry:**

Unit En Route Date/Time is provided by the 911 or Dispatch Center and electronically or verbally transmitted to the EMS agency.

\* Accepts Null Values, but null value is blank or empty.

**Field Values:**

If Unit En Route Date/Time is known, enter the relevant value for the data element and patient care.

If the Unit En Route Date/Time is electronically stored within a database or transmitted via XML as a “tick”, the referenced variables may also be used.

**Field Format:** [YYYY-MM-DD-T00:00.0Z].

---

**UNIT ARRIVED ON SCENE DATE/TIME****AZ-EMESIS Data Element**

Field Name: DateTime  
Field Code: E05\_06  
XSD Type: DateTime  
Field Width: Min. 1990, Max. 2030  
Null Values Accepted: Yes\*  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The date/time the responding unit arrived on the scene; that is, the time the vehicle stopped moving.

**Instructions for Coding/Data Entry:**

Unit Arrived on Scene Date/Time is provided by the 911 or Dispatch Center and electronically or verbally transmitted to the EMS agency.

\* Accepts Null Values, but null value is blank or empty.

**Field Values:**

If Unit Arrived on Scene Date/Time is known, enter the relevant value for the data element and patient care.

If the Unit Arrived on Scene Date/Time is electronically stored within a database or transmitted via XML as a “tick”, the referenced variables may also be used.

**Field Format:** [YYYY-MM-DD-T00:00.0Z].

---

**ARRIVED AT PATIENT DATE/TIME****AZ-EMESIS Data Element**

Field Name: DateTime  
Field Code: E05\_07  
XSD Type: DateTime  
Field Width: Min. 1990, Max. 2030  
Null Values Accepted: Yes\*  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The date/time the responding unit arrived at the patient's side.

**Instructions for Coding/Data Entry:**

Arrived at Patient Date/Time is provided by the 911 or Dispatch Center and electronically or verbally transmitted to the EMS agency.

\* Accepts Null Values, but null value is blank or empty.

**Field Values:**

If Arrived at Patient Date/Time is known, enter the relevant value for the data element and patient care.

If the Arrived at Patient Date/Time is electronically stored within a database or transmitted via XML as a "tick", the referenced variables may also be used.

**Field Format:** [YYYY-MM-DD-T00:00.0Z].

---

**TRANSFER OF PATIENT CARE DATE/TIME****AZ-EMESIS Data Element**

Field Name: DateTime  
Field Code: E05\_08  
XSD Type: DateTime  
Field Width: Min. 1990, Max. 2030  
Null Values Accepted: Yes\*  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The date/time the patient was transferred from this EMS agency to another EMS agency for care.

**Instructions for Coding/Data Entry:**

Transfer of Patient Care Date/Time is provided by the 911 or Dispatch Center and electronically or verbally transmitted to the EMS agency.

\* Accepts Null Values, but null value is blank or empty.

**Field Values:**

If Transfer of Patient Care Date/Time is known, enter the relevant value for the data element and patient care.

If Transfer of Patient Care Date/Time is electronically stored within a database or transmitted via XML as a “tick”, the referenced variables may also be used.

**Field Format:** [YYYY-MM-DD-T00:00.0Z].

---

**UNIT LEFT SCENE DATE/TIME****AZ-EMESIS Data Element**

Field Name: DateTime  
Field Code: E05\_09  
XSD Type: DateTime  
Field Width: Min. 1990, Max. 2030  
Null Values Accepted: Yes\*  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The date/time the responding unit left the scene (started moving).

**Instructions for Coding/Data Entry:**

Unit Left Scene Date/Time is provided by the 911 or Dispatch Center and electronically or verbally transmitted to the EMS agency.

\* Accepts Null Values, but null value is blank or empty.

**Field Values:**

If Unit Left Scene Date/Time is known, enter the relevant value for the data element and patient care.

If Unit Left Scene Date/Time is electronically stored within a database or transmitted via XML as a “tick”, the referenced variables may also be used.

**Field Format:** [YYYY-MM-DD-T00:00.0Z].

---

**PATIENT ARRIVED AT DESTINATION DATE/TIME**

**AZ-EMESIS Data Element**

Field Name: DateTime  
Field Code: E05\_10  
XSD Type: DateTime  
Field Width: Min. 1990, Max. 2030  
Null Values Accepted: Yes\*  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The date/time the responding unit arrived with the patient at the destination or transfer point.

**Instructions for Coding/Data Entry:**

Patient Arrived at Destination Date/Time is provided by the 911 or Dispatch Center and electronically or verbally transmitted to the EMS agency.

\* Accepts Null Values, but null value is blank or empty.

**Field Values:**

If Patient Arrived at Destination Date/Time is known, enter the relevant value for the data element and patient care.

If Patient Arrived at Destination Date/Time is electronically stored within a database or transmitted via XML as a “tick”, the referenced variables may also be used.

**Field Format:** [YYYY-MM-DD-T00:00.0Z].

---

**UNIT BACK IN SERVICE DATE/TIME****AZ-EMESIS Data Element**

Field Name: DateTime  
Field Code: E05\_11  
XSD Type: DateTime  
Field Width: Min. 1990, Max. 2030  
Null Values Accepted: No  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The date/time the EMS unit was back in service and available for response (finished with call, but not necessarily back in home location).

**Instructions for Coding/Data Entry:**

Unit Back in Service Date/Time is provided by the 911 or Dispatch Center and electronically or verbally transmitted to the EMS agency.

**Field Values:**

If Unit Back in Service Date/Time is known, enter the relevant value for the data element and patient care.

If Unit Back in Service Date/Time is electronically stored within a database or transmitted via XML as a “tick”, the referenced variables may also be used.

**Field Format:** [YYYY-MM-DD-T00:00.0Z].

---

**UNIT BACK AT HOME LOCATION DATE/TIME**

**AZ-EMESIS Data Element**

Field Name: DateTime  
Field Code: E05\_13  
XSD Type: DateTime  
Field Width: Min. 1990, Max. 2030  
Null Values Accepted: Yes\*  
Multiple Field Entry: No  
Common to All PECs: No  
**National Element: Yes**

---

**Definition:**

The date/time the responding unit was back in their service area. In agencies who utilized Agency Status Management, home location means the service area as assigned through the agency status management protocol.

**Instructions for Coding/Data Entry:**

Unit Back at Home Location Date/Time is provided by the 911 or Dispatch Center and electronically or verbally transmitted to the EMS agency.

\* Accepts Null Values, but null value is blank or empty.

**Field Values:**

If Unit Back at Home Location Date/Time is known, enter the relevant value for the data element and patient care.

If Unit Back at Home Location Date/Time is electronically stored within a database or transmitted via XML as a “tick”, the referenced variables may also be used.

**Field Format:** [YYYY-MM-DD-T00:00.0Z].

---

**PATIENT'S LAST NAME****AZ-EMESIS Data Element**

Field Name: LastName  
Field Code: E06\_01  
XSD Type: String  
Field Width: Min. 2, Max. 20  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The patient's last (family) name.

**Instructions for Coding/Data Entry:**

Patient's Last Name is provided by EMS personnel or electronically through linkage with a pre-existing patient care report or hospital database.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	Relevant Value for the Data Element and Patient Care	

If Patient's Last Name is known, enter the Relevant Value for the Data Element and Patient Care.

**Additional Information:**

Local policy should dictate how Last Name and First Name should be created if Unknown.

---

**PATIENT'S FIRST NAME****AZ-EMESIS Data Element**

Field Name: FirstName  
Field Code: E06\_02  
XSD Type: String  
Field Width: Min. 1, Max. 20  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The patient's first (given) name.

**Instructions for Coding/Data Entry:**

Patient's First Name is provided by EMS personnel or electronically through linkage with a pre-existing patient care report or hospital database.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	Relevant Value for the Data Element and Patient Care	

If Patient's First Name is known, enter the Relevant Value for the Data Element and Patient Care.

**Additional Information:**

Local policy should dictate how Last Name and First Name should be created if Unknown.

---

**PATIENT'S MIDDLE INITIAL/NAME**

Field Name: MiddleInitialName  
Field Code: E06\_03  
XSD Type: String  
Field Width: Min. 1, Max. 20  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

The patient's middle name, if any.

**Instructions for Coding/Data Entry:**

Patient's Middle Name or Initial is provided by EMS personnel or electronically through linkage with a pre-existing patient care report or hospital database.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	Relevant Value for the Data Element and Patient Care	

If Patient's Middle Name or Initial is known, enter the Relevant Value for the Data Element and Patient Care.

**Additional Information:**

Local policy should dictate how Last Name and First Name should be created if Unknown.

---

**PATIENT'S HOME ADDRESS****AZ-EMESIS Data Element**

Field Name: StreetAddress  
Field Code: E06\_04  
XSD Type: String  
Field Width: Min. 2, Max. 30  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The patient's home mailing or street address.

**Instructions for Coding/Data Entry:**

Patient's Home Address is provided by EMS personnel or electronically through linkage with a pre-existing patient care report or hospital database.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	Relevant Value for the Data Element and Patient Care	

---

**PATIENT'S HOME CITY****AZ-EMESIS Data Element**

Field Name: City  
Field Code: E06\_05  
XSD Type: String  
Field Width: Min. 2, Max. 30  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The patient's home city or township of residence.

**Instructions for Coding/Data Entry:**

Patient's Home City is provided by EMS personnel or electronically through linkage with a pre-existing patient care report or hospital database.

**Additional Information:**

5 digit FIPS Code.

Could be filled in from Patient's Home Zip (D06\_08).

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	Relevant Value for the Data Element and Patient Care	

---

**PATIENT'S HOME COUNTY**

**AZ-EMESIS Data Element**

Field Name: County  
Field Code: E06\_06  
XSD Type: String  
Field Width: Min. 2, Max. 20  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The patient's home county or parish or residence.

**Instructions for Coding/Data Entry:**

Patient's Home County is provided by EMS personnel or electronically through linkage with a pre-existing patient care report or hospital database.

**Additional Information:**

Stored as a 5 digit FIPS code (combining the state and county code) to take into account agencies may serve more than one state and counties are often named the same from state to state.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable		Relevant Value for the Data Element and Patient Care

---

**PATIENT'S HOME STATE****AZ-EMESIS Data Element**

Field Name: State  
Field Code: E06\_07  
XSD Type: String  
Field Width: Min. 2, Max. 3  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The patient's home state, territory, or province, or District of Columbia, where the patient resides.

**Instructions for Coding/Data Entry:**

Patient's Home State is provided by EMS personnel or electronically through linkage with a pre-existing patient care report or hospital database.

**Additional Information:**

2 digit FIPS numeric code (Not State abbreviation)..

Could be filled in from Patient's Home Zip (D06\_08).

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	Relevant Value for the Data Element and Patient Care	

---

**PATIENT'S HOME ZIP CODE****AZ-EMESIS Data Element**

Field Name: Zip  
Field Code: E06\_08  
XSD Type: String  
Field Width: Min. 2, Max. 10  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The patient's home ZIP code of residence.

**Instructions for Coding/Data Entry:**

Patient's Home ZIP Code is provided by EMS personnel or electronically through linkage with a pre-existing patient care report or hospital database.

**Additional Information:**

Patient's Home ZIP Code can be stored as a5 or 9 digit code.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	Relevant Value for the Data Element and Patient Care	

---

**PATIENT'S HOME COUNTRY****AZ-EMESIS Data Element**

Field Name: Country  
Field Code: E06\_09  
XSD Type: String  
Field Width: Min. 2, Max. 20  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The patient's country of citizenship.

**Instructions for Coding/Data Entry:**

Patient's Home Country is provided by EMS personnel or electronically through linkage with a pre-existing patient care report or hospital database.

**Additional Information:**

Stored as a FIPS code

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	Relevant Value for the Data Element and Patient Care	

---

**SOCIAL SECURITY NUMBER****AZ-EMESIS Data Element**

Field Name: SocialSecurityNumber  
Field Code: E06\_10  
XSD Type: String  
Field Width: Min. 2, Max. 9  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The patient's social security number.

**Instructions for Coding/Data Entry:**

The patient's Social Security Number is provided by EMS personnel or electronically through linkage with a pre-existing patient care report or hospital database.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	Relevant Value for the Data Element and Patient Care	

---

**GENDER****AZ-EMESIS Data Element**

Field Name: Gender  
Field Code: E06\_11  
XSD Type: Integer  
Field Width: Min. 2, Max. 3  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The patient's gender.

**Instructions for Coding/Data Entry:**

Gender is provided by EMS personnel or electronically through linkage with a pre-existing Patient Care Report or hospital database.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	650	Male
655	Female		

---

**RACE****AZ-EMESIS Data Element**

Field Name: Race  
Field Code: E06\_12  
XSD Type: Integer  
Field Width: Min. 2, Max. 3  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The patient's race as defined by the O.M.B. (U.S. Office of Management and Budget).

**Instructions for Coding/Data Entry:**

Race is provided by EMS personnel or electronically through linkage with a pre-existing Patient Care Report or hospital database.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	660	American Indian or Alaskan Native
665	Asian	670	Black or African American
675	Native Hawaiian or Other Pacific Islander	680	White

**Extended Definitions of Field Values:**

**White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as "White" or indicate heritage such as Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish.

**Black or African American** - A person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as "Black, African Am., or Negro," or indicate heritage such as African American, Afro American, Kenyan, Nigerian, or Haitian.

**American Indian and Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

**Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. It includes "Asian Indian," "Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," and "Other Asian."

**Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other

**Pacific Islands** - It includes people who indicate their race as "Native Hawaiian," "Guamanian or Chamorro," "Samoan," and "Other Pacific Islander."

**Other race** - Includes all other responses not included in the "White", "Black or African American", "American Indian and Alaska Native", "Asian" and "Native Hawaiian or Other Pacific Islander" race categories described above.

---

**ETHNICITY****AZ-EMESIS Data Element**

Field Name: Ethnicity  
Field Code: E06\_13  
XSD Type: Integer  
Field Width: Min. 2, Max. 3  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The patient's ethnicity as defined by the O.M.B. (U.S. Office of Management and Budget).

**Instructions for Coding/Data Entry:**

Ethnicity is provided by EMS personnel or electronically through linkage with a pre-existing Patient Care Report or hospital database.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	690	Hispanic or Latino
695	Not Hispanic or Latino		

**Extended Definitions of Field Values:**

***Hispanic or Latino*** - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.

***Not Hispanic or Latino*** - A person not of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.

---

**PATIENT AGE****AZ-EMESIS Data Element**

Field Name: Age  
Field Code: E06\_14  
XSD Type: Integer  
Field Width: Min. 1, Max. 120  
Null Values Accepted: Yes\*  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

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

**Instructions for Coding/Data Entry:**

Patient Age is provided by EMS personnel or electronically through linkage with a pre-existing Patient Care Report or hospital database.

Patient Age could be calculated from Date of Birth (E06\_16)

\* Accepts Null Values, but null value is blank or empty.

**Field Values:**

If Patient Age is known, enter the Relevant Value for the Data Element and Patient Care.

**Extended Definitions of Field Values:**

Calculated from Date of Birth; if DOB not available, ask age; if not possible approximate age.

---

**PATIENT AGE UNITS****AZ-EMESIS Data Element**

Field Name: AgeUnits  
Field Code: E06\_15  
XSD Type: Integer  
Field Width: Min. 2, Max. 3  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The units which the patient's age is documented in (Hours, Days, Months, Years).

**Instructions for Coding/Data Entry:**

Patient Age Units is provided by EMS personnel or electronically through linkage with a pre-existing Patient Care Report or hospital database.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	700	Hours
705	Days	710	Months
715	Years		

---

**PATIENT'S DATE OF BIRTH**

**AZ-EMESIS Data Element**

Field Name: DateOfBirth  
Field Code: E06\_16  
XSD Type: Date  
Field Width: Min. 1890, Max. 2030  
Null Values Accepted: No  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The patient's date of birth.

**Instructions for Coding/Data Entry:**

Patient Date of Birth is provided by EMS personnel or electronically through linkage with a pre-existing Patient Care Report or hospital database.

**Field Values:**

If Patient Date of Birth is known, enter the Relevant Value for the Data Element and Patient Care.

**Field Format:** [YYYY-MM-DD].

---

**PRIMARY METHOD OF PAYMENT**

Field Name: PrimaryMethodOfPayment  
Field Code: E07\_01  
XSD Type: Integer  
Field Width: Min. 2, Max. 3  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**AZ-EMESIS Data Element****Definition:**

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

**Instructions for Coding/Data Entry:**

Primary Method of Payment is provided by EMS personnel or electronically through linkage with a pre-existing Patient Care Report or hospital database.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	720	Insurance
725	Medicaid	730	Medicare
735	Not Billed (for any reason)	740	Other Government
745	Self Pay	750	Workers Compensation

**Extended Definitions of Field Values:**

*Note* - This element is not about what insurance the patient has, but rather how your agency will be reimbursed for this incident.

**Commercial Insurance** - Use this value if this incident will be billed to a commercial insurance plan such as health insurance or auto insurance that is paid for privately by the patient, the patient's family, or the patient's employer (excluding Worker's Compensation).

**Medicaid** - Use this value if this incident will be billed to Medicaid, the state/federal program that pays for medical assistance for individuals and families with low incomes and resources.

**Medicare** - Use this value if this incident will be billed to Medicare, the federal health insurance program for people 65 and older, or persons under 65 with certain disabilities

**Not Billed (for any reason)** - Use this value if the patient will not be billed at all for this incident

**Other Government (not Medicare, Medicaid, or Worker's Comp)** - Use this value if this incident will be billed to a government insurance policy besides Medicare, Medicaid, or Worker's Compensation

**Self Pay / Patient Has No Insurance** - Use this value if this incident will be billed to the patient directly, or if the patient has no insurance policy that will pay for this incident

**Worker's Compensation** - Use this value if this incident will be billed to Worker's Compensation

**Not Applicable** - (e.g.; agency never bills for service or if the call is non-billable)

**Not Available** - Use this value if this incident will be billed but the type of insurance is not known

---

**WORK-RELATED****AZ-EMESIS Data Element**

Field Name: YesNoValues  
Field Code: E07\_15  
XSD Type: Integer  
Field Width: Min. 1, Max. 3  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

Indication of whether or not the injury is work related.

**Instructions for Coding/Data Entry:**

Work Related is provided by EMS personnel or electronically through linkage with a pre-existing Patient Care Report or hospital database.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	0	No
1	Yes		

**Additional Information:**

If Work-Related this data point is associated with Patient's Occupation Industry (E07\_16) and Patient's Occupation (E07\_17).

When NEMSIS 3.0 is released and operational, E07\_15, E07\_16, and E07\_17 are being moved to Section E10 (Situation/Trauma) as E10\_N01, E10\_N02, and E10\_N03, respectively.

---

**PATIENT'S OCCUPATIONAL INDUSTRY**

Field Name: PatientsOccupationalIndustry  
Field Code: E07\_16  
XSD Type: Integer  
Field Width: Min. 2, Max. 3  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

The occupational industry of the patient's work.

**Instructions for Coding/Data Entry:**

Patient's Occupation is provided by EMS personnel or electronically through linkage with a pre-existing Patient Care Report or hospital database.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	790	Construction
795	Finance, Insurance, and Real Estate	800	Government
805	Manufacturing	810	Mining
815	Retail Trade	820	Services
825	Transportation and Public Utilities	830	Wholesale Trade

**Additional Information:**

Patient's Occupational Industry (E07\_16) is recorded if Work-Related (E07\_15) also with Patient's Occupation (E07\_17).

When NEMESIS 3.0 is released and operational, E07\_15, E07\_16, and E07\_17 are being moved to Section E10 (Situation/Trauma) as E10\_N01, E10\_N02, and E10\_N03, respectively.

---

**PATIENT'S OCCUPATION****AZ-EMESIS Data Element**

Field Name: PatientsOccupation  
Field Code: E07\_17  
XSD Type: Integer  
Field Width: Min. 2, Max. 3  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The occupation of the patient.

**Instructions for Coding/Data Entry:**

Patient's Occupation is provided by EMS personnel or electronically through linkage with a pre-existing Patient Care Report or hospital database.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	835	Management Occupations
840	Business and Financial Operations Occupations	845	Computer and Mathematical Occupations
850	Architecture and Engineering Occupations	855	Life, Physical, and Social Science Occupations
860	Community and Social Services Occupations	865	Legal Occupations
870	Education, Training, and Library Occupations	875	Arts, Design, Entertainment, Sports, & Media Occupations
880	Healthcare Practitioners and Technical Occupations	885	Healthcare Support Occupations
890	Protective Services Occupations	895	Food Preparation and Serving Related Occupations
900	Building & Ground Cleaning & Maint. Occupations	905	Personal Care and Service Occupations
910	Sales and Related Occupations	915	Office and Administrative Support Occupations
920	Farming, Fishing and Forestry Occupations	925	Construction and Extraction Occupations
930	Installation, Maintenance, and Repair Occupations	935	Production Occupations
940	Transportation and Material Moving Occupations	945	Military Specific Occupations

**Additional Information:**

Patient's Occupation (E07\_16) is recorded if Work Related (E07\_15) also with Patient's Occupation Industry (E07\_17).

When NEMESIS 3.0 is released and operational, E07\_15, E07\_16, and E07\_17 are being moved to Section E10 (Situation/Trauma) as E10\_N01, E10\_N02, and E10\_N03, respectively.

---

**CMS SERVICE LEVEL****AZ-EMESIS Data Element**

Field Name: CMSServiceLevel  
Field Code: E07\_34  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The CMS service level for this EMS encounter.

**Instructions for Coding/Data Entry:**

CMS Service Level is provided by EMS personnel unless the EMS agency has professional billing personnel to provide this function.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	990	BLS
995	BLS, Emergency	1000	ALS, Level 1
1005	ALS, Level 1 Emergency	1010	ALS, Level 2
1015	Paramedic Intercept	1020	Specialty Care Transport
1025	Fixed Wing (Airplane)	1030	Rotary Wing (Helicopter)

**Extended Definitions of Field Values:**

**Basic Life Support (BLS)** - Basic life support (BLS) is transportation by ground ambulance vehicle and the provision of medically necessary supplies and services, including BLS ambulance services as defined by the State. The ambulance must be staffed by an individual who is qualified in accordance with State and local laws as an emergency medical technician-basic (EMT-Basic). These laws may vary from State to State or within a State. For example, only in some jurisdictions is an EMT-Basic permitted to operate limited equipment onboard the vehicle, assist more qualified personnel in performing assessments and interventions, and establish a peripheral intravenous (IV) line.

**Basic Life Support (BLS) - Emergency** - When medically necessary, the provision of BLS services, as specified above, in the context of an emergency response. An emergency response is one that, at the time the ambulance provider or supplier is called, it responds immediately. An immediate response is one in which the ambulance provider/supplier begins as quickly as possible to take the steps necessary to respond to the call.

**Advanced Life Support, Level 1 (ALS1)** - Advanced life support, level 1 (ALS1) is the transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including the provision of an ALS assessment or at least one ALS intervention. An advanced life support (ALS) assessment is an assessment performed by an ALS crew as part of an emergency response that was necessary because the patient's reported condition at the time of dispatch was such that only an ALS crew was qualified to perform the assessment. An ALS assessment does not necessarily result in a determination that the patient requires an ALS level of service. An advanced life support (ALS) intervention is a procedure that is in accordance with State and local laws, required to be done by an emergency medical technician-intermediate (EMT-Intermediate) or EMT-Paramedic.

**Advanced Life Support, Level 1 (ALS1) - Emergency** - When medically necessary, the provision of ALS1 services, as specified above, in the context of an emergency response. An emergency response is one that, at the time the ambulance provider or supplier is called, it responds immediately. An immediate response is one in which the ambulance provider/supplier begins as quickly as possible to take the steps necessary to respond to the call.

**Advanced Life Support, Level 2 (ALS2)** - Advanced life support, level 2 (ALS2) is the transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including (1) at least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids) or (2) ground ambulance transport, medically necessary supplies and services, and the provision of at least one of the ALS2 procedures listed below: a. Manual defibrillation/cardioversion; b. Endotracheal intubation; c. Central venous line; d. Cardiac pacing; e. Chest decompression; f. Surgical airway; or g. Intraosseous line.

**Paramedic Intercept (PI)** - Paramedic Intercept services are ALS services provided by an entity that does not provide the ambulance transport. This type of service is most often provided for an emergency ambulance transport in which a local volunteer ambulance that can provide only basic life support (BLS) level of service is dispatched to transport a patient. If the patient needs ALS services such as EKG monitoring, chest decompression, or I.V. therapy, another entity dispatches a paramedic to meet the BLS ambulance at the scene or once the ambulance is on the way to the hospital. The ALS paramedics then provide services to the patient. This tiered approach to life saving is cost effective in many areas because most volunteer ambulances do not charge for their services and one paramedic service can cover many communities. Prior to March 1, 1999, Medicare payment could be made for these services, but only when the claim was submitted by the entity that actually furnished the ambulance transport. Payment could not be made directly to the intercept service provider. In those areas where State laws prohibit volunteer ambulances from billing Medicare and other health insurance, the intercept service could not receive payment for treating a Medicare beneficiary and was forced to bill the beneficiary for the entire service. Paramedic intercept services furnished on or after March 1, 1999, may be payable separate from the ambulance transport, subject to the requirements specified below. The intercept service(s) is:

- Furnished in a rural area;
- Furnished under a contract with one or more volunteer ambulance services; and,
- Medically necessary based on the condition of the beneficiary receiving the ambulance service.

In addition, the volunteer ambulance service involved must:

- Meet the program's certification requirements for furnishing ambulance services;
- Furnish services only at the BLS level at the time of the intercept; and,
- Be prohibited by State law from billing anyone for any service.

Finally, the entity furnishing the ALS paramedic intercept service must:

- Meet the program's certification requirements for furnishing ALS services, and,
- Bill all recipients who receive ALS paramedic intercept services from the entity, regardless of whether or not those recipients are Medicare beneficiaries.

For purposes of the paramedic intercept benefit, a rural area is an area that is designated as rural by a State law or regulation or any area outside of a Metropolitan Statistical Area or in New England, outside a New England County Metropolitan Area as defined by the Office of Management and Budget. The current list of these areas is periodically published in the Federal Register.

**Specialty Care Transport (SCT)** - Specialty care transport (SCT) is the interfacility transportation of a critically injured or ill beneficiary by a ground ambulance vehicle, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic. SCT is necessary when a beneficiary's condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area, for example, emergency or critical care nursing, emergency medicine, respiratory care, cardiovascular care, or a paramedic with additional training. The EMT-Paramedic level of care is set by each State. Care above that level that is medically necessary and that is furnished at a level of service above the EMT-Paramedic level of care is considered SCT. That is to say, if EMT-Paramedics - without specialty care certification or qualification - are permitted to furnish a given service in a State, then that service does not qualify for SCT. The phrase "EMT-Paramedic with additional training" recognizes that a State may permit a person who is not only certified as an EMT-Paramedic, but who also has successfully completed additional education as determined by the State in furnishing higher level medical services required by critically ill or critically injured patients, to furnish a level of service that otherwise would require a health professional in an appropriate specialty care area (for example, a nurse) to provide. "Additional training" means the specific additional training that a State requires a paramedic to complete in order to qualify to furnish specialty care to a critically ill or injured patient during an SCT.

**Fixed Wing (FW) Air Ambulance** - Fixed Wing air ambulance is the transportation by a fixed wing aircraft that is certified by the Federal Aviation Administration (FAA) as a fixed wing air ambulance and the provision of medically necessary services and supplies.

**Rotary Wing (RW) Air Ambulance** - Rotor Wing air ambulance is the transportation by a helicopter that is certified by the FAA as a rotary wing ambulance, including the provision of medically necessary supplies and services.

---

**CONDITION CODE NUMBER****AZ-EMESIS Data Element**

Field Name: ConditionCodeNumber  
Field Code: E07\_35  
XSD Type: String  
Field Width: Min. 2, Max. 30  
Null Values Accepted: Yes  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The condition codes are used to better describe the service and patient care delivery by an EMS service. Please consult CMS documentation for detailed descriptions of these condition codes and their use.

**Instructions for Coding/Data Entry:**

Condition Code Number is provided by EMS personnel unless the EMS agency has professional billing personnel to provide this function.

**Field Values:**

Data Value	Description	Data Value	Description
-25	Not Applicable	-20	Not Recorded
-15	Not Reporting	-10	Not Known
-5	Not Available	8001	Severe Abdominal Pain (ALS-789.00)
8002	Abdominal Pain (ALS-789.0)	8003	Abnormal Cardiac Rhythm/Cardiac Dysrhythmia (ALS-427.9)
8004	Abnormal Skin Signs (ALS-780.8)	8005	Abnormal Vital Signs (ALS-796.4)
8006	Allergic Reaction (ALS-995.0)	8007	Allergic Reaction (BLS-692.9)
8008	Blood Glucose (ALS-790.21)	8009	Respiratory Arrest (ALS-799.1)
8010	Difficulty Breathing (ALS-786.05)	8011	Cardiac Arrest-Resuscitation in Progress (ALS-427.5)
8012	Chest Pain (non-traumatic) (ALS-786.50)	8013	Choking Episode (ALS-784.9)
8014	Cold Exposure (ALS-991.6)	8015	Cold Exposure (BLS-991.9)
8016	Altered Level of Consciousness (non-traumatic) (ALS-780.01)	8017	Convulsions/Seizure (ALS-780.39)
8018	Eye Symptoms (non-traumatic) (BLS-379.90)	8019	Non Traumatic Headache (ALS-437.9)
8020	Cardiac Symptoms other than Chest Pain (palpitations) (ALS-785.1)	8021	Cardiac Symptoms other than Chest Pain (ALS-536.2)
8022	Heat Exposure (ALS-992.5)	8023	Heat Exposure (BLS-992.2)
8024	Hemorrhage (ALS-459.0)	8025	Infectious Diseases Requiring Isolation/Public Health Risk (BLS-038.9)
8026	Hazmat Exposure (ALS-987.9)	8027	Medical Device Failure (ALS-996.0)
8028	Medical Device Failure (BLS-996.3)	8029	Neurological Distress (ALS-436.0)

**Field Values (continued):**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
8030	Pain (severe) (ALS-780.99)	8031	Back Pain (non-traumatic possible cardiac or vascular) (ALS-742.5)
8032	Back Pain (non-traumatic with neurologic symptoms) (ALS-724.9)	8033	Poisons (all routes) (ALS-977.9)
8034	Alcohol Intoxication or Drug Overdose (BLS-305.0)	8035	Severe Alcohol Intoxication (ALS-977.3)
8036	Post-Operative Procedure Complications (BLS-998.9)	8037	Pregnancy Complication/Childbirth/Labor (ALS-650.0)
8038	Psychiatric/Behavioral (abnormal mental status) (ALS-292.9)	8039	Psychiatric/Behavioral (threat to self or others) (BLS-298.9)
8040	Sick Person-Fever (BLS-036.9)	8041	Severe Dehydration (ALS-787.01)
8042	Unconscious/Syncope/Dizziness (ALS-780.02)	8043	Major Trauma (ALS-959.8)
8044	Other Trauma (need for monitor or airway) (ALS-518.5)	8045	Other Trauma (major bleeding) (ALS-958.2)
8046	Other Trauma (fracture/dislocation) (BLS-829.0)	8047	Other Trauma (penetrating extremity) (BLS-880.0)
8048	Other Trauma (amputation digits) (BLS-886.0)	8049	Other Trauma (amputation other) (ALS-887.4)
8050	Other Trauma (suspected internal injuries) (ALS-869.0)	8051	Burns-Major (ALS-949.3)
8052	Burns-Minor (BLS-949.2)	8053	Animal Bites/Sting/Envenomation (ALS-989.5)
8054	Animal Bits/Sting/Envenomation (BLS-879.8)	8055	Lightning (ALS-944.0)
8056	Electrocution (ALS-994.8)	8057	Near Drowning (ALS-994.1)
8058	Eye Injuries (BLS-921.9)	8059	Sexual Assault (major injuries) (ALS-995.83)
8060	Sexual Assault (Minor injuries) (BLS-995.8)	8061	Cardiac/Hemodynamic Monitoring Required (ALS-428.9)
8062	Advanced Airway Management (ALS-518.81)	8063	IV Meds Required (ALS-No ICD code provided)
8064	Chemical Restraint (ALS-293.0)	8065	Suctioning/Oxygen/IV Fluids Required (BLS-496.0)
8066	Airway Control/Positioning Required (BLS-786.09)	8067	Third Party Assistance/Attendant Required (BLS-496.0)
8068	Patient Safety (restraints required) (BLS-298.9)	8069	Patient Safety (monitoring required) (BLS-293.1)
8070	Patient Safety (seclusion required) (BLS-298.8)	8071	Patient Safety (risk of falling off stretcher) (BLS-781.3)
8072	Special Handling (isolation) (BLS-041.9)	8073	Special Handling (orthopedic device required) (BLS-907.2)
8074	Special Handling (positioning required) (BLS-719.45)		

---

**ICD-9 CODE FOR THE CONDITION  
CODE NUMBER**

**AZ-EMESIS Data Element**

Field Name: ICD9CodeForConditionCode  
Field Code: E07\_36  
XSD Type: String  
Field Width: Min. 2, Max. 30  
Null Values Accepted: Yes  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The ICD-9 Code assigned by CMS for the condition code documented in E07\_35. Please consult CMS documentation for detailed descriptions of these condition codes and their use.

**Instructions for Coding/Data Entry:**

ICD-9 Code for the Condition Code Number is provided by EMS personnel unless the EMS agency has professional billing personnel to provide this function.

ICD-9 Code for the Condition Code Number should automatically be filled in based on the Condition Code Number (E07\_35).

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable		
If ICD-9 Code for the Condition Code Number is known, enter the Relevant Value for the Data Element and Patient Care			

---

**CONDITION CODE MODIFIER****AZ-EMESIS Data Element**

Field Name: ConditionCodeModifier  
Field Code: E07\_37  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The CMS Condition Code Modifier is used to better describe the EMS ground or air medical services response and service delivery. Please consult CMS documentation for detailed descriptions of these modifiers and their use.

**Instructions for Coding/Data Entry:**

Condition Code Modifier is provided by EMS personnel unless the EMS agency has professional billing personnel to provide this function.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	1035	A-Interfacility Transport (requires higher level of care)
1036	B-Interfacility Transport (service not available)	1037	C-ALS Response to BLS Patient
1038	D-Medically Necessary Transport (not nearest facility)	1039	E-BLS Transport of ALS Patient
1040	F-Emergency Trauma Dispatch Condition Code (patient is BLS)	1041	Air-A-Long Distance
1042	Air-B-Traffic Precludes Ground Transport	1043	Air-C-Time Precludes Ground Transport
1044	Air-D-Pick Up Point not Accessible by Ground Transport		

---

**OTHER EMS AGENCIES AT SCENE**

Field Name: OtherEMSAgenciesAtScene  
Field Code: E08\_01  
XSD Type: String  
Field Width: Min. 2, Max. 30  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: Yes  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

Other EMS agencies that were at the scene, if any.

**Instructions for Coding/Data Entry:**

Other EMS Agencies at Scene is provided by EMS personnel.

Created from Other EMS Agencies in Area (D01\_11). This is the EMS Agency Name, not the EMS Agency Number.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	Enter the Relevant Value for the Data Element & Patient Care from D01_11	

---

**OTHER SERVICES AT SCENE****AZ-EMESIS Data Element**

Field Name: OtherServicesAtScene  
Field Code: E08\_02  
XSD Type: String  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

Other Services that were at the scene, if any.

**Instructions for Coding/Data Entry:**

Other Services at Scene is provided by EMS personnel.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	1060	EMS Mutual Aid
1065	Fire	1070	Hazmat
1075	Law	1080	Other Health Care Provider
1085	Other	1090	Rescue
1095	Utilities		

---

**DATE/TIME INITIAL RESPONDER  
ARRIVED ON SCENE**

**AZ-EMESIS Data Element**

Field Name: DateTime  
Field Code: E08\_04  
XSD Type: DateTime  
Field Width: Min. 1990, Max. 2030  
Null Values Accepted: Yes\*  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The time that the initial responder arrived on the scene, if applicable.

**Instructions for Coding/Data Entry:**

Date/Time Initial Responder Arrived on Scene is provided by EMS personnel.

If the Date/Time is electronically stored within a database or transmitted via XML as a “tick”, the referenced variables may also be used.

\* Accepts Null Values, but null value is blank or empty.

**Field Values:**

Enter the relevant value for the data element and patient care.

**Field Format:** [YYYY-MM-DD-T00:00.0Z].

---

**NUMBER OF PATIENTS AT SCENE**

Field Name: NumberOfPatientsAtScene  
Field Code: E08\_05  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**AZ-EMESIS Data Element****Definition:**

Indicator of how many total patients were at the scene.

**Instructions for Coding/Data Entry:**

Number of Patients at Scene is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	1120	None
1125	Single	1130	Multiple

---

**MASS CASUALTY INCIDENT****AZ-EMESIS Data Element**

Field Name: YesNoValues  
Field Code: E08\_06  
XSD Type: Integer  
Field Width: Min. 1, Max. 3  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: No  
**National Element: Yes**

---

**Definition:**

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

**Instructions for Coding/Data Entry:**

Mass Casualty Incident is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	0	No
1	Yes		

**Extended Definitions of Field Values:**

**Yes** - Indicator if this event would be considered a Mass Casualty Incident (anything overwhelming existing EMS resources).

A mass casualty incident is defined as an event which generates more patients at one time than locally available resources can manage using routine procedures or resulting in a number of victims large enough to disrupt the normal course of emergency and health care services and would require additional non-routine assistance.

---

**INCIDENT LOCATION TYPE****AZ-EMESIS Data Element**

Field Name: IncidentLocationType  
Field Code: E08\_07  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The kind of location where the incident happened.

**Instructions for Coding/Data Entry:**

Incident Location Type is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	1135	Home/Residence
1140	Farm	1145	Mine or Quarry
1150	Industrial Place and Premises	1155	Place of Recreation or Sport
1160	Street or Highway	1165	Public Building (schools, gov't. offices, etc.)
1170	Trade or Service(business, bars, restaurants, etc.)	1175	Health Care Facility (clinic, hospital, nursing home)
1180	Residential Institution (nursing home, jail/prison)	1185	Lake, River, Ocean
1190	Other		

**Extended Definitions of Field Values:**

**Home / Residence** - Any home, apartment, or residence (not just the patient's home). Includes the yard, driveway, garage, pool, garden, or walk of a home, apartment, or residence. Excludes assisting living facilities.

**Farm** - A place of agriculture, except for a farmhouse, Includes land under cultivation and non-residential farm buildings.

**Mine or Quarry** - Includes sand pits, gravel pits, iron ore pits, and tunnels under construction.

**Industrial Place and Premises** - A place where things are made or are being built, includes construction sites, factories, warehouses, industrial plants, docks, and railway yards.

**Place of Recreation or Sport** - Includes amusement parks, public parks and playgrounds, sports fields/courts/courses, sports stadiums, skating rinks, gymnasiums, swimming pools, waterparks, and resorts.

**Street or Highway** - Any public street, road, highway, or avenue including boulevards, sidewalks and ditches.

**Public Building (schools, government offices)** - Any publicly owned building and its grounds, including schools and government offices.

**Trade or Service (business, bars, restaurants, etc.)** - Any privately owned building used for business and open to the public. Includes bars, restaurants, office buildings, churches, stores, bus/railway stations. Excludes health care facilities.

**Health Care Facility (clinic, hospital)** - A place where health care is delivered, includes, clinics, doctor's offices, and hospitals.

**Residential Institution (nursing home, assisted living, jail / prison)** - A place where people live that is not a private home, apartment, or residence. Includes, nursing homes, assisted living, jail/prison, orphanage, and group homes. (Where assisted living has a medical resource individual available but does not provide patient care on a regular basis.)

**Lake, River, Ocean** - Any body of water, except swimming pools.

**Other Location** - Any place that does not fit any of the above categories (this should be very rare).

---

**INCIDENT FACILITY CODE**

Field Name: IncidentFacilityCode  
Field Code: E08\_08  
XSD Type: String  
Field Width: Min. 2, Max. 30  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

The state or regulatory number (code) associated with the facility if the incident is a Healthcare Facility.

**Instructions for Coding/Data Entry:**

Incident Facility Code is provided by the EMS personnel.  
Created from Healthcare Facility Number in Area (D04\_12).

**Additional Information:**

Could be an editable list box created from Healthcare Facility Number (D04\_12) and Other Destination Facility Number (D04\_14 - Note: AZ-EMESIS does not require EMS agencies to submit D04\_14).

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable		
Relevant Value for the Data Element & Patient Care from D04_12			

---

**SCENE GPS LOCATION****AZ-EMESIS Data Element  
(Optional if Available)**

Field Name: GPSLocation  
Field Code: E08\_10  
XSD Type: Decimal  
Field Width: Min. 2, Max. 30  
Null Values Accepted: No  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The GPS coordinates associated with the Scene stored as decimal degrees.

**Instructions for Coding/Data Entry:**

Scene GPS Location is provided by the EMS agency or electronically provided through the 911 or dispatch center.

**Field Values:**

The XSD Attribute: Latitude and Longitude are each stored as a separate attribute in decimal degrees.

---

**INCIDENT ADDRESS****AZ-EMESIS Data Element**

Field Name: StreetAddress  
Field Code: E08\_11  
XSD Type: String  
Field Width: Min. 2, Max. 30  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The street address (or best approximation) where the patient was found, or, if no patient, the address to which the unit responded.

**Instructions for Coding/Data Entry:**

Incident Address is provided by the EMS agency or electronically provided through the 911 or dispatch center.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	Relevant Value for the Data Element & Patient Care	

---

**INCIDENT CITY****AZ-EMESIS Data Element**

Field Name: City  
Field Code: E08\_12  
XSD Type: String  
Field Width: Min. 2, Max. 30  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The city or township (if applicable) where the patient was found or to which the unit responded (or best approximation).

**Instructions for Coding/Data Entry:**

Incident City is provided by the EMS agency or electronically provided through the 911 or dispatch center.

**Additional Information:**

5 digit FIPS Code.

Could be filled in from Incident Zip Code entry (E08\_15).

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable		Relevant Value for the Data Element & Patient Care

---

**INCIDENT COUNTY****AZ-EMESIS Data Element**

Field Name: County  
Field Code: E08\_13  
XSD Type: String  
Field Width: Min. 2, Max. 5  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The county or parish where the patient was found or to which the unit responded (or best approximation).

**Instructions for Coding/Data Entry:**

Incident County is provided by the EMS agency or electronically provided through the 911 or dispatch center.

**Additional Information:**

Could be filled in from Incident Zip Code entry (E08\_15).

Stored as a 5 digit FIPS code (combining the state and county code) to take into account agencies may serve more than one state and counties are often named the same from state to state.

Example: The 5 digit FIPS Code for Maricopa County, Arizona, is 04013 – derived from combining the State FIPS and the County FIPS codes (see example immediately below).

**Field Values:**

NEMESIS-RELATED FEDERAL INFORMATION PROCESSING STANDARDS (“FIPS”) CODES				
COUNTY NAME	FIPS COUNTY CODE	STATE ALPHA CODE	FIPS STATE CODE	EMS AGENCY COUNTY CODE
Apache	001	AZ	04	04001
Cochise	003	AZ	04	04003
Coconino	005	AZ	04	04005
Gila	007	AZ	04	04007
Graham	009	AZ	04	04009
Greenlee	011	AZ	04	04011
La Paz	012	AZ	04	04012
Maricopa	013	AZ	04	04013
Mohave	015	AZ	04	04015
Navajo	017	AZ	04	04017
Pima	019	AZ	04	04019
Pinal	021	AZ	04	04021
Santa Cruz	023	AZ	04	04023
Yavapai	025	AZ	04	04025
Yuma	027	AZ	04	04027

---

**INCIDENT STATE****AZ-EMESIS Data Element**

Field Name: State  
Field Code: E08\_14  
XSD Type: String  
Field Width: Min. 2, Max. 3  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The state, territory, or providence where the patient was found or to which the unit responded (or best approximation).

**Instructions for Coding/Data Entry:**

Incident State is provided by the EMS agency or electronically provided through the 911 or dispatch center.

**Additional Information:**

Could be filled in from Incident Zip Code entry (E08\_15).

Use the 2 digit FIPS numeric code (Not State letter abbreviation).

The 2 digit State FIPS code is not the same as the State 2 letter abbreviation (e.g., Arizona FIPS code is 04, the Arizona State letter abbreviation is AZ).

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	If Incident State is known, enter the Relevant 2 digit FIPS Code	

---

**INCIDENT ZIP CODE****AZ-EMESIS Data Element**

Field Name: Zip  
Field Code: E08\_15  
XSD Type: String  
Field Width: Min. 2, Max. 10  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The Zip code of the incident location.

**Instructions for Coding/Data Entry:**

Incident ZIP Code is provided by the EMS agency or electronically provided through the 911 or dispatch center.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	Relevant Value for the Data Element & Patient Care	

---

**PRIOR AID****AZ-EMESIS Data Element**

Field Name: PriorAid  
Field Code: E09\_01  
XSD Type: String  
Field Width: Min. 2, Max. 30  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

Any care which was provided to the patient prior to the arrival of this unit.

**Instructions for Coding/Data Entry:**

Prior Aid is provided by EMS personnel.  
Use Procedures List (D04\_04).

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	The Relevant Value for the Data Element and Patient Care	

---

**PRIOR AID PERFORMED BY****AZ-EMESIS Data Element**

Field Name: PriorAidPerformedBy  
Field Code: E09\_02  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The type of individual who performed the care prior to the arrival of this unit.

**Instructions for Coding/Data Entry:**

Prior Aid Performed By is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	1195	EMS Provider
1200	Law Enforcement	1205	Lay Person
1210	Other Healthcare Provider	1215	Patient

**Extended Definitions of Field Values:**

**EMS Provider** – Any dispatched responder who provides pre-hospital medical care.

**Law Enforcement** – Officer who's primary role is not to provide pre-hospital medical care.

**Lay Person** – An individual without formal medical training with no duty to respond to the incident.

**Other Healthcare Provider** – Physician, Registered Nurse or other person, not dispatched, that indicates they work in a healthcare related field.

**Patient** – Person needing emergency medical services treatment or transportation.

---

**OUTCOME OF PRIOR AID****AZ-EMESIS Data Element**

Field Name: OutcomeOfPriorAid  
Field Code: E09\_03  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

What was the outcome or result of the care performed prior to the arrival of the unit?

**Instructions for Coding/Data Entry:**

Outcome of Prior Aid is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	1220	Improved
1225	Unchanged	1230	Worse

---

**POSSIBLE INJURY****AZ-EMESIS Data Element**

Field Name: YesNoValues  
Field Code: E09\_04  
XSD Type: Integer  
Field Width: Min. 1, Max. 3  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: No  
**National Element: Yes**

---

**Definition:**

Indicates the reason for the EMS encounter was related to an injury or traumatic event. This data element provides documentation to classify the EMS Reason for Encounter as either injury or non-injury related based on mechanism and not on actual injury.

**Instructions for Coding/Data Entry:**

Possible Injury is provided by EMS personnel.

**Additional Information:**

Can be used to determine which records should have Section E10: Situation/Trauma completed. If Injury Present (E09\_04) is "Yes", Section E10 should be completed.

Possible Injury (E09\_04), Chief Complaint Anatomic Location (E09\_11), Chief Complaint Organ System (E09\_12), and Primary Symptom (E09\_13) are required to calculate Reason for Encounter..

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	0	No
1	Yes		

---

**CHIEF COMPLAINT****AZ-EMESIS Data Element**

Field Name: ChiefComplaintNarrative  
Field Code: E09\_05  
XSD Type: String  
Field Width: Min. 2, Max. 50  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The statement of the problem by the patient or the history provided in one or two words.

**Instructions for Coding/Data Entry:**

Chief Complaint is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	Relevant Value for the Data Element & Patient Care	

---

**DURATION OF CHIEF COMPLAINT****AZ-EMESIS Data Element**

Field Name: DurationOfChiefComplaint  
Field Code: E09\_06  
XSD Type: Integer  
Field Width: Min. 1, Max. 360  
Null Values Accepted: No  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The time duration of the chief complaint.

**Instructions for Coding/Data Entry:**

Duration of Chief Complaint is provided by EMS personnel.

**Field Values:**

If Duration of Chief Complaint is known, enter the Relevant Value for the Data Element and Patient Care.

---

**TIME UNITS OF DURATION OF  
CHIEF COMPLAINT**

**AZ-EMESIS Data Element**

Field Name: TimeUnitsOfChiefComplaint  
Field Code: E09\_07  
XSD Type: Integer  
Field Width: Min. 4, Max. 4  
Null Values Accepted: No  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The time units of the duration of the patient's chief complaint.

**Instructions for Coding/Data Entry:**

Time Units of Duration of Chief Complaint is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
1235	Seconds	1240	Minutes
1245	Hours	1250	Days
1255	Weeks	1260	Months
1265	Years		

---

**CHIEF COMPLAINT ANATOMIC LOCATION**

Field Name: ComplaintAnatomicLocation  
Field Code: E09\_11  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**AZ-EMESIS Data Element****Definition:**

The primary anatomic location of the chief complaint as identified by EMS personnel.

**Instructions for Coding/Data Entry:**

Chief Complaint Anatomic Location is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	1305	Abdomen
1310	Back	1315	Chest
1320	Extremity-Lower	1325	Extremity-Upper
1330	General/Global	1335	Genitalia
1340	Head	1345	Neck

---

## CHIEF COMPLAINT ORGAN SYSTEM

### AZ-EMESIS Data Element

Field Name: ComplaintOrganSystem  
Field Code: E09\_12  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

#### **Definition:**

The primary organ system of the patient injured or medically affected. This is to be completed by EMS personnel with a Minimum of an EMT-Paramedic level of credentialing.

#### **Instructions for Coding/Data Entry:**

Chief Complaint Organ System is provided by EMS personnel only at the EMT-Paramedic level or higher.

#### **Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	1350	Cardiovascular
1355	CNS/Neuro	1360	Endocrine/Metabolic
1365	GI	1370	Global
1375	Musculoskeletal	1380	OB/Gyn
1385	Psych	1390	Pulmonary
1395	Renal	1400	Skin

#### **Extended Definitions of Field Values:**

**Cardiovascular** – heart, arteries, veins

**CNS / Neuro** – brain, spinal cord, nerves

**Endocrine / Metabolic** – diabetes, thyroid, liver

**GI / Abdomen** – mouth, esophagus, stomach, intestines

**Global** – other organs and systems or multiple organs and systems

**Musculoskeletal / Injury** – muscles, bones, joints, tendons, ligaments, cartilage

**OB / GYN** – female reproductive system

**Psychiatric / Behavioral** – mental, emotional, behavioral

**Respiratory** – lungs, trachea, airway

**Renal / GU Problems** – kidneys, male reproductive system

**Skin** – external (*look up definition*)

---

**PRIMARY SYMPTOM****AZ-EMESIS Data Element**

Field Name: PrimarySymptom  
Field Code: E09\_13  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The primary sign and symptom present in the patient or observed by EMS personnel.

**Instructions for Coding/Data Entry:**

Primary Symptom is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	1405	Bleeding
1410	Breathing Problem	1415	Change in Responsiveness
1420	Choking	1425	Death
1430	Device/Equipment Problem	1435	Diarrhea
1440	Drainage/Discharge	1445	Fever
1450	Malaise	1455	Mass/Lesion
1460	Mental/Psych	1465	Nausea/Vomiting
1470	None	1475	Pain
1480	Palpitations	1485	Rash/Itching
1490	Swelling	1495	Transport Only
1500	Weakness	1505	Wound

**Extended Definitions of Field Values:**

**Bleeding** – Active, Inactive, Internal or External.

**Device / Equipment Problem** – Patient device (i.e., ICD, Implantable Defibrillator, Insulin Pump, Portacath, Central Line, etc.).

**Malaise** – General non-specific feeling of illness.

**Palpitations** – The sensation of a rapidly or irregularly beating heart; fluttering, pounding racing, skipping a beat, jumping around in the chest.

**Wound** – A type of physical trauma wherein the skin is torn, cut or punctured (i.e., an open wound). This field value is not defined as blunt force trauma causing, for example, a contusion (i.e., a closed wound).

**Transport Only** – The patient presents with no identifiable injury or illness.

---

**OTHER ASSOCIATED SYMPTOMS**

Field Name: OtherAssociatedSymptoms  
Field Code: E09\_14  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: Yes  
**National Element: Yes**

---

**AZ-EMESIS Data Element****Definition:**

Other symptoms identified by the patient or observed by EMS personnel.

**Instructions for Coding/Data Entry:**

Other Associated Symptoms is provided by EMS personnel.

**Additional Information:**

E09\_14 is used for Bioterrorism Syndromic Surveillance.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	1510	Bleeding
1515	Breathing Problem	1520	Change in Responsiveness
1525	Choking	1530	Death
1535	Device/Equipment Problem	1540	Diarrhea
1545	Drainage/Discharge	1550	Fever
1555	Malaise	1560	Mass/Lesion
1565	Mental/Psych	1570	Nausea/Vomiting
1575	None	1580	Pain
1585	Palpitations	1590	Rash/Itching
1595	Swelling	1600	Transport Only
1605	Weakness	1610	Wound

**Extended Definitions of Field Values:**

(See extended definitions for E09\_13)

---

**PROVIDER'S PRIMARY IMPRESSION**

Field Name: ProvidersPrimaryImpression  
Field Code: E09\_15  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**AZ-EMESIS Data Element****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).

**Instructions for Coding/Data Entry:**

Provider's Primary Impression is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	1615	789.0-Abdominal Pain/Problems
1620	510.80-Airway Obstruction	1625	995.30-Allergic Reaction
1630	780.09-Altered Level of Consciousness	1635	312.90-Behavioral/Psychologic Disorder
1640	427.50-Cardiac Arrest	1645	427.90-Cardiac Rhythm Disturbance
1650	786.50-Chest Pain/Discomfort	1655	250.90-Diabetic Symptoms (hypoglycemia)
1660	994.80-Electrocution	1665	780.60-Hyperthermia
1670	780.90-Hypothermia	1675	785.59-Hypovolemia/Shock
1680	987.90-Inhalation Injury (toxic gas)	1685	798.99-Obvious Death
1690	977.90-Poisoning/Drug Ingestion	1695	659.90-Pregnancy/OB Delivery
1700	786.09-Respiratory Distress	1705	799.10-Respiratory Arrest
1710	780.30-Seizure	1715	959.90-Sexual Assault/Rape
1720	987.90-Smoke Inhalation	1725	989.50-Stings/Venomous Bites
1730	436.00-Stroke/CVA	1735	780.20-Syncope/Fainting
1740	959.90-Traumatic Injury	1745	623.80-Vaginal Hemorrhage

---

**PROVIDER'S SECONDARY IMPRESSION****AZ-EMESIS Data Element**

Field Name: ProvidersSecondaryImpression  
Field Code: E09\_16  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The EMS personnel's impression of the patient's secondary problem which led to the management given to the patient (treatments, medications, or procedures).

**Instructions for Coding/Data Entry:**

Provider's Secondary Impression is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	1750	789.0-Abdominal Pain/Problems
1755	510.80-Airway Obstruction	1760	995.30-Allergic Reaction
1765	780.09-Altered Level of Consciousness	1770	312.90-Behavioral/Psychologic Disorder
1775	427.50-Cardiac Arrest	1780	427.90-Cardiac Rhythm Disturbance
1785	786.50-Chest Pain/Discomfort	1790	250.90-Diabetic Symptoms (hypoglycemia)
1795	994.80-Electrocution	1800	780.60-Hyperthermia
1805	780.90-Hypothermia	1810	785.59-Hypovolemia/Shock
1815	987.90-Inhalation Injury (toxic gas)	1820	798.99-Obvious Death
1825	977.90-Poisoning/Drug Ingestion	1830	659.90-Pregnancy/OB Delivery
1835	786.09-Respiratory Distress	1840	799.10-Respiratory Arrest
1845	780.30-Seizure	1850	959.90-Sexual Assault/Rape
1855	987.90-Smoke Inhalation	1860	989.50-Stings/Venomous Bites
1865	436.00-Stroke/CVA	1870	780.20-Syncope/Fainting
1875	959.90-Traumatic Injury	1880	623.80-Vaginal Hemorrhage

---

**CAUSE OF INJURY****AZ-EMESIS Data Element**

Field Name: CauseOfInjury  
Field Code: E10\_01  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: No  
**National Element: Yes**

---

**Definition:**

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

**Instructions for Coding/Data Entry:**

Cause of Injury is provided by EMS personnel.  
Complete only if Possible Injury (E09\_04) is answered “Yes”.

**Field Values:**

Data Value	Description	Data Value	Description
-25	Not Applicable	-20	Not Recorded
-15	Not Reporting	-10	Not Known
-5	Not Available	1885	Bites (E906.0)
9500	Aircraft Related Accident (E84X.0)	9505	Bicycle Accident (E826.0)
9510	Bites (E906.0)	9515	Chemical Poisoning (E86X.0)
9520	Child Battering (E967.0)	9525	Drowning (E910.0)
9530	Drug Poisoning (E85X.0)	9535	Electrocution (non-lightning) (E925.0)
9540	Excessive Cold (E901.0)	9545	Excessive Heat (E900.0)
9550	Falls (E88X.0)	9555	Fire and Flames (E89X.0)
9560	Firearm Assault (E965.0)	9565	Firearm Injury (accidental) (E985.0)
9570	Firearm Self Inflicted (E955.0)	9575	Lightning (E907.0)
9580	Machinery Accidents (E919.0)	9585	Mechanical Suffocation (E913.0)
9590	Motor Vehicle Non-Traffic Accident (E82X.0)	9595	Motor Vehicle Traffic Accident (E81X.0)
9600	Motorcycle Accident (E81X.1)	9605	Non-Motorized Vehicle Accident (E848.0)
9610	Pedestrian Traffic Accident (E814.0)	9615	Radiation Exposure (E926.0)
9620	Rape (E960.1)	9625	Smoke Inhalation (E89X.2)
9630	Stabbing/Cutting Accidental (E986.0)	9635	Stabbing/Cutting Assault (E966.0)
9640	Struck by Blunt/Thrown Object (E968.2)	9645	Venomous Stings (plants, animals) (E905.0)
9650	Water Transport Accident (E83X.0)		

**Extended Definitions of Field Values:**

**Motor vehicle traffic accident** - Includes any motor vehicle incident occurring on a public road or highway. Public road or highway includes any road open to the use of the public for purposes of vehicular traffic as a matter of right or custom.

**Motor vehicle non-traffic accident** - Includes any motor vehicle incident occurring entirely off public roadways or highways. For instance an incident involving an All Terrain Vehicle (ATV) in an off the road location would be counted under this sub-category.

***Pedestrian Traffic Accident*** - Includes responses in which a motor vehicle/pedestrian incident occurs on a public road or highway where the pedestrian was injured. Includes individuals on skates, in baby carriages, in wheelchairs, on skateboards, etc.

***Bicycle Accident*** - Includes bicycle-related incidents not involving a motorized vehicle.

***Water Transport*** - Includes all incidents related to a watercraft. Excludes drowning incidents unless they are related to watercraft use. Thus, if a person falls out of a boat and drowns, it should be counted within this category. If a person drowns in a swimming pool or bathtub, it should be counted under Drowning.

***Aircraft Related Crash*** - Excludes spacecraft.

***Drug Poisoning*** - Includes poisoning by drugs, medicinal substances, or biological products.

***Chemical Poisoning*** - Includes poisoning by solid or liquid substances, gases, and vapors, which are not included under Drug Poisoning.

***Falls*** - Excludes falls which occur in the context of other external causes of injury such as fire, or falling in incidents involving Machinery. These types of injuries should be coded as such.

***Fire and Flames*** - Includes burning by fire, asphyxia or poisoning from conflagration or ignition, and fires secondary to explosions. Excludes injuries related to Machinery, and vehicle related incidents, which should be counted under their respective sub-categories.

***Smoke Inhalation*** - Includes smoke and fume inhalation from conflagration.

***Excessive Heat*** - Includes thermal injuries related to weather or heat produced by man, such as in a boiler room or factory. Excludes heat injury from conflagration, this should be counted under Fire and Flames.

***Excessive Cold*** - Includes cold injury due to weather exposure, or cold produced by man, such as in a freezer.

***Venomous Stings (Plant, Animals)*** - Includes stings from spiders, scorpions, insects, marine life or plants. Excludes "bites" and should be coded as such.

***Bites*** - Includes bites (e.g., dogs, snakes and lizards, etc.). Excludes venomous stings which should be coded as such.

***Lightning*** - Excludes falling off an object secondary to lightning and injuries from fire secondary to lightning.

***Drowning*** - Includes responses to drowning/near drowning that are not related to watercraft use. Includes swimming and snorkeling incidents, bathtubs, hot tubs, holding ponds, buckets, etc.

***Mechanical Suffocation*** - Includes suffocation in bed or cradle (crib death), closed space suffocation, plastic bag, hanging, etc.

***Machinery Accidents*** - Includes responses in which machinery in operation was involved.

***Electrocution (Non-Lightning)*** - Includes responses in which an incident related to electric current from exposed wire, faulty appliance, high voltage cable, live rail, or open electric socket. Excludes electrocution by lightning.

***Radiation Exposure*** - Excludes complications of radiation therapy.

***Rape*** - This sub-category should be entered in all instances where there was sufficient suspicion by the EMS responder that the responder would be required by law to report the case to authorities as a suspected case of rape.

***Stabbing Assault*** - Includes reported cuts, punctures, or stabs to any part of the body.

***Child Battering*** - Includes all forms of suspected child battering. This sub-category should be entered in all instances where there was sufficient suspicion by the EMS responder that the responder would be required by law to report the case to authorities as a suspected case of child abuse.

---

**INTENT OF THE INJURY****AZ-EMESIS Data Element**

Field Name: IntentOfInjury  
Field Code: E10\_02  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: No  
**National Element:** No

---

**Definition:**

The intent of the individual inflicting the injury.

**Instructions for Coding/Data Entry:**

Intent of the Injury is provided by EMS personnel only if Possible Injury (E09\_04) is “Yes”.

**Additional Information:**

Complete only if Possible Injury (E09\_04) is answered “Yes”. Patient’s Occupation (E07\_16) is recorded if Work Related (E07\_15) also with Patient’s Occupation Industry (E07\_17).

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	2020	Intentional, Other (Assaulted)
2025	Intentional, Self	2030	Unintentional

---

**MECHANISM OF INJURY****AZ-EMESIS Data Element**

Field Name: MechanismOfInjury  
Field Code: E10\_03  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: No  
**National Element:** No

---

**Definition:**

The mechanism of the event which caused the injury.

**Instructions for Coding/Data Entry:**

Mechanism of Injury is provided by EMS personnel only if Possible Injury (E09\_04) is “Yes”.

Complete only if Possible Injury (E09\_04) is answered “Yes”.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	2035	Blunt
2040	Burn	2045	Other
2050	Penetrating		

---

**VEHICULAR INJURY INDICATORS****AZ-EMESIS Data Element**

Field Name: VehicularInjuryIndicators  
Field Code: E10\_04  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: No  
**National Element:** No

---

**Definition:**

The kind of risk factor predictors associated with the vehicle involved in the incident.

**Instructions for Coding/Data Entry:**

Vehicular Injury Indicators is provided by EMS personnel.

Complete only if Possible Injury (E09\_04) is answered "Yes" and there is a vehicle involved.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	2055	Dash Deformity
2060	DOA Same Vehicle	2065	Ejection
2070	Fire	2075	Rollover/Roof Deformity
2080	Side Post Deformity	2085	Space Intrusion >12 Inches
2090	Steering Wheel Deformity		

---

**AREA OF THE VEHICLE IMPACTED  
BY THE COLLISION**

**AZ-EMESIS Data Element**

Field Name: AreaOfVehicleImpact  
Field Code: E10\_05  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: No  
**National Element:** No

---

**Definition:**

The area or location of impact on the vehicle.

**Instructions for Coding/Data Entry:**

Area of the Vehicle Impacted by the Collision is provided by EMS personnel.

Complete only if Possible Injury (E09\_04) is answered “Yes”, and there is a vehicle involved.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	2100	Center Front
2105	Center Rear	2110	Left Front
2115	Left Rear	2120	Left Side
2125	Right Front	2130	Right Rear
2135	Right Side	2140	Roll Over

---

**SEAT ROW LOCATION  
OF PATIENT IN VEHICLE**

**AZ-EMESIS Data Element**

Field Name: SeatRowLocation  
Field Code: E10\_06  
XSD Type: Integer  
Field Width: Min. 1, Max. 50  
Null Values Accepted: No  
Multiple Field Entry: No  
Common to All PECs: No  
**National Element:** No

---

**Definition:**

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

**Instructions for Coding/Data Entry:**

Seat Row Location of Patient in Vehicle is provided by EMS personnel if Possible Injury (E09\_04) is answered “Yes” and there is a vehicle involved.

Complete only if Possible Injury (E09\_04) is answered “Yes”, and there is a vehicle involved.

**Additional Information:**

Complete only if Possible Injury (E09\_04) is answered “Yes”, and there is a vehicle involved.

Could be configured as a single choice combination box.

Numbered to take into account large vehicles such as buses or vans (1 = Front) or (50 = Cargo Area).

**Field Values:**

If a value of 50 is passed, the location is designated “Cargo Area”.

---

**USE OF OCCUPANT SAFETY EQUIPMENT****AZ-EMESIS Data Element**

Field Name: UseOfOccupantSafetyEquipment  
Field Code: E10\_08  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: No  
**National Element:** No

---

**Definition:**

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

**Instructions for Coding/Data Entry:**

Use of Occupant Safety Equipment is provided by EMS personnel if Possible Injury (E09\_04) is answered “Yes” and there is a vehicle involved..

Complete only if Possible Injury (E09\_04) is answered “Yes”, and there is a vehicle involved.

**Additional Information:**

Complete only if Possible Injury (E09\_04) is answered “Yes”, and there is a vehicle involved.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	2170	Child Restraint
2175	Eye Protection	2180	Helmet Worn
2185	Lap Belt	2187	None
2190	Other	2195	Personal Floatation Device
2200	Protective Clothing	2205	Protective Non-Clothing Gear
2210	Shoulder Belt		

---

**AIRBAG DEPLOYMENT****AZ-EMESIS Data Element**

Field Name: AirbagDeployment  
Field Code: E10\_09  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: No  
**National Element:** No

---

**Definition:**

Indication of airbag deployment during the motor vehicle crash.

**Instructions for Coding/Data Entry:**

Airbag Deployment is provided by EMS personnel if Possible Injury (E09\_04) is answered “Yes” and there is a vehicle involved..

Complete only if Possible Injury (E09\_04) is answered “Yes”, and there is a vehicle involved.

**Additional Information:**

Complete only if Possible Injury (E09\_04) is answered “Yes”, and there is a vehicle involved.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	2215	No Airbag Present
2220	No Airbag Deployed	2225	Airbag Deployed Front
2230	Airbag Deployed Side	2235	Airbag Deployed Other

---

**HEIGHT OF FALL****AZ-EMESIS Data Element**

Field Name: HeightOfFall  
Field Code: E10\_10  
XSD Type: Integer  
Field Width: Min. 1, Max. 50,000  
Null Values Accepted: No  
Multiple Field Entry: No  
Common to All PECs: No  
**National Element:** No

---

**Definition:**

The distance in feet the patient fell, measured from the lowest point of the patient to the ground.

**Instructions for Coding/Data Entry:**

Height of Fall is provided by EMS personnel if Possible Injury (E09\_04) is answered “Yes” and there is a vehicle involved..

**Additional Information:**

Complete only if Possible Injury (E09\_04) is answered “Yes”.

**Field Values:**

If Height of Fall is known, enter the Relevant Value for the Data Element and Patient Care.

---

**CARDIAC ARREST****AZ-EMESIS Data Element**

Field Name: CardiacArrest  
Field Code: E11\_01  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: No  
**National Element: Yes**

---

**Definition:**

Any indication of the presence of a cardiac arrest any time associated with the EMS event.

**Instructions for Coding/Data Entry:**

Cardiac Arrest is provided by EMS personnel.

If Cardiac Arrest is answered “Yes”, all other Required Data Elements in Section E11 must be answered.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	2240	Yes, Prior to EMS Arrival
2245	Yes, After EMS Arrival		

---

**CARDIAC ARREST ETIOLOGY****AZ-EMSiS Data Element**

Field Name: CardiacArrestEtiology  
Field Code: E11\_02  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: No  
**National Element: Yes**

---

**Definition:**

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

**Instructions for Coding/Data Entry:**

Cardiac Arrest Etiology is provided by EMS personnel.

Complete Cardiac Arrest Etiology only if Cardiac Arrest (E11\_01) is answered “Yes” or “Yes, After EMS Arrival”.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	2250	Presumed Cardiac
2255	Trauma	2260	Drowning
2265	Respiratory	2270	Electrocution

---

**RESUSCITATION ATTEMPTED****AZ-EMESIS Data Element**

Field Name: ResuscitationAttempted  
Field Code: E11\_03  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: No  
**National Element: Yes**

---

**Definition:**

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

**Instructions for Coding/Data Entry:**

Resuscitation Attempted is provided by EMS personnel.

Complete Resuscitation Attempted only if Cardiac Arrest (E11\_01) is answered “Yes” or “Yes, After EMS Arrival”.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	2280	Attempted Defibrillation
2285	Attempted Ventilation	2290	Initiated Chest Compression
2295	Not Attempted-Considered Futile	2300	Not Attempted-DNR Orders

---

**ARREST WITNESSED BY****AZ-EMESIS Data Element**

Field Name: ArrestWitnessedBy  
Field Code: E11\_04  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: No  
**National Element:** No

---

**Definition:**

Indication of who the cardiac arrest was witnessed by.

**Instructions for Coding/Data Entry:**

Arrest Witnessed By is provided by EMS personnel.

Complete Arrest Witnessed By only if Cardiac Arrest (E11\_01) is answered “Yes” or “Yes, After EMS Arrival”.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	2310	Witnessed by Healthcare Provider
2315	Witnessed by Lay Person	2320	Not Witnessed

---

**FIRST MONITORED  
RHYTHM OF THE PATIENT**

**AZ-EMESIS Data Element**

Field Name: FirstMonitoredRhythm  
Field Code: E11\_05  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: No  
**National Element:** No

---

**Definition:**

Documentation of what the first monitored rhythm which was noted.

**Instructions for Coding/Data Entry:**

First Monitored Rhythm of the Patient is provided by EMS personnel.

Complete First Monitored Rhythm of the Patient only if Cardiac Arrest (E11\_01) is answered “Yes” or “Yes, After EMS Arrival”.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	2325	Asystole
2330	Bradycardia	2335	Normal Sinus Rhythm
2340	Other	2345	PEA (Pulseless Electrical Activity)
2350	Unknown AED Non-Shockable Rhythm	2355	Unknown AED Shockable Rhythm
2360	Ventricular Fibrillation	2365	Ventricular Tachycardia

---

**ANY RETURN OF  
SPONTANEOUS CIRCULATION**

**AZ-EMESIS Data Element**

Field Name: ReturnOfSpontaneousCirculation  
Field Code: E11\_06  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: No  
**National Element:** No

---

**Definition:**

Indication whether or not there was any return of spontaneous circulation at any time during the EMS event.

**Instructions for Coding/Data Entry:**

Any Return of Spontaneous Circulation is provided by EMS personnel only if Cardiac Arrest (E11\_01) is answered “Yes”.

**Additional Information:**

Complete only if Cardiac Arrest (E11\_01) is “Yes”.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	2370	Yes, Prior to ED Arrival Only
2375	Yes, Prior to ED Arrival and at the ED	2380	No

---

**NEUROLOGICAL OUTCOME  
AT HOSPITAL DISCHARGE**

**AZ-EMESIS Data Element**

Field Name: NeurologicalOutcomeAtDischarge  
Field Code: E11\_07  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: No  
**National Element:** No

---

**Definition:**

The level of cerebral performance of the patient at the time of discharge from the Hospital:

1 = Good Cerebral Performance: Conscious, Alert, able to work and lead a normal life.

2 = Moderate Cerebral Disability: Conscious and able to function independently (dress, travel, prepare food) may have hemiplegia, seizures, or permanent memory or mental changes.

3 = Severe Cerebral Disability: Conscious, dependent on others for daily support, functions only in an institution or at home with exceptional family effort.

4 = Coma, vegetative state.

**Instructions for Coding/Data Entry:**

Neurological Outcome at Hospital Discharge is provided by EMS personnel only if Cardiac Arrest (E11\_01) is answered "Yes".

**Additional Information:**

Complete only if Cardiac Arrest (E11\_01) is answered "Yes".

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	2380	CPC 1 or 2
2385	CPC 3 or 4		

---

**ESTIMATED TIME OF ARREST  
PRIOR TO EMS ARRIVAL**

**AZ-EMESIS Data Element**

Field Name: EstimatedTimeOfArrestPriorToEMS  
Field Code: E11\_08  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: No  
**National Element:** No

---

**Definition:**

The length of time the patient was down (estimated) before the responding unit arrived at the patient.

**Instructions for Coding/Data Entry:**

Estimated Time of Arrest Prior to EMS Arrival is provided by EMS personnel only if Cardiac Arrest (E11\_01) is answered "Yes".

**Additional Information:**

Complete only if Cardiac Arrest (E11\_01) is answered "Yes".

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	2390	>20 Minutes
2395	15-20 Minutes	2400	10-15 Minutes
2405	8-10 Minutes	2410	6-8 Minutes
2415	4-6 Minutes	2420	2-4 Minutes
2425	0-2 Minutes		

---

**DATE/TIME RESUSCITATION  
DISCONTINUED**

**AZ-EMESIS Data Element**

Field Name: DateTime  
Field Code: E11\_09  
XSD Type: DateTime  
Field Width: Min. 1990, Max. 2030  
Null Values Accepted: Yes\*  
Multiple Field Entry: No  
Common to All PECs: No  
**National Element:** No

---

**Definition:**

The date/time the CPR or the resuscitation effort s were discontinued.

**Instructions for Coding/Data Entry:**

Date/Time Resuscitation Discontinued provided by EMS personnel only if Cardiac Arrest (E11\_01) is answered “Yes”.

\* Accepts Null Values, but null value is blank or empty.

**Additional Information:**

If the Date/Time is electronically stored within a database or transmitted via XML as a “tick”, the referenced variables may also be used.

**Field Values:**

Enter the relevant value for the data element and patient care.

**Field Format:** [YYYY-MM-DD-T00:00.0Z].

---

**REASON CPR DISCONTINUED****AZ-EMESIS Data Element**

Field Name: ReasonCPRDiscontinued  
Field Code: E11\_10  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: No  
**National Element:** No

---

**Definition:**

The reason that CPR or the resuscitative efforts were discontinued.

**Instructions for Coding/Data Entry:**

Reason CPR Discontinued is provided by EMS personnel if Cardiac Arrest (E11\_01) is answered “Yes”.

**Additional Information:**

Complete only if Cardiac Arrest (E11\_01) is answered “Yes”.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	2430	DNR
2345	Medical Control Order	2440	Obvious Signs of Death
2445	Protocol/Policy Requirements Completed	2450	Return of Spontaneous Circulation (pulse or BP noted)

**CARDIAC RHYTHM ON  
ARRIVAL AT DESTINATION**

**AZ-EMESIS Data Element**

Field Name: CardiacRhythmAtDestination  
 Field Code: E11\_11  
 XSD Type: Integer  
 Field Width: Min. 2, Max. 4  
 Null Values Accepted: Yes  
 Multiple Field Entry: Yes  
 Common to All PECs: No  
 National Element: No

**Definition:**

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

**Instructions for Coding/Data Entry:**

Cardiac Rhythm on Arrival at Destination is provided by EMS personnel if Cardiac Arrest (E11\_01) is answered “Yes”..

**Additional Information:**

Complete Cardiac Rhythm on Arrival at Destination only if Cardiac Arrest (E11\_01) is answered “Yes”

This data element could be completed by documentation of the final rhythm in the Vital Signs Section (E14) with the appropriate time..

**Field Values:**

Data Value	Description	Data Value	Description
-25	Not Applicable	-20	Not Recorded
-15	Not Reporting	-10	Not Known
-5	Not Available	2455	12 Lead ECG-Anterior Ischemia
2460	12 Lead ECG-Inferior Ischemia	2465	12 Lead ECG-Lateral Ischemia
2470	Agonal/Idioventricular	2475	Artifact
2480	Asystole	2485	Atrial Fibrillation/Flutter
2490	AV Block-1st Degree	2495	AV Block-2nd Degree-Type 1
2500	AV Block-2nd-Type 2	2505	AV Block-3rd Degree
2510	Junctional	2515	Left Bundle Branch Block
2520	Normal Sinus Rhythm	2525	Other
2530	Paced Rhythm	2535	PEA (Pulseless Electrical Activity)
2540	Premature Atrial Contractions	2545	Premature Ventricular Contractions
2550	Right Bundle Branch Block	2555	Sinus Arrhythmia
2560	Sinus Bradycardia	2565	Sinus Tachycardia
2570	Supraventricular Tachycardia	2575	Torsades De Points
2580	Unknown AED Non-Shockable Rhythm	2585	Unknown AED Shockable Rhythm
2590	Ventricular Fibrillation	2595	Ventricular Tachycardia

---

**BARRIERS TO PATIENT CARE**

Field Name: BarriersToPatientCare  
Field Code: E12\_01  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: No  
**National Element: Yes**

---

**AZ-EMESIS Data Element****Definition:**

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

**Instructions for Coding/Data Entry:**

Barriers to Patient Care is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	2600	Developmentally Impaired
2605	Hearing Impaired	2610	Language
2615	None	2620	Physically Impaired
2625	Physically Restrained	2630	Speech Impaired
2635	Unattended or Unsupervised (including Minors)	2640	Unconscious

---

**DESTINATION MEDICAL  
RECORD NUMBER**

**AZ-EMESIS Data Element  
(Optional if Available)**

Field Name: DestinationMedicalRecordNumber  
Field Code: E12\_03  
XSD Type: String  
Field Width: Min. 2, Max. 30  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The patient's medical record number at the patient's receiving facility.

**Instructions for Coding/Data Entry:**

Destination Medical Record Number is provided by EMS personnel or electronically through linkage with a pre-existing Patient Care Report or hospital database.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	Relevant Value for the Data Element and Patient Care	

---

**MEDICATION ALLERGIES**

Field Name: MedicationAllergies  
Field Code: E12\_08  
XSD Type: String  
Field Width: Min. 2, Max. 30  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: Yes  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

The patient's medication allergies.

**Instructions for Coding/Data Entry:**

Medication Allergies is provided by EMS personnel or electronically through linkage with a pre-existing patient care report or hospital database.

**Additional Information:**

If patient, family, medical information documentation or other source(s) deny patient has medication allergies, enter NKDA (No Known Drug Allergies)

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	Relevant Value for the Data Element and Patient Care	

---

**ENVIRONMENTAL/FOOD ALLERGIES**

Field Name: EnvironmentalFoodAllergies  
Field Code: E12\_09  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: Yes  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

The patient's known allergies to food or environmental agents.

**Instructions for Coding/Data Entry:**

Environmental/Food Allergies is provided by EMS personnel or electronically through linkage with a pre-existing patient care report or hospital database.

**Additional Information:**

If patient, family, medical information documentation or other source(s) deny patient has medication allergies, enter NKDA (No Known Drug Allergies)

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	2675	Insect Sting
2680	Food Allergy	2685	Latex
2690	Chemical	2695	Other
2700	None		

---

**MEDICAL/SURGICAL HISTORY****AZ-EMESIS Data Element**

Field Name: MedicalSurgicalHistory  
Field Code: E12\_10  
XSD Type: String  
Field Width: Min. 2, Max. 30  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The patient's pre-existing medical and surgical history.

**Instructions for Coding/Data Entry:**

Medical/Surgical History is provided by EMS personnel or electronically through linkage with a pre-existing patient care report or hospital database.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	Relevant Value for the Data Element and Patient Care	

---

**CURRENT MEDICATIONS****AZ-EMESIS Data Element**

Field Name: CurrentMedicationName  
Field Code: E12\_14  
XSD Type: String  
Field Width: Min. 2, Max. 30  
Null Values Accepted: No  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The medications the patient currently takes.

**Instructions for Coding/Data Entry:**

Current Medication is provided by EMS personnel or electronically through linkage with a pre-existing patient care report or hospital database.

If the Current Medications is not included in the Drug List in the EMS Database, enter the drug(s) as a multiple text configuration.

**Field Values:**

Enter the relevant value for the data element and patient care, including “None”, using the established Drug List in the EMS Database.

---

**CURRENT MEDICATION DOSE**

Field Name: CurrentMedicationDose  
Field Code: E12\_15  
XSD Type: Decimal  
Field Width: Min. 0, Max. 1,000,000  
Null Values Accepted: No  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**AZ-EMESIS Data Element**

**Definition:**

The numeric dose or amount of the patient's current medication.

**Instructions for Coding/Data Entry:**

Current Medication Dose is provided by EMS personnel or electronically through linkage with a pre-existing patient care report or hospital database.

**Field Values:**

Enter the relevant value for the data element and patient care.

---

**CURRENT MEDICATION DOSAGE UNIT****AZ-EMESIS Data Element**

Field Name: CurrentMedicationDosageUnit  
Field Code: E12\_16  
XSD Type: Integer  
Field Width: Min. 4, Max. 4  
Null Values Accepted: No  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The dosage unit of the patient's current medication.

**Instructions for Coding/Data Entry:**

Current Medication Dosage Unit is provided by EMS personnel or electronically through linkage with a pre-existing patient care report or hospital database.

**Field Values:**

Data Value	Description	Data Value	Description
2785	GMS	2790	INCHES
2795	IU	2800	KVO (TKO)
2805	L/MIN	2810	LITERS
2815	LPM	2820	MCG
2825	MCG/KG/MIN	2830	MEQ
2835	MG	2840	MG/KG/MIN
2845	ML	2850	ML/HR
2855	OTHER	2860	PUFFS

---

**CURRENT MEDICATION  
ADMINISTRATION ROUTE**

**AZ-EMESIS Data Element**

Field Name: CurrentMedicationAdministrationRoute  
Field Code: E12\_17  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

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

**Instructions for Coding/Data Entry:**

Current Medication Administration Route is provided by EMS personnel or electronically through linkage with a pre-existing patient care report or hospital database.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	2865	Endotracheal Tube
2870	Gastrostomy	2875	Inhalation
2880	Intramuscular	2890	Intraocular
2895	Intravenous	2900	Nasal
2905	Nasal Prongs	2910	Nasogastric
2915	Ophthalmic	2920	Oral
2925	Other/Miscellaneous	2930	Otic
2935	Non Re-Breather Mask	2940	Rectal
2945	Subcutaneous	2950	Sublingual
2955	Topical	2960	Tracheostomy
2965	Transdermal	2970	Urethral
2975	Ventrimask	2980	Wound

---

**ALCOHOL/DRUG USE INDICATORS**

Field Name: AlcoholDrugUseIndicators  
Field Code: E12\_19  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: Yes  
**National Element: Yes**

---

**AZ-EMESIS Data Element****Definition:**

Any indicators for the potential use of Alcohol or Drugs by the patient.

**Instructions for Coding/Data Entry:**

Alcohol/Drug Use Indicators is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	2985	Smell of Alcohol on Breath
2990	Patient Admits to Alcohol Use	2995	Patient Admits to Drug Use
3000	Alcohol and/or Drug Paraphernalia at Scene		

---

**PREGNANCY****AZ-EMESIS Data Element**

Field Name: YesNoValues  
Field Code: E12\_20  
XSD Type: Integer  
Field Width: Min. 1, Max. 3  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

Any indication of the possibility by the patient's history of current pregnancy.

**Instructions for Coding/Data Entry:**

Pregnancy data element is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	0	No
1	Yes		

---

**RUN REPORT NARRATIVE****AZ-EMESIS Data Element**

Field Name: RunReportNarrative  
Field Code: E13\_01  
XSD Type: String  
Field Width: Min. 2, Max. 4000  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The narrative of the run report.

**Instructions for Coding/Data Entry:**

Run Report Narrative is provided by EMS personnel but could be auto-generated based on the information entered into an electronic patient care report.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	0	No
1	Yes	Relevant Value for the Data Element and Patient Care	

---

**DATE/TIME VITAL SIGNS TAKEN**

Field Name: DateTime  
Field Code: E14\_01  
XSD Type: DateTime  
Field Width: Min. 1990, Max. 2030  
Null Values Accepted: Yes\*  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**AZ-EMESIS Data Element**

**Definition:**

The date/time vital signs taken.

**Instructions for Coding/Data Entry:**

Date/Time Vital Signs Taken is provided by EMS personnel or may be provided electronically through a medical device.

If the Date/Time Vital Signs Taken is electronically stored within a database or transmitted via XML as a “tick”, the referenced variables may also be used.

Multiple entry configuration allows for multiple sets of vital signs.

\* Accepts Null Values, but null value is blank or empty.

**Field Values:**

Enter the relevant value for the data element and patient care.

**Field Format:** [YYYY-MM-DD-T00:00.0Z].

---

**OBTAINED PRIOR TO THIS UNIT'S EMS CARE**

Field Name: YesNoValues  
Field Code: E14\_02  
XSD Type: Integer  
Field Width: Min. 1, Max. 3  
Null Values Accepted: Yes\*  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

Indicates that the information which is documented was obtained prior to the EMS unit's care creating the patient care report.

**Instructions for Coding/Data Entry:**

Obtained Prior to this Unit's EMS Care is provided by EMS personnel or may be provided electronically through a medical device.

If E14\_02 is "Yes", the Date/Time Vital Signs Taken (E14\_01) is not required.

\* Accepts Null Values, but null value is blank or empty.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	0	No
1	Yes		

---

**CARDIAC RHYTHM****AZ-EMESIS Data Element**

Field Name: CardiacRhythm  
Field Code: E14\_03  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes\*  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The initial cardiac rhythm of the patient as interpreted by EMS personnel.

**Instructions for Coding/Data Entry:**

Cardiac Rhythm is provided by EMS personnel or may be provided electronically through a medical device.

\* Multiple Field Entry (1) Yes, via structure, (2) Yes for each E14\_01 Date/Time.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	2455	12 Lead ECG-Anterior Ischemia
2460	12 Lead ECG-Inferior Ischemia	2465	12 Lead ECG-Lateral Ischemia
2470	Agonal/Idioventricular	2475	Artifact
2480	Asystole	2485	Atrial Fibrillation/Flutter
2490	AV Block-1st Degree	2495	AV Block-2nd Degree-Type 1
2500	AV Block-2nd-Type 2	2505	AV Block-3rd Degree
2510	Junctional	2515	Left Bundle Branch Block
2520	Normal Sinus Rhythm	2525	Other
2530	Paced Rhythm	2535	PEA (Pulseless Electrical Activity)
2540	Premature Atrial Contractions	2545	Premature Ventricular Contractions
2550	Right Bundle Branch Block	2555	Sinus Arrhythmia
2560	Sinus Bradycardia	2565	Sinus Tachycardia
2570	Supraventricular Tachycardia	2575	Torsades De Points
2580	Unknown AED Non-Shockable Rhythm	2585	Unknown AED Shockable Rhythm
2590	Ventricular Fibrillation	2595	Ventricular Tachycardia

---

**SBP (SYSTOLIC BLOOD PRESSURE)**

**AZ-EMESIS Data Element**

Field Name: SBP  
Field Code: E14\_04  
XSD Type: Integer  
Field Width: Min. 0, Max. 400  
Null Values Accepted: Yes\*  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The patient's systolic blood pressure.

**Instructions for Coding/Data Entry:**

SBP (Systolic Blood Pressure) is provided by EMS personnel or may be provided electronically through a medical device.

Could be collected from Device Systolic Blood Pressure (E21\_14).

\* Accepts Null Values, but null value is blank or empty.

**Field Values:**

Enter the relevant value for the data element and patient care.

---

**DBP (DIASTOLIC BLOOD PRESSURE)****AZ-EMESIS Data Element**

Field Name: DBP  
Field Code: E14\_05  
XSD Type: Integer  
Field Width: Min. 0, Max. 200  
Null Values Accepted: Yes\*  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The patient's diastolic blood pressure.

**Instructions for Coding/Data Entry:**

DBP (Diastolic Blood Pressure) is provided by EMS personnel or may be provided electronically through a medical device.

Could be collected from Device Diastolic Blood Pressure (E21\_15).

\* Accepts Null Values, but null value is blank or empty.

**Field Values:**

Enter the relevant value for the data element and patient care.

---

**PULSE RATE**

**AZ-EMESIS Data Element**

Field Name: PulseRate  
Field Code: E14\_07  
XSD Type: Integer  
Field Width: Min. 0, Max. 500  
Null Values Accepted: Yes\*  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The patient's pulse rate, palpated or auscultated, expressed as a number per minute.

**Instructions for Coding/Data Entry:**

Pulse Rate is provided by EMS personnel or may be provided electronically through a medical device.

Could be collected from Device Pulse Rate (E21\_13).

\* Accepts Null Values, but null value is blank or empty.

**Field Values:**

Enter the relevant value for the data element and patient care.

---

**ELECTRONIC MONITOR RATE**

Field Name: ElectronicMonitorRate  
Field Code: E14\_08  
XSD Type: Integer  
Field Width: Min. 0, Max. 500  
Null Values Accepted: Yes\*  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

The patient's heart rate as recorded by an electronic monitoring device (ECG, pulse oximetry, etc.).

**Instructions for Coding/Data Entry:**

Electronic Monitor Rate is provided by EMS personnel or may be provided electronically through a medical device.

Could be collected from Device Heart Rate (E21\_12).

\* Accepts Null Values, but null value is blank or empty.

**Field Values:**

Enter the relevant value for the data element and patient care.

---

**PULSE OXIMETRY**

**AZ-EMESIS Data Element**

Field Name: PulseOximetry  
Field Code: E14\_09  
XSD Type: Integer  
Field Width: Min. 0, Max. 100  
Null Values Accepted: Yes\*  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The patient's oxygen saturation.

**Instructions for Coding/Data Entry:**

Pulse Oximetry is provided by EMS personnel or may be provided electronically through a medical device.

Could be collected from Device Pulse Oximetry (E21\_17).

\* Accepts Null Values, but null value is blank or empty.

**Field Values:**

Enter the relevant value for the data element and patient care.

---

**PULSE RHYTHM**

Field Name: PulseRhythm  
Field Code: E14\_10  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

The clinical rhythm of the patient's pulse (regular, irregular, etc.).

**Instructions for Coding/Data Entry:**

Pulse Rhythm is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	3175	Regular
3180	Irregular		

---

**RESPIRATORY RATE****AZ-EMESIS Data Element**

Field Name: RespiratoryRate  
Field Code: E14\_11  
XSD Type: Integer  
Field Width: Min. 0, Max. 100  
Null Values Accepted: Yes\*  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The patient's respiratory rate expressed as a number per minute.

**Instructions for Coding/Data Entry:**

Respiratory Rate is provided by EMS personnel or may be provided electronically through a medical device.

Could be collected from Device Respiratory Rate (E21\_16).

\* Accepts Null Values, but null value is blank or empty.

**Field Values:**

Enter the relevant value for the data element and patient care.

---

**RESPIRATORY EFFORT**

Field Name: RespiratoryEffort

Field Code: E14\_12

XSD Type: Integer

Field Width: Min. 2, Max. 4

Null Values Accepted: Yes

Multiple Field Entry: Yes, via structure

Common to All PECs: Yes

**National Element:** No**AZ-EMESIS Data Element****Definition:**

The patient's respiratory effort.

**Instructions for Coding/Data Entry:**

Respiratory Effort is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	3185	Normal
3190	Labored	3195	Fatigued
3200	Absent	3205	Not Assessed

---

**CARBON DIOXIDE****AZ-EMESIS Data Element**

Field Name: CO2  
Field Code: E14\_13  
XSD Type: Integer  
Field Width: Min. 0, Max. 100  
Null Values Accepted: Yes\*  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The patient's end-titile or other CO2 level.

**Instructions for Coding/Data Entry:**

Carbon Dioxide is provided by EMS personnel or may be provided electronically through a medical device.

Could be collected from Device CO2 or ETCO2 (E21\_18).

\* Accepts Null Values, but null value is blank or empty.

**Field Values:**

Enter the relevant value for the data element and patient care.

---

**BLOOD GLUCOSE LEVEL**

Field Name: BloodGlucoseLevel

Field Code: E14\_14

XSD Type: Integer

Field Width: Min. 0, Max. 2000

Null Values Accepted: Yes\*

Multiple Field Entry: Yes, via structure

Common to All PECs: Yes

**National Element:** No**AZ-EMESIS Data Element****Definition:**

The patient's blood glucose level.

**Instructions for Coding/Data Entry:**

Blood Glucose Level is provided by EMS personnel or may be provided electronically through a medical device.

\* Accepts Null Values, but null value is blank or empty.

**Field Values:**

Enter the relevant value for the data element and patient care.

---

**GLASGOW COMA SCORE-EYE**

Field Name: GCSEye  
Field Code: E14\_15  
XSD Type: Integer  
Field Width: Min. 1, Max. 4  
Null Values Accepted: Yes\*  
Multiple Field Entry: Yes, via structure  
Common to All PECs: No  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

The patient's Glasgow Coma Score Eye Opening.

**Instructions for Coding/Data Entry:**

Glasgow Coma Score-Eye is provided by EMS personnel.

\* Accepts Null Values, but null value is blank or empty.

**Field Values:**

<b>Data Value</b>	<b>Description</b>
For All Age Groups: 1	Does Not Open Eyes
For All Age Groups: 2	Open Eyes to Painful Stimulation
For All Age Groups: 3	Opens Eyes to Verbal Stimulation
For All Age Groups: 4	Opens Eyes Spontaneously

---

**GLASGOW COMA SCORE-VERBAL**

Field Name: GCSVerbal  
Field Code: E14\_16  
XSD Type: Integer  
Field Width: Min. 1, Max. 5  
Null Values Accepted: Yes\*  
Multiple Field Entry: Yes, via structure  
Common to All PECs: No  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

The patient's Glasgow Coma Score Verbal.

**Instructions for Coding/Data Entry:**

Glasgow Coma Score-Verbal is provided by EMS personnel.

\* Accepts Null Values, but null value is blank or empty.

**Field Values:**

<b>Data Value</b>	<b>Description</b>
Patients 0-23 Months: 1	None
Patients 0-23 Months: 2	Persistent Cry
Patients 0-23 Months: 3	Inappropriate Cry
Patients 0-23 Months: 4	Cries, Inconsolable
Patients 0-23 Months: 5	Smiles, Coos, Cries Appropriately
Patients >5 Years: 1	None
Patients >5 Years: 2	Non-Specified Sounds
Patients >5 Years: 3	Inappropriate Words
Patients >5 Years: 4	Confused Conversation or Speech
Patients >5 Years: 5	Oriented and Appropriate Speech
Patients 2-5 Years: 1	None
Patients 2-5 Years: 2	Grunts
Patients 2-5 Years: 3	Cries and/or Screams
Patients 2-5 Years: 4	Inappropriate Words
Patients 2-5 Years: 5	Appropriate Words

---

**GLASGOW COMA SCORE-MOTOR**

Field Name: GCSMotor  
Field Code: E14\_17  
XSD Type: Integer  
Field Width: Min. 1, Max. 6  
Null Values Accepted: Yes\*  
Multiple Field Entry: Yes, via structure  
Common to All PECs: No  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

The patient's Glasgow Coma Score Motor.

**Instructions for Coding/Data Entry:**

Glasgow Coma Score-Motor is provided by EMS personnel.

\* Accepts Null Values, but null value is blank or empty.

**Field Values:**

<b>Data Value</b>	<b>Description</b>
Patients Up to 5 Years: 1	None
Patients Up to 5 Years: 2	Extensor Posturing in Response to Painful Stimulation
Patients Up to 5 Years: 3	Flexor Posturing in Response to Painful Stimulation
Patients Up to 5 Years: 4	General Withdrawal in Response to Painful Stimulation
Patients Up to 5 Years: 5	Localization of Painful Stimulation
Patients Up to 5 Years: 6	Spontaneous
Patients >5 Years: 1	None
Patients >5 Years: 2	Extensor Posturing in Response to Painful Stimulation
Patients >5 Years: 3	Flexor Posturing in Response to Painful Stimulation
Patients >5 Years: 4	General Withdrawal in Response to Painful Stimulation
Patients >5 Years: 5	Localization of Painful Stimulation
Patients >5 Years: 6	Obeys Commands with Appropriate Motor Responses

---

**TOTAL GLASGOW COMA SCORE**

Field Name: TotalGCS  
Field Code: E14\_19  
XSD Type: Integer  
Field Width: Min. 1, Max. 15  
Null Values Accepted: Yes\*  
Multiple Field Entry: Yes, via structure  
Common to All PECs: No  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

The patient's total Glasgow Coma Score.

**Instructions for Coding/Data Entry:**

Total Glasgow Coma Score is provided by EMS personnel but could be auto-generated based on the information entered onto an electronic patient care report.

Calculated from Glasgow Coma Score-Eye (E14\_15), Glasgow Coma Score-Verbal (E14\_16), and Glasgow Coma Score-Motor (E14\_17).

\* Accepts Null Values, but null value is blank or empty.

**Field Values:**

Enter the relevant value for the data element and patient care.

---

**TEMPERATURE**

Field Name: BodyTemperature

Field Code: E14\_20

XSD Type: Decimal

Field Width: Min. 0, Max. 50

Null Values Accepted: Yes\*

Multiple Field Entry: Yes, via structure

Common to All PECs: Yes

**National Element:** No**AZ-EMESIS Data Element**

---

**Definition:**

The patient's body temperature in degrees celsius/centigrade.

**Instructions for Coding/Data Entry:**

Temperature is provided by EMS personnel or may be provided electronically through a medical device.

\* Accepts Null Values, but null value is blank or empty.

**Field Values:**

Enter the relevant value for the data element and patient care.

---

**LEVEL OF RESPONSIVENESS**

Field Name: LevelOfResponsiveness  
Field Code: E14\_22  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

The patient's level of responsiveness.

**Instructions for Coding/Data Entry:**

Level of Responsiveness is provided by EMS personnel.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	3255	Alert
3260	Verbal	3265	Painful
3270	Unresponsive		

---

**PAIN SCALE****AZ-EMESIS Data Element**

Field Name: PainScale  
Field Code: E14\_23  
XSD Type: Integer  
Field Width: Min. 0, Max. 10  
Null Values Accepted: Yes\*  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

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

**Instructions for Coding/Data Entry:**

EMS Personnel enter a value from 0 to 10.

\* Accepts Null Values, but null value is blank or empty.

**Field Values:**

Enter the relevant value for the data element and patient care (0 to 10).

---

**STROKE SCALE**

Field Name: StrokeScale  
Field Code: E14\_24  
XSD Type: Integer  
Field Width: Min. 2 Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes, via structure  
Common to All PECs: No  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

The patient's stroke scale results.

**Instructions for Coding/Data Entry:**

Stroke Score is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	3275	Cincinnati Stroke Scale Negative
3280	Cincinnati Stroke Scale Non-Conclusive	3285	Cincinnati Stroke Scale Positive
3290	Los Angeles Stroke Scale Negative	3295	Los Angeles Stroke Scale Non-Conclusive
3300	Los Angeles Stroke Scale Positive		

---

**THROMBOLYTIC SCREEN**

Field Name: ThrombolyticScreen  
Field Code: E14\_25  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes, via structure  
Common to All PECs: No  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

The results of the patient's Reperfusion Checklist for potential Thrombolytic use.

**Instructions for Coding/Data Entry:**

Reperfusion Checklist is provided by EMS personnel.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	3305	Definitive Contraindications to Thrombolytic Use
3310	No Contraindications to Thrombolytic Use	3315	Possible Contraindications to Thrombolytic Use

---

**REVISED TRAUMA SCORE**

Field Name: RTS  
Field Code: E14\_27  
XSD Type: Integer  
Field Width: Min. 0, Max. 12  
Null Values Accepted: Yes\*  
Multiple Field Entry: Yes, via structure  
Common to All PECs: No  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

The patient's Revised Trauma Score.

**Instructions for Coding/Data Entry:**

Revised Trauma Score is provided by EMS personnel but could be auto-generated based on information entered into an electronic patient care report..

\* Accepts Null Values, but null value is blank or empty.

**Additional Information:**

Calculated based on the 3 components below:

Can be auto-calculated from Respiratory Rate (E14\_11), SBP (E14\_04), and Total GCS (E14\_19), if all 3 components are documented at the same Time (E14\_01)

Neurological Airway: 4 = GCS 13-15, 3 = GCS 9-12, 2 = GCS 6-8, 2 = GCS 4-5, 0 = GCS 3

Respiratory Rate Component CNS: 4 = 10-29 per Minute, 3 = >29 per Minute, 2 = 6-9 per Minute, 1 = 1-5 per Minute, 0 = None spontaneous

SBP Component: 4 = >89mmHg, 3 = 76 - 89mmHg, 2 = 50 - 75mmHg, 1 = 1 - 49mmHg, 0 = No pulse

Component Size: 2 = > 20kg, 1 = 10 - 20kg, -1 = < 10kg

**Field Values:**

Enter the relevant value for the data element and patient care.

---

**PEDIATRIC TRAUMA SCORE****AZ-EMESIS Data Element  
(Optional if available)**

Field Name: PediatricTraumaScore  
Field Code: E14\_28  
XSD Type: Integer  
Field Width: Min. -6, Max. 12  
Null Values Accepted: Yes\*  
Multiple Field Entry: Yes, via structure  
Common to All PECs: No  
**National Element:** No

---

**Definition:**

The results of the patient's Reperfusion Checklist for potential Thrombolytic use.

**Instructions for Coding/Data Entry:**

Pediatric Trauma Score is provided by EMS personnel.

\* Accepts Null Values, but null value is blank or empty.

**Additional Information:**

Age 12 and Under

Calculated by adding the appropriate response for each of the 5 components below:

Can be auto-calculated if programming logic is used to confirm all 5 components.

Component Airway: 2 = Normal, 1 = Maintainable, -1 = Un-maintainable or Intubated

Component CNS: 2 = Awake, 1 = Alerted Mental Status/Obtunded, -1 = Coma/Abnormal Flexion

Component Open Wounds: 2 = None, 1 = Minor, -1 = Major/Penetrating

Component Size: 2 = > 20kg, 1 = 10 - 20kg, -1 = < 10kg

Component Skeletal Injury: 2 = None, 1 = Closed Fracture, -1 = Open/Multiple Fractures

Component Systolic BP: 2 = > 90mmHg (or palpable pulse at wrist), 1 = 50-90 mmHg (or palpable pulse at groin),

-1 = < 50mmHg (or no pulse palpable)

**Field Values:**

Enter the relevant value for the data element and patient care.

---

**NHTSA INJURY MATRIX EXTERNAL/SKIN**

Field Name: NHTSAInjuryMatrix  
Field Code: E15\_01  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: No  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

The type of injury identified and associated with the external body/skin (including burns).

**Instructions for Coding/Data Entry:**

NHTSA Injury Matrix External/Skin is provided by EMS personnel.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	3320	Amputation
3325	Bleeding Controlled	3330	Bleeding Uncontrolled
3335	Burn	3340	Crush
3345	Dislocation Fracture	3350	Gunshot
3355	Laceration	3360	Pain Without Swelling/Bruising
3365	Puncture/Stab	3370	Soft Tissue Swelling/Bruising

---

**NHTSA INJURY MATRIX HEAD****AZ-EMESIS Data Element**

Field Name: NHTSAInjuryMatrix  
Field Code: E15\_02  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: No  
**National Element:** No

---

**Definition:**

The type of injury identified and associated with the Head (excluding face, neck, cervical spine, and ear).

**Instructions for Coding/Data Entry:**

NHTSA Injury Matrix External Head is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	3320	Amputation
3325	Bleeding Controlled	3330	Bleeding Uncontrolled
3335	Burn	3340	Crush
3345	Dislocation Fracture	3350	Gunshot
3355	Laceration	3360	Pain Without Swelling/Bruising
3365	Puncture/Stab	3370	Soft Tissue Swelling/Bruising

---

**NHTSA INJURY MATRIX FACE****AZ-EMESIS Data Element**

Field Name: NHTSAInjuryMatrix  
Field Code: E15\_03  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: No  
**National Element:** No

---

**Definition:**

The type of injury identified and associated with the Face (including ear).

**Instructions for Coding/Data Entry:**

NHTSA Injury Matrix Face is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	3320	Amputation
3325	Bleeding Controlled	3330	Bleeding Uncontrolled
3335	Burn	3340	Crush
3345	Dislocation Fracture	3350	Gunshot
3355	Laceration	3360	Pain Without Swelling/Bruising
3365	Puncture/Stab	3370	Soft Tissue Swelling/Bruising

---

**NHTSA INJURY MATRIX NECK****AZ-EMESIS Data Element**

Field Name: NHTSAInjuryMatrix  
Field Code: E15\_04  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: No  
**National Element:** No

---

**Definition:**

The type of injury identified and associated with the Neck.

**Instructions for Coding/Data Entry:**

NHTSA Injury Matrix Neck is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	3320	Amputation
3325	Bleeding Controlled	3330	Bleeding Uncontrolled
3335	Burn	3340	Crush
3345	Dislocation Fracture	3350	Gunshot
3355	Laceration	3360	Pain Without Swelling/Bruising
3365	Puncture/Stab	3370	Soft Tissue Swelling/Bruising

---

**NHTSA INJURY MATRIX THORAX****AZ-EMESIS Data Element**

Field Name: NHTSAInjuryMatrix  
Field Code: E15\_05  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: No  
**National Element:** No

---

**Definition:**

The type of injury identified and associated with the Thorax (excluding the thoracic spine).

**Instructions for Coding/Data Entry:**

NHTSA Injury Matrix Thorax is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	3320	Amputation
3325	Bleeding Controlled	3330	Bleeding Uncontrolled
3335	Burn	3340	Crush
3345	Dislocation Fracture	3350	Gunshot
3355	Laceration	3360	Pain Without Swelling/Bruising
3365	Puncture/Stab	3370	Soft Tissue Swelling/Bruising

---

**NHTSA INJURY MATRIX ABDOMEN**

Field Name: NHTSAInjuryMatrix  
Field Code: E15\_06  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: No  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

The type of injury identified and associated with the Abdomen (excluding the lumbar spine).

**Instructions for Coding/Data Entry:**

NHTSA Injury Matrix Abdomen is provided by EMS personnel.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	3320	Amputation
3325	Bleeding Controlled	3330	Bleeding Uncontrolled
3335	Burn	3340	Crush
3345	Dislocation Fracture	3350	Gunshot
3355	Laceration	3360	Pain Without Swelling/Bruising
3365	Puncture/Stab	3370	Soft Tissue Swelling/Bruising

---

**NHTSA INJURY MATRIX SPINE****AZ-EMESIS Data Element**

Field Name: NHTSAInjuryMatrix  
Field Code: E15\_07  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: No  
**National Element:** No

---

**Definition:**

The type of injury identified and associated with the Spine.

**Instructions for Coding/Data Entry:**

NHTSA Injury Matrix Spine is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	3320	Amputation
3325	Bleeding Controlled	3330	Bleeding Uncontrolled
3335	Burn	3340	Crush
3345	Dislocation Fracture	3350	Gunshot
3355	Laceration	3360	Pain Without Swelling/Bruising
3365	Puncture/Stab	3370	Soft Tissue Swelling/Bruising

---

**NHTSA INJURY MATRIX  
UPPER EXTREMITIES**

**AZ-EMESIS Data Element**

Field Name: NHTSAInjuryMatrix  
Field Code: E15\_08  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: No  
**National Element:** No

---

**Definition:**

The type of injury identified and associated with the Upper Extremities.

**Instructions for Coding/Data Entry:**

NHTSA Injury Matrix Upper Extremities is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	3320	Amputation
3325	Bleeding Controlled	3330	Bleeding Uncontrolled
3335	Burn	3340	Crush
3345	Dislocation Fracture	3350	Gunshot
3355	Laceration	3360	Pain Without Swelling/Bruising
3365	Puncture/Stab	3370	Soft Tissue Swelling/Bruising

---

**NHTSA INJURY MATRIX PELVIS****AZ-EMESIS Data Element**

Field Name: NHTSAInjuryMatrix  
Field Code: E15\_09  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: No  
**National Element:** No

---

**Definition:**

The type of injury identified and associated with the Pelvis.

**Instructions for Coding/Data Entry:**

NHTSA Injury Matrix Pelvis is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	3320	Amputation
3325	Bleeding Controlled	3330	Bleeding Uncontrolled
3335	Burn	3340	Crush
3345	Dislocation Fracture	3350	Gunshot
3355	Laceration	3360	Pain Without Swelling/Bruising
3365	Puncture/Stab	3370	Soft Tissue Swelling/Bruising

---

**NHTSA INJURY MATRIX  
LOWER EXTREMITIES**

**AZ-EMESIS Data Element**

Field Name: NHTSAInjuryMatrix  
Field Code: E15\_10  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: No  
**National Element:** No

---

**Definition:**

The type of injury identified and associated with the Lower Extremities.

**Instructions for Coding/Data Entry:**

NHTSA Injury Matrix Lower Extremities is provided by EMS personnel.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	3320	Amputation
3325	Bleeding Controlled	3330	Bleeding Uncontrolled
3335	Burn	3340	Crush
3345	Dislocation Fracture	3350	Gunshot
3355	Laceration	3360	Pain Without Swelling/Bruising
3365	Puncture/Stab	3370	Soft Tissue Swelling/Bruising

---

**NHTSA INJURY MATRIX UNSPECIFIED****AZ-EMESIS Data Element**

Field Name: NHTSAInjuryMatrix  
Field Code: E15\_11  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: No  
**National Element:** No

---

**Definition:**

The type of injury identified and associated with Unspecified.

**Instructions for Coding/Data Entry:**

NHTSA Injury Matrix Unspecified is provided by EMS personnel.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	3320	Amputation
3325	Bleeding Controlled	3330	Bleeding Uncontrolled
3335	Burn	3340	Crush
3345	Dislocation Fracture	3350	Gunshot
3355	Laceration	3360	Pain Without Swelling/Bruising
3365	Puncture/Stab	3370	Soft Tissue Swelling/Bruising

---

**ESTIMATED BODY WEIGHT****AZ-EMESIS Data Element**

Field Name: EstimatedBodyWeight  
Field Code: E16\_01  
XSD Type: Integer  
Field Width: Min. 1 Max. 500  
Null Values Accepted: No  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The patient's body weight in kilograms, either measured or estimated.

**Instructions for Coding/Data Entry:**

Estimated Body Weight is provided by EMS personnel.

**Field Values:**

Enter the relevant value for the data element and patient care.

---

**BROSLOW/LUTEN COLOR**

Field Name: BroslowLutenColor  
Field Code: E16\_02  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

The Broselow/Luten Color as taken from the tape..

**Instructions for Coding/Data Entry:**

Length Based Tape Measure is provided by EMS personnel.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	3375	Blue
3380	Green	3385	Grey
3390	Orange	3395	Pink
3400	Purple	3405	Red
3410	White	3415	Yellow

---

**DATE/TIME OF ASSESSMENT****AZ-EMESIS Data Element**

Field Name: DateTime  
Field Code: E16\_03  
XSD Type: DateTime  
Field Width: Min. 1990, Max. 2030  
Null Values Accepted: Yes\*  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The date/time the assessment was made on the patient.

**Instructions for Coding/Data Entry:**

Date/Time of Assessment is provided by EMS personnel.

This Data Element is a multiple entry configuration which allows for assessments to be documented.

\* Accepts Null Values, but null value is blank or empty.

**Field Values:**

If Date/Time of Assessment is known, enter the relevant value for the data element and patient care.

If the Date/Time of Assessment is electronically stored within a database or transmitted via XML as a “tick”, the referenced variables may also be used.

**Field Format:** [YYYY-MM-DD-T00:00.0Z].

---

**SKIN ASSESSMENT**

Field Name: SkinAssessment  
Field Code: E16\_04  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

The assessment of the patient's skin on examination.

**Instructions for Coding/Data Entry:**

Skin Assessment is provided by EMS personnel.

Skin Assessment is associated in Database schema to Date/Time (E16\_03) to allow for multiple assessments.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	3420	Normal
3425	Not Done	3430	Clammy
3435	Cold	3440	Cyanotic
3445	Jaundiced	3450	Lividity
3455	Mottled	3460	Pale
3465	Warm		

---

**HEAD/FACE ASSESSMENT**

Field Name: HeadFaceAssessment

Field Code: E16\_05

XSD Type: Integer

Field Width: Min. 2, Max. 4

Null Values Accepted: Yes

Multiple Field Entry: Yes, via structure

Common to All PECs: Yes

**National Element:** No**AZ-EMESIS Data Element****Definition:**

The assessment of the patient's head and face on examination.

**Instructions for Coding/Data Entry:**

Skin Assessment is provided by EMS personnel.

Skin Assessment is associated in Database schema to Date/Time (E16\_03) to allow for multiple assessments.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	3465	Normal
3475	Not Done	3480	Asymmetric Smile or Droop
3485	Drainage	3490	Mass/Lesion
3495	Swelling		

---

**NECK ASSESSMENT**

Field Name: NeckAssessment

Field Code: E16\_06

XSD Type: Integer

Field Width: Min. 2, Max. 4

Null Values Accepted: Yes

Multiple Field Entry: Yes, via structure

Common to All PECs: Yes

**National Element:** No**AZ-EMESIS Data Element****Definition:**

The assessment of the patient's head and neck area on examination.

**Instructions for Coding/Data Entry:**

Skin Assessment is provided by EMS personnel.

Skin Assessment is associated in Database schema to Date/Time (E16\_03) to allow for multiple assessments.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	3500	Normal
3505	Not Done	3510	JVD
3515	Strider	3520	SubQ Air
3525	Tracheal Deviation		

---

**CHEST/LUNGS ASSESSMENT**

Field Name: ChestLungsAssessment  
Field Code: E16\_07  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

The assessment of the patient's chest on examination.

**Instructions for Coding/Data Entry:**

Chest/Lungs Assessment is provided by EMS personnel.

Chest/Lungs Assessment is associated in Database schema to Date/Time (E16\_03) to allow for multiple assessments.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	3320	Amputation
3530	Normal	3535	Not Done
3540	Accessory Muscles	3545	Decreased Breath Sounds-Left
3550	Decreased Breath Sounds-Right	3555	Flail Segment-Left
3560	Flail Segment-Right	3565	Increased Effort
3570	Normal Breath Sounds	3575	Rales
3580	Rhonchi/Wheezing	3585	Tenderness-Left
3590	Tenderness-Right		

---

**ABDOMEN LEFT UPPER ASSESSMENT****AZ-EMESIS Data Element**

Field Name: AbdomenLeftUpperAssessment  
Field Code: E16\_09  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The assessment of the patient's left upper abdomen on examination.

**Instructions for Coding/Data Entry:**

Abdomen Left Upper Assessment is provided by EMS personnel.

Abdomen Left Upper Assessment is associated in Database schema to Date/Time (E16\_03) to allow for multiple assessments.

**Additional Information:**

Associated with Database schema to Date/Time (E16\_03) to allow multiple assessments.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	3615	Normal
3620	Not Done	3625	Distention
3630	Guarding	3635	Mass
3640	Tenderness		

---

**ABDOMEN LEFT LOWER ASSESSMENT****AZ-EMESIS Data Element**

Field Name: AbdomenLeftLowerAssessment  
Field Code: E16\_10  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The assessment of the patient's left lower abdomen on examination.

**Instructions for Coding/Data Entry:**

Abdomen Left Lower Assessment is provided by EMS personnel.

Abdomen Left Lower Assessment is associated in Database schema to Date/Time (E16\_03) to allow for multiple assessments.

**Additional Information:**

Associated with Database schema to Date/Time (E16\_03) to allow multiple assessments.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	3645	Normal
3650	Not Done	3655	Distention
3660	Guarding	3655	Mass
3670	Tenderness		

---

**ABDOMEN RIGHT UPPER ASSESSMENT****AZ-EMESIS Data Element**

Field Name: AbdomenRightUpperAssessment  
Field Code: E16\_11  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The assessment of the patient's right upper abdomen on examination.

**Instructions for Coding/Data Entry:**

Abdomen Right Upper Assessment is provided by EMS personnel.

Abdomen Right Upper Assessment is associated in Database schema to Date/Time (E16\_03) to allow for multiple assessments.

**Additional Information:**

Associated with Database schema to Date/Time (E16\_03) to allow multiple assessments.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	3675	Normal
3680	Not Done	3685	Distention
3690	Guarding	3695	Mass
3700	Tenderness		

---

**ABDOMEN RIGHT LOWER ASSESSMENT****AZ-EMESIS Data Element**

Field Name: AbdomenRightLowerAssessment  
Field Code: E16\_12  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The assessment of the patient's right lower abdomen on examination.

**Instructions for Coding/Data Entry:**

Abdomen Right Lower Assessment is provided by EMS personnel.

Abdomen Right Lower Assessment is associated in Database schema to Date/Time (E16\_03) to allow for multiple assessments.

**Additional Information:**

Associated with Database schema to Date/Time (E16\_03) to allow multiple assessments.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	3705	Normal
3710	Not Done	3715	Distention
3720	Guarding	3725	Mass
3730	Tenderness		

---

**GU ASSESSMENT**

Field Name: GUAssessment

Field Code: E16\_13

XSD Type: Integer

Field Width: Min. 2, Max. 4

Null Values Accepted: Yes

Multiple Field Entry: Yes, via structure

Common to All PECs: Yes

**National Element:** No**AZ-EMESIS Data Element****Definition:**

The assessment of the patient's GU area on examination.

**Instructions for Coding/Data Entry:**

GU Assessment is provided by EMS personnel.

GU Assessment is associated in Database schema to Date/Time (E16\_03) to allow for multiple assessments.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	3735	Normal
3740	Not Done	3745	Crowning
3750	Genital Injury	3755	Tenderness
3760	Unstable		

---

**BACK CERVICAL ASSESSMENT**

Field Name: BackCervicalAssessment  
Field Code: E16\_14  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

The assessment of the patient's back-cervical on examination.

**Instructions for Coding/Data Entry:**

Back Cervical Assessment is provided by EMS personnel.

Back Cervical Assessment is associated in Database schema to Date/Time (E16\_03) to allow for multiple assessments.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	3765	Normal
3770	Not Done	3775	Pain to ROM
3780	Tender Para-Spinous	3785	Tender Spinous Process

---

**BACK THORACIC ASSESSMENT**

Field Name: BackThoracicAssessment  
Field Code: E16\_15  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

The assessment of the patient's back-thoracic on examination.

**Instructions for Coding/Data Entry:**

Back Thoracic Assessment is provided by EMS personnel.

Back Thoracic Assessment is associated in Database schema to Date/Time (E16\_03) to allow for multiple assessments.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	3790	Normal
3795	Not Done	3800	Pain to ROM
3805	Tender Para-Spinous	3810	Tender Spinous Process

---

**BACK LUMBAR/SACRAL ASSESSMENT****AZ-EMESIS Data Element**

Field Name: BackLumbarSacralAssessment  
Field Code: E16\_16  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The assessment of the patient's back-lumbar/sacral on examination.

**Instructions for Coding/Data Entry:**

Back Lumbar/Sacral Assessment is provided by EMS personnel.

Back Lumbar/Sacral Assessment is associated in Database schema to Date/Time (E16\_03) to allow for multiple assessments.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	3815	Normal
3820	Not Done	3825	Pain to ROM
3830	Tender Para-Spinous	3835	Te4nder Spinous Process

---

**EXTREMITIES-RIGHT  
UPPER ASSESSMENT**

**AZ-EMESIS Data Element**

Field Name: ExtremitiesRightUpperAssessment  
Field Code: E16\_17  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The assessment of the patient's right upper extremities on examination.

**Instructions for Coding/Data Entry:**

Extremities-Right Upper Assessment is provided by EMS personnel.

Extremities-Right Upper Assessment is associated in Database schema to Date/Time (E16\_03) to allow for multiple assessments.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	3840	Normal
3845	Not Done	3850	Abnormal Pulse
3855	Abnormal Sensation	3860	Edema
3865	Tenderness	3870	Weakness

---

**EXTREMITIES-RIGHT  
LOWER ASSESSMENT**

**AZ-EMESIS Data Element**

Field Name: ExtremitiesRightLowerAssessment  
Field Code: E16\_18  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The assessment of the patient's right lower extremities on examination.

**Instructions for Coding/Data Entry:**

Extremities-Right Lower Assessment is provided by EMS personnel.

Extremities-Right Lower Assessment is associated in Database schema to Date/Time (E16\_03) to allow for multiple assessments.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	3875	Normal
3880	Not Done	3885	Abnormal Pulse
3890	Abnormal Sensation	3895	Edema
3900	Tenderness	3905	Weakness

---

**EXTREMITIES-LEFT  
UPPER ASSESSMENT**

**AZ-EMESIS Data Element**

Field Name: ExtremitiesLeftUpperAssessment  
Field Code: E16\_19  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The assessment of the patient's left upper extremities on examination.

**Instructions for Coding/Data Entry:**

Extremities-Left Upper Assessment is provided by EMS personnel.

Extremities- Left Upper Assessment is associated in Database schema to Date/Time (E16\_03) to allow for multiple assessments.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	3910	Normal
3915	Not Done	3920	Abnormal Pulse
3925	Abnormal Sensation	3930	Edema
3935	Tenderness	3940	Weakness

---

**EXTREMITIES-LEFT  
LOWER ASSESSMENT**

**AZ-EMESIS Data Element**

Field Name: ExtremitiesLeftLowerAssessment  
Field Code: E16\_20  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The assessment of the patient's left lower extremities on examination.

**Instructions for Coding/Data Entry:**

Extremities-Left Lower Assessment is provided by EMS personnel.

Extremities- Left Lower Assessment is associated in Database schema to Date/Time (E16\_03) to allow for multiple assessments.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	3945	Normal
3950	Not Done	3955	Abnormal Pulse
3960	Abnormal Sensation	3965	Edema
3970	Tenderness	3975	Weakness

---

**EYES-LEFT ASSESSMENT**

Field Name: EyesLeftAssessment

Field Code: E16\_21

XSD Type: Integer

Field Width: Min. 2, Max. 4

Null Values Accepted: Yes

Multiple Field Entry: Yes, via structure

Common to All PECs: Yes

**National Element:** No**AZ-EMESIS Data Element****Definition:**

The assessment of the patient's left eye on examination.

**Instructions for Coding/Data Entry:**

Left Eye Assessment is provided by EMS personnel.

Left Eye Assessment is associated in Database schema to Date/Time (E16\_03) to allow for multiple assessments.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	3980	Not Done
3985	2-mm	3990	3-mm
3995	4-mm	4000	5-mm
4005	6-mm	4010	7-mm
4015	Blind	4020	Reactive
4025	Non-Reactive		

---

**EYES-RIGHT ASSESSMENT**

Field Name: EyesRightAssessment

Field Code: E16\_22

XSD Type: Integer

Field Width: Min. 2, Max. 4

Null Values Accepted: Yes

Multiple Field Entry: Yes, via structure

Common to All PECs: Yes

**National Element:** No**AZ-EMESIS Data Element****Definition:**

The assessment of the patient's right eye on examination.

**Instructions for Coding/Data Entry:**

Right Eye Assessment is provided by EMS personnel.

Right Eye Assessment is associated in Database schema to Date/Time (E16\_03) to allow for multiple assessments.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	4030	Not Done
4035	2-mm	4040	3-mm
4045	4-mm	4050	5-mm
4055	6-mm	4060	7-mm
4065	Blind	4070	Reactive
4075	Non-Reactive		

---

**MENTAL STATUS ASSESSMENT**

Field Name: MentalStatusAssessment  
Field Code: E16\_23  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

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

**Instructions for Coding/Data Entry:**

Mental Status Assessment is provided by EMS personnel.

Mental Status Assessment is associated in Database schema to Date/Time (E16\_03) to allow for multiple assessments.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	4080	Normal
4085	Not Done	4090	Combative
4095	Confused	4100	Hallucinations
4105	Oriented-Person	4110	Oriented-Place
4115	Oriented-Time	4120	Unresponsive

---

**NEUROLOGICAL ASSESSMENT**

Field Name: NeurologicalAssessment  
Field Code: E16\_24  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

The assessment of the patient's neurological status on examination.

**Instructions for Coding/Data Entry:**

Neurological Assessment is provided by EMS personnel.

Neurological Assessment is associated in Database schema to Date/Time (E16\_03) to allow for multiple assessments.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	4125	Normal
4130	Not Done	4135	Abnormal Gait
4140	Facial Droop	4145	Seizure
4150	Speech Normal	4155	Speech Slurred
4160	Tremors	4165	Weakness-Left Sided
4170	Weakness-Right Sided		

---

**PROTOCOLS USED****AZ-EMESIS Data Element**

Field Name: ProtocolsUsed  
Field Code: E17\_01  
XSD Type: String  
Field Width: Min. 2, Max. 30  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The protocol used by EMS personnel to direct the clinical care of the patient.

**Instructions for Coding/Data Entry:**

Protocols Used is provided by EMS personnel.

Use the List from Protocols (D04\_08).

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	Relevant Value for the Data Element and Patient Care from D04_08	

---

**DATE/TIME MEDICATION ADMINISTERED****AZ-EMESIS Data Element**

Field Name: DateTime  
Field Code: E18\_01  
XSD Type: DateTime  
Field Width: Min. 1990, Max. 2030  
Null Values Accepted: Yes\*  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The date/time the medication administered to the patient.

**Instructions for Coding/Data Entry:**

Date/Time Medication Administered is provided by EMS personnel.

This Data Element is a multiple entry configuration which allows for multiple medication administrations to be documented.

\* Accepts Null Values, but null value is blank or empty.

**Field Values:**

If Date/Time Medication Administered is known, enter the relevant value for the data element and patient care.

If the Date/Time Medication Administered is electronically stored within a database or transmitted via XML as a “tick”, the referenced variables may also be used.

**Field Format:** [YYYY-MM-DD-T00:00.0Z].

---

**MEDICATION ADMINISTERED  
PRIOR TO THIS UNIT'S EMS CARE**

**AZ-EMESIS Data Element**

Field Name: YesNoValues  
Field Code: E18\_02  
XSD Type: Integer  
Field Width: Min. 1, Max. 3  
Null Values Accepted: Yes  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

Indicates that the medication administered which is documented was administered prior to this EMS unit's care.

**Instructions for Coding/Data Entry:**

Medication Administered Prior to this Unit's EMS Care is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	0	No
1	Yes		

---

**MEDICATION GIVEN****AZ-EMESIS Data Element**

Field Name: MedicationGiven  
Field Code: E18\_03  
XSD Type: String  
Field Width: Min. 2, Max. 30  
Null Values Accepted: Yes  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The medication given to the patient.

**Instructions for Coding/Data Entry:**

Medication Given is provided by EMS personnel.

Use List for Medications (D04\_06).

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable		

If Medication Given is known, enter the relevant value Care from D04\_06

---

**MEDICATION ADMINISTERED ROUTE****AZ-EMESIS Data Element**

Field Name: MedicationAdministeredRoute  
Field Code: E18\_04  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The route that the medication was administered to the patient.

**Instructions for Coding/Data Entry:**

Medication Administered Route is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-25	Not Applicable	-20	Not Recorded
-15	Not Reporting	-10	Not Known
-5	Not Available	4175	Endotracheal Tube
4180	Gastrostomy Tube	4185	Inhalation
4190	Intramuscular	4191	Intraosseous
4200	Intraocular	4205	Intravenous
4210	Nasal	4215	Nasal Prongs
4220	Nasogastric	4225	Ophthalmic
4230	Oral	4235	Other/Miscellaneous
4240	Otic	4245	Re-Breather Mask
4250	Rectal	4255	Subcutaneous
4260	Sublingual	4265	Topical
4270	Tracheostomy	4275	Transdermal
4280	Urethral	4285	Ventrimask
4290	Wound		

---

**MEDICATION DOSAGE****AZ-EMESIS Data Element**

Field Name: MedicationDosage  
Field Code: E18\_05  
XSD Type: Decimal  
Field Width: Min. 0, Max. 1,000,000  
Null Values Accepted: No  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The dose or amount of medication given to the patient.

**Instructions for Coding/Data Entry:**

Medication Dosage is provided by EMS personnel.

**Field Values:**

Enter the Relevant Value for the Data Element & Patient Care.

---

**MEDICATION DOSAGE UNITS****AZ-EMESIS Data Element**

Field Name: MedicationDosageUnits  
Field Code: E18\_06  
XSD Type: Integer  
Field Width: Min. 4, Max. 4  
Null Values Accepted: No  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The units of medication dosage given to the patient.

**Instructions for Coding/Data Entry:**

Medication Dosage Unit is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
4295	GMS	4300	INCHES
4305	IU	4310	KVO (TKO)
4315	L/MIN	4320	LITERS
4325	LPM	4330	MCG
4335	MCG/KG/MIN	4340	MEQ
4345	MG	4350	MG/KG/MIN
4355	ML	4360	ML/HR
4365	OTHER	4370	PUFFS

---

**RESPONSE TO MEDICATION**

Field Name: ResponseToMedication  
Field Code: E18\_07  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

The patient's response to the medication.

**Instructions for Coding/Data Entry:**

Response to Medication is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	4375	Improved
4380	Unchanged	4385	Worse

---

**MEDICATION COMPLICATION****AZ-EMESIS Data Element**

Field Name: MedicationComplication  
Field Code: E18\_08  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes\*  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

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

**Instructions for Coding/Data Entry:**

Medication Complication is provided by EMS personnel.

Multiple Field Entries \* (1) Yes, via structure, (2) Yes for each E14\_01 Date/Time

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	4390	None
4395	Altered Mental Status	4400	Apnea
4405	Bleeding	4410	Bradycardia
4415	Diarrhea	4420	Extravasation
4425	Hypertension	4430	Hyperthermia
4435	Hypotension	4440	Hypoxia
4445	Injury	4450	Itching/Urticaria
4455	Nausea	4460	Other
4465	Respiratory Distress	4470	Tachycardia
4475	Vomiting		

---

**DATE/TIME PROCEDURE  
PERFORMED SUCCESSFULLY**

**AZ-EMESIS Data Element**

Field Name: DateTime  
Field Code: E19\_01  
XSD Type: DateTime  
Field Width: Min. 1990, Max. 2030  
Null Values Accepted: Yes\*  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

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

**Instructions for Coding/Data Entry:**

Date/Time Procedure Performed Successfully is provided by EMS personnel.

If the Date/Time is electronically stored within a database or transmitted via XML as a “tick”, the referenced variables may also be used.

\* Accepts Null Values, but null value is blank or empty.

**Field Values:**

Enter the Relevant Value for the Data Element & Patient Care.

**Field Format:** [YYYY-MM-DD-T00:00.0Z].

---

**PROCEDURE PERFORMED PRIOR  
TO THIS UNIT'S EMS CARE**

**AZ-EMESIS Data Element**

Field Name: YesNoValues  
Field Code: E19\_02  
XSD Type: Integer  
Field Width: Min. 1, Max. 3  
Null Values Accepted: Yes  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

Indicates that the procedure which was performed and documented was performed prior to this EMS unit's care.

**Instructions for Coding/Data Entry:**

Procedure Performed Prior to this Unit's EMS Care is provided by EMS personnel.  
If E19\_02 is "Yes", the Date/Time Medication Administered (E19\_01) is not required.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	0	No
1	Yes		

---

**PROCEDURE****AZ-EMESIS Data Element**

Field Name: Procedure  
Field Code: E19\_03  
XSD Type: Decimal  
Field Width: Min. 0, Max. 1000  
Null Values Accepted: Yes  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The procedure performed on the patient.

**Instructions for Coding/Data Entry:**

Procedure is provided by EMS personnel.

Use Procedures List (D04\_04).

**Additional Information:**

If Airway Procedure leads to “Intubation”, then Airway-intubation confirmation procedures from D04\_04 and Destination Confirmation of Tube Placement (E19\_14) must be completed.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable		

Enter relevant value for the data element and patient care from D04\_4 Procedures List

---

**SIZE OF PROCEDURE EQUIPMENT**

Field Name: SizeOfProcedureEquipment  
Field Code: E19\_04  
XSD Type: String  
Field Width: Min. 2, Max. 20  
Null Values Accepted: Yes  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

The size of the equipment used in the procedure on the patient.

**Instructions for Coding/Data Entry:**

Size of Procedure Equipment is provided by EMS personnel.

Size of Procedure Equipment can be entered as text or configured as a List Box with the specific size associated with each procedure listed in D04\_04.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	Relevant Value for the Data Element and Patient Care	

---

**NUMBER OF PROCEDURE ATTEMPTS****AZ-EMESIS Data Element**

Field Name: NumberOfProcedureAttempts  
Field Code: E19\_05  
XSD Type: Integer  
Field Width: Min. -25, Max. 100  
Null Values Accepted: Yes  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

The number of attempts taken to complete a procedure or intervention regardless of success.

**Instructions for Coding/Data Entry:**

Number of Procedure Attempts is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	Relevant Value for the Data Element and Patient Care	

**Extended Definitions of Field Values:**

Clarification of the term 'attempt' – An active attempt to perform the procedure. Specific examples include:

*Oral airways* – The tip of the airway or the laryngoscope breaks the plane of the teeth

*Nasal airways* – The tip of the airway breaks the plane of the nares

*Surgical airways* – The skin over the intended airway site is broken

*Vascular access* – The skin over the intended access site is broken

---

**PROCEDURE SUCCESSFUL****AZ-EMESIS Data Element**

Field Name: YesNoValues  
Field Code: E19\_06  
XSD Type: Integer  
Field Width: Min. 1, Max. 3  
Null Values Accepted: Yes  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

Indication of whether or not the procedure performed on the patient was successful.

**Instructions for Coding/Data Entry:**

Procedure Successful is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	0	No
1	Yes		

**Extended Definitions of Field Values:**

Clarification of the term 'successful' - An indication of whether the procedure / intervention was completed as intended, regardless of the patient's response or outcome.

---

## PROCEDURE COMPLICATION

### AZ-EMESIS Data Element

Field Name: ProcedureComplication  
Field Code: E19\_07  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes\*  
Common to All PECs: Yes  
National Element: Yes

---

#### Definition:

Any complication associated with the performance of the procedure on the patient.

#### Instructions for Coding/Data Entry:

Procedure Complication is provided by EMS personnel.

Multiple Field Entries \* (1) Yes, via structure, (2) Yes for each E14\_01 Date/Time

#### Field Values:

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	4500	None
4505	Altered Mental Status	4510	Apnea
4515	Bleeding	4520	Bradycardia
4525	Diarrhea	4530	Esophageal Intubation-Immediately
4535	Esophageal Intubation-Other	4540	Extravasation
4545	Hypertension	4550	Hyperthermia
4555	Hypotension	4560	Hypoxia
4565	Injury	4570	Itching/Urticaria
4575	Nausea	4580	Other
4585	Respiratory Distress	4590	Tachycardia
4595	Vomiting		

#### Extended Definitions of Field Values:

Clarification of the term 'complication' - These are complications caused by the performance of the procedure by EMS.

4530 - *Esophageal Intubation-immediately detected* means the misplacement/displacement of the airway was detected in the prehospital setting

4535 - *Esophageal Intubation-other* means the misplacement / displacement of the airway was detected in the hospital or clinical setting

---

**RESPONSE TO PROCEDURE**

Field Name: ResponseToProcedure  
Field Code: E19\_08  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

The patient's response to the procedure.

**Instructions for Coding/Data Entry:**

Response to Procedure is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	4600	Improved
4605	Unchanged	4610	Worse

---

**SUCCESSFUL IV SITE****AZ-EMESIS Data Element**

Field Name: SuccessfulIVSite  
Field Code: E19\_12  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The location of the IV site (if applicable) on the patient.

**Instructions for Coding/Data Entry:**

Successful IV Site is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	4635	Antecubital-Left
4640	Antecubital-Right	4645	External Jugular-Left
4650	External Jugular-Right	4655	Femoral-Left IV
4660	Femoral-Left Distal IO	4665	Femoral-Right IV
4670	Femoral-Right IO	4675	Forearm-Left
4680	Forearm-Right	4685	Hand-Left
4690	Hand-Right	4695	Lower Extremity-Left
4700	Lower Extremity-Right	4705	Other
4710	Scalp	4715	Sternal IO
4720	Tibia IO-Left	4725	Tibia IO-Right
4730	Umbilical		

---

**TUBE CONFIRMATION****AZ-EMESIS Data Element**

Field Name: TubeConfirmation  
Field Code: E19\_13  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

Endotracheal Tube placement verification at the time the airway procedure was done.

**Instructions for Coding/Data Entry:**

Tube Confirmation is provided by EMS personnel.

Tube Confirmation is associated with Procedure (E19\_03) if Airway Procedure leads to Intubation.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	4735	Auscultation of Bilateral Breath Sounds
4740	Colormetric CO2 Detector Confirmation	4745	Digital CO2 Confirmation
4750	Esophageal Bulb Aspiration Confirmation	4755	Negative Auscultation of the Epigastrium
4760	Visualization of the Chest Rising with Ventilation	4765	Visualization of Tube Passing Through the Cords
4770	Waveform CO2 Confirmation		

---

**DESTINATION CONFIRMATION  
OF TUBE PLACEMENT**

**AZ-EMESIS Data Element**

Field Name: DestinationConfirmationOfTubePlacement  
Field Code: E19\_14  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

Endotracheal Tube location verification on the arrival at the Destination (if applicable).

**Instructions for Coding/Data Entry:**

Destination Confirmation of Tube Placement is provided by EMS personnel.

Destination Confirmation of Tube Placement is associated with Procedure (E19\_03) if Airway Procedure leads to Intubation.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	4775	Auscultation of Bilateral Breath Sounds
4780	Colormetric CO2 Detector Confirmation	4785	Digital CO2 Confirmation
4790	Esophageal Bulb Aspiration Confirmation	4795	Negative Auscultation of the Epigastrium
4800	Visualization of the Chest Rising with Ventilation	4805	Visualization of Tube Passing Through the Cords
4810	Waveform CO2 Confirmation		

---

**DESTINATION/TRANSFERRED TO, NAME**

Field Name: DestinationTransferredToID  
Field Code: E20\_01  
XSD Type: String  
Field Width: Min. 2, Max. 50  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

The destination the patient was delivered or transferred to.

**Instructions for Coding/Data Entry:**

Destination/Transferred To, Name is typically documented once by the EMS agency then verified each year, and updated yearly or when changed based on updates provided by ADHS/Bureau of EMS and Trauma System.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	Relevant Value for the Data Element & Patient Care from D04_11	

---

**DESTINATION/TRANSFERRED TO, CODE****AZ-EMESIS Data Element**

Field Name: DestinationTransferredToCode  
Field Code: E20\_02  
XSD Type: String  
Field Width: Min. 2, Max. 50  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The code of the destination the patient was delivered or transferred to, if present and available.

**Instructions for Coding/Data Entry:**

Destination/Transferred To, Code is typically documented once by the EMS agency then verified each year, and updated yearly or when changed based on updates provided by ADHS/Bureau of EMS and Trauma System.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	Relevant Value for the Data Element & Patient Care from D04_12	

---

**DESTINATION CITY****AZ-EMESIS Data Element**

Field Name: City  
Field Code: E20\_04  
XSD Type: String  
Field Width: Min. 2, Max. 30  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The city name of the destination the patient was delivered or transferred to.

**Instructions for Coding/Data Entry:**

Destination State is provided by the EMS agency or may be electronically provided through the 911 or dispatch center.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	Relevant Value for the Data Element & Patient Care	

---

**DESTINATION STATE****AZ-EMESIS Data Element**

Field Name: State  
Field Code: E20\_05  
XSD Type: String  
Field Width: Min. 2, Max. 3  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The destination State in which the patient was delivered or transferred to.

**Instructions for Coding/Data Entry:**

Destination State is provided by the EMS agency or may be electronically provided through the 911 or dispatch center. The 2-digit FIPS numeric code (not the State abbreviation) is entered for this data element.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	Relevant Value for the Data Element & Patient Care	

---

**DESTINATION COUNTY****AZ-EMESIS Data Element**

Field Name: County  
Field Code: E20\_06  
XSD Type: String  
Field Width: Min. 2, Max. 5  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The destination County in which the patient was delivered or transferred to.

**Instructions for Coding/Data Entry:**

Destination County is provided by the EMS agency or may be electronically provided through the 911 or dispatch center. The 5-digit FIPS code (i.e., combining the 2-digit State FIPS code from D01\_03 and the 3-digit County FIPS code from D01\_04) is used to populate this data element.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	Relevant Value for the Data Element & Patient Care	

---

**DESTINATION ZIP CODE****AZ-EMESIS Data Element**

Field Name: Zip  
Field Code: E20\_07  
XSD Type: String  
Field Width: Min. 2, Max. 10  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

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

**Instructions for Coding/Data Entry:**

Destination ZIP Code is provided by the EMS agency or may be electronically provided through the 911 or dispatch center.

Can be a 5 or 9 digit ZIP Code.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	Relevant Value for the Data Element & Patient Care	

---

**INCIDENT/PATIENT DISPOSITION****AZ-EMESIS Data Element**

Field Name: IncidentPatientDisposition  
Field Code: E20\_10  
XSD Type: Integer  
Field Width: Min. 4, Max. 4  
Null Values Accepted: No  
Multiple Field Entry: No  
Common to All PECs: No  
**National Element: Yes**

---

**Definition:**

Type of disposition treatment and/or transport of the patient.

**Instructions for Coding/Data Entry:**

Incident/Patient Disposition is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
4815	Cancelled	4820	Dead at Scene
4825	No Patient Found	4830	No Treatment and Released
4835	Patient Refused Care	4840	Treated and Released
4845	Treated, Transferred Care	4850	Treated, Transported by EMS
4855	Treated, Transported by Law Enforcement	4860	Treated, Transported by Private Vehicle

**Extended Definitions of Field Values:**

4815 - **Cancelled** - Cancelled prior to patient contact

4820 - **Dead at Scene** - Either dead on arrival or dead after arrival with field resuscitation not successful and not transported

4825 - **No Patient Found** - EMS was unable to find a patient at the scene

4830 - **No treatment required** - Assessment resulted in no identifiable condition requiring treatment by EMS

4835 - **Patient Refused Care** - Patient refused to give consent or withdrew consent for care

4840 - **Treated and released** - The patient was treated by EMS but did not require transport to the hospital

4845 - **Treated, Transferred Care** - The patient was treated but care was transferred to another EMS unit

4850 - **Treated, transported by EMS** - The patient was treated and transported by the reporting EMS unit

4855 - **Treated, transported by law Enforcement** - The patient was treated and transported by a law enforcement unit

4860 - **Treated, Transported by Private Vehicle** - The patient was treated and transported by means other than EMS or law enforcement

---

**TRANSPORT MODE FROM SCENE****AZ-EMISIS Data Element**

Field Name: TransportModeFromScene  
Field Code: E20\_14  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

Indication to whether or not lights and/or sirens were used on the vehicle while leaving the scene.

**Instructions for Coding/Data Entry:**

Transport Mode from Scene is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	4955	Initial Lights and Siren, Downgraded to No Lights or Siren
4960	Initial No Lights or Sirens, Upgraded to Lights and Sirens	4965	Lights and Sirens
4970	No Lights or Sirens		

---

**CONDITION OF PATIENT AT DESTINATION****AZ-EMESIS Data Element**

Field Name: ConditionOfPatientAtDestination  
Field Code: E20\_15  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

Indication to whether or not lights and/or sirens were used on the vehicle while leaving the scene.

**Instructions for Coding/Data Entry:**

Transport Mode from Scene is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	4975	Improved
4980	Unchanged	4985	Worse

---

**REASON FOR CHOOSING DESTINATION****AZ-EMESIS Data Element**

Field Name: ReasonForChoosingDestination  
Field Code: E20\_16  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

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

**Instructions for Coding/Data Entry:**

Reason for Choosing Destination is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available`	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	4990	Closest Facility (none below)
4995	Diversion	5000	Family Choice
5005	Insurance Status	5010	Law Enforcement Choice
5015	On-Line Medical Direction	5020	Other
5025	Patient Choice	5030	Patient's Physician's Choice
5035	Protocol	5040	Specialty Resource Center

**Extended Definitions of Field Values:**

**Closest Facility (none below)** – The closest hospital/facility.

**Diversion** – First choice hospital/facility is unable to accept patient.

**Family Choice** – Transported to hospital/facility chosen by the patients' family or a person acting on the patient's behalf.

**Insurance Status** – The hospital/facility is chosen based on insurance coverage.

**Law Enforcement Choice** – Transported to hospital/facility chosen by Law Enforcement.

**On-Line Medical Direction** – Transported to hospital/facility as directed by medical control either on-line or on-scene.

**Other** – Not one of the other options listed.

**Patient Choice** – Transported to hospital/facility of patient's choice.

**Patient's Physicians Choice** – Transported to hospital/facility chosen by the patient's physician.

**Protocol** – Patient transport to alternate facility in accordance with Medical Director approved protocols/guidelines.

**Specialty Resource Center** – Transport to a specialty facility based upon unique needs of the patient.

---

**TYPE OF DESTINATION****AZ-EMESIS Data Element**

Field Name: TypeOfDestination  
Field Code: E20\_17  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**Definition:**

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

**Instructions for Coding/Data Entry:**

Type of Destination is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available`	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	5045	Home
5050	Hospital	5055	Medical Office/Clinic
5060	Morgue	5065	Nursing Home
5070	Other	5075	Other EMS Responder (air)
5080	Other EMS Responder (ground)	5085	Police/Jail

---

**EVENT DATE/TIME**

Field Name: DateTime  
Field Code: E21\_01  
XSD Type: DateTime  
Field Width: Min. 1990, Max. 2030  
Null Values Accepted: Yes\*  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**AZ-EMESIS Data Element**

**Definition:**

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

**Instructions for Coding/Data Entry:**

Event Date/Time provided by medical device and electronically transmitted to the EMS database for further use.

\* Accepts Null Values, but null value is blank or empty.

If the Date/Time is electronically stored within a database or transmitted via XML as a "tick", the referenced variables may also be used.

**Field Values:**

Enter the relevant value for the data element and patient care

**Field Format:** [YYYY-MM-DD-T00:00.0Z].

---

**MEDICAL DEVICE EVENT NAME**

Field Name: MedicalDeviceEventID

Field Code: E21\_02

XSD Type: Integer

Field Width: Min. 2, Max. 4

Null Values Accepted: Yes

Multiple Field Entry: Yes, via structure

Common to All PECs: Yes

**National Element:** No**AZ-EMESIS Data Element****Definition:**

The type of event documented by the medical device.

**Instructions for Coding/Data Entry:**

Medical Device Event Name provided by medical device and electronically transmitted to the EMS database for further use.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available`	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	5090	12-Lead ECG
5095	Analysis (Button Pressed)	5100	CO2
5105	Date Transmitted	5110	Defibrillation
5115	ECG-Monitor	5120	Heart Rate
5125	Invasive Pressure 1	5130	Invasive Pressure 2
5135	No Shock Advised	5140	Non-Invasive BP
5145	Pacing Electrical Capture	5150	Pacing Started
5155	Pacing Stopped	5160	Patient Connected
5165	Power On	5170	Pulse Oximetry
5175	Pulse Rate	5180	Respiratory Rate
5185	Shock Advised	5190	Sync Off
5195	Sync On		

---

**WAVEFORM GRAPHIC TYPE****AZ-EMSiS Data Element**

Field Name: WaveFormGraphicType  
Field Code: E21\_03  
XSD Type: Integer  
Field Width: Min. 4, Max. 4  
Null Values Accepted: No  
Multiple Field Entry: Yes\*  
Common to All PECs: No  
**National Element:** No

---

**Definition:**

The type of waveform file stored in Waveform Graphic (E21\_04).

**Instructions for Coding/Data Entry:**

Waveform Graphic Type provided by medical device and electronically transmitted to the EMS database for further use.

\* Yes, as associated with E21\_01 Date/Time

**Field Values:**

Data Value	Description
5200	JPG
5205	PDF

---

**WAVEFORM GRAPHIC****AZ-EMESIS Data Element**

Field Name: WaveFormGraphic  
Field Code: E21\_04  
XSD Type: Base64Binary  
Field Width: N/A  
Null Values Accepted: No  
Multiple Field Entry: Yes\*  
Common to All PECs: No  
**National Element:** No

---

**Definition:**

The graphic waveform file in a PDF or JPG format.

**Instructions for Coding/Data Entry:**

Waveform Graphic provided by medical device and electronically transmitted to the EMS database for further use.

\* Yes, as associated with E21\_01 Date/Time

**Field Values:**

Enter Relevant Value for the Data Element & Patient Care.

---

**AED, PACING, OR CO2 MODE**

Field Name: AEDPacingOrCO2Mode  
Field Code: E21\_05  
XSD Type: Integer  
Field Width: Min. 4, Max. 4  
Null Values Accepted: No  
Multiple Field Entry: Yes, via structure  
Common to All PECs: No  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

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

**Instructions for Coding/Data Entry:**

AED, Pacing, or CO2 Mode provided by medical device and electronically transmitted to the EMS database for further use.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
5210	Automated	5215	Manual
5220	Advisory	5225	Demand
5230	Sensing	5235	Mid-Stream
5240	Side-Stream		

---

**ECG LEAD**

Field Name: ECGLead

Field Code: E21\_06

XSD Type: Integer

Field Width: Min. 4, Max. 4

Null Values Accepted: No

Multiple Field Entry: Yes, via structure

Common to All PECs: Yes

**National Element:** No**AZ-EMESIS Data Element****Definition:**

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

**Instructions for Coding/Data Entry:**

ECG Lead by medical device and electronically transmitted to the EMS database for further use.

**Field Values:**

Data Value	Description	Data Value	Description
5245	I	5250	II
5255	III	5260	AVR
5265	AVL	5270	AVF
5275	V1	5280	V2
5285	V3	5290	V4
5295	V5	5300	V6
5305	PADDLE		

---

**ECG INTERPRETATION****AZ-EMESIS Data Element**

Field Name: ECGInterpretation  
Field Code: E21\_07  
XSD Type: String  
Field Width: Min. 1, Max. 2000  
Null Values Accepted: No  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

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

**Instructions for Coding/Data Entry:**

ECG Interpretation provided by medical device and electronically transmitted to the EMS database for further use.

**Field Values:**

Enter Relevant Value for the Data Element & Patient Care.

---

**TYPE OF SHOCK**

Field Name: TypeOfShock  
Field Code: E21\_08  
XSD Type: Integer  
Field Width: Min. 4, Max. 4  
Null Values Accepted: No  
Multiple Field Entry: Yes, via structure  
Common to All PECs: No  
**National Element:** No

---

**AZ-EMESIS Data Element  
(Optional if Available)****Definition:**

The energy form used by the device for the defibrillation (if appropriate for the event).

**Instructions for Coding/Data Entry:**

Type of Shock provided by medical device and electronically transmitted to the EMS database for further use.

**Additional Information:**

Associated with Event Date/Time (E21\_01) and only if appropriate for the Medical Device Event (E21\_02).

**Field Values:**

Data Value	Description
5310	Biphasic
5311	Monophasic

---

**SHOCK OR PACING ENERGY****AZ-EMESIS Data Element  
(Optional if Available)**

Field Name: ShockOrPacingEnergy  
Field Code: E21\_09  
XSD Type: Decimal  
Field Width: Min. 1, Max. 9000  
Null Values Accepted: No  
Multiple Field Entry: Yes, via structure  
Common to All PECs: No  
**National Element:** No

---

**Definition:**

The energy used for the shock or pacing event (if appropriate for the event).

**Instructions for Coding/Data Entry:**

Shock or Pacing Energy provided by medical device and electronically transmitted to the EMS database for further use.

**Additional Information:**

Associated with Event Date/Time (E21\_01) and only if appropriate for the Medical Device Event (E21\_02).

**Field Values:**

Enter Relevant Value for the Data Element & Patient Care.

---

**TOTAL NUMBER OF SHOCKS DELIVERED**

**AZ-EMESIS Data Element**

Field Name: TotalNumberOfShocks  
Field Code: E21\_10  
XSD Type: Integer  
Field Width: Min. 1, Max. 100  
Null Values Accepted: No  
Multiple Field Entry: Yes, via structure  
Common to All PECs: No  
**National Element:** No

---

**Definition:**

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

**Instructions for Coding/Data Entry:**

Total Number of Shocks Delivered provided by medical device and electronically transmitted to the EMS database for further use.

**Field Values:**

Enter Relevant Value for the Data Element & Patient Care.

---

**PACING RATE****AZ-EMESIS Data Element**

Field Name: PacingRate  
Field Code: E21\_11  
XSD Type: Integer  
Field Width: Min. 1, Max. 1000  
Null Values Accepted: No  
Multiple Field Entry: Yes, via structure  
Common to All PECs: No  
**National Element:** No

---

**Definition:**

The rate the device was calibrated to pace during the event, if appropriate,

**Instructions for Coding/Data Entry:**

Pacing Rate provided by medical device and electronically transmitted to the EMS database for further use.

**Additional Information:**

Associated with Event Date/Time (E21\_01) and only if appropriate for the Medical Device Event (E21\_02).

**Field Values:**

Enter Relevant Value for the Data Element & Patient Care.

---

**DEVICE HEART RATE**

Field Name: PulseRate  
Field Code: E21\_12  
XSD Type: Integer  
Field Width: Min. 0, Max. 500  
Null Values Accepted: No  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

The heart rate electronically obtained by the device (if appropriate for the event).

**Instructions for Coding/Data Entry:**

Device Heart Rate provided by medical device and electronically transmitted to the EMS database for further use.

**Additional Information:**

Associated with Event Date/Time (E21\_01) and only if appropriate for the Medical Device Event (E21\_02).  
Could be merged into Electronic Monitor Rate (E14\_08).

**Field Values:**

Enter Relevant Value for the Data Element & Patient Care.

---

**DEVICE PULSE RATE****AZ-EMESIS Data Element**

Field Name: PulseRate  
Field Code: E21\_13  
XSD Type: Integer  
Field Width: Min. 0, Max. 500  
Null Values Accepted: No  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The pulse rate as measured from the pulse oximeter, non-invasive pressure, or invasive pressure transducers (if appropriate for the event).

**Instructions for Coding/Data Entry:**

Device Pulse Rate provided by medical device and electronically transmitted to the EMS database for further use.

**Additional Information:**

Associated with Event Date/Time (E21\_01) and only if appropriate for the Medical Device Event (E21\_02).  
Could be merged into Pulse Rate (E14\_07).

**Field Values:**

Enter Relevant Value for the Data Element & Patient Care.

---

**DEVICE SYSTOLIC BLOOD PRESSURE****AZ-EMESIS Data Element**

Field Name: SBP  
Field Code: E21\_14  
XSD Type: Integer  
Field Width: Min. 0, Max. 400  
Null Values Accepted: No  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The Systolic Blood Pressure as measured either through non-invasive blood pressure monitor, invasive blood pressure monitor 1, or invasive blood pressure monitor 2 (if appropriate for the event).

**Instructions for Coding/Data Entry:**

Device Systolic Blood Pressure provided by medical device and electronically transmitted to the EMS database for further use.

**Additional Information:**

Associated with Event Date/Time (E21\_01) and only if appropriate for the Medical Device Event (E21\_02).  
Could be merged into Systolic Blood Pressure (E14\_04).

**Field Values:**

Enter Relevant Value for the Data Element & Patient Care.

---

**DEVICE DIASTOLIC BLOOD PRESSURE****AZ-EMESIS Data Element**

Field Name: DBP  
Field Code: E21\_15  
XSD Type: Integer  
Field Width: Min. 0, Max. 200  
Null Values Accepted: No  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The Diastolic Blood Pressure as measured either through non-invasive blood pressure monitor, invasive blood pressure monitor 1, or invasive blood pressure monitor 2 (if appropriate for the event).

**Instructions for Coding/Data Entry:**

Device Diastolic Blood Pressure provided by medical device and electronically transmitted to the EMS database for further use.

**Additional Information:**

Associated with Event Date/Time (E21\_01) and only if appropriate for the Medical Device Event (E21\_02).  
Could be merged into Diastolic Blood Pressure (E14\_05).

**Field Values:**

Enter Relevant Value for the Data Element & Patient Care.

---

**DEVICE RESPIRATORY RATE****AZ-EMESIS Data Element**

Field Name: RespiratoryRate  
Field Code: E21\_16  
XSD Type: Integer  
Field Width: Min. 0, Max. 100  
Null Values Accepted: No  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The Respiratory Rate as calculated from the device through one of the various monitoring parameters (if appropriate for the event).

**Instructions for Coding/Data Entry:**

Device Respiratory Rate provided by medical device and electronically transmitted to the EMS database for further use.

**Additional Information:**

Associated with Event Date/Time (E21\_01) and only if appropriate for the Medical Device Event (E21\_02).  
Could be merged into Diastolic Blood Pressure (E14\_11).

**Field Values:**

Enter Relevant Value for the Data Element & Patient Care.

---

**DEVICE PULSE OXIMETRY****AZ-EMESIS Data Element**

Field Name: DeviceO2  
Field Code: E21\_17  
XSD Type: Integer  
Field Width: Min. 0, Max. 100  
Null Values Accepted: No  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

The Oxygen Saturation as measured from the pulse oximeter in % (if appropriate for the event).

**Instructions for Coding/Data Entry:**

Device Pulse Oximetry provided by medical device and electronically transmitted to the EMS database for further use.

**Additional Information:**

Associated with Event Date/Time (E21\_01) and only if appropriate for the Medical Device Event (E21\_02).  
Could be merged into Diastolic Blood Pressure (E14\_09).

**Field Values:**

Enter Relevant Value for the Data Element & Patient Care.

---

**DEVICE CO2 OR ETCO2**

Field Name: DeviceCO2  
Field Code: E21\_18  
XSD Type: Integer  
Field Width: Min. 0, Max. 100  
Null Values Accepted: No  
Multiple Field Entry: Yes, via structure  
Common to All PECs: No  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

The Carbon Dioxide or end-tidal Carbon Dioxide as measured from the device transducers (if appropriate for the event).

**Instructions for Coding/Data Entry:**

Device CO2 or ETCO2 provided by medical device and electronically transmitted to the EMS database for further use.

**Additional Information:**

Associated with Event Date/Time (E21\_01) and only if appropriate for the Medical Device Event (E21\_02).  
Could be merged into Diastolic Blood Pressure (E14\_13).

**Field Values:**

Enter Relevant Value for the Data Element & Patient Care.

---

**DEVICE CO2, ETCO2, OR INVASIVE  
PRESSURE MONITOR UNITS**

**AZ-EMSYS Data Element**

Field Name: DeviceCO2etCO2OrInvasivePressureUnits  
Field Code: E21\_19  
XSD Type: Integer  
Field Width: Min. 4, Max. 4  
Null Values Accepted: No  
Multiple Field Entry: Yes, via structure  
Common to All PECs: No  
**National Element:** No

---

**Definition:**

The Units of Carbon Dioxide, end-tidal Carbon Dioxide, invasive pressure monitor 1, or invasive pressure monitor 2 as measured from the device transducers (if appropriate for the event).

**Instructions for Coding/Data Entry:**

Device CO2, ETCO2, or Invasive Pressure Monitor Units provided by medical device and electronically transmitted to the EMS database for further use.

**Additional Information:**

Associated with Event Date/Time (E21\_01) and only if appropriate for the Medical Device Event (E21\_02).

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
5320	kPa	5325	% Volume
5330	mmHg		

---

**EMERGENCY DEPARTMENT DISPOSITION**

Field Name: EmergencyDepartmentDisposition  
Field Code: E22\_01  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**AZ-EMESIS Data Element****Definition:**

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

**Instructions for Coding/Data Entry:**

Emergency Department Disposition may be collected by EMS agency/administration or electronically through linkage with a pre-existing patient care report or hospital databases.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	5335	Admitted to Hospital Floor
5340	Admitted to Hospital ICU	5345	Death
5350	Not Applicable (not transported to ED)	5355	Released
5360	Transferred		

---

**HOSPITAL DISPOSITION**

Field Name: HospitalDisposition  
Field Code: E22\_02  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element: Yes**

---

**AZ-EMESIS Data Element****Definition:**

Indication of how the patient was dispositioned from the hospital, if admitted.

**Instructions for Coding/Data Entry:**

Hospital Disposition may be collected by EMS agency/administration or electronically through linkage with a pre-existing patient care report or hospital database.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	5365	Death
5370	Discharged	5375	Transfer to Hospital
5380	Transfer to Nursing Home	5385	Transfer to Other
5390	Transfer to Rehabilitation Facility		

---

**LAW ENFORCEMENT/CRASH  
REPORT NUMBER**

**AZ-EMESIS Data Element**

Field Name: LawEnforcementCrashReportNumber  
Field Code: E22\_03  
XSD Type: String  
Field Width: Min. 2, Max. 20  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: No  
**National Element:** No

---

**Definition:**

The unique number associated with the law enforcement or crash report which can be used for linkage at a later date.

**Instructions for Coding/Data Entry:**

Law Enforcement/Crash Report Number may be collected by EMS agency/administration or electronically through linkage with a pre-existing patient care report or hospital database.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	Relevant Value for the Data Element and Patient Care.	

---

**TRAUMA REGISTRY ID**

Field Name: TraumaRegistryID  
Field Code: E22\_04  
XSD Type: String  
Field Width: Min. 2, Max. 20  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: No  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

The unique number associated with the local or state trauma registry which can be used for linkage at a later date.

**Instructions for Coding/Data Entry:**

Trauma Registry ID could be collected by EMS agency administration or electronically provided through linkage with hospital databases. Trauma Registry ID to be collected by the State EMS Database through electronic linkage with the State Trauma Registry after trauma centers' quarterly data submissions pass validation.

**Additional Information:**

Trauma Registry ID can serve as an important linkage between the EMS Database and the Arizona State Trauma Registry for Outcome evaluation, Quality Management of overall EMS Agency/System Clinical Performance, Over-Triage and Under-Triage evaluation.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	Relevant Value for the Data Element and Patient Care.	

---

**FIRE INCIDENT REPORT NUMBER**

Field Name: FireIncidentReportNumber  
Field Code: E22\_05  
XSD Type: String  
Field Width: Min. 2, Max. 20  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: No  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

The unique number associated with the fire incident report which can be used for linkage at a later date.

**Instructions for Coding/Data Entry:**

Fire Incident Report Number may be collected by EMS agency/administration or electronically through linkage with a pre-existing patient care report or hospital database.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	Relevant Value for the Data Element and Patient Care.	

---

**POTENTIAL REGISTRY CANDIDATE**

Field Name: PotentialRegistryCandidate  
Field Code: E23\_02  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: No  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

An indication if the patient may meet the entry criteria for a injury or illness specific registry.

**Instructions for Coding/Data Entry:**

Trauma Registry ID could be collected by EMS agency administration or electronically provided through linkage with hospital databases. Trauma Registry ID to be collected by the State EMS Database through electronic linkage with the State Trauma Registry after trauma centers' quarterly data submissions pass validation.

**Additional Information:**

Trauma Registry ID can serve as an important linkage between the EMS Database and the Arizona State Trauma Registry, STEMI Registry, Out-of-Hospital-Cardiac-Arrest Registry (SHARE), and the Stroke Registry (ASPIRE) for Outcome evaluation, Quality Management of overall EMS Agency/System Clinical Performance, Over-Triage and Under-Triage evaluation, and regionalization of system care.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	5395	Burn
5400	Cardiac/MI	5405	CVA/Stroke
5410	Drowning	5415	Spinal Cord Injury
5420	Trauma	5425	Traumatic Brain Injury
5430	Other		

---

**SUSPECTED INTENTIONAL OR  
UNINTENTIONAL DISASTER**

**AZ-EMESIS Data Element**

Field Name: SuspectedIntentionalOrUnintentionalDisaster  
Field Code: E23\_04  
XSD Type: Integer  
Field Width: Min. 2, Max. 4  
Null Values Accepted: Yes  
Multiple Field Entry: Yes  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

Suspicion of the listed multi-casualty or domestic terrorism causes.

**Instructions for Coding/Data Entry:**

Suspected Intentional or Unintentional Disaster is collected by EMS.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	5470	Biologic Agent
5475	Building Failure	5480	Chemical Agent
5485	Explosive Device	5490	Fire
5495	Hostage Event	5500	Mass Gathering
5505	Nuclear Agent	5510	Radioactive Device
5515	Secondary Destructive Device	5520	Shooting//Sniper
5525	Vehicular	5530	Weather

---

**SUSPECTED CONTACT WITH BLOOD/BODY FLUIDS  
OR EMS INJURY OR DEATH**

**AZ-EMESIS Data Element**

Field Name: YesNoValues  
Field Code: E23\_05  
XSD Type: Integer  
Field Width: Min. 1, Max. 3  
Null Values Accepted: Yes  
Multiple Field Entry: No  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

Indication of unprotected contact with blood or body fluids or EMS injury or death.

**Instructions for Coding/Data Entry:**

Research Survey Field is provided by EMS personnel.

**Field Values:**

<b>Data Value</b>	<b>Description</b>	<b>Data Value</b>	<b>Description</b>
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	0	No
1	Yes		

---

**RESEARCH SURVEY FIELD**

Field Name: ResearchField  
Field Code: E23\_09  
XSD Type: String  
Field Width: Min. 1, Max. 50  
Null Values Accepted: Yes  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**AZ-EMESIS Data Element****Definition:**

A customizable field to be used by local agencies for additional documentation or research.

**Instructions for Coding/Data Entry:**

Research Survey Field is provided by EMS personnel.

**Field Values:**

Data Value	Description	Data Value	Description
-5	Not Available	-10	Not Known
-15	Not Reporting	-20	Not Recorded
-25	Not Applicable	Relevant Value for the Data Element and Patient Care.	

---

**RESEARCH SURVEY FIELD TITLE****AZ-EMESIS Data Element**

Field Name: ResearchTitle  
Field Code: E23\_11  
XSD Type: String  
Field Width: Min. 2, Max. 30  
Null Values Accepted: No  
Multiple Field Entry: Yes, via structure  
Common to All PECs: Yes  
**National Element:** No

---

**Definition:**

A customizable field to be used by local agencies for additional documentation or research.

**Instructions for Coding/Data Entry:**

Research Survey Field Title provided by EMS personnel.

**Field Values:**

Enter relevant value for the data element and patient care.

**Additional Information:**

A multiple entry configuration to allow multiple Research Survey Fields.

**APPENDIX – 1**  
**AZ-EMSI DATA ELEMENTS NAME AND DESCRIPTIVE INFORMATION SUMMARY TABLE**

DATA ELEMENT NAME	DATA ELEMENT ID	TYPE	FIELD WIDTH	NULL VALUES?	MULTIPLE ENTRY?	NATIONAL ELEMENT?
EMS Agency Number	D01_01	String	3-15	No	No	Yes
EMS Agency Name	D01_02	String	2-50	No	No	No
EMS Agency State	D01_03	String	2-2	No	Yes	Yes
EMS Agency County	D01_04	String	5-5	No	Yes	Yes
Primary Type of Service	D01_05	Integer	4-4	No	No	No
Level of Service	D01_07	String/Integer	2-30	No	No	Yes
Organizational Type	D01_08	String	4-4	No	No	Yes
Organization Status	D01_09	Integer	4-4	No	No	Yes
Statistical Year	D01_10	gYear	1990-2030	No	Yes, via structure	Yes
Other Agencies in Area	D01_11	String	2-50	Yes	Yes	No
Total Service Size Area	D01_12	Positive Integer	1-100M	Yes*	Yes, via structure	Yes
Total Service Area Population	D01_13	Positive Integer	1-100M	Yes*	Yes, via structure	Yes
911 Call Volume per Year	D01_14	Positive Integer	1-100M	Yes*	Yes, via structure	Yes
EMS Dispatch Volume per Year	D01_15	Positive Integer	1-100M	Yes*	Yes, via structure	Yes
EMS Transport Volume per Year	D01_16	Positive Integer	1-100M	Yes*	Yes, via structure	Yes
EMS Patient Contact Volume per Year	D01_17	Positive Integer	1-100M	Yes*	Yes, via structure	Yes
EMS Agency Time Zone	D01_19	Integer	4-4	No	No	Yes
EMS Agency Daylight Savings Time Use	D01_20	Integer	1-1	No	No	No
National Provider Identifier	D01_21	String	2-10	Yes	No	Yes
Agency Contact Last Name	D02_01	String	2-20	No	No	No
Agency Contact Middle Name/Initial	D02_02	String	1-20	Yes	No	No
Agency Contact First Name	D02_03	String	1-20	Yes	No	No
Agency Contact Zip Code	D02_07	String	5-10	No	No	Yes
Agency Contact Email Address	D02_10	String	2-100	Yes	No	No
Agency Medical Director Last Name	D03_01	String	2-20	No	No	No
Agency Medical Director Middle Name/Initial	D03_02	String	1-20	Yes	No	No
Agency Medical Director First Name	D03_03	String	1-20	Yes	No	No
Agency Medical Director Email Address	D03_11	String	2-100	Yes	No	No
State Certification Licensure Levels	D04_01	String/Integer	2-30	No	Yes	No
Procedures	D04_04	Decimal	0-1K	No	Yes, via structure	No
Personnel Level Permitted to Use the Procedure	D04_05	String/Integer	2-30	No	Yes*	No
Medications Given	D04_06	String	2-30	No	Yes, via structure	No
Personnel Level Permitted to Use the Medication	D04_07	String/Integer	4-4	No	Yes*	No
Protocol (a list)	D04_08	String	2-30	No	Yes, via structure	No
Hospitals Served	D04_11	String	2-50	No	Yes, via structure	No
Hospital Facility Number	D04_12	String	2-30	Yes	Yes, via structure	No
Unit/Vehicle Number	D06_01	String	2-50	No	Yes, via structure	No
Device Name or ID	D09_02	String	2-50	No	Yes, via structure	No
Device Manufacturer	D09_03	String	2-50	No	Yes, via structure	No
Model Number	D09_04	String	2-50	No	Yes, via structure	No
Common Null Values	E00	Integer	2-3	N/A	N/A	No

DATA ELEMENT NAME	DATA ELEMENT ID	TYPE	FIELD WIDTH	NULL VALUES?	MULTIPLE ENTRY?	NATIONAL ELEMENT?
Patient Care Report Number	E01_01	String	3-32	No	No	Yes
Software Creator	E01_02	String	3-30	No	No	Yes
Software Name	E01_03	String	3-30	No	No	Yes
Software Version	E01_04	String	3-30	No	No	Yes
EMS Agency Number	E02_01	String	3-15	No	No	Yes
Incident Number	E02_02	String	2-15	Yes	No	No
EMS Unit (Vehicle) Response Number	E02_03	String	1-15	Yes	No	No
Type of Service Requested	E02_04	Integer	2-2	No	No	Yes
Primary Role of the Unit	E02_05	Integer	2-2	No	No	Yes
Type of Dispatch Delay	E02_06	Integer	2-3	Yes	Yes	Yes
Type of Response Delay	E02_07	Integer	2-3	Yes	Yes	Yes
Type of Scene Delay	E02_08	Integer	2-3	Yes	Yes	Yes
Type of Transport Delay	E02_09	Integer	2-3	Yes	Yes	Yes
Type of Turn-Around Delay	E02_10	Integer	2-3	Yes	Yes	Yes
EMS Unit/Vehicle Number	E02_11	String	2-30	Yes	No	Yes
EMS Unit Call Sign (Radio Number)	E02_12	String	2-15	No	No	Yes
Response Mode to Scene	E02_20	Integer	3-3	No	No	Yes
Complaint Reported by Dispatch	E03_01	Integer	2-3	Yes	No	Yes
EMD Performed	E03_02	Integer	2-3	Yes	No	Yes
Crew Member Level	E04_03	String/Integer	2-4	Yes	Yes, via structure	No
Incident or Onset Date/Time	E05_01	Date/Time	1990-2030	Yes*	No	No
PSAP Call Date/Time	E05_02	Date/Time	1990-2030	Yes*	No	Yes
Dispatch Notified Date/Time	E05_03	Date/Time	1990-2030	Yes*	No	No
Unit Notified by Dispatch Date/Time	E05_04	Date/Time	1990-2030	No	No	Yes
Unit En Route Date/Time	E05_05	Date/Time	1990-2030	Yes*	No	Yes
Unit Arrived on Scene Date/Time	E05_06	Date/Time	1990-2030	Yes*	No	Yes
Arrived at Patient Date/Time	E05_07	Date/Time	1990-2030	Yes*	No	Yes
Transfer of Patient Care Date/Time	E05_08	Date/Time	1990-2030	Yes*	No	No
Unit Left Scene Date/Time	E05_09	Date/Time	1990-2030	Yes*	No	Yes
Patient Arrived at Destination Date/Time	E05_10	Date/Time	1990-2030	Yes*	No	Yes
Unit Back in Service Date/Time	E05_11	Date/Time	1990-2030	No	No	Yes
Unit Back at Home Location Date/Time	E05_13	Date/Time	1990-2030	Yes*	No	Yes
Patient's Last Name	E06_01	String	2-20	Yes	No	No
Patient's First Name	E06_02	String	1-20	Yes	No	No
Patient's Middle Initial/Name	E06_03	String	1-20	Yes	No	No
Patient's Home Address	E06_04	String	2-30	Yes	No	No
Patient's Home City	E06_05	String	2-30	Yes	No	No
Patient's Home County	E06_06	String	2-20	Yes	No	No
Patient's Home State	E06_07	String	2-3	Yes	No	No
Patient's Home Zip Code	E06_08	String	2-10	Yes	No	Yes
Patient's Home Country	E06_09	String	2-20	Yes	No	No
Patient's Social Security Number	E06_10	String	2-9	Yes	No	No
Gender	E06_11	Integer	2-3	Yes	No	Yes
Race	E06_12	Integer	2-3	Yes	No	Yes
Ethnicity	E06_13	Integer	2-3	Yes	No	Yes
Patient Age	E06_14	Integer	1-120	Yes*	No	Yes
Patient Age Units	E06_15	Integer	2-3	Yes	No	Yes
Patient's Date of Birth	E06_16	Date	1890-2030	No	No	No
Primary Method of Payment	E07_01	Integer	2-3	Yes	No	Yes
Work-Related	E07_15	Integer	1-3	Yes	No	No
Patient's Occupational Industry	E07_16	Integer	2-3	Yes	No	No
Patient's Occupation	E07_17	Integer	2-3	Yes	No	No
CMS Service Level	E07_34	Integer	2-4	Yes	No	Yes
Condition Code Number	E07_35	String	2-30	Yes	Yes, via structure	Yes
ICD-9 Code for the Condition Code Number	E07_36	String	2-30	Yes	Yes, via structure	No

DATA ELEMENT NAME	DATA ELEMENT ID	TYPE	FIELD WIDTH	NULL VALUES?	MULTIPLE ENTRY?	NATIONAL ELEMENT?
Condition Code Modifier	E07_37	Integer	2-4	Yes	Yes	No
Other EMS Agencies at Scene	E08_01	String	2-30	Yes	Yes	No
Other Services at Scene	E08_02	String	2-4	Yes	Yes	No
Date/Time Initial Responder Arrived on Scene	E08_04	Date/Time	1990-2030	Yes*	No	No
Number of Patients at Scene	E08_05	Integer	2-4	Yes	No	Yes
Mass Casualty Incident	E08_06	Integer	1-3	Yes	No	Yes
Incident Location Type	E08_07	Integer	2-4	Yes	No	Yes
Incident Facility Code	E08_08	String	2-30	Yes	No	No
Scene GPS Location	E08_10	Decimal	2-30	No	No	No
Incident Address	E08_11	String	2-30	Yes	No	No
Incident City	E08_12	String	2-30	Yes	No	No
Incident County	E08_13	String	2-5	Yes	No	No
Incident State	E08_14	String	2-3	Yes	No	No
Incident ZIP Code	E08_15	String	2-10	Yes	No	Yes
Prior Aid	E09_01	String	2-30	Yes	Yes	Yes
Prior Aid Performed by	E09_02	Integer	2-4	Yes	Yes	Yes
Outcome of the Prior Aid	E09_03	Integer	2-4	Yes	No	Yes
Possible Injury	E09_04	Integer	1-3	Yes	No	Yes
Chief Complaint	E09_05	String	2-50	Yes	No	No
Duration of Chief Complaint	E09_06	Integer	1-360	No	No	No
Time Units of Duration of Chief Complaint	E09_07	Integer	4-4	No	No	No
Chief Complaint Anatomic Location	E09_11	Integer	2-4	Yes	No	Yes
Chief Complaint Organ System	E09_12	Integer	2-4	Yes	No	Yes
Primary Symptom	E09_13	Integer	2-4	Yes	No	Yes
Other Associated Symptoms	E09_14	Integer	2-4	Yes	Yes	Yes
Providers Primary Impression	E09_15	Integer	2-4	Yes	No	Yes
Provider's Secondary Impression	E09_16	Integer	2-4	Yes	No	Yes
Cause of Injury	E10_01	Integer	2-4	Yes	No	Yes
Intent of Injury	E10_02	Integer	2-4	Yes	No	No
Mechanism of Injury	E10_03	Integer	2-4	Yes	Yes	No
Vehicular Injury Indicators	E10_04	Integer	2-4	Yes	Yes	No
Area of the Vehicle Impacted by the Collision	E10_05	Integer	2-4	Yes	Yes	No
Seat Row Location of Patient in Vehicle	E10_06	Integer	1-50	No	No	No
Use of Occupant Safety Equipment	E10_08	Integer	2-4	Yes	Yes	No
Airbag Deployment	E10_09	Integer	2-4	Yes	Yes	No
Height of Fall	E10_10	Integer	1-50K	No	No	No
Cardiac Arrest	E11_01	Integer	2-4	Yes	No	Yes
Cardiac Arrest Etiology	E11_02	Integer	2-4	Yes	No	Yes
Resuscitation Attempted	E11_03	Integer	2-4	Yes	Yes	Yes
Arrest Witnessed by	E11_04	Integer	2-4	Yes	No	No
First Monitored Rhythm of the Patient	E11_05	Integer	2-4	Yes	No	No
Any Return of Spontaneous Circulation	E11_06	Integer	2-4	Yes	No	No
Neurological Outcome at Hospital Discharge	E11_07	Integer	2-4	Yes	No	No
Estimated Time of Arrest Prior to EMS Arrival	E11_08	Integer	2-4	Yes	No	No
Date/Time Resuscitation Discontinued	E11_09	Date/Time	1990-2030	Yes*	No	No
Reason CPR Discontinued	E11_10	Integer	2-4	Yes	No	No
Cardiac Rhythm on Arrival at Destination	E11_11	Integer	2-4	Yes	Yes	No
Barriers to Patient Care	E12_01	Integer	2-4	Yes	Yes	Yes
Destination Medical Record Number	E12_03	String	2-30	Yes	No	No
Medication Allergies	E12_08	String	2-30	Yes	Yes	No
Environmental/Food Allergies	E12_09	Integer	2-4	Yes	Yes	No
Medical/Surgical History	E12_10	String	2-30	Yes	Yes	No
Current Medications	E12_14	String	2-30	No	Yes, via structure	No
Current Medication Dose	E12_15	Decimal	0-1M	No	Yes, via structure	No
Current Medication Dosage Unit	E12_16	Integer	4-4	No	Yes, via structure	No

DATA ELEMENT NAME	DATA ELEMENT ID	TYPE	FIELD WIDTH	NULL VALUES?	MULTIPLE ENTRY?	NATIONAL ELEMENT?
Current Medication Administration Route	E12_17	Integer	2-4	Yes	Yes, via structure	No
Alcohol/Drug Use Indicators	E12_19	Integer	2-4	Yes	Yes	Yes
Pregnancy	E12_20	Integer	1-3	Yes	No	No
Run Report Narrative	E13_01	String	2-4K	Yes	No	No
Date/Time Vital Signs Taken	E14_01	Date/Time	1990-2030	Yes*	Yes, via structure	No
Obtained Prior to this Unit's EMS Care	E14_02	Integer	1-3	Yes*	Yes, via structure	No
Cardiac Rhythm	E14_03	Integer	2-4	Yes	Yes**	No
SBP (Systolic Blood Pressure)	E14_04	Integer	0-400	Yes*	Yes, via structure	No
DBP (Diastolic Blood Pressure)	E14_05	Integer	0-200	Yes*	Yes, via structure	No
Pulse Rate	E14_07	Integer	0-500	Yes*	Yes, via structure	No
Electronic Monitor Rate	E14_08	Integer	0-500	Yes*	Yes, via structure	No
Pulse Oximetry	E14_09	Integer	0-100	Yes*	Yes, via structure	No
Pulse Rhythm	E14_10	Integer	2-4	Yes	Yes, via structure	No
Respiratory Rate	E14_11	Integer	0-100	Yes*	Yes, via structure	No
Respiratory Effort	E14_12	Integer	2-4	Yes*	Yes, via structure	No
Carbon Dioxide	E14_13	Integer	0-100	Yes*	Yes, via structure	No
Blood Glucose Level	E14_14	Integer	0-2K	Yes*	Yes, via structure	No
Glasgow Coma Score-Eye	E14_15	Integer	1-4	Yes*	Yes, via structure	No
Glasgow Coma Score-Verbal	E14_16	Integer	1-5	Yes*	Yes, via structure	No
Glasgow Coma Score-Motor	E14_17	Integer	1-6	Yes*	Yes, via structure	No
Total Glasgow Coma Score	E14_19	Integer	1-15	Yes*	Yes, via structure	No
Temperature	E14_20	Decimal	0-50	Yes*	Yes, via structure	No
Level of Responsiveness	E14_22	Integer	2-4	Yes	Yes, via structure	No
Pain Scale	E14_23	Integer	0-10	Yes*	Yes, via structure	No
Stroke Scale	E14_24	Integer	2-4	Yes	Yes, via structure	No
Thrombolytic Screen	E14_25	Integer	2-4	Yes	Yes, via structure	No
Revised Trauma Score	E14_27	Integer	0-12	Yes*	Yes, via structure	No
Pediatric Trauma Score	E14_28	Integer	-6-12	Yes*	Yes, via structure	No
NHTSA Injury Matrix External/Skin	E15_01	Integer	2-4	Yes	Yes	No
NHTSA Injury Matrix Head	E15_02	Integer	2-4	Yes	Yes	No
NHTSA Injury Matrix Face	E15_03	Integer	2-4	Yes	Yes	No
NHTSA Injury Matrix Neck	E15_04	Integer	2-4	Yes	Yes	No
NHTSA Injury Matrix Thorax	E15_05	Integer	2-4	Yes	Yes	No
NHTSA Injury Matrix Abdomen	E15_06	Integer	2-4	Yes	Yes	No
NHTSA Injury Matrix Spine	E15_07	Integer	2-4	Yes	Yes	No
NHTSA Injury Matrix Upper Extremities	E15_08	Integer	2-4	Yes	Yes	No
NHTSA Injury Matrix Pelvis	E15_09	Integer	2-4	Yes	Yes	No
NHTSA Injury Matrix Lower Extremities	E15_10	Integer	2-4	Yes	Yes	No
NHTSA Injury Matrix Unspecified	E15_11	Integer	2-4	Yes	Yes	No

DATA ELEMENT NAME	DATA ELEMENT ID	TYPE	FIELD WIDTH	NULL VALUES?	MULTIPLE ENTRY?	NATIONAL ELEMENT?
Estimated Body Weight	E16_01	Integer	1-500	No	No	No
Broslow/Luten Color	E16_02	Integer	2-4	Yes	No	No
Date/Time of Assessment	E16_03	Date/Time	1990-2030	Yes*	Yes, via structure	No
Skin Assessment	E16_04	Integer	2-4	Yes	Yes, via structure	No
Head/Face Assessment	E16_05	Integer	2-4	Yes	Yes, via structure	No
Neck Assessment	E16_06	Integer	2-4	Yes	Yes, via structure	No
Chest/Lungs Assessment	E16_07	Integer	2-4	Yes	Yes, via structure	No
Abdomen Left Upper Assessment	E16_09	Integer	2-4	Yes	Yes, via structure	No
Abdomen Left Lower Assessment	E16_10	Integer	2-4	Yes	Yes, via structure	No
Abdomen Right Upper Assessment	E16_11	Integer	2-4	Yes	Yes, via structure	No
Abdomen Right Lower Assessment	E16_12	Integer	2-4	Yes	Yes, via structure	No
GU Assessment	E16_13	Integer	2-4	Yes	Yes, via structure	No
Back Cervical Assessment	E16_14	Integer	2-4	Yes	Yes, via structure	No
Back Thoracic Assessment	E16_15	Integer	2-4	Yes	Yes, via structure	No
Back Lumbar/Sacral Assessment	E16_16	Integer	2-4	Yes	Yes, via structure	No
Extremities-Right Upper Assessment	E16_17	Integer	2-4	Yes	Yes, via structure	No
Extremities-Right Lower Assessment	E16_18	Integer	2-4	Yes	Yes, via structure	No
Extremities-Left Upper Assessment	E16_19	Integer	2-4	Yes	Yes, via structure	No
Extremities-Left Lower Assessment	E16_20	Integer	2-4	Yes	Yes, via structure	No
Eyes-Left Assessment	E16_21	Integer	2-4	Yes	Yes, via structure	No
Eyes-Right Assessment	E16_22	Integer	2-4	Yes	Yes, via structure	No
Mental Status Assessment	E16_23	Integer	2-4	Yes	Yes, via structure	No
Neurological Assessment	E16_24	Integer	2-4	Yes	Yes, via structure	No
Protocols Used	E17_01	String	2-30	Yes	Yes	No
Date/Time Medication Administered	E18_01	Date/Time	1990-2030	Yes*	Yes, via structure	No
Medication Administered Prior to this Units EMS Care	E18_02	Integer	1-3	Yes	Yes, via structure	No
Medication Given	E18_03	String	2-30	Yes	Yes, via structure	Yes
Medication Administered Route	E18_04	Integer	2-4	Yes	Yes, via structure	No
Medication Dosage	E18_05	Decimal	0-1M	No	Yes, via structure	No
Medication Dosage Units	E18_06	Integer	4-4	No	Yes, via structure	No
Response to Medication	E18_07	Integer	2-4	Yes	Yes, via structure	No
Medication Complication	E18_08	Integer	2-4	Yes	Yes**	Yes
Date/Time Procedure Performed Successfully	E19_01	Date/Time	1990-2030	Yes*	Yes, via structure	No
Procedure Performed Prior to this Units EMS Care	E19_02	Integer	1-3	Yes	Yes, via structure	No

DATA ELEMENT NAME	DATA ELEMENT ID	TYPE	FIELD WIDTH	NULL VALUES?	MULTIPLE ENTRY?	NATIONAL ELEMENT?
Procedure	E19_03	Decimal	0-1K	Yes	Yes, via structure	Yes
Size of Procedure Equipment	E19_04	String	2-20	Yes	Yes, via structure	No
Number of Procedure Attempts	E19_05	Integer	-25-100	Yes	Yes, via structure	Yes
Procedure Successful	E19_06	Integer	1-3	Yes	Yes, via structure	Yes
Procedure Complication	E19_07	Integer	2-4	Yes	Yes**	Yes
Response to Procedure	E19_08	Integer	2-4	yes	Yes, via structure	Yes
Successful IV Site	E19_12	Integer	2-4	Yes	Yes	No
Tube Confirmation	E19_13	Integer	2-4	Yes	Yes	No
Destination Confirmation of Tube Placement	E19_14	Integer	2-4	Yes	Yes	No
Destination/Transferred To, Name	E20_01	String	2-50	Yes	No	No
Destination/Transferred To, Code	E20_02	String	2-50	Yes	No	No
Destination City	E20_04	String	2-50	Yes	No	No
Destination State	E20_05	String	2-3	Yes	No	No
Destination County	E20_06	String	2-5	Yes	No	No
Destination Zip Code	E20_07	String	2-10	Yes	No	Yes
Incident/Patient Disposition	E20_10	Integer	4-4	No	No	Yes
Transport Mode from Scene	E20_14	Integer	2-4	Yes	No	Yes
Condition of Patient at Destination	E20_15	Integer	2-4	Yes	No	No
Reason for Choosing Destination	E20_16	Integer	2-4	Yes	No	Yes
Type of Destination	E20_17	Integer	2-4	Yes	No	Yes
Event Date/Time	E21_01	Date/Time	1990-2030	Yes*	Yes, via structure	No
Medical Device Event Name	E21_02	Integer	2-4	Yes	Yes, via structure	No
Waveform Graphic Type	E21_03	Integer	4-4	No	Yes***	No
Waveform Graphic	E21_04	Base64Binary	N/A	No	Yes***	No
AED, Pacing, or CO2 Mode	E21_05	Integer	4-4	No	Yes, via structure	No
ECG Lead	E21_06	Integer	4-4	No	Yes, via structure	No
ECG Interpretation	E21_07	String	1-2K	No	Yes, via structure	No
Type of Shock	E21_08	Integer	4-4	No	Yes, via structure	No
Shock or Pacing Energy	E22_09	Decimal	1-9K	No	Yes, via structure	No
Total Number of Shocks Delivered	E21_10	Integer	1-100	No	Yes, via structure	No
Pacing Rate	E21_11	Integer	1-1K	No	Yes, via structure	No
Device Heart Rate	E21_12	Integer	0-500	No	Yes, via structure	No
Device Pulse Rate	E21_13	Integer	0-500	No	Yes, via structure	No
Device Systolic Blood Pressure	E21_14	Integer	0-400	No	Yes, via structure	No
Device Diastolic Blood Pressure	E21_15	Integer	0-200	No	Yes, via structure	No
Device Respiratory Rate	E21_16	Integer	0-100	No	Yes, via structure	No
Device Pulse Oximetry	E21_17	Integer	0-100	No	Yes, via structure	No
Device CO2 or etCO2	E21_18	Integer	0-100	No	Yes, via structure	No
Device CO2, etCO2, or Invasive Pressure Monitor Units	E21_19	Integer	4-4	No	Yes, via structure	No
Emergency Department Disposition	E22_01	Integer	2-4	Yes	No	Yes
Hospital Disposition	E22_02	Integer	2-4	Yes	No	Yes

DATA ELEMENT NAME	DATA ELEMENT ID	TYPE	FIELD WIDTH	NULL VALUES?	MULTIPLE ENTRY?	NATIONAL ELEMENT?
Law Enforcement/Crash Report Number	E22_03	String	2-20	Yes	No	No
Trauma Registry ID	E22_04	String	2-20	Yes	No	No
Fire Incident Report Number	E22_05	String	2-20	Yes	No	No
Potential Registry Candidate	E23_02	Integer	2-4	Yes	Yes	No
Suspected Intentional or Unintentional Disaster	E23_04	Integer	2-4	Yes	Yes	No
Suspected Contact with Blood/Body Fluids or EMS Injury or Death	E23_05	Integer	1-3	Yes	No	No
Research Survey Field	E23_09	String	1-50	Yes	Yes, via structure	No
Research Survey Field Title	E23_11	String	2-30	No	Yes, via structure	No

Null Values Accepted: \*Yes, but null value is blank or empty.

Multiple Field Entry: \*D04\_05, D04\_07: (1) Yes, with each procedure; (2) Yes, via structure.

Multiple Field Entry: \*\* E14\_03, E18\_08, E19\_07: (1) Yes, via structure, (2) Yes for each E14\_01 Date/Time.

Multiple Field Entry: \*\*\* E21\_03, E21\_04: Yes, as associated with E21\_01 Date/Time.

---

**APPENDIX – 2**  
**HIPAA AND THE ARIZONA DEPARTMENT OF HEALTH SERVICES**

---

The Health Insurance Portability and Accountability Act (HIPAA) permits disclosure of protected health information and related records to a public health authority for public health and health oversight activities (45 CFR 164.512(b)(1)(i); 45 CFR 164.512(d)). In addition, HIPAA permits disclosure of protected health information as required by law (45 CFR 164.512(a)). These disclosures are permitted without authorization by the individual who is the subject of the protected health information (45 CFR 164.512).

The Arizona Department of Health Services (ADHS) is a public health authority and health oversight agency as mandated by the State of Arizona. To perform public health and health oversight activities, ADHS collects and receives protected health information and related records as required or permitted by law. The Department does have policies in place to protect confidential data.

To obtain a copy of the Notice of Public Health Certification for the Division of Public Health Services or to request data from the State EMS Database (AZ-MATRIX), please contact the EMS Data Manager at (602) 364-3188.

For general ADHS and HIPAA-related information or to request information in an alternate format, visit the Department's website at <http://azdhs.gov/its/hipaa/index.htm>.

---

**APPENDIX - 3**  
**AZ-EMESIS PREHOSPITAL DATA SUBMISSION SCHEDULE**

---

All participating EMS agencies must submit their PCR data to the State EMS Database according to the following schedule:

<b>QUARTER</b>	<b>EMS RUN DATE</b>	<b>PCR DATA DUE DATE</b>
Quarter One	January 1 – March 31	April 30 of the same year
Quarter Two	April 1 – June 30	July 31 of the same year
Quarter Three	July 1 – September 30	October 31 of the same year
Quarter Four	October 1 – December 31	January 31 of the same year

**INDEX**  
**AZ-EMIS DATA DICTIONARY & USER'S MANUAL**

SECTIONS		PAGE
I: Required Data Elements Definitions, Coding, Format Descriptions & Explanation of Version 5.0 Changes for NEMIS 3.0)		1
<b>SECTION II DATA ELEMENTS DEFINITIONS, CODING, &amp; FORMAT DESCRIPTIONS</b>		
DATA ELEMENT NAME	DATA ELEMENT ID	PAGE
EMS Agency Number	D01_01	2
EMS Agency Name	D01_02	8
EMS Agency State	D01_03	14
EMS Agency County	D01_04	15
Primary Type of Service	D01_05	16
Level of Service	D01_07	17
Organizational Type	D01_08	18
Organization Status	D01_09	19
Statistical Year	D01_10	20
Other Agencies in Area	D01_11	21
Total Service Size Area	D01_12	27
Total Service Area Population	D01_13	28
911 Call Volume per Year	D01_14	29
EMS Dispatch Volume per Year	D01_15	30
EMS Transport Volume per Year	D01_16	31
EMS Patient Contact Volume per Year	D01_17	32
EMS Agency Time Zone	D01_19	33
EMS Agency Daylight Savings Time Use	D01_20	34
National Provider Identifier	D01_21	35
Agency Contact Last Name	D02_01	36
Agency Contact Middle Name/Initial	D02_02	37
Agency Contact First Name	D02_03	38
Agency Contact Zip Code	D02_07	39
Agency Contact Email Address	D02_10	40
Agency Medical Director Last Name	D03_01	41
Agency Medical Director Middle Name/Initial	D03_02	42
Agency Medical Director First Name	D03_03	43
Agency Medical Director Email Address	D03_11	44
State Certification Licensure Levels	D04_01	45
Procedures	D04_04	46
Personnel Level Permitted to Use the Procedure	D04_05	49
Medications Given	D04_06	50
Personnel Level Permitted to Use the Medication	D04_07	53
Protocol (a list)	D04_08	54
Hospitals Served	D04_11	55
Hospital Facility Number	D04_12	57
Unit/Vehicle Number	D06_01	59
Device Name or ID	D09_02	60
Device Manufacturer	D09_03	61
Model Number	D09_04	62
Common Null Values	E00	63
Patient Care Report Number	E01_01	64
Software Creator	E01_02	65
Software Name	E01_03	66
Software Version	E01_04	67
EMS Agency Number	E02_01	68
Incident Number	E02_02	69
EMS Unit (Vehicle) Response Number	E02_03	70
Type of Service Requested	E02_04	71
Primary Role of the Unit	E02_05	72
Type of Dispatch Delay	E02_06	73

DATA ELEMENT NAME	DATA ELEMENT ID	PAGE
Type of Response Delay	E02_07	74
Type of Scene Delay	E02_08	75
Type of Transport Delay	E02_09	76
Type of Turn-Around Delay	E02_10	77
EMS Unit/Vehicle Number	E02_11	78
EMS Unit Call Sign (Radio Number)	E02_12	79
Response Mode to Scene	E02_20	80
Complaint Reported by Dispatch	E03_01	81
EMD Performed	E03_02	82
Crew Member Level	E04_03	83
Incident or Onset Date/Time	E05_01	84
PSAP Call Date/Time	E05_02	85
Dispatch Notified Date/Time	E05_03	86
Unit Notified by Dispatch Date/Time	E05_04	87
Unit En Route Date/Time	E05_05	88
Unit Arrived on Scene Date/Time	E05_06	89
Arrived at Patient Date/Time	E05_07	90
Transfer of Patient Care Date/Time	E05_08	91
Unit Left Scene Date/Time	E05_09	92
Patient Arrived at Destination Date/Time	E05_10	93
Unit Back in Service Date/Time	E05_11	94
Unit Back at Home Location Date/Time	E05_13	95
Patient's Last Name	E06_01	96
Patient's First Name	E06_02	97
Patient's Middle Initial/Name	E06_03	98
Patient's Home Address	E06_04	99
Patient's Home City	E06_05	100
Patient's Home County	E06_06	101
Patient's Home State	E06_07	102
Patient's Home Zip Code	E06_08	103
Patient's Home Country	E06_09	104
Patient's Social Security Number	E06_10	105
Gender	E06_11	106
Race	E06_12	107
Ethnicity	E06_13	108
Patient Age	E06_14	109
Patient Age Units	E06_15	110
Patient's Date of Birth	E06_16	111
Primary Method of Payment	E07_01	112
Work-Related	E07_15	113
Patient's Occupational Industry	E07_16	114
Patient's Occupation	E07_17	115
CMS Service Level	E07_34	116
Condition Code Number	E07_35	118
ICD-9 Code for the Condition Code Number	E07_36	120
Condition Code Modifier	E07_37	121
Other EMS Agencies at Scene	E08_01	122
Other Services at Scene	E08_02	123
Date/Time Initial Responder Arrived on Scene	E08_04	124
Number of Patients at Scene	E08_05	125
Mass Casualty Incident	E08_06	126
Incident Location Type	E08_07	127
Incident Facility Code	E08_08	128
Scene GPS Location	E08_10	129
Incident Address	E08_11	130
Incident City	E08_12	131
Incident County	E08_13	132
Incident State	E08_14	133

DATA ELEMENT NAME	DATA ELEMENT ID	PAGE
Incident ZIP Code	E08_15	134
Prior Aid	E09_01	135
Prior Aid Performed by	E09_02	136
Outcome of the Prior Aid	E09_03	137
Possible Injury	E09_04	138
Chief Complaint	E09_05	139
Duration of Chief Complaint	E09_06	140
Time Units of Duration of Chief Complaint	E09_07	141
Chief Complaint Anatomic Location	E09_11	142
Chief Complaint Organ System	E09_12	143
Primary Symptom	E09_13	144
Other Associated Symptoms	E09_14	145
Providers Primary Impression	E09_15	146
Provider's Secondary Impression	E09_16	147
Cause of Injury	E10_01	148
Intent of Injury	E10_02	150
Mechanism of Injury	E10_03	151
Vehicular Injury Indicators	E10_04	152
Area of the Vehicle impacted by the collision	E10_05	153
Seat Row Location of Patient in Vehicle	E10_06	154
Use of Occupant Safety Equipment	E10_08	155
Airbag Deployment	E10_09	156
Height of Fall	E10_10	157
Cardiac Arrest	E11_01	158
Cardiac Arrest Etiology	E11_02	159
Resuscitation Attempted	E11_03	160
Arrest Witnessed by	E11_04	161
First Monitored Rhythm of the Patient	E11_05	162
Any Return of Spontaneous Circulation	E11_06	163
Neurological Outcome at Hospital Discharge	E11_07	164
Estimated Time of Arrest Prior to EMS Arrival	E11_08	165
Date/Time Resuscitation Discontinued	E11_09	166
Reason CPR Discontinued	E11_10	167
Cardiac Rhythm on Arrival at Destination	E11_11	168
Barriers to Patient Care	E12_01	169
Destination Medical Record Number	E12_03	170
Medication Allergies	E12_08	171
Environmental/Food Allergies	E12_09	172
Medical/Surgical History	E12_10	173
Current Medications	E12_14	174
Current Medication Dose	E12_15	175
Current Medication Dosage Unit	E12_16	176
Current Medication Administration Route	E12_17	177
Alcohol/Drug Use Indicators	E12_19	178
Pregnancy	E12_20	179
Run Report Narrative	E13_01	180
Date/Time Vital Signs Taken	E14_01	181
Obtained Prior to this Unit's EMS Care	E14_02	182
Cardiac Rhythm	E14_03	183
SBP (Systolic Blood Pressure)	E14_04	184
DBP (Diastolic Blood Pressure)	E14_05	185
Pulse Rate	E14_07	186
Electronic Monitor Rate	E14_08	187
Pulse Oximetry	E14_09	188
Pulse Rhythm	E14_10	189
Respiratory Rate	E14_11	190
Respiratory Effort	E14_12	191
Carbon Dioxide	E14_13	192

DATA ELEMENT NAME	DATA ELEMENT ID	PAGE
Blood Glucose Level	E14_14	193
Glasgow Coma Score-Eye	E14_15	194
Glasgow Coma Score-Verbal	E14_16	195
Glasgow Coma Score-Motor	E14_17	196
Total Glasgow Coma Score	E14_19	197
Temperature	E14_20	198
Level of Responsiveness	E14_22	199
Pain Scale	E14_23	200
Stroke Scale	E14_24	201
Thrombolytic Screen	E14_25	202
Revised Trauma Score	E14_27	203
Pediatric Trauma Score	E14_28	204
NHTSA Injury Matrix External/Skin	E15_01	205
NHTSA Injury Matrix Head	E15_02	206
NHTSA Injury Matrix Face	E15_03	207
NHTSA Injury Matrix Neck	E15_04	208
NHTSA Injury Matrix Thorax	E15_05	209
NHTSA Injury Matrix Abdomen	E15_06	210
NHTSA Injury Matrix Spine	E15_07	211
NHTSA Injury Matrix Upper Extremities	E15_08	212
NHTSA Injury Matrix Pelvis	E15_09	213
NHTSA Injury Matrix Lower Extremities	E15_10	214
NHTSA Injury Matrix Unspecified	E15_11	215
Estimated Body Weight	E16_01	216
Broslow/Luten Color	E16_02	217
Date/Time of Assessment	E16_03	218
Skin Assessment	E16_04	219
Head/Face Assessment	E16_05	220
Neck Assessment	E16_06	221
Chest/Lungs Assessment	E16_07	222
Abdomen Left Upper Assessment	E16_09	223
Abdomen Left Lower Assessment	E16_10	224
Abdomen Right Upper Assessment	E16_11	225
Abdomen Right Lower Assessment	E16_12	226
GU Assessment	E16_13	227
Back Cervical Assessment	E16_14	228
Back Thoracic Assessment	E16_15	229
Back Lumbar/Sacral Assessment	E16_16	230
Extremities-Right Upper Assessment	E16_17	231
Extremities-Right Lower Assessment	E16_18	232
Extremities-Left Upper Assessment	E16_19	233
Extremities-Left Lower Assessment	E16_20	234
Eyes-Left Assessment	E16_21	235
Eyes-Right Assessment	E16_22	236
Mental Status Assessment	E16_23	237
Neurological Assessment	E16_24	238
Protocols Used	E17_01	239
Date/Time Medication Administered	E18_01	240
Medication Administered Prior to this Units EMS Care	E18_02	241
Medication Given	E18_03	242
Medication Administered Route	E18_04	243
Medication Dosage	E18_05	244
Medication Dosage Units	E18_06	245
Response to Medication	E18_07	246
Medication Complication	E18_08	247
Date/Time Procedure Performed Successfully	E19_01	248
Procedure Performed Prior to this Units EMS Care	E19_02	249
Procedure	E19_03	250

<b>DATA ELEMENT NAME</b>	<b>DATA ELEMENT ID</b>	<b>PAGE</b>
Size of Procedure Equipment	E19_04	251
Number of Procedure Attempts	E19_05	252
Procedure Successful	E19_06	253
Procedure Complication	E19_07	254
Response to Procedure	E19_08	255
Successful IV Site	E19_12	256
Tube Confirmation	E19_13	257
Destination Confirmation of Tube Placement	E19_14	258
Destination/Transferred To, Name	E20_01	259
Destination/Transferred To, Code	E20_02	260
Destination City	E20_04	261
Destination State	E20_05	262
Destination County	E20_06	263
Destination Zip Code	E20_07	264
Incident/Patient Disposition	E20_10	265
Transport Mode from Scene	E20_14	266
Condition of Patient at Destination	E20_15	267
Reason for Choosing Destination	E20_16	268
Type of Destination	E20_17	269
Event Date/Time	E21_01	270
Medical Device Event Name	E21_02	271
Waveform Graphic Type	E21_03	272
Waveform Graphic	E21_04	273
AED, Pacing, or CO2 Mode	E21_05	274
ECG Lead	E21_06	275
ECG Interpretation	E21_07	276
Type of Shock	E21_08	277
Shock or Pacing Energy	E21_09	278
Total Number of Shocks Delivered	E21_10	279
Pacing Rate	E21_11	280
Device Heart Rate	E21_12	281
Device Pulse Rate	E21_13	282
Device Systolic Blood Pressure	E21_14	283
Device Diastolic Blood Pressure	E21_15	284
Device Respiratory Rate	E21_16	285
Device Pulse Oximetry	E21_17	286
Device CO2 or etCO2	E21_18	287
Device CO2, etCO2, or Invasive Pressure Monitor Units	E21_19	288
Emergency Department Disposition	E22_01	289
Hospital Disposition	E22_02	290
Law Enforcement/Crash Report Number	E22_03	291
Trauma Registry ID	E22_04	292
Fire Incident Report Number	E22_05	293
Potential Registry Candidate	E23_02	294
Suspected Intentional or Unintentional Disaster	E23_04	295
Suspected Contact with Blood/Body Fluids or EMS Injury or Death	E23_05	296
Research Survey Field	E23_09	297
Research Survey Field Title	E23_11	298
<b>APPENDICES</b>		<b>PAGE</b>
Appendix – 1: AZ-EMSIS Data Elements Name and Descriptive Information Summary Table		299
Appendix – 2: HIPAA and the Arizona Department of Health Services		306
Appendix – 3: AZ-EMSIS Data Submission Schedule		307
Index		308