

E01 RECORD INFORMATION

NEMSIS Element ID: OK PCR #	Common Values
<p>E1.1 Patient Care Report Number The unique number automatically assigned by the EMS agency for each patient care report (PCR). Field Type/Value: text Maximum length: 32 Required: yes Allowed Values: Must be a unique number to the EMS agency for all of time. For users of OKEMSIS direct data entry the call number and the patient number are combined to form the unique Patient Care Report Number.</p>	<p>Not Nullable</p>
<p>E1.2 Software Creator The name of the software vendor by whom the data collection software was developed. Field Type/Value: text Maximum length: 30 Required: yes Allowed Values: Collected by EMS Agency and typically only documented once then verified and updated yearly or when changed</p>	<p>Not Nullable</p>
<p>E1.3 Software Name The name of the software package with which the data was collected by the agency. Field Type/Value: text Maximum length: 30 Required: yes Allowed Values: Collected by EMS Agency and typically only documented once then verified and updated yearly or when changed</p>	<p>Not Nullable</p>
<p>E1.4 Software Version The version of the software used by the agency to collect the data. Field Type/Value: text Maximum length: 30 Required: yes Allowed Values: Collected by EMS Agency and typically only documented once then verified and updated yearly or when changed</p>	<p>Not Nullable</p>

E02 UNIT / AGENCY INFORMATION

NEMSIS Element ID:	OK PCR #	Common Values
<p>E2.1 EMS Agency Number The state-assigned provider number of the responding agency Field Type/Value: text Maximum length: 15 Allowed Values: Any valid EMS Agency Identification number Validations: Only valid values are accepted in OKEMSIS</p>	<p>3. EMS AGENCY NUMBER Required: yes</p>	<p>Not Nullable</p>
<p>E2.3 EMS Unit (Vehicle) Response # The unique identifier assigned to each patient care report Field Type/Value: text Maximum length: 15 Allowed Values: Any alphanumeric entry Validations: Cannot be repeated for an agency, <u>ever</u></p>	<p>2. OKLAHOMA REPORT NUMBER Required: yes</p>	<p>Not Nullable</p>
<p>E2.4 Type of Service Requested Type of service requested of the EMS service responding to this specific EMS incident Field Type/Value: Single choice combo Required: yes 30 - 911 Response (Scene) 35 - Intercept 40 - Interfacility Transfer 45 - Medical Transport 50 - Mutual Aid 55 - Standby Validations: If E2.4 = 40 Interfacility Transfer, the Incident Location Type E8.7 must be 1175 Healthcare Facility</p>	<p>25. TYPE OF SERVICE REQUESTED</p>	<p>Not Nullable</p>
<p>E2.5 Primary Role of the Unit The primary role of the EMS service which was requested for this specific EMS incident Field Type/Value: Single choice combo Required: yes 60 Non-Transport 65 Rescue 70 Supervisor 75 Transport</p>	<p>33. PRIMARY ROLE OF UNIT</p>	<p>Not Nullable</p>
<p>E2.6 Type of Dispatch Delay Dispatch delays, if any, associated with the dispatch of the EMS unit to the patient encounter Field Type/Value: Multi choice combo Required: yes 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.)</p>	<p>139. TYPE OF DELAY(S) DISPATCHER</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>
<p>E2.7 Type of Response Delay Dispatch delays, if any, associated with the dispatch of the EMS unit to the patient encounter Field Type/Value: Multi choice combo Required: yes 125 Crowd 130 Directions 135 Distance 140 Diversion 145 HazMat 150 None 155 Other</p>	<p>140. TYPE OF DELAY(S) RESPONSE</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>

NEMESIS Element ID:	OK PCR #	Common Values
<p>160 Safety 165 Staff Delay 170 Traffic 175 Vehicle Crash 180 Vehicle Failure 185 Weather</p>		
<p>E2.8 Type of Scene Delay On-scene delays, if any, associated with the patient encounter Field Type/Value: Multi choice combo Required: yes</p>	<p>141. TYPE OF DELAY(S) SCENE</p>	
<p>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</p>		<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>
<p>E2.9 Type of Transport Delay Transport delays, if any, associated with the patient encounter Field Type/Value: Multi choice combo Required: yes</p>	<p>142. TYPE OF DELAY(S) TRANSPORT</p>	
<p>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</p>		<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>
<p>E2.10 Type of Turn-Around Delay Turn-around delays, if any, associated with the EMS unit associated with the patient encounter Field Type/Value: Multi choice combo Required: yes</p> <p>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</p>	<p>143. TYPE OF DELAY(S) RETURN</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>

NEMESIS Element ID:	OK PCR #	Common Values
E2.12 EMS Unit Call Sign (Radio Number) The EMS unit number used to dispatch and communicate with the unit (Radio Number); This may be the same as the EMS Unit/Vehicle Field Type/Value: List box created from D4.2 Allowed Values: Any valid value on file in OKEMSIS	5. EMS UNIT CALL SIGN Maximum length: 15 Required: yes	Not Nullable
E2.20 Response Mode to Scene Whether or not lights/sirens used on the way to scene Field Type/Value:	13. RESPONSE MODE TO SCENE Required: yes 380 - Initial Lights and Sirens, Downgraded to No Lights or Sirens 385 - Initial No Lights or Sirens, Upgraded to Lights and Sirens 390 - Lights and Sirens 395 - No Lights or Sirens	Not Nullable

E03 UNIT / CALL INFORMATION

NEMESIS Element ID:	OK PCR #	Common Values
E3.01 Complaint Reported by Dispatch The complaint dispatch reported to the responding unit.	28. COMPLAINT REPORTED BY DISPATCH	
Field Type/Value:	Single choice combo 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 Electrocutation 475 Eye Problem 475 Eye Problem 480 Fall Victim 485 Headache 490 Heart Problems 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	Required: yes - 5: Not Available -10: Not Known -25: Not Applicable

E05 TIMES

NEMSIS Element ID:	OK PCR #	Common Values
<p>E5.1 Incident or Onset Date/Time The date/time injury occurred or the symptoms, problem started for the call for this event. Field Type/Value: date/time Required: no Allowed Values: Any valid date/time incident occurred Validations: Cannot be later than the date/time incident is submitted to OKEMSIS</p>	<p>15. ESTIMATED TIME OF ONSET</p>	<p>Null value is blank</p>
<p>E5.2 PSAP Call Date/Time The time the phone rings (911 call) requesting EMS services. Field Type/Value: date/time Required: yes Allowed Values: Any valid date/time PSAP call received. Validations: Cannot be later than the date/time incident is submitted to OKEMSIS</p>	<p>16 PSAP/INITIAL CALL FOR HELP</p>	<p>Null value is blank</p>
<p>E5.4 Unit Notified by Dispatch Call Date/Time The time of initial notification of the EMS unit by dispatch. Field Type/Value: date/time Required: yes Allowed Values: Any valid date/time EMS notified by dispatch. Validations: Cannot be later than the date/time incident is submitted to OKEMSIS</p>	<p>17. UNIT NOTIFIED BY DISPATCH</p>	<p>Not nullable</p>
<p>E5.5 Unit En route Date/Time The time the unit responded; that is, the time the vehicle started moving. Field Type/Value: date/time Required: yes Allowed Values: Any valid date/time vehicle enroute. Validations: Cannot be later than the date incident is submitted to OKEMSIS</p>	<p>18. UNIT ENROUTE</p>	<p>Null value is blank</p>
<p>E5.6 Unit Arrived On Scene Call Date/Time The time the responding unit arrived at the patient's side. Field Type/Value: date/time Required: yes Allowed Values: Any valid date/time unit arrived on scene. Validations: Cannot be later than the date incident is submitted to OKEMSIS</p>	<p>19. UNIT ARRIVED AT SCENE</p>	<p>Null value is blank</p>
<p>E5.7 Arrived at Patient Date/Time The time the responding unit arrived at patient's side. Field Type/Value: date/time Required: yes Allowed Values: Any valid date/time unit arrived at patient's side. Validations: Cannot be later than the date incident is submitted to OKEMSIS</p>	<p>20. ARRIVED AT PATIENT</p>	<p>Null value is blank</p>
<p>E5.9 Unit Left Scene Date/Time The time the responding unit left the scene (started moving). Field Type/Value: date/time Required: yes Allowed Values: Any valid date/time unit left scene. Validations: Cannot be later than the date incident is submitted to OKEMSIS</p>	<p>21. UNIT LEFT SCENE</p>	<p>Null value is blank</p>
<p>E5.10 Patient Arrived at Destination Date/Time The date/time the responding unit arrived with the patient at the destination or transfer point. Field Type/Value: date/time Required: yes Allowed Values: Any valid date/time patient arrived at destination. Validations: Cannot be later than the date incident is submitted to OKEMSIS</p>	<p>22. PATIENT ARRIVED AT DESTINATION</p>	<p>Null value is blank</p>
<p>E5.11 Unit Back in Service Date/Time The time of initial notification of the EMS unit by dispatch. Field Type/Value: date/time Required: yes Allowed Values: Any valid date/time unit back in service. Validations: Cannot be later than the date incident is submitted to OKEMSIS</p>	<p>23. UNIT BACK IN SERVICE</p>	<p>Not nullable</p>
<p>E5.13 Unit Back at Home Location Date/Time The time of initial notification of the EMS unit by dispatch. Field Type/Value: date/time Required: yes Allowed Values: Any valid date/time unit back at home location. Validations: Cannot be later than the date incident is submitted to OKEMSIS</p>	<p>24. UNIT BACK AT HOME LOCATION</p>	<p>Null value is blank</p>

E06 PATIENT

NEMESIS Element ID:	OK PCR #	Common Values
<p>E6.1 Last Name The patient's last (family) name. Field Type/Value: text Maximum length: 20 Allowed Values: Any valid patient last name Validations: Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found); Use value -10 (Unknown) if patient is unidentified</p>	<p>42. PATIENT LAST NAME Required: yes</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>
<p>E6.2 First Name The patient's first (given) name. Field Type/Value: text Maximum length: 20 Allowed Values: Any valid patient first name Validations: Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found); Use value -10 (Unknown) if patient is unidentified</p>	<p>43. PATIENT FIRST NAME Required: yes</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>
<p>E6.3 Middle Initial/Name The patient's middle name, if any. Field Type/Value: text Maximum length: 20 Allowed Values: Any valid patient middle name Validations: Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found or); Use value -10 (Unknown) if patient is unidentified</p>	<p>44. MI Required: yes</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>
<p>E6.4 Patient's Home Address The patient's home mailing or street address. Field Type/Value: text Maximum length: 30 Allowed Values: Any alphanumeric entry. Validations: Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found); Use value 10 (Unknown) if you are unable to determine the patient's address; Use value 20 (Not Recorded) if the patient is homeless</p>	<p>45. PATIENT ADDRESS Required: yes</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>
<p>E6.5 Patient's Home City The patient's home city. Field Type/Value: Single choice combo Maximum length: 30 Allowed Values: Any valid FIPS code. Validations: Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found); Use value 10 (Unknown) if you are unable to determine the patient's address; Use value 20 (Not Recorded) if the patient is homeless</p>	<p>47. PATIENT CITY Required: yes</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>
<p>E6.6 Patient's Home County The patient's home county. Field Type/Value: Single choice combo Maximum length: 20 Allowed Values: Any valid FIPS numeric county code. Validations: Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found); Use value 10 (Unknown) if you are unable to determine the patient's address; Use value 20 (Not Recorded) if the patient is homeless</p>	<p>50. PATIENT COUNTY Required: yes</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>
<p>E6.7 Patient's Home State The patient's home state. Field Type/Value: Single choice combo Maximum length: 3 Allowed Values: Any valid 2-digit FIPS numeric state code. Validations: Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found); Use value 10 (Unknown) if you are unable to determine the patient's address; Use value 20 (Not Recorded) if the patient is homeless</p>	<p>48. PATIENT STATE Required: yes</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>
<p>E6.8 Patient's Home Zip Code The patient's home zip code of residence. Field Type/Value: text; Maximum length: 10 Allowed Values: Any valid 5- or 9 -digit FIPS numeric zip code. Validations: Only valid values are in OKEMESIS Database</p>	<p>49. PATIENT ZIP CODE Required: yes</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>

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<p>E6.10 Social Security Number The patient's social security number. Field Type/Value: text Maximum length: 9 Allowed Values: Any valid social security number. Validations: Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found); Use value 10 (Unknown) if Patient Social Security Number cannot be determined</p>	<p>58. SOCIAL SECURITY NUMBER Required: yes</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>
<p>E6.11 Gender The patient's gender. Field Type/Value: Single choice combo 650 Male 655 Female Validations: Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found) Must be value 655 (Female) for any of the following conditions: a. If E9.12 (Chief Complaint Organ System) is value 1380 (Obstetric/Gynecologic) b. If E9.15 (Provider's Primary Impression) is value 1695 (Pregnancy/OB delivery) or value 1745 (Vaginal Hemorrhage) c. If E9.16 (Provider's Secondary Impression) is value 1830 or 1880 (Pregnancy/OB delivery or Vaginal Hemorrhage) d. If E18.3 (Medication Given) is value oxytocin e. If E19.3 (Procedure) is value 73.590 (Childbirth)</p>	<p>54. GENDER Required: yes</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>
<p>E6.12 Race The patient's race as defined by the OMB (US Office of Management and Budget) Field Type/Value: Single choice combo 660 - American Indian / Alaska Native 665 - Asian 670 - Black or African-American 675 - Native Hawaiian / Pacific Islander 680 - White 685 - Other Race Validations: Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found)</p>	<p>52. RACE Required: yes</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>
<p>E6.13 Ethnicity The patient's race as defined by the OMB (US Office of Management and Budget) Field Type/Value: Single choice combo 690 - Hispanic or Latino 695 - Not Hispanic or Latino Validations: Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found)</p>	<p>53. ETHNICITY Required: yes</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>
<p>E6.14 Age The patient's age (either calculated from date of birth or best approximation). Field Type/Value: Number Maximum length: 3 Allowed Values: Any valid patient age. Validations: Can be calculated from Date of Birth or value can be entered if Date of Birth is unknown; value cannot exceed 120</p>	<p>55. AGE Required: yes</p>	<p>Null Value is Blank</p>

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E6.15 Age Units Field Type/Value: Single choice combo 700 – Hours 705 – Days 710 – Months 715 - Years Validations: Can be calculated from Date of Birth or value can be entered; Use value -25 (Not Applicable) if Element Incident Disposition is value 4815 or 4825 (Cancelled or No Patient Found)	56. AGE UNITS Required: yes	- 5: Not Available -10: Not Known -25: Not Applicable
E6.16 Date of Birth The patient's date of birth. Field Type/Value: date Allowed Values: Any valid date of birth. Validations: Must be less than or equal to E5.2 (Initial Call for Help) and year of birth cannot be prior to 1890.	57. DATE OF BIRTH Required: no	Not nullable
E6.17 Primary or Home Telephone Number The patient's home or primary telephone number. Field Type/Value: text Maximum length: 10 Allowed Values: Any valid telephone number; must include area code. Validations: Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found); Use value 10 (Unknown) if Patient Telephone Number cannot be determined	51. PT TELEPHONE NUMBER Required: yes	- 5: Not Available -10: Not Known -25: Not Applicable

Section E7 BILLING

NEMSIS Element ID:	OK PCR #	Common Values
E7.1 Primary Method of Payment Field Type/Value: Single choice combo 720 Insurance 725 Medicaid 730 Medicare 735 Not Billed (for any reason) 740 Other Government 745 Self Pay 750 Workers Compensation Validations: Use value -25 (Not Applicable) if E20.10 Incident Disposition is value 4815 or 4825 (Cancelled or No Patient Found)	59. PRIMARY PAYMENT METHOD Required: yes	- 5: Not Available -10: Not Known -25: Not Applicable
E7.15 Work-Related Field Type/Value: Single choice combo 0 No 1 Yes Validations: Use value -25 (Not Applicable) if E20.10 Incident Disposition is value 4815 or 4825 (Cancelled or No Patient Found)	94. INCIDENT WORK RELATED Required: yes	- 5: Not Available -10: Not Known -25: Not Applicable

NEMSIS Element ID:	OK PCR #	Common Values
<p>E7.34 CMS Service Level</p> <p>Field Type/Value: Single choice combo</p> <p>990 BLS 995 BLS Emergency 1000 ALS, Level 1 1005 ALS, Level 1 Emergency 1010 ALS, Level 2</p> <p>1015 Paramedic Intercept 1020 Specialty Care Transport 1025 Fixed Wing (Airplane) 1030 Rotary Wing (Helicopter)</p> <p>Validations: Use value -25 (Not Applicable) if E20.10 Incident Disposition is value 4815 or 4825 (Cancelled or No Patient Found)</p>	<p>30. CMS LEVEL OF SERVICE</p> <p>Required: yes</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>
<p>E7.35 Condition Code Number</p> <p>The condition codes associated with the CMS EMS negotiated rule-making process..</p> <p>Field Type/Value: Multiple choice combo</p> <p>8001 Severe Abdominal Pain (ALS-789.00) 8002 Abdominal Pain (ALS-789.00) 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 (ALS790.21) 8009 Respiratory Arrest (ALS-799.1) 8010 Difficulty Breathing (ALS-786.05) 8011 Cardiac Arrest (ALS427.5) 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-trauma) (ALS-780.01) 8017 Convulsions/Seizures (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 (atypical 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 Neurologic Distress (ALS-436.0) 8030 Pain (Severe) (ALS-780.99) 8031 Back Pain (non-traumatic possible cardiac or vascular) (ALS-724.5) 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)</p>	<p>27. CONDITION CODE(S)</p> <p>Required: yes</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>

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8037 Pregnancy Complication/Childbirth/Labor (ALS-650.0) 8038 Psychiatric/Behavioral (abnormal mental status) (ALS-2.929) 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 Bites/Sting/Envenomation (BLS-879.8) 8055 Lightning (ALS-994.0) 8056 Electrocutation (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)		

Section E8 SCENE

NEMSIS Element ID:	OK PCR #	Common Values
E8.5 Number of Patients at Scene Field Type/Value: Single choice combo 1120 - None 1125 - Single 1130 - Multiple Validations: Must be value 1120 (None) if E20.10 (Incident Disposition) is value 4825 or 4815 (Cancelled or No Patient Found); must be value 1130 (Multiple) if E8.6 (Mass Casualty Incident) is value 1 (Yes)	31. NUMBER OF PATIENTS AT SCENE Required: yes	- 5: Not Available -10: Not Known -25: Not Applicable
E8.6 Mass Casualty Incident Indicator of how many total patients were at the scene. Field Type/Value: Single choice combo	32. MASS CASUALTY Required: yes	- 5: Not Available -10: Not Known -25: Not Applicable

NEMSIS Element ID:	OK PCR #	Common Values
Allowed Values: Any valid FIPS code Validations: Use value 25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 (Cancelled); this is the actual physical location (county) to which the unit responded		-25: Not Applicable
E8.14 Incident State The state, territory, or province where the patient was found or to which the unit responded (or best approximation). Field Type/Value: Single choice combo Allowed Values: Any valid 2-digit FIPS state code. Validations: Use value 25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 (Cancelled); this is the actual physical location (state) to which the unit responded	10. INCIDENT STATE Required: yes	- 5: Not Available -10: Not Known -25: Not Applicable
E8.15 Incident Zip Code The zip code of the incident location. Field Type/Value: text; Maximum length: 10 Allowed Values: Any valid 5- or 9 -digit zip code. Validations: Use value 25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 (Cancelled); this is the zip code of the incident location	11. PATIENT ZIP CODE Required: yes	- 5: Not Available -10: Not Known -25: Not Applicable

Section E9 SITUATION

NEMSIS Element ID:	OK PCR #	Common Values
E9.1 Prior Aid Any care that was provided to the patient at the scene prior to the arrival of the EMS unit. Field Type/Value: Multi choice combo Use any value from Appendix Prior Aid to indicate Prior Aid. Validations: Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found) or if Prior Aid was not provided or if E2.4 is value 40 (Interfacility Transfer)	106. PRIOR AID Required: yes	- 5: Not Available -10: Not Known -25: Not Applicable
E9.2 Prior Aid Performed By The type of individual who performed the care prior to the arrival of this unit. Field Type/Value: Multi choice combo 1195 EMS Provider 1200 Law Enforcement 1205 Lay Person 1210 Other Healthcare Provider 1215 Patient Validations: Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found) or if E9.1 (Prior Aid) is value -25 or -10	105. PRIOR AID PERFORMED BY Required: yes	- 5: Not Available -10: Not Known -25: Not Applicable
E9.3 Outcome of the Prior Aid The outcome or result of the care performed prior to the arrival of the unit. Field Type/Value: Single choice combo 1220 Improved 1225 Unchanged 1230 Worse Validations: Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found) or if E9.1 (Prior Aid) is value -25 or -10	108. OUTCOME OF PRIOR AID Required: yes	- 5: Not Available -10: Not Known -25: Not Applicable
E9.4 Possible Injury Indicates that the reason for the EMS encounter was related to an injury or traumatic event. Field Type/Value: Single choice combo 0 No 1 Yes	110. TRAUMA PRESENT Required: yes	- 5: Not Available -10: Not Known -25: Not Applicable

NEMESIS Element ID:	OK PCR #	Common Values
<p>Validations: Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found); must be value 1 (Yes) if E19.3 (Procedures) is value 34.041 (Chest Compression) or value 93.580 (MAST) or value 93.591 (Spinal Immobilization) or value 93.540 (Splinting) or value 93.450 (Splinting-traction) or value 93.057 (Wound Care); must be value 1 (Yes) if E9.13 (Primary Symptom) is value 1505 (Wound); must be value 1 (Yes) if E9.15 (Provider Primary Impression) is value 1660 (Electrocution) or value 1715 (Sexual Assault/Rape) or value 1740 (Traumatic Injury)</p>		
<p>E9.5 Chief Complaint The statement of the problem by the patient or the history provider in one or two words. Field Type/Value: text; Maximum length: 50 Validations: Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found)</p>	<p>60. CHIEF COMPLAINT Required: yes</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>
<p>E9.11 Chief Complaint Anatomic Region Primary anatomic location of the chief complaint as identified by EMS personnel. Field Type/Value: Single choice combo <ul style="list-style-type: none"> 1305 Abdomen 1310 Back 1315 Chest 1320 Extremity-Lower 1325 Extremity-Upper 1330 General/Global 1335 Genitalia 1340 Head 1345 Neck Validations: Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found)</p>	<p>92. CHIEF COMPLAINT ANATOMIC REGION Required: yes</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>
<p>E9.12 Chief Complaint Organ System The primary organ system of the patient affected by the current illness or injury. Field Type/Value: Single choice combo <ul style="list-style-type: none"> 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 Validations: If value 1380 (OB/Gyn) E6.11 (Patient Gender) must be value 655 (Female); use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found)</p>	<p>93. CHIEF COMPLAINT ORGAN SYSTEM Required: yes</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>
<p>E9.13 Primary Symptom The primary sign or symptom related by the patient or observed by EMS personnel. Field Type/Value: Single choice combo <ul style="list-style-type: none"> 1405 Bleeding 1410 Breathing Problem 1415 Change in responsiveness 1420 Choking 1425 Death 1430 Device/Equipment Problem 1435 Diarrhea </p>	<p>87. PRIMARY SYMPTOM Required: yes</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>

NEMSIS Element ID:	OK PCR #	Common Values
Validations: Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found); if value 1830 (Pregnancy / OB delivery) or value 1880 (Vaginal hemorrhage) E6.11 (Patient Gender) must be value 655 (Female); if value 1795 (Electrocution) or value 1850 (Sexual Assault/Rape) or value 1875 (Traumatic injury) E9.4 (Possible Injury) must be value 1 (Yes)		

E10 SITUATION / TRAUMA

NEMSIS Element ID:	OK PCR #	Common Values
E10.1 Cause of Injury The general category of the reported or suspected cause of the injury or traumatic event. If patient has multiple cause of injury, report the worst. Prioritize penetrating over non-penetrating injury. Field Type/Value: Single choice combo	111. CAUSE OF INJURY Required: yes	- 5: Not Available -10: Not Known -25: Not Applicable
<ul style="list-style-type: none"> 1885 Bites (E906.0) 9500 Aircraft related accident (E84X.0) 580000 Assault 580001 ATV 9505 Bicycle Accident (E826.0) 9515 Chemical poisoning (E86X.0) 9520 Child battering (E967.0) 9525 Drowning (E910.0) 9530 Drug poisoning (E85X.0) 9535 Electrical Electrocution (non lightning) (E925.0) 9540 Excessive Cold (E901.0) 9545 Excessive Heat (E900.0) 580004 Explosion 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) 580009 Other Trauma 9610 Pedestrian traffic accident (E814.0) 9615 Radiation exposure (E926.0) 9620 Rape (E960.1) 9625 Smoke Inhalation ((E89X.2) 9630 Stabbing/Cutting Accidental 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) 		
Validations: Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found); complete only if E9.4 Possible Injury is value 1 (Yes)		
E10.3 Mechanism of Injury The type of event that caused the injury. Field Type/Value: Multi choice combo	112. MECHANISM OF INJURY Required: yes	- 5: Not Available -10: Not Known

<p>2035 Blunt 2040 Burn 2045 Other 2050 Penetrating</p>	<p>-25: Not Applicable</p>
<p>NEMESIS Element ID: OK PCR #</p>	<p>Common Values</p>
<p>Validations: Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found); complete only if E9.4 Possible Injury is value 1 (Yes); must be value 2045 (Other) if E10.1 is value 9515 (Chemical poisoning) or value 9530 (Drug poisoning) or value 9540 (Excessive Cold)</p>	
<p>E10.4 Vehicular Injury Indicators 131. VEHICULAR INJURY INDICATORS The kind of risk factor predictors associated with the vehicle involved in the incident. Field Type/Value: Multi choice combo Required: yes</p> <ul style="list-style-type: none"> 2055 Dash Deformity 2060 DOA Same Vehicle 2065 Ejection 2070 Fire 2075 Rollover/Roof Deformity 2080 Side Post Deformity 2085 Space Intrusion >1 foot 2090 Steering Wheel Deformity 2095 Windshield Spider/Star <p>Validations: Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found); complete only if E9.4 Possible Injury is value 1 (Yes) AND there is a vehicle involved in this incident</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>
<p>E10.7 Position of Patient in the Seat of the Vehicle 134. PATIENT POSITION The position of the patient in the vehicle at the time of the incident. Field Type/Value: Single choice combo Required: yes</p> <ul style="list-style-type: none"> 2145 Driver 2150 Left (non-driver) 2155 Middle 2160 Other 2165 Right <p>Validations: Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found); complete only if E9.4 Possible Injury is value 1 (Yes) AND there is a vehicle involved in this incident</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>
<p>E10.8 Use of Occupant Safety Equipment 132. USE OF SAFETY EQUIPMENT Safety equipment in use by the patient at the time of the injury. Field Type/Value: Multi choice combo Required: yes</p> <ul style="list-style-type: none"> 2170 Child Restraint 2175 Eye Protection 2180 Helmet Worn 2185 Lap Belt 2187 None 2190 Other 2195 Personal Flotation Device 2200 Protective Clothing 2205 Protective Non-Clothing Gear 2210 Shoulder Belt <p>Validations: Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found); complete only if E9.4 Possible Injury is value 1 (Yes)</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>
<p>E10.9 Airbag Deployment 133. AIRBAG DEPLOYMENT Indication of Airbag deployment during the motor vehicle crash. Field Type/Value: Multi choice combo Required: yes</p>	<p>- 5: Not Available -10: Not Known</p>

<p>2215 No Airbag Present 2220 No Airbag Deployed 2225 Airbag Deployed Front 2230 Airbag Deployed Side 2235 Airbag Deployed Other (knee, airbelt, etc.)</p>	-25: Not Applicable
NEMSIS Element ID:	OK PCR #
Common Values	
<p>Validations: Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found); complete only if E9.4 Possible Injury is value 1 (Yes) AND there is a vehicle involved in this incident; may not be value 25 (Not Applicable) if E10.1 (Cause of Injury) is value 9590 (Motor vehicle non-traffic crash) or value 9595 (Motor vehicle traffic crash)</p>	

E11 SITUATION / CPR

NEMSIS Element ID:	OK PCR #	Common Values
<p>E11.1 Cardiac Arrest Indication of the presence of a cardiac arrest at any time associated with the EMS event. Field Type/Value: Single choice combo 0 No 2240 Yes, Prior to EMS Arrival 2245 Yes, After EMS Arrival</p> <p>Validations: Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found); must be value 2240 (Yes, Prior) or value 2245 (Yes, After) if E9.1 (Prior Aid) is value 6460 (CPR) or value 6480 (Defibrillation-Automated) or value 6490 (Defibrillation-Manual); must be value 2240 (Yes, Prior) or value 2245 (Yes, After) if E19.3 (Procedure) is value 6460 (CPR) or value 6480 (Defibrillation-Automated) or value 6490 (Defibrillation-Manual)</p>	<p>95. CARDIAC ARREST</p> <p>Required: yes</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>
<p>E11.2 Cardiac Arrest Etiology Indication of the cause of the cardiac arrest. Field Type/Value: Single choice combo 2250 Presumed Cardiac 2255 Trauma 2260 Drowning 2265 Respiratory 2270 Electrocutation 2275 Other</p> <p>Validations: Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found) or E11.1 (Cardiac Arrest) is value 0 (No); may not be value -25 (Not Applicable) if E9.1 (Prior Aid) is value 6460 (CPR) or value 6480 (Defibrillation-Automated) or value 6490 (Defibrillation-Manual); may not be value -25 (Not Applicable) if E19.3 (Procedure) is value 6460 (CPR) or value 6480 (Defibrillation-Automated) or value 6490 (Defibrillation-Manual)</p>	<p>99. CAUSE OF ARREST</p> <p>Required: yes</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>
<p>E11.3 Resuscitation Attempted Indication of measures used to attempt to resuscitate the patient who is or was in cardiac arrest. Field Type/Value: Multi choice combo 2280 Attempted Defibrillation 2285 Attempted Ventilation 2290 Initiated Chest Compressions 2295 Not Attempted-Considered Futile 2300 Not Attempted-DNR Orders 2305 Not Attempted-Signs of Circulation</p>	<p>96. RESUSCITATION</p> <p>Required: yes</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>

<p>Validations: Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found) or E11.1 (Cardiac Arrest) is value 0 (No); may not be value -25 (Not Applicable) if E9.1 (Prior Aid) is value 6460 (CPR) or value 6480 (Defibrillation-Automated) or value 6490 (Defibrillation-Manual); may not be value -25 (Not Applicable) if E19.3 (Procedure) is value 6460 (CPR) or value 6480 (Defibrillation-Automated) or value 6490 (Defibrillation-Manual); must include value 2280 (Attempted Defibrillation) if E19.3 (Procedure) is value 6480 (Defibrillation-Automated) or value 6490 (Defibrillation-Manual); must include value 2290 (Initiated Chest Compressions) if E19.3 (Procedure) includes value 6460 (CPR)</p>		
NEMSIS Element ID:	OK PCR #	Common Values
<p>E11.4 Arrest Witnessed By Indication of who witnessed the cardiac arrest. Field Type/Value: Single choice combo</p> <p style="padding-left: 40px;"> 2310 Witnessed by Healthcare Provider 2315 Witnessed by Lay Person 2320 Not Witnessed </p> <p>Validations: Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found) or E11.1 (Cardiac Arrest) is value 0 (No)</p>	<p>98. ARREST WITNESSED BY</p> <p>Required: yes</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>
<p>E11.8 Estimated Time of Arrest The length of time the patient was down (estimated) before the responding unit arrived at the patient. Field Type/Value: Single choice combo</p> <p style="padding-left: 40px;"> 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 </p> <p>Validations: Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found) or E11.1 (Cardiac Arrest) is value 0 (No)</p>	<p>97. TIME OF ARREST</p> <p>Required: yes</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>

E12 MEDICAL HISTORY

NEMSIS Element ID:	OK PCR #	Common Values
<p>E12.1 Barriers to Patient Care Indication of whether or not there were any patient specific barriers to serving the patient at the scene. Field Type/Value: Multi choice combo</p> <p style="padding-left: 40px;"> 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 </p> <p>Validations: Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found)</p>	<p>109. BARRIERS TO EFFECTIVE CARE</p> <p>Required: yes</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>
<p>E12.8 Medication Allergies Indication of whether or not there were any patient specific barriers to serving the patient at the scene. Field Type/Value: text</p>	<p>61. PATIENT MEDICATION ALLERGIES</p> <p>Required: yes</p>	<p>- 5: Not Available</p>

<p> 3005 12 Lead ECG-Anterior Ischemia 3010 12 Lead ECG-Inferior Ischemia 3015 12 Lead ECG-Lateral Ischemia 3020 Agonal/Idioventricular 3025 Artifact 3030 Asystole 3035 Atrial Fibrillation/Flutter 3040 AV Block-1st Degree 3045 AV Block-2nd Degree-Type 1 3050 AV Block-2nd Degree-Type 2 3055 AV Block-3rd Degree 3060 Junctional 3065 Left Bundle Branch Block 3070 Normal Sinus Rhythm 3075 Other 3080 Paced Rhythm 3085 PEA 3090 Premature Atrial Contractions 3095 Premature Ventricular Contractions 3100 Right Bundle Branch Block 3105 Sinus Arrhythmia 3110 Sinus Bradycardia 3115 Sinus Tachycardia 3120 Supraventricular Tachycardia 3125 Torsades De Points 3130 Unknown AED Non-Shockable Rhythm 3135 Unknown AED Shockable Rhythm 3140 Ventricular Fibrillation 3145 Ventricular Tachycardia </p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>	
NEMSIS Element ID:	OK PCR #	Common Values
<p>Validations: If you contacted or transported a patient, you are required to submit two sets of vital signs Initial and Final, including EKG; Each element in section E14 is associated with E14_01 Date/Time; Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found)</p>		
<p>E14.4 SBP Systolic Blood Pressure The patient's systolic blood pressure. Field Type/Value: number Validations: If you contacted or transported a patient, you are required to submit two sets of vital signs Initial and Final, including SBP Systolic Blood Pressure; valid values include any number between 0 and 299; must be equal to or higher than E14.5 (Diastolic Blood Pressure); must be blank if E20.10 (Incident Disposition) is value 4825 or 4815 (Cancelled or No Patient Found)</p>	<p>66. INITIAL SYSTOLIC BLOOD PRESSURE (SBP) FINAL SYSTOLIC BLOOD PRESSURE (SBP) Required: no</p>	<p>Null value is blank</p>
<p>E14.5 DBP Diastolic Blood Pressure The patient's diastolic blood pressure. Field Type/Value: number Validations: If you contacted or transported a patient, you are required to submit two sets of vital signs Initial and Final, including DBP Diastolic Blood Pressure; valid values include any numbers between 0 and 200; must be equal to or lower than E14.4 (Systolic Blood Pressure); must be blank if E20.10 (Incident Disposition) is value 4825 or 4815 (Cancelled or No Patient Found)</p>	<p>67. INITIAL DIASTOLIC BLOOD PRESSURE (DBP) FINAL DIASTOLIC BLOOD PRESSURE (DBP) Required: no</p>	<p>Null value is blank</p>
<p>E14.6 Method of Blood Pressure Measurement Indication of method of blood pressure procedure. Field Type/Value: Single choice combo</p>	<p>68. INITIAL METHOD OF BLOOD PRESSURE MEASUREMENT FINAL METHOD OF BLOOD PRESSURE MEASUREMENT Required: no</p>	<p>Not Nullable</p>

<p>3150 Arterial Line 3155 Automated Cuff 3160 Manual Cuff 3165 Palpated Cuff 3170 Venous Line</p> <p>Validations: If you contacted or transported a patient, you are required to submit two sets of vital signs Initial and Final, including Method of Blood Pressure Measurement. A value must be entered for this field if values are entered for Element E14.4 (SBP) and/or E14.5 (DBP); this field may be blank only if E20.10 (Incident Disposition) is value 4825 or 4815 (Cancelled or No Patient Found)</p>	
<p>E14.7 Pulse Rate The patient's pulse rate, palpated or auscultated, expressed as a number per minute. Field Type/Value: number Validations: If you contacted or transported a patient, you are required to submit two sets of vital signs Initial and Final, including Pulse Rate; valid values include any number between 0 and 300; must be blank if E20.10 (Incident Disposition) is value 4825 or 4815 (Cancelled or No Patient Found)</p>	<p>64. INITIAL PULSE RATE FINAL PULSE RATE</p> <p>Required: no</p> <p>Null value is blank</p>
<p>E14.9 Pulse Oximetry The patient's oxygen saturation. Field Type/Value: number Validations: If you contacted or transported a patient, you are required to submit two sets of vital signs Initial and Final, including O2 Sat; valid values include any number between 0 and 100; must be blank if E20.10 (Incident Disposition) is value 4825 or 4815 (Cancelled or No Patient Found)</p>	<p>70. INITIAL O2 SAT (PULSE OXIMETRY) FINAL O2 SAT (PULSE OXIMETRY)</p> <p>Required: no</p> <p>Null value is blank</p>
<p>E14.11 Respiratory Rate The patient's respiratory rate expressed as a number per minute. Field Type/Value: number</p>	<p>65. INITIAL RESPIRATORY RATE (RESP) FINAL RESPIRATORY RATE (RESP)</p> <p>Required: no</p> <p>Null value is blank</p>
<p>NEMESIS Element ID:</p>	<p>OK PCR #</p> <p>Common Values</p>
<p>Validations: If you contacted or transported a patient, you are required to submit two sets of vital signs Initial and Final, including Respiratory Rate; valid values include any number between 0 and 100; Do NOT enter assisted ventilations (i.e. BVM, ventilator, etc.); if the patient is not breathing on their own, enter "0;" must be blank if E20.10 (Incident Disposition) is value 4825 or 4815 (Cancelled or No Patient Found)</p>	
<p>E14.15 Glasgow Coma Scale - Eyes The patient's Glasgow Coma Score Eye opening component measured by EMS (for all ages). Field Type/Value: number 4 = Opens Eyes spontaneously 3 = Opens Eyes to verbal stimulation 2 = Opens Eyes to painful stimulation 1 = Does Not Open Eyes</p> <p>Validations: If you contacted or transported a patient, you are required to submit two sets of vital signs Initial and Final, including Glasgow Coma Scale - Eyes; number must be between 1 to 4; must be blank if E20.10 (Incident Disposition) is value 4825 or 4815 (Cancelled or No Patient Found)</p>	<p>72. INITIAL GLASGOW COMA SCALE: EYES FINAL GLASGOW COMA SCALE: EYES</p> <p>Required: no</p> <p>Null value is blank</p>
<p>E14.16 Glasgow Coma Scale - Verbal The patient's Glasgow Coma Score Verbal component measured by EMS (for all ages). Field Type/Value: number</p>	<p>73. INITIAL GLASGOW COMA SCALE: VERBAL FINAL GLASGOW COMA SCALE: VERBAL</p> <p>Required: no</p> <p>Null value is blank</p>

<p>5 = Oriented and appropriate speech 4 = Confused conversation 3 = Inappropriate words 2 = Garbled sounds 1 = None</p> <p>Validations: If you contacted or transported a patient, you are required to submit two sets of vital signs Initial and Final, including Glasgow Coma Scale - Verbal; number must be between 1 to 5; must be blank if E20.10 (Incident Disposition) is value 4825 or 4815 (Cancelled or No Patient Found)</p>	
<p>E14.17 Glasgow Coma Scale - 74. INITIAL GLASGOW COMA SCALE: MOTOR Motor FINAL GLASGOW COMA SCALE: MOTOR The patient's Glasgow Coma Score Motor Response measured by EMS for adults. Field Type/Value: number Required: no</p> <p>6 = Obeys commands 5 = Localizes painful stimulation 4 = Withdraws from painful stimulation 3 = Flexor posturing in response to painful stimulation 2 = Extensor posturing in response to painful stimulation 1 = None</p> <p>Validations: If you contacted or transported a patient, you are required to submit two sets of vital signs Initial and Final, including Glasgow Coma Scale - Motor; number must be between 1 to 6; must be blank if E20.10 (Incident Disposition) is value 4825 or 4815 (Cancelled or No Patient Found)</p>	Null value is blank
<p>E14.19 Total Glasgow Coma Score 74. INITIAL TOTAL GLASGOW COMA SCORE The patient's total Glasgow Coma Score. FINAL TOTAL GLASGOW COMA SCALE Field Type/Value: number Required: no</p> <p>Validations: If you contacted or transported a patient, you are required to submit two sets of vital signs Initial and Final, including Total Glasgow Coma Score; number must be between 1 to 15; must be blank if E20.10 (Incident Disposition) is value 4825 or 4815 (Cancelled or No Patient Found)</p>	Null value is blank
<p>E14.22 Level of Responsiveness 69. INITIAL LOC (LEVEL OF RESPONSIVENESS) Indication of method of blood pressure procedure. FINAL LOC (LEVEL OF RESPONSIVENESS) Field Type/Value: Single choice combo Required: yes</p>	
<p>NEMESIS Element ID: OK PCR #</p> <p>3255 Alert 3260 Verbal 3265 Painful 3270 Unresponsive</p> <p>Validations: If you contacted or transported a patient, you are required to submit two sets of vital signs Initial and Final, including LOC Level of Responsiveness; use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found)</p>	<p>Common Values</p> <p>- 5: Not Available -10: Not Known -25: Not Applicable</p>
<p>E14.24 Stroke Scale 104. STROKE SCALE The Cincinnati Stroke Scale and the LA Stroke Scale are commonly used scales that measure disability or dependence in activities of daily living in stroke victims. Field Type/Value: Single choice combo Required: yes</p> <p>3275 Cincinnati Stroke Scale Negative 3280 Cincinnati Stroke Scale Non-conclusive 3285 Cincinnati Stroke Scale Positive 3290 LA Stroke Scale Negative 3295 LA Stroke Scale Non-conclusive 3300 LA Stroke Scale Positive</p> <p>Validations: When E9.15 (Provider Primary Impression) is value 1730 (Stroke/CVA) Stroke Scale is required; Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found)</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>

E14.28 Pediatric Trauma Score	147. INITIAL PEDIATRIC TRAUMA: TOTAL SCORE FINAL PEDIATRIC TRAUMA: TOTAL SCORE	Null value is blank
The total Pediatric Trauma Score for patients age 12 and under.		
Field Type/Value: number		Required: no
<u>PEDIATRIC TRAUMA: WEIGHT:</u>		
. >20kg (+2)	10-20kg (+1)	<10kg (-1)
<u>PEDIATRIC TRAUMA: AIRWAY:</u>		
. Normal (+2)	Maintainable (+1)	. Unmaintainable / Intubated (-1)
<u>PEDIATRIC TRAUMA: CNS</u>		
. Awake (+2)	Altered Mental Status/Obtunded (+1)	Coma/Abnormal Flexion (-1)
<u>PEDIATRIC TRAUMA: BP (SYSTOLIC BLOOD PRESSURE)</u>		
. >90 or palpable pulse at wrist	(+2), 90-50 or palpable pulse at groin (+1)	. <50 or Unknown (-1)
<u>PEDIATRIC TRAUMA: WOUNDS</u>		
None (+2)	. Minor (+1)	. Major / Penetrating (-1)
<u>PEDIATRIC TRAUMA: SKELETAL</u>		
. None (+2)	. Closed Fracture (+1)	Open/Multiple Fracture (-1)
Validations: If you contacted or transported a patient age 12 and under, you are required to submit two sets of vital signs Initial and Final, including total PTS Pediatric Trauma Score; number must be between -6 to 12; must be blank if E20.10 (Incident Disposition) is value 4825 or 4815 (Cancelled or No Patient Found) or if patient is over age 12		

E18: INTERVENTION / MEDICATION

NEMSIS Element ID:	OK PCR #	Common Values
E18.1 Date / Time Medication Administered The date/time medication administered to the patient.	76. TIME MEDICATION(S) GIVEN	Null value is blank
Field Type/Value: date/time		Required: no
Validations: Date/time cannot be earlier than reported on E5.6 (Date/Time Unit Arrived at Scene); must be blank if E20.10 (Incident Disposition) is value 4825 or 4815 (Cancelled or No Patient Found) or no Medication was given; mandatory for each value provided in E18.3 (Medication Given)		
NEMSIS Element ID:	OK PCR #	Common Values
E18.3 Medication Given Medication given to the patient.	77. MEDICATION(S) GIVEN	- 5: Not Available -10: Not Known -25: Not Applicable
Field Type/Value: Single choice combo		Required: yes
Please refer to Appendix: Medications for the values for this field.		
Validations: Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found) or calls where no medications were administered; if value 6300 (Airway-Rapid Sequence Induction) is reported in E19.3 (Procedure) then one of the following must be given: Etomidate, Rocuronium, Succinylcholine, Veruronium ; E6.11 (Gender) must be value 655 if Oxytocin is given		
E18.8 Medication Complication Any complication (abnormal effect on the patient) associated with the administration of the medication to the patient by EMS.	79. MEDICATION COMPLICATION(S)	
Field Type/Value: Multi choice combo		Required: yes
4390 None 4395 Altered Mental Status 4400 Apnea 4405 Bleeding 4410 Bradycardia 4405 Bleeding 4410 Bradycardia		

<p>if value 6560 (Restraints-Pharmacological) is used one of the following must be reported in E18.3 (Medication Given): Diazepam, Etomidate, Fentanyl, Haloperidol, Lorazepam, Midazolam, Morphine, Nubain, Rocuronium, Succinylcholine, Veruronium; if value 6430 (Childbirth) is used E6.11 (Gender) must be 655 (Female); E9.4 (Injury Present) must be value 1 (Yes) if the following are reported: value 6420 (Chest Decompression), value 6520 MAST, value 6580 (Spinal Immobilization), value 6590 (Splinting), value 6600 (Splinting – Traction), value 6710 6711 6712 (Wound Care); if value -25 (None) is used, no other value may be reported</p>	
<p>E19.5 Number of Procedure Attempts 83. NUMBER OF PROCEDURE ATTEMPTS The number of attempts taken to complete a procedure or intervention regardless of success. Field Type/Value: number Required: yes Validations: Mandatory for each value reported in E19.3 (Procedure); Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (No Patient Found or Cancelled) or if no Procedures attempted; mandatory for each value provided in E19.3 (Procedure)</p>	<p>-5: Not Available -10: Not Known -25: Not Applicable</p>
<p>E19.6 Procedure Successful 84. WAS PROCEDURE SUCCESSFUL Indication of whether or not the procedure performed on the patient was successful. Field Type/Value: Single choice combo -10: Not Known 1 Yes 0 No Validations: Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found) or if no Procedures attempted; mandatory for each value provided in E19.3 (Procedure)</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>
<p>E19.7 Procedure Complication 86. COMPLICATIONS FROM PROCEDURE Any complication associated with the performance of the procedure on the patient. Field Type/Value: Single choice combo Required: yes 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</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>
<p>NEMESIS Element ID: OK PCR #</p>	<p>Common Values</p>
<p>4575 Nausea 4580 Other 4585 Respiratory Distress 4590 Tachycardia 4595 Vomiting Validations: Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found) or if no Procedures attempted; mandatory for each value provided in E19.3 (Procedure); values 4530 (Esophageal Intubation-immediately detected) and 4535 (Esophageal Intubation-other) may only be used with Procedure 6240 (Airway - Nasotracheal Intubation) and 6300 (Airway - Rapid Sequence Induction)</p>	
<p>E19.9 Procedure Crrew Member ID 85. PROCEDURE DONE BY The statewide assigned ID number of the EMS crew member giving the procedure to the patient. Field Type/Value: text Maximum length: 15 Required: yes Allowed Values: Any valid state-assigned EMT license number</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>

Validations: Use value **-25** (Not Applicable) if E20.10 (Incident Disposition) is value **4815** or **4825** (Cancelled or No Patient Found) or for calls where no medications were administered.

Section E20: DISPOSITION

NEMSIS Element ID:	OK PCR #	Common Values
<p>E20.2 Destination/Transferred to, Code The destination the patient was delivered or transferred to. Field Type/Value: text Maximum length: 50 Allowed Values: Any valid state-assigned encoder number. Validations: Use the same list of hospital EMS encoder numbers, available on the EMS website, to enter the appropriate 3-digit encoder number associated with each hospital; Use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 (Cancelled) or value 4825 (No Patient Found) or value 4820 (Dead at Scene) or value 4830 (No Treatment Required) or value 4835 (Patient Refused Care) or value 4840 (Treated and Released)</p>	<p>40. RECEIVING FACILITY ID Required: yes</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>
<p>E20.7 Destination Zip Code The destination zip code in which the patient was delivered or transferred to. Field Type/Value: text; Maximum length: 10 Allowed Values: Any valid 5- or 9 -digit FIPS numeric zip code. Validations: Only valid values are in OKEMSIS Database</p>	<p>38. DESTINATION ZIP CODE Required: yes</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>
<p>E20.10 Incident/Patient disposition Type of disposition, treatment and/or transport of the patient. Field Type/Value: Single choice combo <ul style="list-style-type: none"> 4815 Cancelled 4820 Dead at Scene 4825 No Patient Found 4830 No Treatment Required 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 </p>	<p>7. INCIDENT/PATIENT DISPOSITION Required: yes</p>	<p>Not Nullable</p>
<p>E20.14 Transport Mode from Scene Whether or not lights/sirens used on the way from scene Field Type/Value: Single choice combo <ul style="list-style-type: none"> 4955 - Initial Lights and Sirens, Downgraded to No Lights or Sirens 4960 - Initial Lights and Sirens, Upgraded to No Lights or Sirens </p>	<p>14. RESPONSE MODE FROM SCENE Required: yes</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>
<p>NEMSIS Element ID:</p> <p>4965 - Lights and Sirens 4970 – No Lights or Sirens</p> <p>Validations: Must be value 4955 or 4960 or 4965 or 4970 if E20.10 (Incident Disposition) is value 4850 (Treated, Transported by EMS); must be value -25 (Not Applicable) if E20.2 is value -25 (Not Applicable)</p>	<p>OK PCR #</p>	<p>Common Values</p>
<p>E20.16 Reason for Choosing Destination The reason the unit chose to deliver or transfer the patient to the destination. Field Type/Value: Single choice combo <ul style="list-style-type: none"> 4990 Closest Facility (none below) 4995 Diversion 5000 Family Choice 5005 Insurance Status </p>	<p>136. REASON FOR CHOOSING DESTINATION Required: yes</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>

<p>5010 Law Enforcement Choice 5015 On-Line Medical Direction 5020 Other 5025 Patient Choice 5030 Patient's Physicians Choice 5035 Protocol 5040 Specialty Resource Center</p> <p>Validations: Cannot be value -25 (Not Applicable) if E20.10 (Incident/Patient Disposition) is value 4850 (Treated, Transported by EMS); must be value -25 if E20.2 (Destination Code) is value -25</p>	
<p>E20.17 Type of Destination 135. TYPE OF DESTINATION The type of destination the patient was delivered or transferred to. Field Type/Value: Single choice combo Required: yes</p> <p>7270 Home 7280 Hospital 7290 Medical Office/Clinic 7300 Morgue 7320 Nursing Home 7330 Other 7340 Other EMS Responder (air) 7350 Other EMS Responder (ground) 7360 Police/Jail</p> <p>Validations: Must be value 7340 or 7350 if E20.10 (Incident Disposition) is value 4850 (Treated, Transported by EMS); must be value -25 if E20.2 (Destination Code) is value -25 (Not Applicable)</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>

E22: OUTCOME & LINKAGE

NEMESIS Element ID:	OK PCR #	Common Values
<p>E22.1 Emergency Department Disposition 137. EMERGENCY DEPARTMENT DISPOSITION If known, the disposition of the patient from the Emergency Department (ED). Field Type/Value: Single choice combo Required: yes</p> <p>5335 Admitted to Hospital Floor 5340 Admitted to Hospital ICU 5345 Death 5350 Not Applicable (Not Transported to ED) 5355 Released 5360 Transferred</p>		<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>

NEMESIS Element ID:	OK PCR #	Common Values
<p>E22.2 Hospital Disposition 138. HOSPITAL DISPOSITION If known, the disposition of the patient from the hospital, if admitted. Field Type/Value: Single choice combo Required: yes</p> <p>5365 Death 5370 Discharged 5375 Transfer to Hospital 5380 Transfer to Nursing Home 5385 Transfer to Other 5390 Transfer to Rehabilitation Facility</p>		<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>

OKLAHOMA-SPECIFIC FIELDS

NEMSIS Element ID:	OK PCR #	Common Values
<p>Estimated Time Prior Aid Performed The estimated time prior aid was administered to the patient before the arrival of the EMS unit. Field Type/Value: time</p> <p>Validations: Leave blank if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found) or if no Prior Aid was performed</p>	<p>107. ESTIMATED TIME PRIOR AID PERFORMED Required: no</p>	<p>Null value is blank</p>
<p>Notification by EMS personnel to Hospital Trauma Team personnel. Field Type/Value: Single choice combo</p> <p>1 Yes 0 No</p> <p>300001 = Trauma – YES 300002 = STEMI – YES 300003 = Stroke/CVA – Yes</p> <p>Validations: Complete only if E9.4 Possible Injury is value 1 (Yes); otherwise use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled No Patient Found)</p>	<p>114. HOSPITAL TRAUMA TEAM NOTIFIED Required: yes</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>
<p>Notification by EMS personnel to Hospital Trauma Team personnel. Field Type/Value: date/time</p> <p>Validations: Leave blank if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled or No Patient Found); date/time cannot be earlier than Date/Time Unit Received Call.</p>	<p>115. TIME HOSPITAL TRAUMA TEAM NOTIFIED Required: no</p>	<p>Null value is blank</p>
<p>Enter the Priority (1, 2 or 3) assigned to the patient. See definitions in Appendix B. Field Type/Value: Single choice combo</p> <p>872000 = Priority 1 872001 = Priority 2 872002 = Priority 3</p> <p>Validations Complete only if E9.4 Possible Injury is value 1 (Yes); otherwise use value -25 (Not Applicable) if E20.10 (Incident Disposition) is value 4815 or 4825 (Cancelled No Patient Found)</p>	<p>116. TRIAGE LEVEL Required: yes</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>
NEMSIS Element ID:	OK PCR #	Common Values
<p>A number (Priority 1, 2 or 3) assigned to a patient that is a scoring summarizing the patient status. The scoring considers the patient condition, physiological and anatomical injuries and mechanism of injury. Field Type/Value: Multi choice combo</p> <p>310001 Amputation proximal to wrist or ankle 310002 Blunt trauma / no hemodynamic trauma 310003 BSA < 10% 310004 BSA >= 10% 310005 Flail chest 310006 GCS <= 13 310007 GCS improving 310008 Hemodynamic compromise from trauma 310009 Minor injuries 310010 Open or depressed skull fracture 310011 Other single system injury 310012 Paralysis resulting from trauma 310013 Penetrating injuries to extremities 310014 Penetrating injury to trunk, neck, or head 310015 PTS <= 8 310016 Respiratory compromise resulting from trauma 310017 Two or more proximal long bone fractures 310018 Unstable pelvis</p>	<p>117. TRAUMA TRIAGE CRITERIA Required: yes</p>	<p>- 5: Not Available -10: Not Known -25: Not Applicable</p>

