



OKEMSIS Data Dictionary

(NEMSIS Version 3.3.4, OKEMSIS Version 3.3.4)
Oklahoma EMS Data Standard for
Patient Care Reports

Oklahoma Version Date: November 17th, 2014



Foreword

In an ongoing effort to collect accurate data, the OKEMSIS (Oklahoma Emergency Management Services Information System) data dictionary has been revised to correspond with the National EMS Data Standard, NEMSIS (National Emergency Management Services Information System) v3. This updated version is the result of hard work on the part of many persons including the OKEMSIS data dictionary work group and OSDH Emergency Systems staff.

The purpose of collecting data is to:

- 1) gain a more complete “picture” of the patient care provided by certified and licensed agencies in Oklahoma,
- 2) to provide tools to agencies that will allow local system improvements,
- 3) develop targeted strategies to improve care in Oklahoma and
- 4) Identify further areas of research to help improve overall patient outcomes.

Quality data collection is the key to local and state-wide system development as it enables us to continually improve our EMS system and helps us to measure improvements.

Through the continued leadership of the Oklahoma State Department of Health, the work of agencies, and certified and licensed emergency medical personnel, we can help ensure the citizens of Oklahoma continue to receive the proper level of care throughout their continuum of care.

Dale Adkerson, EMS Director



OSDH-Emergency Systems



OKEMSIS Database Usage and Guidelines

OKEMSIS (Oklahoma EMS Information System) is the secure repository for all EMS run data required by the State of Oklahoma. The website can be found at the following link: <HTTPS://OKEMSIS.HEALTH.OK.GOV> . Data can be entered into OKEMSIS through XML file (imports), on the website through various available run forms, or through a field-bridge. The list below contains some database usage guidelines and recommendations.

1. New EMS Services must call Emergency Systems at (405)271-4027 to set up an account in OKEMSIS for user access after they have received their state license. All EMS services are required to enter their run data into the database (see [SUBMISSION GUIDELINES/REQUIRED ENTRIES INTO OKEMSIS](#)).
2. Data is due on a monthly basis and should be submitted by the last business day of the following month (ex. January is due by the end of February, see [SUBMISSION GUIDELINES/REQUIRED ENTRIES INTO OKEMSIS](#)).
3. Each service will be assigned a “Service Administrator” who will have access to all runs that are entered and will be able to add/inactivate staff, give staff account permissions, review quality control, enter/delete runs, along with a few other options that will be discussed with the service administrator at the time of account activation. **Each service should have no more than two service administrators (see “[Permission Levels in OKEMSIS](#)”).**
4. If the EMS service changes service administrator access to another person, the service chief must notify (through e-mail) Emergency Systems before access is given.
5. Each EMS service will have access to their own data and will not have access to any other service. If a service wants access to other EMS data (de-identified) they must submit a formal request/e-mail to Emergency Systems at martin@health.ok.gov to start the approval process. Each data request has to be approved by the Oklahoma State Department of Health.
6. EMS services will be responsible for entering the required service demographic data in their service set up in OKEMSIS.
7. **All staff that performs runs for your service must be entered into the database even if a service imports their data through a third party vendor.**
8. If a staff member quits or is fired, etc....the service administrator needs to inactivate the person immediately. If there are runs still being entered for that person the administrator can keep them active but “lock” their access to the OKEMSIS database.
9. Staff accounts that have no activity for 3 months will be put on the inactive list when that person tries to log in after the 3 month time period. **Services must call Emergency Systems to re-activate/delete staff. Deletion of staff is not recommended as their name will be erased from all runs they participated in for your service.**



10. All staff needs at least their first and last names, e-mail address, and state EMS certification id entered into the database. If that person is the primary contact or Service Chief that also needs to be indicated.
11. **Do not use another person's username or password to log into OKEMSIS.** Each person that needs access to OKEMSIS must be given their own account. Third party vendors also need their own username and password.

| <i>Permission Levels in OKEMSIS</i> | | |
|--|---|--|
| <i>Permission Level</i> | <i>Permissions</i> | <i>Recommendation</i> |
| Ambulance Service Administrator | Gives access to all runs entered into the system no matter which EMT enters it (including QA/QI, reports, ect..). Highest access to the EMS Services. | Recommended to have no more than 2 administrators per service. |
| Ambulance Service Provider | Gives access to the EMT to only runs associated with their name (runs they have entered or their name is on). | If the EMT only enters the runs, they need to have this permission level. |
| Vendor | Gives access to vendor to import runs only. | This permission level should be given to all vendors unless they perform other functions(like billing). |
| Billing | Gives access to view/print the entire run including patient identifiable information. No other access is given here. | This permission level recommended for billing company or software. |
| Report Writer Access | Gives access to pull reports only. | This permission level recommended for any EMT/employee of the EMS service to pull reports (and that's all they do in OKEMSIS). |

SUBMISSION GUIDELINES/REQUIRED ENTRIES INTO OKEMSIS

Essentially, if a ground or air unit leaves their station for a call into or out of Oklahoma, we require the information for that call to be entered into the OKEMSIS database. ***If the air or ground ambulance never leaves the station, we do not require the run to be entered into OKEMSIS.***

The information below details the related statutes and regulations concerning which types of runs are required to be entered into OKEMSIS.

§63-1-2511 Commissioner – Powers and Duties

Paragraph 6 states: *“Develop a standard report form which will be used by local, regional and statewide emergency medical services and emergency medical systems to facilitate the collection of data related to the provision of emergency medical and trauma care. The Commissioner shall also develop a standardized emergency medical services data set and an electronic submission standard. Each ambulance service shall submit the information required in this section at such intervals as may be prescribed by rules promulgated by the State Board of Health.”*

The “data set” referred to above has been established and includes the information that is in question. These forms need to be completed accurately and in their entirety. The data set has been established by many public hearings, sub-committees and the Oklahoma Emergency Response Systems Development Advisory Council approvals.

Further, the Oklahoma Administrative Code [OAC] has some language promulgated from the enabling legislation.

OAC 310:641-3-160(a)(1)(B) states: *“All run reports shall contain administrative, legal, medical, community health and evaluation information required by the Department”* . Required by the Department refers to the “Data Set” mentioned above.

OAC 310:641-3-160(b) states: *“The standardized data set and an electronic submission standard for EMS data as developed by the Department shall be mandatory for each licensed ambulance service. Reports of the EMS data standard shall be forwarded to the Department by the last business day of the following month.”*

Refusals and DOA’s, cancelled calls, and all other administrative, legal, medical, community health and evaluation information, are part of the standardized data set that are required by law.



OKEMSIS Database Usage-Third Party Vendors (Importing)

For EMS services who import their run data into OKEMSIS through XML file or field bridge, there is a list of elements that each run must answer (non-nillable, cannot be blank, and Not Values not acceptable). **All elements in the data dictionary are mandatory** but the following elements have to have a valid answer in order for the file to import into the system. **If any one of the below elements do not have a valid answer, the whole XML file will fail to import.** The table below is a list of these mandatory, non-nillable elements.

| <i>Element Description</i> | <i>OKEMSIS v3 Element Number</i> |
|---|---|
| EMS Agency Unique State ID (Header) | dAgency.01 |
| EMS Agency Number (Header) | dAgency.02 |
| EMS Agency State (Header) | dAgency.04 |
| Crew Member Id | eCrew.01 |
| Crew Member Level | eCrew.02 |
| Crew Member Response Role | eCrew.03 |
| Complaint Reported by Dispatch | eDispatch.01 |
| Incident/Patient Disposition | eDisposition.12 |
| EMS Transport Mode | eDisposition.16 |
| Patient Care Report (PCR) Number (Header) | eRecord.01 |
| Software Creator (Header) | eRecord.02 |
| Software Name (Header) | eRecord.03 |
| Software Version (Header) | eRecord.04 |
| EMS Agency Number | eResponse.01 |
| EMS Response Number | eResponse.04 |
| Type of Service Requested | eResponse.05 |
| Primary Role of the Unit | eResponse.07 |
| Type of Dispatch Delay | eResponse.08 |
| Type of Response Delay | eResponse.09 |
| EMS Vehicle (Unit) Number | eResponse.13 |
| EMS Unit Call Sign | eResponse.14 |
| Level of Care of This Unit | eResponse.15 |
| Response Mode to Scene | eResponse.23 |
| Incident Location Type | eScene.09 |
| Incident Street Address | eScene.15 |
| Incident City | eScene.17 |
| Incident State | eScene.18 |
| Incident Zip Code | eScene.19 |
| Incident County | eScene.21 |
| EMS Dispatch Notified Date/Time | eTimes.02 |

| | |
|-------------------------------------|---------------|
| Unit Notified by Dispatch Date/Time | eTimes.03 |
| Unit En Route Date/Time | eTimes.05 |
| Patient Care Report Narrative | eNarrative.01 |

Destination/Incident Facility Lists

Incident Facility Code (eScene.10) and Destination Transferred To Code (eDisposition.02) utilize the same list of codes which are based off emergency room encoder numbers (if location is within Oklahoma borders). Out of state facilities will have a generic number assigned by Emergency Systems staff and will only be added to the code list based upon utilization by the EMS service or services (as determined by Emergency System staff). If a vendor has a destination not on the OKEMSIS code list then that code needs to be mapped to one of the appropriate generic codes on the OKEMSIS list. **Vendors must match their incident/destination codes with the OKEMSIS code list or that file will be rejected.** A list of OKEMSIS incident/destination codes can be found in the [appendix](#) of this document.

Run Times and Time Zone

There has been some confusion as to what time zone that EMS run times should be submitted in for the version 2 dataset (which caused difficulty for data analysis). **For the OKEMSIS version 3 dataset all times must be saved and submitted in Central Standard Time (CST). EMS services that import their data through a third party vendor must have their run times in CST time in their XML file or field bridge software before they import into OKEMSIS.** OKEMSIS will ask if your run times are in Zulu Time in the data exchange and if your times are in CST time, you say “NO” before you import. [Date and time formats](#) can be found on page 263 in the appendix section.

Custom Codes/Elements

Several state required (custom) elements from the v2.2.1 OKEMSIS database have now become a part of the regular v3 NEMSIS dataset for Oklahoma: Trauma Triage Criteria (eInjury.03), Patient Priority Status (eSituation.13), Destination Team Pre-Arrival Alert or Activation (eDisposition.24), Date/Time of Destination Prearrival Alert or Activation (eDisposition.25), and ECG Type (eVitals.04)/Method of ECG Interpretation (eVitals.05, replaces STEMI fields). **Several of these elements have custom codes which are required to be in the OKEMSIS v3 dataset and are highlighted with that element. There are also several additional non-custom elements where custom codes have been added which are also required to be in the OKEMSIS v3 dataset: Type of Service Requested (eResponse.05), Procedures (eProcedures.03), Medications (eMedications.03), Incident Location Type (eScene.09) and EMS Transport Mode (eDisposition.16).**



NEMSIS Version 3 Demographic Dataset Submission

In an effort to achieve some baseline data for each state, NEMSIS v3 requires that the first data submission for v3 be a demographic submission. The table below gives a list of the elements required for each regular data submission (dark green) by the EMS agency and all the required demographic elements (blue). These demographic elements are required to be updated at least once a year (or when necessary) by the EMS service and Emergency Systems will submit that data to NEMSIS. All the demographic elements can be found in your service set-up in OKEMSIS and are not required for every data submission (with exception for dAgency.01-.04).

| NEMSIS Version 3 Demographic Dataset Submission Requirements | | |
|---|--|---|
| V3 Element # | V3 Element Title | Submission Requirements |
| dAgency.01 | EMS Agency Unique State ID | Every EMS XML File |
| dAgency.02 | EMS Agency Number | Every EMS XML File |
| dAgency.04 | EMS Agency State | Every EMS XML File |
| dAgency.05 | EMS Agency Service Area States | Initially, Annually, and As Updated |
| dAgency.06 | EMS Agency Service Area County(s) | Initially, Annually, and As Updated |
| dAgency.07 | EMS Agency Census Tracts | Initially, Annually, and As Updated |
| dAgency.08 | EMS Agency Service Area ZIP Codes | Initially, Annually, and As Updated |
| dAgency.09 | Primary Type of Service | Initially, Annually, and As Updated |
| dAgency.11 | Level of Service | Initially, Annually, and As Updated |
| dAgency.12 | Organization Status | Initially, Annually, and As Updated |
| dAgency.13 | Organizational Type | Initially, Annually, and As Updated |
| dAgency.14 | EMS Agency Organizational Tax Status | Initially, Annually, and As Updated |
| dAgency.15 | Statistical Calendar Year | Initially, Annually, and As Updated |
| dAgency.16 | Total Primary Service Area Size | Initially, Annually, and As Updated |
| dAgency.17 | Total Service Area Population | Initially, Annually, and As Updated |
| dAgency.18 | 911 EMS Call Center Volume per Year | Initially, Annually, and As Updated |
| dAgency.19 | EMS Dispatch Volume per Year | Initially, Annually, and As Updated |
| dAgency.20 | EMS Patient Transport Volume per Year | Initially, Annually, and As Updated |
| dAgency.21 | EMS Patient Contact Volume per Year | Initially, Annually, and As Updated |
| dAgency.25 | National Provider Identifier | Initially, Annually, and As Updated |
| dAgency.26 | Fire Department ID Number | Initially, Annually, and As Updated |
| dConfiguration.01 | State Associated with the Certification/Licensure Levels | Initially, Annually, and As Updated |
| dConfiguration.02 | State Certification Licensure Levels | Initially, Annually, and As Updated |
| dConfiguration.03 | Procedures Permitted by the State | State to NEMSIS Database - Initially, Annually, and As Updated |
| dConfiguration.04 | Medications Permitted by the State | State to NEMSIS Database - Initially, Annually, and As Updated |
| dConfiguration.05 | Protocols Permitted by the State | State to NEMSIS Database - Initially, Annually, and As Updated |
| dConfiguration.06 | EMS Certification Levels Permitted to Perform Each Procedure | Initially, Annually, and As Updated |



| | | |
|-------------------|--|-------------------------------------|
| dConfiguration.07 | EMS Agency Procedures | Initially, Annually, and As Updated |
| dConfiguration.08 | EMS Certification Levels Permitted to Administer Each Medication | Initially, Annually, and As Updated |
| dConfiguration.09 | EMS Agency Medications | Initially, Annually, and As Updated |
| dConfiguration.10 | EMS Agency Protocols | Initially, Annually, and As Updated |
| dConfiguration.11 | EMS Agency Specialty Service Capability | Initially, Annually, and As Updated |
| dConfiguration.13 | Emergency Medical Dispatch (EMD) Provided to EMS Agency Service Area | Initially, Annually, and As Updated |
| dConfiguration.15 | Patient Monitoring Capability(s) | Initially, Annually, and As Updated |
| dConfiguration.16 | Crew Call Sign | Initially, Annually, and As Updated |

Definitions

Patient Disposition

Assist, Unit - The reporting EMS unit assisted another EMS unit at the scene.

Patient Treated, Transported by EMS - The patient was treated and transported by the reporting EMS unit.

Cancelled (Prior To Arrival at Scene) - Response is terminated by the communications center prior to the unit's arrival at the scene.

No Patient Found (Cancelled On Scene)-EMS was unable to find a patient at the scene.

No Patient Contact (Cancelled On Scene)-EMS had no patient contact on scene.

Patient Treated, Transferred Care to Another EMS Professional- The patient was treated but care was transferred to another EMS air or ground unit EMT.

Patient Treated, Transported by Law Enforcement - The patient was treated by EMS and transported by a law enforcement unit.

Patient Evaluated, No Treatment/Transport Required- The patient was not found to have a treatable illness/injury.

Patient Refused Evaluation/Care (Without Transport)- The patient refused to be cared for by EMS at the scene, even if they appeared to need care.

Patient Refused Evaluation/Care (With Transport)- The patient refused to be cared for by EMS but was transported to an appropriate healthcare facility.

Patient Treated, Released (AMA)- The patient was treated by EMS but patient refused transport Against Medical Advice (AMA) by EMT.

Patient Treated, Released (per protocol)- The patient was treated by EMS but patient was released per protocol.

Patient Dead at Scene-No Resuscitation Attempted (Without Transport)- No treatment rendered as patient was dead upon the vehicle's arrival at the scene.

Patient Dead at Scene- Resuscitation Attempted (Without Transport)- Patient was dead on arrival at scene but resuscitation was attempted.

Standby- Response was for purposes of being available in case of a medical/traumatic emergency, such as sporting events, fires, or police action and there was no patient contact or support provided.

Type of Service Requested

911 Response (Scene) - Select if the EMS Agency responded to the scene of an emergency in its own jurisdiction, whether the caller used 911 or dialed direct to the EMS Agency dispatcher using a regular phone number. **DO NOT INCLUDE TRANSFERS BETWEEN ACUTE CARE FACILITIES.**

Inter-Facility Transport, Emergent (911 Call)- This is the correct value to enter if the EMS Agency transferred an **emergent** patient from an acute care facility such as an emergency department or urgent care center to another emergency department or urgent care center. **DO NOT INCLUDE TRANSFERS TO OR FROM NURSING HOMES, LONG-TERM CARE FACILITIES, RESIDENTIAL FACILITIES OR DOCTOR'S CLINICS.**

Inter-Facility Transport, Non-Emergent (Routine)- This is the correct value to enter if the EMS Agency transferred a **non-emergent** patient from an acute care facility such as an emergency department or urgent care center to another emergency department or urgent care center. **DO NOT INCLUDE TRANSFERS TO OR FROM NURSING HOMES, LONG-TERM CARE FACILITIES, RESIDENTIAL FACILITIES OR DOCTOR'S CLINICS.**

Medical Transport - Select if the EMS Agency responded to a pre-hospital, **non-emergency transport**, which includes transports from the Dr. office, clinic, LTC, residential care center, rehab center, nursing homes, etc. and to requests for medical transport to the emergency department. **DO NOT INCLUDE TRANSFERS BETWEEN ACUTE CARE FACILITIES.**

Mutual Aid - Select if the EMS Agency responded to the scene of an emergency outside its jurisdiction at the request of another EMS Agency.

Standby - Select for purposes of being available in case of a medical/traumatic emergency, such as sporting events, fires, or police action.

Intercept – Select when one EMS Provider is requested to meet another with the intent of receiving a patient. The destination code for the originating agency should be “2-Care Transfer to Another Ambulance Service” (code 444) and the Type of Service Requested should be “Intercept” for the intercept recipient agency.

Public Assistance/Other Not Listed – added for EMS expanded scope events such as elderly assistance, injury prevention, public education, immunization programs, etc

Incident Location Type (Selected Definitions)

Private Residence - Any home or residence (not just the patient's home) including a farmhouse. Includes the yard, driveway, garage, pool, garden, or walk of a home, apartment, or residence



Institutional (nonprivate) residence – Any residence other than private which includes mental institutions, drug rehab clinics, group homes, and half-way houses. ***Does not include Healthcare facilities.***

Farm - NOT a farmhouse: a place of agriculture, including ranches, land under cultivation and nonresidential farm buildings.

Mine or Pit - Includes sand pits, gravel pits and tunnels under construction.

Athletic Field(Outdoor) – Includes outdoor sports fields, courses, and sports stadiums. If the incident occurs on an indoor court, put “Athletic Court (Indoor)”.

Athletic Court(Indoor) – Includes indoor sports courts, courses, and sports stadiums. If the incident occurs on an outdoor court, put “Athletic Field (Outdoor)”.

Street, highway and other paved roadways - Any paved public street, road, highway, or avenue.

Unspecified street and highway (including unpaved)- Any paved or unpaved public street, road, or avenue not otherwise listed in the current list.

Other specified public building - Any publicly owned building and its grounds not otherwise specified in the current list.

Trade or Service Area- Any privately owned building used for business not otherwise stated in the current list. ***Excludes health care facilities.***

Ambulatory Health Services Establishments- This industry group comprises establishments, not classified to any other industry group, primarily engaged in providing ambulatory health care services, such as ambulance services, blood banks, blood donor stations, organ banks, blood pressure screening services, hearing testing services and physical examination services, except by health practitioners.

Lake/River- ***DOES NOT*** include swimming pools. Any other body of water, including creeks.

Wilderness area - Any state/federal wilderness or park area (example: Wichita Wildlife Refuge in Lawton, Oklahoma). ***DOES NOT INCLUDE NEIGHBORHOOD PUBLIC PARKS.***

Other Wilderness area - Any wilderness or park area that doesn't fit the definition of “Wilderness Area”. ***DOES NOT INCLUDE NEIGHBORHOOD PUBLIC PARKS.***

Patient Priority Status

Priority 1 - These are patients with high energy blunt or penetrating injury causing physiological abnormalities or significant single or multisystem anatomical injuries. These patients have time sensitive injuries requiring the resources of a designated



Level I, Level II, or Regional Level III Trauma Center. These patients should be directly transported to a Designated Level I, Level II, or Regional Level III facility for treatment but may be stabilized at a Level III or Level IV facility, if needed, depending on location of occurrence and time and distance to the higher level trauma center. If needed these patients may be cared for in a Level III facility if the appropriate services and resources are available.

Priority 2 - These are patients with potentially time sensitive injuries due to a high energy event (positive mechanism of injury) or with a less severe single system injury but currently with no physiological abnormalities or significant anatomical injury.

Priority 3 - These patients are without physiological abnormalities, altered mentation, neurological deficit, or a significant single system injury that has been involved in a low energy event. These patients should be treated at the nearest treating facility or the patient's hospital of choice. An example would be a same level fall with extremity or hip fracture.

EMS Transport Mode (s) - Examples

Air Medical-Fixed Wing – If a Fixed Wing aircraft was the only EMS unit involved in the patient transport from the point of origin (scene) to the final destination (i.e. hospital, etc.) then choose this code (4216001).

Air Medical-Rotor Wing – If a Rotor Wing aircraft was the only EMS unit involved in the patient transport from the point of origin (scene) to the final destination (i.e. hospital, etc.) then choose this code (4216003).

Ground-Ambulance – If a Ground Ambulance was the only EMS unit involved in the patient transport from the point of origin (scene) to the final destination (i.e. hospital, etc.) then choose this code (4216005).

Ground-to-Ground Transfer – If a patient is transferred from a ground ambulance to another ground ambulance then choose this code (4216006).

Ground-Rescue Vehicle-to-Ground Ambulance Transfer– If a patient is transferred from a rescue vehicle (i.e. ATV, wheel chair van, etc.) to a ground ambulance then choose this code (4216008). *Rescue vehicle **does not** include air (fixed or rotor wing) or ground ambulances.*

Ground-Rescue Vehicle-to-Air Ambulance Transfer– If a patient is transferred from a rescue vehicle (i.e. ATV, wheel chair van, etc.) to an air ambulance (fixed or rotor wing) then choose this code (4216009). *Rescue vehicle **does not** include air (fixed or rotor wing) or ground ambulances.*



Ground-to-Air Transfer– If a patient is transferred from a ground ambulance to an air ambulance (fixed or rotor wing) then choose this code (4216018).

Air-to-Ground Transfer– If a patient is transferred from an air ambulance (fixed or rotor wing) to a ground ambulance then choose this code (4216019).

Air-to-Air Transfer– If a patient is transferred from an air ambulance (fixed or rotor wing) to another air ambulance then choose this code (4216020).

Ground-to-Air-to-Ground Transfer– If a patient is transferred from a ground ambulance to an air ambulance (fixed or rotor wing) to another ground ambulance then choose this code (4216021).

No Transport– If the EMS unit (ground or air) has no patient contact or the patient was not transported by the responding unit then choose this code (4216022). **NOTE:** If a ground ambulance responds to the scene and an air ambulance is called and arrives on scene (patient not transported by ground ambulance vehicle, only patient care is transferred) then the ground ambulance would use the “No Transport” code while the air ambulance would use the code(s) 4216001 (fixed wing) or 4216003 (rotor wing).

Miscellaneous Definitions

Trauma – Any event associated with an injury that can be labeled as a priority 1, 2 or 3 patient according to the definitions assigned to each priority status. *See Trauma Triage Level for the definitions of priority 1, 2 and 3 patients associated with injury. See also “Validation Rules-Trauma” in the definitions to see Primary/Secondary Impression codes associated with Trauma.*

Validation Score – A number between 0 and 100 given to each EMS service call entered into OKEMSIS based on a set of rules called VALIDATION RULES. The optimum goal is to have a validation score of 100.

Validation Rules – A set of criteria based on the data elements in the OKEMSIS data dictionary that gives a validation score. **All elements in OKEMSIS will have a validation rule attached based on Incident/Patient Disposition along with other appropriate criteria.** Validation rules can be found in the comments section under each element.

High Energy Event – Patients that are involved in rapid acceleration/deceleration events that absorb large amounts of energy and are at an increased risk for severe injury despite normal vital signs on their initial assessment. Five to fifteen percent of these patients, despite normal vital signs and no apparent anatomical injury on initial evaluation, will have a significant injury discovered after a full trauma evaluation with serial observations. Determinates to be considered are direction and velocity of impact and the use of personal protection devices. Motor vehicle crashes when occupants are using personal safety restraint devices may not be considered a high-energy event.



Personal safety devices will often protect the occupant from absorbing high amounts of energy even when the vehicle shows significant damage.

Oklahoma PCR # – A number assigned to each element that corresponds to the question number on the run form provided by OSDH Emergency Systems.

Respiratory condition due to chemicals, gases, fumes and vapors Incident (Provider Impression, eSituation.11, code J68.9)- This is related to any respiratory condition due to exposure to chemicals, gases, fumes , or vapors *not related to drug use*.

Inhalant Related disorders (Provider Impression, eSituation.11, code F18)- This is related to any respiratory condition due to exposure to chemicals, gases, fumes , or vapors *related to drug use*. One example includes patients who huff paint.

Heavy Transport Vehicle (Cause of Injury Codes V69.3, V69.9)- A heavy transport vehicle is defined as a motorized vehicle with three or more axles. An example would be a semi truck with a trailer.

Rolling-Type Pedestrian Conveyance Accident (Cause of Injury Code V00.1)- An accident involving a non-motorized pedestrian conveyance which includes roller skates (inline included), skateboards, non-motorized wheel chairs, baby strollers, etc...

***Validation Rules: "Trauma"**- "Trauma" is associated with the Primary/Secondary Impression codes of S39.91, S90, S59.9, S39.94, S05, S09.9, S79.9, S06.9, S39.92, S89.9, S19.9, T14.90, S39.93, S49.9, S29.9, S69.9, P15.9, J94.2, J93.9, S06.0X9, S06.0X0.

****Validation Rules: "Invasive Airway"**- "Invasive Airway" is associated with the Procedure Codes of 78121007, 429705000, 427753009, 424979004, 232679009, 232673005, 232692007, 232674004, 232689008, 232711005, 271280005, itSNOMED.001.

****Validation Rules: "Patient Contact"**- Codes associated with eDisposition.12 (Incident/Patient Disposition) where there is patient contact. Those codes include 4212013, 4212015, 4212019, 4212021, 4212025, 4212027, 4212029, 4212031, 4212033, 4212035, and 4212037.

TReC (Trauma Referral Center) – The trauma transfer and referral center (mainly region 7 and 8). See TReC Statute §63-1-2530.8, Rule OS 310:641-3-130 .

OKEMSIS Usage: Mandatory - Element required to be in the Oklahoma dataset. Some mandatory elements for Oklahoma are optional in NEMSIS data dictionary but have to be included in the PCR for Oklahoma.



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Due to the dynamic nature of assessments during an EMS service call a specific set of assessments will not be required. What is required is that with any service call (or run) with patient contact *the appropriate patient assessment (trauma or medical) must be performed and the data submitted into OKEMSIS*. The eExam section must be included in your PCR but there will be no validation rules for the specific elements within this section. *A validation rule that requires a patient assessment has been applied*. A list of required eExam elements can be found in the [appendix](#) section of this document.

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NOTE: Suggested code lists have been updated since implementation of v3.3.4 in Oklahoma. An updated suggested code list can be found here: [OSDH EMS Website](#) .

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dAgency

OKEMSIS ID: dAgency.01

Oklahoma PCR #: N/A

EMS Agency Unique State ID

NEMSIS ID: dAgency.01 – EMS Agency Unique State ID

Definition

The unique ID assigned to the EMS Agency which is associated with all state licensure numbers and information.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | No | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

| <u>Data Type</u> | <u>Min Length</u> | <u>Max Length</u> |
|------------------|-------------------|-------------------|
| String | 1 | 50 |

Data Element Comment/Validation Rules

This may be the EMS Agency Name or a unique number assigned by the state EMS office. This is required to document multiple license types and numbers associated with the same EMS Agency. This element is required in the header of the XML file for services that import their data with every file submitted. It is also required for every demographic submission.

EMS Agency Number

NEMSIS ID: *dAgency.02* – EMS Agency Number

Definition

The state-assigned provider number of the responding agency.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | D01_01 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

| <u>Data Type</u> | <u>Min Length</u> | <u>Max Length</u> |
|------------------|-------------------|-------------------|
| String | 1 | 15 |

Data Element Comment/Validation Rules

*This is the primary identifier for the entire Demographic Section. Each of the Demographic sections must be associated with an EMS Agency Number. An EMS Agency can have more than one Agency Number within a state. This reflects the ability for an EMS Agency to have a different number for each service type or location (based on state implementation). The EMS Agency Number in *dAgency.02* can be used to auto-populate eResponse.01 EMS Agency Number in the EMS Event section. Published: This element is required in the header of the XML file for services that import there data with every file submitted. It is also required for every demographic submission.*

EMS Agency State

NEMSIS ID: *dAgency.04* – EMS Agency State

Definition

The state/territory which assigned the EMS agency number.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | D01_03 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

| <u>Data Type</u> | <u>Length</u> |
|------------------|---------------|
| String | 2 |

Data Element Comment/Validation Rules

This has been clarified to reflect that it is the state in which the EMS Agency resides and the state associated with the EMS Agency number. This element is required in the header of the XML file for services that import there data with every file submitted. It is also required for every demographic submission.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

EMS Agency Service Area States

NEMESIS ID: *dAgency.05* – EMS Agency Service Area States

Definition

The states in which the EMS Agency provides services including the state associated with the EMS Agency Number.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | No |
| NEMESIS v2 Element | No | Is Nillable | No |
| OKEMISIS Usage | Mandatory | Recurrence | 1:1 |

Constraints

| <u>Data Type</u> | <u>Length</u> |
|------------------|---------------|
| String | 2 |

Data Element Comment/Validation Rules

*Element added to document all of the states in which the EMS agency provides services. Each state listed is associated with the counties, census tracts, and ZIP codes within the EMS Agency Service Area for each state. This element is required for every demographic submission but is not a part of the normal data submission. Each state is captured as a group where the EMS agency provides service. The group includes *dAgency.05*, *dAgency.06*, *dAgency.07*, and *Agency.08*.*

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

EMS Agency Service Area County(ies)

NEMESIS ID: dAgency.06 – EMS Agency Service Area County(s)

Definition

The county(ies) within each state for which the agency formally provides service.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | No |
| NEMESIS v2 Element | D01_04 | Is Nillable | No |
| OKEMISIS Usage | Mandatory | Recurrence | 1:M |

NEMESIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Constraints

| <u>Data Type</u> | <u>Length</u> |
|------------------|---------------|
| String | 5 |

Data Element Comment/Validation Rules

Each state listed is associated with the counties, census tracts, and ZIP codes within the EMS Agency Service Area for each state. County codes are based on ISO/ANSI codes. It is a 5-digit code based on state (2-digit) and county (5-digit). This element is required for every demographic submission but is not a part of the normal data submission.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

EMS Agency Census Tracts

NEMESIS ID: dAgency.07 – EMS Agency Census Tracts

Definition

The US census tracts in which the EMS agency formally provides service.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:M |

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Constraints

Pattern

[0-9]{11}

Data Element Comment/Validation Rules

This element is required for every demographic submission but is not a part of the normal data submission. This data element was added to better document the service area of the EMS Agency. Each state listed is associated with the counties, census tracts, and ZIP codes within the EMS Agency Service Area for each state. The format of the census tract number must be an 11-digit number, based upon the 2010 census, using the pattern: 2-digit State Code 3-digit County Code 6-digit Census Tract Number (no decimal). Example: NEMESIS TAC office (UT, Salt Lake County, Census Tract - located at 295 Chipeta Way, Salt Lake City, UT) 49035101400.

EMS Agency Service Area ZIP Codes

NEMESIS ID: *dAgency.08* – EMS Agency Service Area ZIP Codes

Definition

The ZIP codes for the EMS Agency's service area.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:M |

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Constraints

Pattern

[0-9]{5}|[0-9]{5}-[0-9]{4}|[0-9]{5}-[0-9]{5}|[A-Z][0-9][A-Z] [0-9][A-Z][0-9]

Data Element Comment/Validation Rules

This element is required for every demographic submission but is not a part of the normal data submission. This data element was added to better document the service area of the EMS Agency. Each state listed is associated with the counties, census tracts, and ZIP codes within the EMS Agency Service Area for each state.

Primary Type of Service

NEMSIS ID: *dAgency.09* – Primary Type of Service

Definition

The primary service type provided by the agency.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | D01_05 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|--|
| 9920001 | 911 Response (Scene) with Transport Capability |
| 9920003 | 911 Response (Scene) without Transport Capability |
| 9920005 | Air Medical |
| 9920007 | ALS Intercept |
| 9920009 | Critical Care Ground Support |
| 9920013 | Medical Transport (Convalescent, Interfacility Transfer Hospital and Nursing Home) |
| 9920015 | Rescue |

Data Element Comment/Validation Rules/Validation Rules/Validation Rules/Validation

The Primary Type of Service that is associated with each of the EMS Agency Numbers. This element is required for every demographic submission but is not a part of the normal data submission.

Level of Service

NEMESIS ID: dAgency.11 – Level of Service

Definition

The level of service which the agency provides EMS care for every request for service (the minimum certification level). This may be the license level granted by the state EMS office.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | No |
| NEMESIS v2 Element | D01_07 | Is Nillable | No |
| OKEMISIS Usage | Mandatory | Recurrence | 1:1 |

NEMESIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|--|
| 9917001 | Advanced Emergency Medical Technician (AEMT) |
| 9917003 | Emergency Medical Responder (EMR) |
| 9917005 | Emergency Medical Technician (EMT) |
| 9917007 | Paramedic |
| 9917013 | Intermediate |
| 9917019 | Physician |
| 9917021 | Critical Care Paramedic |
| 9917023 | Community Paramedicine |
| 9917025 | Nurse Practitioner |
| 9917027 | Physician Assistant |
| 9917029 | LPN (licensed practical nurse) |
| 9917031 | Registered Nurse |

Data Element Comment/Validation Rules

The Level of Service is associated with the specific EMS Agency Number (dAgency.02) for the EMS Agency. The category Intermediate includes EMS professionals with an “85” or “99” certification level. For example a BLS licensed ambulance service (EMT) with Intermediate or Paramedic on staff, the appropriate level of service is "EMT ". This is because the care provided to patients is limited to BLS skills. This element is required for every demographic submission but is not a part of the normal data submission.

Organization Status

NEMESIS ID: *dAgency.12* – Organization Status

Definition

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

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | No |
| NEMESIS v2 Element | D01_09 | Is Nillable | No |
| OKEMISIS Usage | Mandatory | Recurrence | 1:1 |

NEMESIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|--------------------|
| 1016001 | Mixed |
| 1016003 | Non-Volunteer |
| 1016005 | Volunteer |

Data Element Comment/Validation Rules

*The Organizational Status that is associated with the EMS Agency and the specific EMS Agency Number (*dAgency.02*). This element is required for every demographic submission but is not a part of the normal data submission.*

Organizational Type

NEMSIS ID: *dAgency.13* – Organizational Type

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | D01_08 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|-------------------------------------|
| 9912001 | Fire Department |
| 9912003 | Governmental, Non-Fire, Non-Private |
| 9912005 | Hospital |
| 9912007 | Private, Non-hospital |
| 9912009 | Tribal |

Data Element Comment/Validation Rules

*Organizational Type is associated with the EMS Agency and the specific EMS Agency Number (*dAgency.02*). This element is required for every demographic submission but is not a part of the normal data submission. Fire Department includes volunteer, paid, or a combination of both.*

EMS Agency Organizational Tax Status

NEMSIS ID: *dAgency.14* – EMS Agency Organizational Tax Status

Definition

The EMS Agencies business/corporate organizational tax status.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | No | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|------------------------|
| 1018001 | For Profit |
| 1018003 | Other (ex: Government) |
| 1018005 | Not For Profit |

Data Element Comment/Validation Rules

*This element is associated with the EMS Agency for the specific EMS Agency Number (*dAgency.02*). This element is required for every demographic submission but is not a part of the normal data submission.*

Statistical Calendar Year

NEMSIS ID: *dAgency.15* – Statistical Calendar Year

Definition

The calendar year to which the information pertains to for the EMS Agency and the specific EMS Agency Number (dAgency.02).

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | D01_10 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

Constraints

| | | |
|------------------|---------------------|---------------------|
| <u>Data Type</u> | <u>minInclusive</u> | <u>maxInclusive</u> |
| integer | 1900 | 2050 |

Data Element Comment/Validation Rules

Will allow multiple entries to allow data to be stored on several years. This statistical information is associated with the EMS Agency's specific EMS Agency Number (dAgency.02) and elements dAgency.16 through dAgency.22. This element is required for every demographic submission but is not a part of the normal data submission.

Total Primary Service Area Size

NEMESIS ID: *dAgency.16* - Total Primary Service Area Size

Definition

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

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | D01_12 | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:1 |

NEMESIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| | | |
|------------------|---------------------|---------------------|
| <u>Data Type</u> | <u>minInclusive</u> | <u>maxInclusive</u> |
| Positive Integer | 1 | 4,000,000 |

Data Element Comment/Validation Rules

This statistical information is associated with the EMS Agency's specific EMS Agency Number (dAgency.02). A value should be associated with each with (dAgency.15) Statistical Calendar Year. This element is required for every demographic submission but is not a part of the normal data submission.

OKEMSIS ID: *dAgency.17*

Oklahoma PCR #: N/A

Total Service Area Population

NEMSIS ID: *dAgency.17* - Total Service Area Population

Definition

The total population in the agency's service area based if possible on year 2010 census data.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | D01_13 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| <u>Data Type</u> | <u>minInclusive</u> | <u>maxInclusive</u> |
|------------------|---------------------|---------------------|
| Positive Integer | 1 | 4,000,000 |

Data Element Comment/Validation Rules

*This statistical information is associated with the EMS Agency's specific EMS Agency Number (*dAgency.02*). A value should be associated with each with (*dAgency.15*) Statistical Calendar Year. This element is required for every demographic submission but is not a part of the normal data submission.*

OKEMISIS ID: *dAgency.18*

Oklahoma PCR #: N/A

911 EMS Call Center Volume per Year

NEMESIS ID: *dAgency.18* - 911 EMS Call Center Volume per Year

Definition

The number of 911 calls received by the call center during the last calendar year.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | D01_14 | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:1 |

NEMESIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| | | |
|------------------|---------------------|---------------------|
| <u>Data Type</u> | <u>minInclusive</u> | <u>maxInclusive</u> |
| Positive Integer | 1 | 4,000,000 |

Data Element Comment/Validation Rules

This statistical information is associated with the EMS Agency's specific EMS Agency Number (dAgency.02). A value should be associated with each with (dAgency.15) Statistical Calendar Year. This element is required for every demographic submission but is not a part of the normal data submission.



EMS Dispatch Volume per Year

NEMESIS ID: *dAgency.19* - EMS Dispatch Volume per Year

Definition

The number of EMS dispatches during the last calendar year.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | D01_15 | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:1 |

NEMESIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| | | |
|------------------|---------------------|---------------------|
| <u>Data Type</u> | <u>minInclusive</u> | <u>maxInclusive</u> |
| Positive Integer | 1 | 4,000,000 |

Data Element Comment/Validation Rules

This statistical information is associated with the EMS Agency's specific EMS Agency Number (dAgency.02). A value should be associated with each with (dAgency.15) Statistical Calendar Year. This element is required for every demographic submission but is not a part of the normal data submission.

OKEMISIS ID: *dAgency.20*

Oklahoma PCR #: N/A

EMS Patient Transport Volume per Year

NEMESIS ID: *dAgency.20* - EMS Patient Transport Volume per Year

Definition

The number of EMS transports per year based on last calendar year.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | D01_16 | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:1 |

NEMESIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| | | |
|------------------|---------------------|---------------------|
| <u>Data Type</u> | <u>minInclusive</u> | <u>maxInclusive</u> |
| Positive Integer | 1 | 4,000,000 |

Data Element Comment/Validation Rules

This statistical information is associated with the EMS Agency's specific EMS Agency Number (dAgency.02). A value should be associated with each with (dAgency.15) Statistical Calendar Year. This element is required for every demographic submission but is not a part of the normal data submission.



OKEMISIS ID: *dAgency.21*

Oklahoma PCR #: N/A

EMS Patient Contact Volume per Year

NEMESIS ID: *dAgency.21* - EMS Patient Contact Volume per Year

Definition

The number of EMS patient contacts per year based on last calendar year.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | D01_16 | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:1 |

NEMESIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

Constraints

| | | |
|------------------|---------------------|---------------------|
| <u>Data Type</u> | <u>minInclusive</u> | <u>maxInclusive</u> |
| Positive Integer | 1 | 4,000,000 |

Data Element Comment/Validation Rules

This statistical information is associated with the EMS Agency's specific EMS Agency Number (dAgency.02). A value should be associated with each with (dAgency.15) Statistical Calendar Year. This element is required for every demographic submission but is not a part of the normal data submission.



National Provider Identifier

NEMSIS ID: *dAgency.25* – National Provider Identifier

Definition

The National Provider Identifier issued by CMS.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | D01_21 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

CorrelationID

Data Type: *string* *minLength: 0* *maxLength: 255*

Constraints

| <u>Data Type</u> | <u>Length</u> |
|------------------|---------------|
| String | 10 |

Data Element Comment/Validation Rules

This element is required for every demographic submission but is not a part of the normal data submission. Only EMS Agencies billing for service will have an NPI number. CMS (Centers for Medicare and Medicaid Services) NPI Registry lookup: <https://npiregistry.cms.hhs.gov/NPPESRegistry/NPIRegistryHome.do>

Fire Department ID Number

NEMESIS ID: *dAgency.26* – Fire Department ID Number

Definition

The state assigned Fire Department ID Number for EMS Agency(ies) operating within a Fire Department.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:M |

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Constraints

| <u>Data Type</u> | <u>minLength</u> | <u>maxLength</u> |
|------------------|------------------|------------------|
| string | 1 | 20 |

Data Element Comment/Validation Rules

This element is required for every demographic submission but is not a part of the normal data submission. Element was added to better associate Fire, EMS licensure, and operational identifiers. Fire Department ID was added to better integrate Fire Department EMS Agencies and linkage to other EMS related data systems such as NFIRS. Put "Not Applicable" if your service is not a fire department.

dConfiguration

State Associated with the Certification/Licensure Levels

NEMSIS ID: *dConfiguration.01* – State Associated with the Certification/Licensure Levels

Definition

The state associated with the state certification/licensure levels.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

Constraints

| | |
|------------------|---------------|
| <u>Data Type</u> | <u>Length</u> |
| String | 2 |

Data Element Comment/Validation Rules

*Associated with the state (dAgency.01 - EMS Agency State). GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm
 The state EMS system does not need to import this information into their database. Reference the Demographic Dataset Submission Guide for further details. This element is required for every demographic submission but is not a part of the normal data submission.*

State Certification/Licensure Levels

NEMSIS ID: *dConfiguration.02*– State Certification/Licensure Levels

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | D04_01 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

Attributes

CorrelationID

Data Type: *string* **minLength:** *0* **maxLength:** *255*

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|--|
| 9911001 | Advanced Emergency Medical Technician (AEMT) |
| 9911003 | Emergency Medical Responder (EMR) |
| 9911005 | Emergency Medical Technician (EMT) |
| 9911007 | Paramedic |
| 9911011 | Intermediate |
| 9911019 | Other |
| 9911023 | Critical Care Paramedic |

Data Element Comment/Validation Rules

The category EMT-Intermediate includes EMS professionals with an “85” or “99” certification level. The state EMS system does not need to import this information into their database. Reference the Demographic Dataset Submission Guide for further details. This element is required for every demographic submission but is not a part of the normal data submission.

EMS Certification Levels Permitted to Perform Each Procedure

NEMESIS ID: *dConfiguration.06*– EMS Certification Levels Permitted to Perform Each Procedure

Definition

EMS certification levels which are permitted to perform the procedure listed in dConfiguration.07.

| | | | |
|---------------------------------|-----------|---------------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | No |
| NEMESIS v2 Element | D04_01 | Is Nillable | No |
| OKEMISIS Usage | Mandatory | Recurrence | 1:1 |

NEMESIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| Code | Description |
|---------|--|
| 9917001 | Advanced Emergency Medical Technician (AEMT) |
| 9917003 | Emergency Medical Responder (EMR) |
| 9917005 | Emergency Medical Technician (EMT) |
| 9917007 | Paramedic |
| 9917013 | Intermediate |
| 9917021 | Critical Care Paramedic |

Data Element Comment/Validation Rules

Using each certification level within the agency, indicate the approved procedures allowed utilizing dConfiguration.07 (EMS Agency Procedures). This element is required for every demographic submission but is not a part of the normal data submission.

EMS Agency Procedures

NEMSIS ID: *dConfiguration.07* - EMS Agency Procedures

Definition

A list of all procedures that the agency has implemented and available for use by any/all EMS certification levels.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | D04_04 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Constraints

| | | |
|------------------|---------------------|---------------------|
| <u>Data Type</u> | <u>minInclusive</u> | <u>maxInclusive</u> |
| integer | 100000 | 1000000000 |

Data Element Comment/Validation Rules

This is associated with the EMS Agency Number (dAgency.02) since each EMS Agency Number may have different capabilities. Each procedure is associated with the EMS professional certification levels permitted to perform the procedure. A list of procedures can be found in the appendix of this document: [OKEMSIS procedures](#). The EMS agency should submit "Not Applicable" and "Nil" to the state system for the demographic export. The state EMS system does not need to import this information into their database. It is the responsibility of the state to submit this element to the national EMS database (NEMSIS). Reference the Demographic Dataset Submission Guide for further details.



EMS Certification Levels Permitted to Administer Each Medication

NEMSIS ID: *dConfiguration.08* - EMS Certification Levels Permitted to Administer Each Medication

Definition

All EMS certification levels which are permitted to administer the medications listed in dConfiguration.09 (EMS Agency Medications).

| | | | |
|--------------------------------|-----------|---------------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | D04_07 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|--|
| 9917001 | Advanced Emergency Medical Technician (AEMT) |
| 9917003 | Emergency Medical Responder (EMR) |
| 9917005 | Emergency Medical Technician (EMT) |
| 9917007 | Paramedic |
| 9917013 | Intermediate |
| 9917021 | Critical Care Paramedic |

Data Element Comment/Validation Rules

Using each certification level within the agency, indicate the approved medications allowed utilizing dConfiguration.09 (EMS Agency Medications). This element is required for every demographic submission but is not a part of the normal data submission.

EMS Agency Medications

NEMSIS ID: *dConfiguration.09* - EMS Agency Medications

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | D04_06 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Constraints

| <u>Data Type</u> | <u>minLength</u> | <u>maxLength</u> |
|------------------|------------------|------------------|
| string | 2 | 7 |

Data Element Comment/Validation Rules

The medication list is stored as the RxNorm (RXCUI) Code. This is associated with the EMS Agency Number (dAgency.02) since each EMS Agency Number may have different capabilities. The EMS agency should submit "Not Applicable" and "Nil" to the state system for the demographic export. The state EMS system does not need to import this information into their database. It is the responsibility of the state to submit this element to the national EMS database (NEMSIS). Reference the Demographic Dataset Submission Guide for further details. A list of medications can be found in the appendix of this document: [OKEMSIS list](#).

EMS Agency Protocols

NEMSIS ID: *dConfiguration.10* - EMS Agency Protocols

Definition

A list of all of the EMS field protocols that the agency has in place and available for use.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | D04_08 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|--|
| 9914001 | Airway |
| 9914003 | Airway-Failed |
| 9914005 | Airway-Obstruction/Foreign Body |
| 9914007 | Airway-Rapid Sequence Induction (RSI-Paralytic) |
| 9914009 | Airway-Sedation Assisted (Non-Paralytic) |
| 9914011 | Cardiac Arrest-Asystole |
| 9914013 | Cardiac Arrest-Hypothermia-Therapeutic |
| 9914015 | Cardiac Arrest-Pulseless Electrical Activity |
| 9914017 | Cardiac Arrest-Ventricular Fibrillation/ Pulseless Ventricular Tachycardia |
| 9914019 | Cardiac Arrest-Post Resuscitation Care |
| 9914021 | Environmental-Altitude Sickness |
| 9914023 | Environmental-Cold Exposure |
| 9914025 | Environmental-Frostbite/Cold Injury |
| 9914027 | Environmental-Heat Exposure/Exhaustion |
| 9914029 | Environmental-Heat Stroke/Hyperthermia |
| 9914031 | Environmental-Hypothermia |
| 9914033 | Exposure-Airway/Inhalation Irritants |

9914035 Exposure-Biological/Infectious
 9914037 Exposure-Blistering Agents
 9914041 Exposure-Chemicals to Eye
 9914043 Exposure-Cyanide
 9914045 Exposure-Explosive/ Blast Injury
 9914047 Exposure-Nerve Agents
 9914049 Exposure-Radiologic Agents
 9914051 General-Back Pain
 9914053 General-Behavioral/Patient Restraint
 9914055 General-Cardiac Arrest
 9914057 General-Dental Problems
 9914059 General-Epistaxis
 9914061 General-Fever
 9914063 General-Individualized Patient Protocol
 9914065 General-Indwelling Medical Devices/Equipment
 9914067 General-IV Access
 9914069 General-Medical Device Malfunction
 9914071 General-Pain Control
 9914073 General-Spinal Immobilization/Clearance
 9914075 General-Universal Patient Care/ Initial Patient Contact
 9914077 Injury-Amputation
 9914079 Injury-Bites and Envenomations-Land
 9914081 Injury-Bites and Envenomations-Marine
 9914083 Injury-Bleeding/ Hemorrhage Control
 9914085 Injury-Burns-Thermal
 9914087 Injury-Cardiac Arrest
 9914089 Injury-Crush Syndrome
 9914091 Injury-Diving Emergencies
 9914093 Injury-Drowning/Near Drowning
 9914095 Injury-Electrical Injuries
 9914097 Injury-Extremity
 9914099 Injury-Eye
 9914101 Injury-Head
 9914103 Injury-Impaled Object
 9914105 Injury-Multisystem
 9914107 Injury-Spinal Cord
 9914109 Medical-Abdominal Pain
 9914111 Medical-Allergic Reaction/Anaphylaxis
 9914113 Medical-Altered Mental Status
 9914115 Medical-Bradycardia
 9914117 Medical-Cardiac Chest Pain
 9914119 Medical-Diarrhea
 9914121 Medical-Hyperglycemia
 9914123 Medical-Hypertension
 9914125 Medical-Hypoglycemia/Diabetic Emergency
 9914127 Medical-Hypotension/Shock (Non-Trauma)
 9914129 Medical-Influenza-Like Illness/ Upper Respiratory Infection
 9914131 Medical-Nausea/Vomiting
 9914133 Medical-Newborn/ Neonatal Resuscitation
 9914135 Medical-Overdose/Poisoning/Toxic Ingestion
 9914137 Medical-Pulmonary Edema/CHF
 9914139 Medical-Respiratory Distress/Asthma/COPD/Croup/Reactive Airway
 9914141 Medical-Seizure



| | |
|---------|--|
| 9914143 | Medical-ST-Elevation Myocardial Infarction (STEMI) |
| 9914145 | Medical-Stroke/TIA |
| 9914147 | Medical-Supraventricular Tachycardia (Including Atrial Fibrillation) |
| 9914149 | Medical-Syncope |
| 9914151 | Medical-Ventricular Tachycardia (With Pulse) |
| 9914153 | Not Done |
| 9914155 | OB/GYN-Childbirth/Labor/Delivery |
| 9914157 | OB/GYN-Eclampsia |
| 9914159 | OB/GYN-Gynecologic Emergencies |
| 9914161 | OB/GYN-Pregnancy Related Emergencies |
| 9914163 | OB/GYN-Post-partum Hemorrhage |
| 9914165 | Community Paramedicine |
| 9914167 | Exposure-Carbon Monoxide |
| 9914169 | Cardiac Arrest-Do Not Resuscitate |
| 9914171 | Cardiac Arrest-Special Resuscitation Orders |
| 9914173 | Exposure-Smoke Inhalation |
| 9914175 | General-Community Paramedicine / Mobile Integrated Healthcare |
| 9914177 | General-Exception Protocol |
| 9914179 | General-Extended Care Guidelines |
| 9914181 | General-Interfacility Transfers |
| 9914183 | General-Law Enforcement - Blood for Legal Purposes |
| 9914185 | General-Law Enforcement - Assist with Law Enforcement Activity |
| 9914187 | General-Neglect or Abuse Suspected |
| 9914189 | General-Refusal of Care |
| 9914191 | Injury-Mass/Multiple Casualties |
| 9914193 | Injury-Thoracic |
| 9914195 | Medical-Adrenal Insufficiency |
| 9914197 | Medical-Apparent Life Threatening Event (ALTE) |
| 9914199 | Medical-Tachycardia |

Data Element Comment/Validation Rules

This is associated with the EMS Agency Number (dAgency.02) since each EMS Agency Number may have different capabilities. State and local entities can add additional protocols to the list but the additional protocols must map to these uniform codes. The list is defined by the NASEMSO State Medical Directors. This element is required for every demographic submission but is not a part of the normal data submission.

EMS Agency Specialty Service Capability

NEMESIS ID: *dConfiguration.11 - EMS Agency Specialty Service Capab.*

Definition

Special training/services provided by the EMS Agency or available to the EMS service area/community.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | No |
| NEMESIS v2 Element | | Is Nillable | No |
| OKEMISIS Usage | Mandatory | Recurrence | 1:M |

Attributes

CorrelationID

Data Type: *string* *minLength: 0* *maxLength: 255*

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|--|
| 1211001 | Air Rescue |
| 1211003 | CBRNE |
| 1211005 | Community Health Medicine |
| 1211007 | Disaster Medical Assistance Team (DMAT) |
| 1211009 | Disaster Mortuary (DMORT) |
| 1211011 | Dive Rescue |
| 1211013 | Farm Rescue |
| 1211015 | High Angle Rescue |
| 1211017 | Machinery Disentanglement |
| 1211019 | None |
| 1211021 | Ski / Snow Rescue |
| 1211023 | Tactical EMS |
| 1211025 | Trench / Confined Space Rescue |
| 1211027 | Urban Search and Rescue (USAR) |
| 1211029 | Vehicle Extrication |
| 1211031 | Veterinary Medical Assistance Team (VMAT) |
| 1211033 | Water or Ice Related Rescue (Incl Swift Water) |
| 1211035 | Wilderness Search and Rescue |

Data Element Comment/Validation Rules

This element is required for every demographic submission but is not a part of the normal data submission.

Emergency Medical Dispatch (EMD) Provided to EMS Agency Service Area

NEMESIS ID: *dConfiguration.13* - Emergency Medical Dispatch (EMD) Provided to EMS Agency Service Area

Definition

Indication as to whether Emergency Medical Dispatch is provided to the EMS Agency's service area.

| | | | |
|---------------------------------|-----------|---------------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | No |
| NEMESIS v2 Element | | Is Nillable | No |
| OKEMISIS Usage | Mandatory | Recurrence | 1:1 |

NEMESIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| Code | Description |
|---------|--|
| 1213001 | No |
| 1213003 | Yes, 100% of the EMS Agency's Service Area |
| 1213005 | Yes, Less than 100% of the EMS Agency's Service Area |

Data Element Comment/Validation Rules

Added to better document the implementation of Emergency Medical Dispatch. Associated with each EMS Agency and the specific EMS Agency Number (dAgency.02). This element is required for every demographic submission but is not a part of the normal data submission.

Patient Monitoring Capability(ies)

NEMESIS ID: *dConfiguration.15 - Patient Monitoring Capability(s)*

Definition

The EMS Agency's patient monitoring capability which can be provided to any/all patients presenting to EMS.

| | | | |
|---------------------------------|-----------|---------------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | No |
| NEMESIS v2 Element | | Is Nillable | No |
| OKEMISIS Usage | Mandatory | Recurrence | 1:M |

NEMESIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Code List

| Code | Description |
|-------------|---|
| 1215001 | Capnography-Numeric |
| 1215003 | Capnography-Waveform |
| 1215005 | ECG-12 Lead or Greater |
| 1215007 | ECG-Less than 12 Lead (Cardiac Monitor) |
| 1215009 | Oximetry-Carbon Monoxide |
| 1215011 | Oximetry-Oxygen |
| 1215013 | Pressure Measurement-Invasive (Arterial, CVP, Swan, etc.) |
| 1215015 | Pressure Measurement-Non-Invasive (Blood Pressure, etc.) |
| 1215017 | Ventilator-Transport |
| 1215019 | Vital Sign Monitoring |

Data Element Comment/Validation Rules

Added to identify the patient monitoring capability of the EMS Agency. Associated with each EMS Agency Number (dAgency.02) since each EMS Agency Number may have a different capability within each EMS Agency. Other patient monitoring capability may exist but NEMESIS Version 3 only includes these specific capabilities. This element is required for every demographic submission but is not a part of the normal data submission

Crew Call Sign

NEMSIS ID: dConfiguration.16 - Crew Call Sign

Definition

The EMS crew call sign used to dispatch and communicate with the unit. This may be the same as the EMS Unit/Vehicle Number in many agencies.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | D04_02 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

Attributes

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Constraints

| <u>Data Type</u> | <u>minLength</u> | <u>maxLength</u> |
|------------------|------------------|------------------|
| string | 1 | 50 |

Data Element Comment/Validation Rules

This element is required for every demographic submission but is not a part of the normal data submission.

dContact

Agency Contact ZIP Code

NEMESIS ID: *dContact.08* - Agency Contact ZIP Code

Definition

The ZIP code of the Agency's contact's mailing address.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | No | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | No |
| NEMESIS v2 Element | D02_07 | Is Nillable | No |
| OKEMISIS Usage | Mandatory | Recurrence | 0:1 |

Attributes

Not values not allowed for this variable.

Constraints

Pattern

[0-9]{5}||[0-9]{5}-[0-9]{4}||[0-9]{5}-[0-9]{5}||[A-Z][0-9][A-Z] [0-9][A-Z][0-9]

Data Element Comment/Validation Rules

*The address for the director/chief/lead administrator/CEO/ should be the main address for the EMS agency. Zip Codes Product Website: <https://www.zipcodedownload.com/Products/Product/Z5Commercial/Standard/Overview/Product: USA - 5-digit ZIP Code Database, Commercial Edition>.
Published: This element is required for every demographic submission but is not a part of the normal data submission.*

eAirway

Indications for Invasive Airway

NEMSIS ID: eAirway.01 - Indications for Invasive Airway

Definition

The clinical indication for performing invasive airway management.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:M |

NEMSIS Associated Performance Measure Initiatives

Airway

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Code List

| Code | Description |
|---------|---|
| 4001001 | Adequate Airway Reflexes/Effort, Potential for Compromise |
| 4001003 | Airway Reflex Compromised |
| 4001005 | Apnea or Agonal Respirations |
| 4001007 | Illness Involving Airway |
| 4001009 | Injury Involving Airway |
| 4001011 | Other (Not Listed) |
| 4001013 | Ventilatory Effort Compromised |

Data Element Comment/Validation Rules

*This element is required for all Incident/Patient Disposition codes, eDisposition.12, with patient contact and an "Airway" indicated in eProcedure.03 (Procedure). Otherwise use "Not Applicable". ****Both "Invasive Airway" and "patient contact" are defined in the definition section of this document.***

Date/Time Airway Device Placement Confirmation

NEMSIS ID: eAirway.02 - Date/Time Airway Device Placement Confirmation

Definition

The date and time the airway device placement was confirmed.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

NEMSIS Associated Performance Measure Initiatives

Airway

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| <u>Data Type</u> | <u>minInclusive</u> | <u>maxInclusive</u> |
| Date/time | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

Data Element Comment/Validation Rules

*This element is required for all Incident/Patient Disposition codes, eDisposition.12, with patient contact and an "Airway" indicated in eProcedure.03 (Procedure). Otherwise use "Not Applicable". ****Both "Invasive Airway" and "patient contact" are defined in the definition section of this document.** Formatting for date/time elements can be found in this document in the appendix under ["Date/Time Formats in OKEMSIS"](#).*

Airway Device Being Confirmed

NEMSIS ID: eAirway.03 - Airway Device Being Confirmed

Definition

The airway device in which placement is being confirmed.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:M |

NEMSIS Associated Performance Measure Initiatives

Airway

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|-----------------------|
| 4003001 | Cricothyrotomy Tube |
| 4003003 | Endotracheal Tube |
| 4003005 | Other-Invasive Airway |
| 4003007 | SAD-Combitube |
| 4003009 | SAD-King |
| 4003011 | SAD-LMA |
| 4003013 | SAD-Other |
| 4003015 | Tracheostomy Tube |

Data Element Comment/Validation Rules

*This element is required for all Incident/Patient Disposition codes, eDisposition.12, with patient contact and an "Airway" indicated in eProcedure.03 (Procedure). Otherwise use "Not Applicable". ****Both "Invasive Airway" and "patient contact" are defined in the definition section of this document.** SAD means Supraglottic Airway Device.*

Airway Device Placement Confirmed Method

NEMSIS ID: eAirway.04 - Airway Device Placement Confirmed Method

Definition

The method used to confirm the airway device placement.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

NEMSIS Associated Performance Measure Initiatives

Airway

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|--|
| 4004001 | Auscultation |
| 4004003 | Bulb/Syringe Aspiration |
| 4004005 | Colorimetric ETCO2 |
| 4004007 | Condensation in Tube |
| 4004009 | Digital (Numeric) ETCO2 |
| 4004011 | Direct Re-Visualization of Tube in Place |
| 4004013 | Endotracheal Tube Whistle (BAAM, etc) |
| 4004015 | Other (Not Listed) |
| 4004017 | Visualization of Vocal Cords |
| 4004019 | Waveform ETCO2 |

Data Element Comment/Validation Rules

This element is required for all Incident/Patient Disposition codes, eDisposition.12, with patient contact and an "Airway" indicated in eProcedure.03 (Procedure). Otherwise use "Not Applicable". ****Both "Invasive Airway" and "patient contact" are defined in the definition section of this document.** If the invasive airway is confirmed via multiple methods each method should be documented individually by time, method, and type of individual.

Tube Depth

NEMSIS ID: eAirway.05– Tube Depth

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| NEMSIS State Element | No | NOT Values | No |
| NEMSIS v2 Element | | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

NEMSIS Associated Performance Measure Initiatives

Airway

Constraints

Data Type: integer maxInclusive: 32 minInclusive: 8

Data Element Comment/Validation Rules

*This element is required for all Incident/Patient Disposition codes, eDisposition.12, with patient contact and an "Airway" code, indicated in eProcedure.03 (Procedure), of 78121007, 232679009, 232692007, 232674004, 232689008. Otherwise leave this element blank. ** "Patient Contact" is defined in the definition section of this document.*

Type of Individual Confirming Airway Device Placement

NEMSIS ID: eAirway.06 - Type of Individual Confirming Airway Device Placement

Definition

The type of individual who confirmed the airway device placement.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

NEMSIS Associated Performance Measure Initiatives

Airway

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|---------------------------------|
| 4006001 | Another Person on the Same Crew |
| 4006003 | Other (Not Listed) |
| 4006005 | Person Performing Intubation |
| 4006007 | Receiving Air Medical/EMS Crew |
| 4006009 | Receiving Hospital Team |

Data Element Comment/Validation Rules

This element is required for all Incident/Patient Disposition codes, eDisposition.12, with patient contact and an "Airway" indicated in eProcedure.03 (Procedure). Otherwise use "Not Applicable". ****Both "Invasive Airway" and "patient contact" are defined in the definition section of this document.**

Crew Member ID

NEMSIS ID: eAirway.07 - Crew Member ID

Definition

The crew member id during this EMS patient encounter at this date and time.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

NEMSIS Associated Performance Measure Initiatives

Airway

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

Data Type: string minLength: 2 maxLength: 15

Data Element Comment/Validation Rules

*This element is required for all Incident/Patient Disposition codes, eDisposition.12, with patient contact and an "Airway" indicated in eProcedure.03 (Procedure). Otherwise use "Not Applicable". ****Both "Invasive Airway" and "patient contact" are defined in the definition section of this document.***

Airway Complications Encountered

NEMSIS ID: eAirway.08 - Airway Complications Encountered

Definition

The airway management complications encountered during the patient care episode.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:M |

NEMSIS Associated Performance Measure Initiatives

Airway

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Code List

| Code | Description |
|---------|---|
| 4008001 | Adverse Event from Facilitating Drugs |
| 4008003 | Bradycardia (<50) |
| 4008005 | Cardiac Arrest |
| 4008007 | Esophageal Intubation-Delayed Detection (After Tube Secured) |
| 4008009 | Esophageal Intubation-Detected in Emergency Department |
| 4008011 | Failed Intubation Effort |
| 4008013 | Injury or Trauma to Patient from Airway Management Effort |
| 4008015 | Other (Not Listed) |
| 4008017 | Oxygen Desaturation (<90%) |
| 4008019 | Patient Vomiting/Aspiration |
| 4008021 | Tube Dislodged During Transport/Patient Care |
| 4008023 | Tube Was Not in Correct Position when EMS Crew/Team Assumed Care of the Patient |

Data Element Comment/Validation Rules

This element is required for all Incident/Patient Disposition codes, eDisposition.12, with patient contact and an "Airway" indicated in eProcedure.03 (Procedure). Otherwise use

“Not Applicable” for this element. **Both “Invasive Airway” and “patient contact” are defined in the definition section of this document.

Suspected Reasons for Failed Airway Procedure

NEMSIS ID: eAirway.09 - Suspected Reasons for Failed Airway Procedure

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 0:M |

NEMSIS Associated Performance Measure Initiatives

Airway

Attributes

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|--|
| 4009001 | Difficult Patient Airway Anatomy |
| 4009003 | ETI Attempted, but Arrived At Destination Facility Before Accomplished |
| 4009005 | Facial or Oral Trauma |
| 4009007 | Inability to Expose Vocal Cords |
| 4009009 | Inadequate Patient Relaxation/Presence of Protective Airway Reflexes |
| 4009011 | Jaw Clenched (Trismus) |
| 4009013 | Other (Not Listed) |
| 4009015 | Poor Patient Access |
| 4009017 | Secretions/Blood/Vomit |
| 4009019 | Unable to Position or Access Patient |

Data Element Comment/Validation Rules

This element is required for all Incident/Patient Disposition codes, eDisposition.12, with patient contact and an "Airway" indicated in eProcedure.03 (Procedure) and

eProcedure.06 is “unsuccessful”. Otherwise leave this element blank. **Both “Invasive Airway” and “patient contact” are defined in the definition section of this document.

Date/Time Invasive Airway Placement Attempts Abandoned

NEMESIS ID: eAirway.11 - Date/Time Invasive Airway Placement Attempts Abandoned

Definition

The date and time that the invasive airway attempts were abandoned for the patient.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | No | Pertinent Negatives (PN) | No |
| NEMESIS State Element | No | NOT Values | No |
| NEMESIS v2 Element | | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

NEMESIS Associated Performance Measure Initiatives

Airway

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| <u>Data Type</u> | <u>minInclusive</u> | <u>maxInclusive</u> |
| Date/time | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

Data Element Comment/Validation Rules

*This element is required for all Incident/Patient Disposition codes, eDisposition.12, with patient contact and an "Airway" indicated in eProcedure.03 (Procedure), otherwise leave blank. Formatting for date/time elements can be found in this document in the appendix under ["Date/Time Formats in OKEMSIS"](#). ****Both "Invasive Airway" and "patient contact" are defined in the definition section of this document.***

eArrest

Cardiac Arrest

NEMESIS ID: eArrest.01 - Cardiac Arrest

Definition

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

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | E11_01 | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:1 |

NEMESIS Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|---------------------------|
| 3001001 | No |
| 3001003 | Yes, Prior to EMS Arrival |
| 3001005 | Yes, After EMS Arrival |

Data Element Comment/Validation Rules

*This element is a component of the Utstein Cardiac Arrest Criteria. This element is required for all Incident/Patient Disposition (eDisposition.02) codes with patient contact **OR** with "Cardiac Arrest" chosen for Provider First or Second Impression (eSituation.11 and eSituation.12, code I46.9). Otherwise use "Not Applicable". If the patient has a history of cardiac arrest do not document Cardiac Arrest (eArrest.01) with "Yes, Prior to EMS Arrival" or "Yes, After EMS Arrival" during this encounter.*

Cardiac Arrest Etiology

NEMSIS ID: eArrest.02 - Cardiac Arrest Etiology

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E11_02 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|----------------------|
| 3002001 | Cardiac (Presumed) |
| 3002003 | Drowning/Submersion |
| 3002005 | Drug Overdose |
| 3002007 | Electrocution |
| 3002009 | Exsanguination |
| 3002011 | Other (Not Listed) |
| 3002013 | Respiratory/Asphyxia |
| 3002015 | Trauma |

Data Element Comment/Validation Rules

This element is a component of the Utstein Cardiac Arrest Criteria. This element is required when eArrest.01 (Cardiac Arrest) is marked as "Yes" before or after arrival (codes 3001003, 3001005) . Otherwise use "Not Applicable".

Resuscitation Attempted By EMS

NEMSIS ID: eArrest.03 - Resuscitation Attempted By EMS

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E11_03 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

NEMSIS Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|------------------------------------|
| 3003001 | Attempted Defibrillation |
| 3003003 | Attempted Ventilation |
| 3003005 | Initiated Chest Compressions |
| 3003007 | Not Attempted-Considered Futile |
| 3003009 | Not Attempted-DNR Orders |
| 3003011 | Not Attempted-Signs of Circulation |

Data Element Comment/Validation Rules

This element is a component of the Utstein Cardiac Arrest Criteria. This element is required when eArrest.01 (Cardiac Arrest) is marked as "Yes" before or after arrival (codes 3001003, 3001005) . Otherwise use "Not Applicable".

Arrest Witnessed By

NEMESIS ID: eArrest.04 - Arrest Witnessed By

Definition

Indication of who the cardiac arrest was witnessed by.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | E11_04 | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:M |

NEMESIS Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Code List

| Code | Description |
|---------|----------------------------------|
| 3004001 | Not Witnessed |
| 3004003 | Witnessed by Family Member |
| 3004005 | Witnessed by Healthcare Provider |
| 3004007 | Witnessed by Lay Person |

Data Element Comment/Validation Rules

This element is a component of the Utstein Cardiac Arrest Criteria. This element is required when eArrest.01 (Cardiac Arrest) is marked as "Yes" before or after arrival (codes 3001003, 3001005). Otherwise use "Not Applicable".

CPR Care Provided Prior to EMS Arrival

NEMSIS ID: eArrest.05 – CPR Care Provided Prior to EMS Arrival

Definition

Documentation of the CPR provided prior to EMS arrival.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|--------------------|
| 9923001 | No |
| 9923003 | Yes |

Data Element Comment/Validation Rules

This element is a component of the Utstein Cardiac Arrest Criteria. This element is required when eArrest.01 (Cardiac Arrest) is marked as “Yes” before or after arrival (codes 3001003, 3001005). Otherwise use “Not Applicable”.

AED Use Prior to EMS Arrival

NEMESIS ID: eArrest.07 – AED Use Prior to EMS Arrival

Definition

Documentation of AED use prior to EMS arrival.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:1 |

NEMESIS Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|-------------------------------------|
| 3007001 | No |
| 3007003 | Yes, Applied without Defibrillation |
| 3007005 | Yes, With Defibrillation |

Data Element Comment/Validation Rules

This element is a component of the Utstein Cardiac Arrest Criteria. This element is required when eArrest.01 (Cardiac Arrest) is marked as “Yes” before or after arrival (codes 3001003, 3001005). Otherwise use “Not Applicable”.

Therapeutic Hypothermia Initiated

NEMESIS ID: eArrest.10 – Therapeutic Hypothermia Initiated

Definition

Documentation of EMS initiation of Therapeutic Hypothermia.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:1 |

NEMESIS Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|--------------------|
| 9923001 | No |
| 9923003 | Yes |

Data Element Comment/Validation Rules

This element is a component of the Utstein Cardiac Arrest Criteria. This element is required when eArrest.01 (Cardiac Arrest) is marked as “Yes” before or after arrival (codes 3001003, 3001005). Otherwise use “Not Applicable”.

First Monitored Arrest Rhythm of the Patient

NEMSIS ID: eArrest.11 – First Monitored Arrest Rhythm of the Patient

Definition

Documentation of what the first monitored arrest rhythm which was noted.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E11_05 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|-----------------------------------|
| 3011001 | Asystole |
| 3011003 | Bradycardia |
| 3011005 | PEA |
| 3011007 | Unknown AED Non-Shockable Rhythm |
| 3011009 | Unknown AED Shockable Rhythm |
| 3011011 | Ventricular Fibrillation |
| 3011013 | Ventricular Tachycardia-Pulseless |

Data Element Comment/Validation Rules

This element is a component of the Utstein Cardiac Arrest Criteria. This element is required when eArrest.01 (Cardiac Arrest) is marked as “Yes” before or after arrival (codes 3001003, 3001005). Otherwise use “Not Applicable”.

Any Return of Spontaneous Circulation

NEMESIS ID: eArrest.12 – Any Return of Spontaneous Circulation

Definition

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

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | E11_06 | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:M |

NEMESIS Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|---|
| 3012001 | No |
| 3012003 | Yes, At Arrival at the ED |
| 3012005 | Yes, Prior to Arrival at the ED |
| 3012007 | Yes, Sustained for 20 consecutive minutes |

Data Element Comment/Validation Rules

This element is a component of the Utstein Cardiac Arrest Criteria. This element is required when eArrest.01 (Cardiac Arrest) is marked as “Yes” before or after arrival (codes 3001003, 3001005). Otherwise use “Not Applicable”. This element needs to be documented when the patient has been in cardiac arrest and transported to a healthcare facility to show the change in patient condition, if any. Any ROSC is defined as any brief (approximately >30 seconds) restoration of spontaneous circulation that provides evidence of more than an occasional gasp, occasional fleeting palpable pulse, or arterial waveform.



Date/Time of Cardiac Arrest

NEMESIS ID: eArrest.14 - Date/Time of Cardiac Arrest

Definition

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

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | E11_08 | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:1 |

NEMESIS Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| <u>Data Type</u> | <u>minInclusive</u> | <u>maxInclusive</u> |
| Date/time | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

Data Element Comment/Validation Rules

This element is a component of the Utstein Cardiac Arrest Criteria. This element is required when eArrest.01 (Cardiac Arrest) is marked as "Yes" before or after arrival (codes 3001003, 3001005) . Otherwise use "Not Applicable". Element changed from estimated time prior to EMS arrival to date/time of cardiac arrest. Formatting for date/time elements can be found in this document in the appendix under ["Date/Time Formats in OKEMISIS"](#).

Reason CPR/Resuscitation Discontinued

NEMESIS ID: eArrest.16 – Reason CPR/Resuscitation Discontinued

Definition

The reason that CPR or the resuscitation efforts were discontinued.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | E11_10 | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:1 |

NEMESIS Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|---|
| 3016001 | DNR |
| 3016003 | Medical Control Order |
| 3016005 | Obvious Signs of Death |
| 3016007 | Physically Unable to Perform |
| 3016009 | Protocol/Policy Requirements Completed |
| 3016011 | Return of Spontaneous Circulation (pulse or BP noted) |

Data Element Comment/Validation Rules

This element is required when eArrest.01 (Cardiac Arrest) is marked as “Yes” before or after arrival (codes 3001003, 3001005). Otherwise use “Not Applicable”.

OKEMSIS ID: eArrest.17

Oklahoma PCR #: 130

Cardiac Rhythm on Arrival at Destination

NEMSIS ID: eArrest.17– Cardiac Rhythm on Arrival at Destination

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E11_11 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

NEMSIS Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Code List

| Code | Description |
|---------|------------------------------|
| 9901001 | Agonal/Idioventricular |
| 9901003 | Asystole |
| 9901005 | Artifact |
| 9901007 | Atrial Fibrillation |
| 9901009 | Atrial Flutter |
| 9901011 | AV Block-1st Degree |
| 9901013 | AV Block-2nd Degree-Type 1 |
| 9901015 | AV Block-2nd Degree-Type 2 |
| 9901017 | AV Block-3rd Degree |
| 9901019 | Junctional |
| 9901021 | Left Bundle Branch Block |
| 9901023 | Non-STEMI Anterior Ischemia |
| 9901025 | Non-STEMI Inferior Ischemia |
| 9901027 | Non-STEMI Lateral Ischemia |
| 9901029 | Non-STEMI Posterior Ischemia |
| 9901031 | Other (Not Listed) |



| | |
|---------|--------------------------------------|
| 9901033 | Paced Rhythm |
| 9901035 | PEA |
| 9901037 | Premature Atrial Contractions |
| 9901039 | Premature Ventricular Contractions |
| 9901041 | Right Bundle Branch Block |
| 9901043 | Sinus Arrhythmia |
| 9901045 | Sinus Bradycardia |
| 9901047 | Sinus Rhythm |
| 9901049 | Sinus Tachycardia |
| 9901051 | STEMI Anterior Ischemia |
| 9901053 | STEMI Inferior Ischemia |
| 9901055 | STEMI Lateral Ischemia |
| 9901057 | STEMI Posterior Ischemia |
| 9901059 | Supraventricular Tachycardia |
| 9901061 | Torsades De Points |
| 9901063 | Unknown AED Non-Shockable Rhythm |
| 9901065 | Unknown AED Shockable Rhythm |
| 9901067 | Ventricular Fibrillation |
| 9901069 | Ventricular Tachycardia (With Pulse) |
| 9901071 | Ventricular Tachycardia (Pulseless) |

Data Element Comment/Validation Rules

This element is required when eArrest.01 (Cardiac Arrest) is marked as “Yes” before or after arrival (codes 3001003, 3001005). Otherwise use “Not Applicable”.

End of EMS Cardiac Arrest Event

NEMESIS ID: eArrest.18 – End of EMS Cardiac Arrest Event

Definition

The patient's outcome at the end of the EMS Cardiac Arrest event.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:1 |

NEMESIS Associated Performance Measure Initiatives

Cardiac Arrest

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|------------------------------------|
| 3018001 | Expired in ED |
| 3018003 | Expired in the Field |
| 3018005 | Ongoing Resuscitation in ED |
| 3018007 | ROSC in the Field |
| 3018009 | ROSC in the ED |
| 3018011 | Ongoing Resuscitation by Other EMS |

Data Element Comment/Validation Rules

This element is required when eArrest.01 (Cardiac Arrest) is marked as "Yes" before or after arrival (codes 3001003, 3001005). Otherwise use "Not Applicable". A resuscitation event is deemed to have ended when death is declared or spontaneous circulation is restored and sustained for 20 minutes or longer.

eCrew

Crew Member ID

NEMSIS ID: eCrew.01 – Crew Member ID

Definition

The state certification/licensure ID number assigned to the crew member.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E04_01 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

| | | |
|------------------|------------------|------------------|
| <u>Data Type</u> | <u>minLength</u> | <u>maxLength</u> |
| String | 2 | 15 |

Data Element Comment/Validation Rules

Documents the state certification/licensure ID for the state where the event occurred. This element is required for all EMS service calls submitted into OKEMSIS. If a staff member is a student or is not an EMT use the generic codes associated with eCrew.02 (Crew Member Level) as their state certification id (example: student state id would be 2402027).

OKEMSIS ID: eCrew.02

Oklahoma PCR #: 165

Crew Member Level

NEMSIS ID: eCrew.02 – Crew Member Level

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E04_03 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| Code | Description |
|---------|--|
| 9925001 | Advanced Emergency Medical Technician (AEMT) |
| 9925003 | Emergency Medical Responder (EMR) |
| 9925005 | Emergency Medical Technician (EMT) |
| 9925007 | Paramedic |
| 9925017 | Intermediate |
| 9925023 | Other Healthcare Professional |
| 9925025 | Other Non-Healthcare Professional |
| 9925027 | Physician |
| 9925029 | Respiratory Therapist |
| 9925031 | Student |
| 9925033 | Critical Care Paramedic |
| 9925035 | Community Paramedicine |
| 9925037 | Nurse Practitioner |
| 9925039 | Physician Assistant |
| 9925041 | LPN(Licensed Practical Nurse) |
| 9925043 | Registered Nurse |

Data Element Comment/Validation Rules

The category Intermediate includes EMS professionals with an “85” or “99” certification level. This element is required for all EMS service calls submitted into OKEMSIS.



Crew Member Response Role

NEMSIS ID: eCrew.03 – Crew Member Response Role

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E04_02 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 0:M |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

NEMSIS Associated Performance Measure Initiatives

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|-------------------------------------|
| 2403001 | Driver/Pilot-Response |
| 2403003 | Driver/Pilot-Transport |
| 2403005 | Other (Not Listed) |
| 2403007 | Other Patient Caregiver-At Scene |
| 2403009 | Other Patient Caregiver-Transport |
| 2403011 | Primary Patient Caregiver-At Scene |
| 2403013 | Primary Patient Caregiver-Transport |

Data Element Comment/Validation Rules

This element has been changed to allow for multiple selections. There must be a driver for response and transport. There must be a primary patient caregiver for scene and transport. In OKEMSIS there must be a Driver and a Primary Patient Giver in order to satisfy the validation rule. This element is required for all EMS service calls submitted into OKEMSIS.

eDispatch

Complaint Reported by Dispatch

NEMSIS ID: eDispatch.01 – Complaint Reported by Dispatch

Definition

The complaint dispatch reported to the responding unit.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E03_01 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|--|
| 2301001 | Abdominal Pain/Problems |
| 2301003 | Allergic Reaction/Stings |
| 2301005 | Animal Bite |
| 2301007 | Assault |
| 2301009 | Automated Crash Notification |
| 2301011 | Back Pain (Non-Traumatic) |
| 2301013 | Breathing Problem |
| 2301015 | Burns/Explosion |
| 2301017 | Carbon Monoxide/Hazmat/Inhalation/CBRN |
| 2301019 | Cardiac Arrest/Death |
| 2301021 | Chest Pain (Non-Traumatic) |
| 2301023 | Choking |
| 2301025 | Convulsions/Seizure |
| 2301027 | Diabetic Problem |
| 2301029 | Electrocution/Lightning |
| 2301031 | Eye Problem/Injury |
| 2301033 | Falls |
| 2301035 | Fire |
| 2301037 | Headache |
| 2301039 | Healthcare Professional/Admission |
| 2301041 | Heart Problems/AICD |
| 2301043 | Heat/Cold Exposure |



| | |
|---------|---|
| 2301045 | Hemorrhage/Laceration |
| 2301047 | Industrial Accident/Inaccessible Incident/Other Entrapments (Non-Vehicle) |
| 2301049 | Medical Alarm |
| 2301051 | No Other Appropriate Choice |
| 2301053 | Overdose/Poisoning/Ingestion |
| 2301055 | Pandemic/Epidemic/Outbreak |
| 2301057 | Pregnancy/Childbirth/Miscarriage |
| 2301059 | Psychiatric Problem/Abnormal Behavior/Suicide Attempt |
| 2301061 | Sick Person |
| 2301063 | Stab/Gunshot Wound/Penetrating Trauma |
| 2301065 | Standby |
| 2301067 | Stroke/CVA |
| 2301069 | Traffic/Transportation Incident |
| 2301071 | Transfer/Interfacility/Palliative Care |
| 2301073 | Traumatic Injury |
| 2301075 | Well Person Check |
| 2301077 | Unconscious/Fainting/Near-Fainting |
| 2301079 | Unknown Problem/Person Down |
| 2301081 | Drowning/Diving/SCUBA Accident |

Data Element Comment/Validation Rules

This element is required for all EMS service calls submitted into OKEMSIS. Several choices were added including: Pandemic/Epidemic/Outbreak, Automated Crash Notification, Healthcare Professional Admission, and Inter-facility/Evaluation/Transfer. Other entries expanded based on current national EMD Dispatch List.

EMD Performed

NEMSIS ID: *eDispatch.02* – EMD Performed

Definition

Indication of whether Emergency Medical Dispatch was performed for this EMS event.

| | | | |
|--------------------------------|-----------|---------------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E03_02 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| Code | Description |
|---------|--|
| 2302001 | No |
| 2302003 | Yes, With Pre-Arrival Instructions |
| 2302005 | Yes, Without Pre-Arrival Instructions |
| 2302007 | Yes, Unknown if Pre-Arrival Instructions Given |

Data Element Comment/Validation Rules

*This element is required for all Incident/Patient Disposition codes, *eDisposition.02*, with patient contact. **“Patient Contact” defined in definition section of this document. If EMD is not available or *eDisposition.12* is cancelled then put “Not Applicable”.***

eDisposition

Destination/Transferred To, Code

NEMSIS ID: *eDisposition.02* – Destination/Transferred To, Code

Definition

The code of the destination the patient was delivered or transferred to.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E20_02 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

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

Constraints

Data Type: string minLength: 2 maxLength: 50

Data Element Comment/Validation Rules

*The codes for the OKEMSIS destinations are in the appendix attached to this document. All services need to match their destination list with [OKEMSIS](#). Any destination not listed needs to be mapped to the generic codes at the top of the list. Destination/Transferred To Code is required when *eDisposition.12* (Incident/Patient Disposition) is 4212013, 4212031, 4212033. If your service is the transferring agency, the destination of an intercept should be coded as 444 (2-Care Transfer to Another Ambulance Service). Otherwise use "Not Applicable". Services who utilize fixed or rotor wing aircraft and transfer a patient at an airport to another ground or air service must also put code 444 (this situation is considered an intercept). If Type of Service Requested (*eResponse.05*) includes the codes 2205005 or 2205015 and Incident/Patient Disposition includes codes 4212033, 4212031, or 4212013 then both Incident Facility Code and Destination Transferred To Code **ARE MANDATORY**.*

Destination ZIP Code

NEMSIS ID: eDisposition.07 – Destination ZIP Code

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E20_07 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

Pattern

[0-9]{5}[[0-9]{5}-[0-9]{4}][0-9]{5}][A-Z][0-9][A-Z] [0-9][A-Z][0-9]

Data Element Comment/Validation Rules

ZIP Codes Product Website:

<https://www.zipcodedownload.com/Products/Product/Z5Commercial/Standard/Overview/>

Product: USA - 5-digit ZIP Code Database, Commercial Edition. Destination/Transferred To Code is required when eDisposition.12 (Incident/Patient Disposition) is 4212013, 4212031, 4212033. If your service is the transferring agency, destination zip code of an intercept should be "Not Applicable". Otherwise use "Not Applicable".

Incident/Patient Disposition

NEMSIS ID: *eDisposition.12* – Incident/Patient Disposition

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E20_10 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|--|
| 4212005 | Assist, Unit |
| 4212007 | Canceled (Prior to Arrival At Scene) |
| 4212009 | No Patient Contact (Canceled on Scene) |
| 4212011 | No Patient Found (Canceled on Scene) |
| 4212013 | Patient Dead at Scene-No Resuscitation Attempted (With Transport) |
| 4212015 | Patient Dead at Scene-No Resuscitation Attempted (Without Transport) |
| 4212019 | Patient Dead at Scene-Resuscitation Attempted (Without Transport) |
| 4212021 | Patient Evaluated, No Treatment/Transport Required |
| 4212025 | Patient Refused Evaluation/Care (Without Transport) |
| 4212027 | Patient Treated, Released (AMA) |
| 4212029 | Patient Treated, Released (per protocol) |
| 4212031 | Patient Treated, Transferred Care to Another EMS Unit |
| 4212033 | Patient Treated, Transported by this EMS Unit |
| 4212035 | Patient Treated, Transported by Law Enforcement |
| 4212037 | Patient Treated, Transported by Private Vehicle |
| 4212039 | Standby |
| 4212043 | Transport Non-Patient, Organs, etc. |

Data Element Comment/Validation Rules

Incident/Patient disposition is required for all EMS service calls. NEMSIS Codes 4212001, 4212003, and 4212023 will not be accepted by OKEMSIS and have been omitted from the above codes.



EMS Transport Mode

NEMSIS ID:

Definition

Mode of Transport for the patient from the point of origination to the final destination (i.e. hospital, PELA site, etc.) by the responding EMS service unit.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| NEMSIS State Element | No | NOT Values | No |
| NEMSIS v2 Element | | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

Code List

| Code | Description |
|------------|---|
| 4216001 | Air Medical-Fixed Wing |
| 4216003 | Air Medical-Rotor Wing |
| 4216005 | Ground-Ambulance |
| it4216.100 | Ground-to-Ground Transfer |
| it4216.101 | Ground- Rescue Vehicle-to-Ground Ambulance Transfer |
| it4216.102 | Ground- Rescue Vehicle-to-Air Ambulance Transfer |
| it4216.103 | Ground-to-Air Transfer |
| it4216.104 | Air-to-Ground Transfer |
| it4216.105 | Air-to-Air Transfer |
| it4216.106 | Ground-to-Air-to-Ground Transfer |
| it4216.107 | No Transport |

Data Element Comment/Validation Rules

*This element is required for all EMS runs entered into OKEMSIS. If there was no patient contact or the patient was not transported by the EMS unit (look at codes associated with eDisposition.12, Incident/Patient Disposition) then choose code 4216022(No Transport). "Patient Contact" and the Incident/Patient Disposition codes are defined in the definition section of this document (**Validation Rules: "Patient Contact"). Examples when to use each code are also found in the definition section. Custom Codes Associated with this element were taken from the v2.2.1 OKEMSIS data dictionary, OKLAHOMA-SPECIFIC FIELDS section. Any code highlighted in yellow is not in the NEMSIS dataset but is a custom code and is required to be in the Oklahoma v3.3.4 dataset.*

Transport Mode from Scene

NEMSIS ID: *eDisposition.17* – Transport Mode from Scene

Definition

Indicate whether the transport was emergent or non-emergent.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E20_07 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|-------------------------------------|
| 4217001 | Emergent (Immediate Response) |
| 4217003 | Emergent Downgraded to Non-Emergent |
| 4217005 | Non-Emergent |
| 4217007 | Non-Emergent Upgraded to Emergent |

Data Element Comment/Validation Rules

Transport Mode From Scene is required when eDisposition.12 (Incident/Patient Disposition) is 4212013, 4212031, 4212033. Otherwise put "Not Applicable".

Condition of Patient at Destination

NEMSIS ID: *eDisposition.19* – Condition of Patient at Destination

Definition

The condition of the patient after care by EMS.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E20_15 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|-------------|
| 9916001 | Improved |
| 9916003 | Unchanged |
| 9916005 | Worse |

Data Element Comment/Validation Rules

This element is required when eDisposition.12 (Incident/Patient Disposition) is 4212013, 4212031, 4212033. Otherwise put "Not Applicable".

Reason for Choosing Destination

NEMSIS ID: *eDisposition.20* – Reason for Choosing Destination

Definition

The reason the unit chose to deliver or transfer the patient to the destination.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E20_16 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Code List

| Code | Description |
|---------|------------------------------------|
| 4220001 | Closest Facility |
| 4220003 | Hospital Diversion |
| 4220005 | Family Choice |
| 4220007 | Insurance Status/Requirement |
| 4220009 | Law Enforcement Choice |
| 4220011 | On-Line/On-Scene Medical Direction |
| 4220013 | Other (Not Listed) |
| 4220015 | Patient's Choice |
| 4220017 | Patient's Physician's Choice |
| 4220019 | Protocol |
| 4220021 | Regional Specialty Center |

Data Element Comment/Validation Rules

Reason for Choosing Destination is required when eDisposition.12 (Incident/Patient Disposition) is 4212013, 4212031, 4212033. Otherwise put "Not Applicable".

Type of Destination

NEMESIS ID: *eDisposition.21* – Type of Destination

Definition

The type of destination the patient was delivered or transferred to.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | E20_17 | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:1 |

NEMESIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|---------------------------------------|
| 4221001 | Home |
| 4221003 | Hospital-Emergency Department |
| 4221005 | Hospital-Non-Emergency Department Bed |
| 4221007 | Medical Office/Clinic |
| 4221009 | Morgue/Mortuary |
| 4221011 | Nursing Home/Assisted Living Facility |
| 4221013 | Other (Not Listed) |
| 4221015 | Other EMS Responder (air) |
| 4221017 | Other EMS Responder (ground) |
| 4221019 | Police/Jail |

Data Element Comment/Validation Rules

Type of Destination is required when eDisposition.12 (Incident/Patient Disposition) is 4212013, 4212031, 4212033. Otherwise put "Not Applicable". "Hospital-In Patient Bed" includes any location in the hospital except the Emergency Department.

Hospital Designation

NEMESIS ID: *eDisposition.21* – Hospital Designation

Definition

The designation associated with the hospital for this transport (e.g. Trauma, STEMI, Peds, etc).

| | | | |
|--------------------------|----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | | Is Nillable | Yes |
| OKEMISIS Usage | Optional | Recurrence | 1:1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|-----------------------|
| 9908001 | Behavioral Health |
| 9908003 | Burn Center |
| 9908007 | Hospital (General) |
| 9908011 | Pediatric Center |
| 9908013 | STEMI |
| 9908017 | Stroke Center |
| 9908019 | Rehab Center |
| 9908021 | Trauma Center Level 1 |
| 9908023 | Trauma Center Level 2 |
| 9908025 | Trauma Center Level 3 |
| 9908027 | Trauma Center Level 4 |

Data Element Comment/Validation Rules

This element is required to be in the dataset for your service but there will be no associated validation rule. This element will be added to the state run form and is optional for the EMS service. This element was added to better describe the patient destination. Designation can include a national designation(ex. ACS Level 1 trauma center) or a designation recognized by the State of Oklahoma.

Destination Team Pre-Arrival Alert/Activation

NEMSIS ID: *eDisposition.24* – Destination Team Pre-Arrival Activation

Definition

Indication that an alert (or activation) was called by EMS of the appropriate destination healthcare facility team. The activation should occur prior to EMS unit arrival at the destination with the patient.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | Custom | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Cardiac Arrest STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|----------------------|
| 4224001 | No |
| 4224003 | Yes-Adult Trauma |
| 4224005 | Yes-Cardiac Arrest |
| 4224007 | Yes-Obstetrics |
| 4224009 | Yes-Other |
| 4224011 | Yes-Pediatric Trauma |
| 4224013 | Yes-STEMI |
| 4224015 | Yes-Stroke |

Data Element Comment/Validation Rules

*This element is required for STEMI, stroke, cardiac arrest, and trauma patients if eDisposition.12 (Incident/Patient Disposition) is 4212013, 4212033 and First or Second Impression is (I21.0, I21.1, I21.2, I21.3) or eArrest is (3001003, 3001005) or eVitals.29(Stroke Scale Score) is not blank or First or Second Impression is associated with trauma (***Trauma defined in definition section**).*

Date/Time of Destination Pre-arrival Alert or Activation

NEMSIS ID: *eDisposition.25* – Date/Time of Destination Pre-arrival

Definition

Date/Time EMS alerted, notified, or activated the Destination Healthcare Facility Team prior to EMS arrival for acute ill or injured patient.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | Custom | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Cardiac Arrest STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| <u>Data Type</u> | <u>minInclusive</u> | <u>maxInclusive</u> |
| Date/time | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

Data Element Comment/Validation Rules

*This element is required for STEMI, stroke, cardiac arrest, and trauma patients if eDisposition.12 (Incident/Patient Disposition) is 4212013, 4212033 **and** First or Second Impression is (I21.0, I21.1, I21.2, I21.3) or eArrest is (3001003, 3001005) or eVitals.29(Stroke Scale Score) is not blank or First or Second Impression is associated with trauma (***Trauma defined in definition section**). Formatting for date/time elements can be found in this document in the appendix under ["Date/Time Formats in OKEMSIS"](#).*

eHistory

Barriers to Patient Care (Scene)

NEMSIS ID: eHistory.01 – Barriers to Patient Care

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E12_01 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|---|
| 3101001 | Cultural, Custom, Religious |
| 3101003 | Developmentally Impaired |
| 3101005 | Hearing Impaired |
| 3101007 | Language |
| 3101009 | None Noted |
| 3101011 | Obesity |
| 3101013 | Physical Barrier (Unable to Access Patient) |
| 3101015 | Physically Impaired |
| 3101017 | Physically Restrained |
| 3101019 | Psychologically Impaired |
| 3101021 | Sight Impaired |
| 3101023 | Speech Impaired |
| 3101025 | Unattended or Unsupervised (including minors) |
| 3101027 | Unconscious |
| 3101029 | Uncooperative |

Data Element Comment/Validation Rules

This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact. "Patient Contact" is defined in the definition section of this document. Otherwise put "Not Applicable".

Medication Allergies

NEMESIS ID: eHistory.06 – Medication Allergies

Definition

The patient's medication allergies.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | Yes |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | E12_08 | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 0:M |

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801013 - No Known Drug Allergy 8801019 – Refused 8801023 - Unable to Complete

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Code Type

9924001 - ICD10 9924003 - RxNorm

Constraints

Pattern

(Z88\[0-9]\)([a-zA-Z0-9]{2,7})

Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (**defined in definition section of this document**). Otherwise put the appropriate Pertinent Negative (“Unable to Complete” for cancelled calls/no patient found). A list of Medication Allergies can be found in the appendix: [Medication Allergies Code and Descriptions](#) .*

Alcohol/Drug Use Indicators

NEMSIS ID: eHistory.17– Alcohol/Drug Use Indicators

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | Yes |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E12_19 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

NEMSIS Associated Performance Measure Initiatives

Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801015 - None Reported 8801019 – Refused 8801023 - Unable to Complete

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Code List

| Code | Description |
|---------|--|
| 3117001 | Alcohol Containers/Paraphernalia at Scene |
| 3117003 | Drug Paraphernalia at Scene |
| 3117005 | Patient Admits to Alcohol Use |
| 3117007 | Patient Admits to Drug Use |
| 3117009 | Positive Level known from Law Enforcement or Hospital Record |
| 3117011 | Smell of Alcohol on Breath |

Data Element Comment/Validation Rules

This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (defined in definition section of this document). Otherwise put the appropriate Pertinent Negative (“Unable to Complete” for cancelled calls/no patient found).



eInjury

Cause of Injury

NEMSIS ID: *eInjury.01* – Cause of Injury

Definition

The category of the reported/suspected external cause of the injury.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E10_01 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

NEMSIS Associated Performance Measure Initiatives

Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Constraints

Pattern

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

Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (**defined in definition section of this document**) and eSituation.02 (Possible Injury) is 9922005 or Provider First/Second Impression (eSituation.11. eSituation.12) is associated with trauma (**defined in definition section of this document**). Otherwise put "Not Applicable". A list for [Cause of Injury](#) can be found in the appendix of this document.*

Mechanism of Injury

NEMSIS ID: *eInjury.02*– Mechanism of Injury

Definition

The mechanism of the event which caused the injury

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E10_03 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:M |

NEMSIS Associated Performance Measure Initiatives

Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Code List

| Code | Description |
|---------|-------------|
| 2902001 | Blunt |
| 2902003 | Burn |
| 2902005 | Other |
| 2902007 | Penetrating |

Data Element Comment/Validation Rules

This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (defined in definition section of this document) and eSituation.02 (Possible Injury) is 9922005 or Provider First/Second Impression (eSituation.11, eSituation.12) is associated with trauma(defined in definition section of this document). Otherwise put "Not Applicable".

Trauma Triage Criteria

NEMSIS ID:

Definition

Criteria used to assign priority status (1, 2 or 3) to a patient. The scoring considers the patient condition, physiological and anatomical injuries and mechanism of injury.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| NEMSIS State Element | No | NOT Values | Yes |
| NEMSIS v2 Element | Custom | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|------------|--|
| 2903001 | Amputation proximal to wrist or ankle |
| it2903.100 | Blunt trauma / no hemodynamic trauma |
| it2903.101 | BSA < 10% |
| it2903.102 | BSA >= 10% |
| 2903005 | Flail chest |
| 2903007 | GCS <= 13 |
| it2903.103 | GCS improving |
| it2903.104 | Hemodynamic compromise from trauma |
| it2903.105 | Minor injuries |
| 2903009 | Open or depressed skull fracture |
| it2903.106 | Other single system injury |
| 2903011 | Paralysis resulting from trauma |
| it2903.107 | Penetrating injuries to extremities |
| 2903015 | Penetrating injury to trunk, neck, or head |
| it2903.108 | PTS <= 8 |
| 2903017 | Respiratory compromise resulting from trauma |
| 2903021 | Two or more proximal long bone fractures |
| 2903013 | Unstable Pelvis |
| it2903.111 | Tender and/or Distended Abdomen |
| 2903003 | Crushed, Degloved, or Mangled Extremity |
| it2903.112 | Single System Injury-Neurological |
| it2903.113 | Single System Injury-Orthopedic |



| | |
|------------|--|
| it2903.114 | Single System Injury-Maxillofacial |
| it2903.115 | Ejection of Patient from Enclosed Vehicle |
| it2903.116 | Auto/Pedestrian. Auto/Bike or Motorcycle Crash with Significant Impact |
| it2903.117 | Falls > 20 Ft or Distance 2-3 Times Height of Patient |
| it2903.118 | Significant Assault or Altercations |
| it2903.119 | High Risk Auto Crash |

Data Element Comment/Validation Rules

*This element is required if Possible Injury is "Yes" or Provider Impression is associated with trauma. Otherwise put "Not Applicable". *Trauma defined in definition section. Custom Codes Associated with this element were taken from the v2.2.1 OKEMMSIS data dictionary, OKLAHOMA-SPECIFIC FIELDS section. Any code highlighted in yellow is not in the NEMMSIS dataset but is a custom code and is required to be in the Oklahoma v3.3.4 dataset.*

Location of Patient in Vehicle

NEMSIS ID: *eInjury.06*– Location of Patient in Vehicle

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E10_06 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 0:M |

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|---|
| 2906001 | Front Seat-Left Side (or motorcycle driver) |
| 2906003 | Front Seat-Middle |
| 2906005 | Front Seat-Right Side |
| 2906007 | Passenger in other enclosed passenger or cargo area (non-trailing unit such as a bus) |
| 2906009 | Passenger in unenclosed passenger or cargo area (non-trailing unit such as a pickup) |
| 2906011 | Riding on Vehicle Exterior (non-trailing unit) |
| 2906013 | Second Seat-Left Side (or motorcycle passenger) |
| 2906015 | Second Seat-Middle |
| 2906017 | Second Seat-Right Side |
| 2906019 | Sleeper Section of Cab (truck) |
| 2906021 | Third Row-Left Side (or motorcycle passenger) |
| 2906023 | Third Row-Middle |
| 2906025 | Third Row-Right Side |
| 2906027 | Trailing Unit |
| 2906029 | Unknown |

Data Element Comment/Validation Rules

This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact and Cause of Injury is related to a motor vehicle. Otherwise put "Unknown". Cause of Injury MVC codes: V49.3, V49.9, X82, V69.3, V69.9, V86.31, V86.99, V86.39, V84.9, V83.9, V29.3, V29.9. All Cause of Injury codes are ICD-10 codes.

Use of Occupant Safety Equipment

NEMSIS ID: *eInjury.07*– Use of Occupant Safety Equipment

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E10_08 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:M |

NEMSIS Associated Performance Measure Initiatives

Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|--------------------------------|
| 2907001 | Child Booster Seat |
| 2907003 | Eye Protection |
| 2907005 | Helmet Worn |
| 2907007 | Infant Car Seat Forward Facing |
| 2907009 | Infant Car Seat Rear Facing |
| 2907015 | None |
| 2907017 | Other |
| 2907019 | Personal Flootation Device |
| 2907021 | Protective Clothing |
| 2907023 | Protective Non-Clothing Gear |
| 2907027 | Shoulder and Lap Belt Used |
| 2907029 | Lap Belt Only Used |
| 2907031 | Shoulder Belt Only Used |

Data Element Comment/Validation Rules

This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact and Cause of Injury is related to a motor vehicle. Otherwise put "Not Applicable". Cause of Injury MVC codes: V49.3, V49.9, X82, V69.3, V69.9, V86.31, V86.99, V86.39, V84.9, V83.9, V29.3, V29.9. All Cause of Injury codes are ICD-10 codes.

Airbag Deployment

NEMSIS ID: *eInjury.08*– Airbag Deployment

Definition

Indication of Airbag Deployment.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E10_08 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 0:M |

Attributes

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|--|
| 2908001 | Airbag Deployed Front |
| 2908003 | Airbag Deployed Side |
| 2908005 | Airbag Deployed Other (knee, Air belt, etc.) |
| 2908007 | No Airbag Deployed |
| 2908009 | No Airbag Present |

Data Element Comment/Validation Rules

This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact and Cause of Injury is related to a motor vehicle. Cause of Injury MVC codes: V49.3, V49.9, X82, V69.3, V69.9, V86.31, V86.99, V86.39, V84.9, V83.9. All Cause of Injury codes are ICD-10 codes. Otherwise leave this element blank.

eMedication

Date/Time Medication Administered

NEMSIS ID: eMedications.01 – Date/Time Medication Administered

Definition

The date/time medication administered to the patient

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E18_01 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| <u>Data Type</u> | <u>minInclusive</u> | <u>maxInclusive</u> |
| Date/time | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

Data Element Comment/Validation Rules

This element is required if a medication is given (eMedication.03). Otherwise put "Not Applicable". Formatting for date/time elements can be found in this document in the appendix under ["Date/Time Formats in OKEMSIS"](#).

Medication Administered Prior to this Unit's EMS Care

NEMSIS ID: eMedications.02 – Medication Administered Prior to this Unit's EMS Care

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E18_02 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|-------------|
| 9923001 | No |
| 9923003 | Yes |

Data Element Comment/Validation Rules

This element is required if Medications Given (eMedication.03) is not a null value (Not Values) or a pertinent negative. In other words, if a medication is given, this element is required. Otherwise put "Not Applicable". This is the NEMSIS Version 3 method to document prior aid.

Medication Given

NEMSIS ID: *eMedications.03*– Medication Given

Definition

The medication given to the patient

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | Yes |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E18_03 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801001 - Contraindication Noted 8801003 - Denied By Order 8801007 - Medication Allergy
 8801009 - Medication Already Taken 8801019 – Refused 8801023 - Unable to Complete

Constraints

Data Type: string minLength: 2 maxLength: 7

Data Element Comment/Validation Rules

This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (defined in the definition section of this document). Otherwise put the appropriate pertinent negative (for cancelled/no patient found incidents put “Not Applicable”). All software vendors must match their medications list with the [OKEMSIS list](#) located in the appendix of this document.

Medication Administered Route

NEMSIS ID: *eMedications.04*– Medication Administered Route

Definition

The route medication was administered to the patient.

| | | | |
|--------------------------------|-----------|---------------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E18_04 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|--------------------|
| 9927003 | Buccal |
| 9927009 | Inhalation |
| 9927015 | Intramuscular (IM) |
| 9927017 | Intranasal |
| 9927021 | Intraosseous (IO) |
| 9927023 | Intravenous (IV) |
| 9927027 | Nasogastric |
| 9927033 | Ophthalmic |
| 9927035 | Oral |
| 9927043 | Rectal |
| 9927045 | Subcutaneous |
| 9927047 | Sublingual |
| 9927049 | Topical |
| 9927053 | Transdermal |
| 9927059 | Wound |

Data Element Comment/Validation Rules

This element is required if Medications Given (eMedication.03) is not a null value (Not Values) or a pertinent negative. In other words, if a medication is given, this element is required. Several choices have been deleted and will not be accepted by OKEMSIS. Only the above codes will be accepted for this element. Topical (code 9927049) includes substances that effect only the area applied to (ex. Neosporin, Bacitracin, etc.) while Transdermal (code 9927053) includes substances that effect the patient systemically (ex. Nitroglycerin patch/paste).

Medication Dosage

NEMSIS ID: eMedications.05 – Medication Dosage

Definition

The dose or amount of the medication given to the patient.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E18_05 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| <u>Data Type</u> | <u>Total Digits</u> | <u>Fraction Digits</u> |
|------------------|---------------------|------------------------|
| Decimal | 9 | 3 |

Data Element Comment/Validation Rules

This element is required if Medications Given (eMedication.03) is not a null value (Not Values) or a pertinent negative. In other words, if a medication is given, this element is required.

Medication Dosage Units

NEMESIS ID: *eMedications.06* – Medication Dosage Units

Definition

The unit of medication dosage given to patient.

| | | | |
|---------------------------------|-----------|---------------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | E18_06 | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|------------------------------------|
| 3706001 | Grams |
| 3706003 | Inches |
| 3706005 | International Units |
| 3706007 | Keep Vein Open (To Keep Open) |
| 3706009 | Liters |
| 3706011 | Liters Per Minute |
| 3706013 | MDI Puffs |
| 3706015 | Micrograms |
| 3706017 | Micrograms per Kilogram per Minute |
| 3706019 | Milliequivalents |
| 3706021 | Milligrams |
| 3706023 | Milligrams Per Kilogram Per Minute |
| 3706025 | Milliliters |
| 3706027 | Milliliters Per Hour |
| 3706029 | Other |

Data Element Comment/Validation Rules

This element is required if Medications Given (eMedication.03) is not a null value (Not Values) or a pertinent negative. In other words, if a medication is given, this element is required. Otherwise put "Not Applicable".

Response to Medication

NEMSIS ID: eMedications.07 – Response to Medication

Definition

The patient's response to the medication.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E18_07 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|--------------------|
| 9916001 | Improved |
| 9916003 | Unchanged |
| 9916005 | Worse |

Data Element Comment/Validation Rules

This element is required if Medications Given (eMedication.03) is not a null value (Not Values) or a pertinent negative. In other words, if a medication is given, this element is required. Otherwise put "Not Applicable".

Medication Complication

NEMESIS ID: eMedications.08 – Medication Complication

Definition

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

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | E18_08 | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:M |

Attributes

NOT Values (NV)

7701001 - Not Applicable

7701003 - Not Recorded

CorrelationID

Data Type: string

minLength: 0

maxLength: 255

Code List

| Code | Description |
|---------|-----------------------|
| 3708001 | Altered Mental Status |
| 3708003 | Apnea |
| 3708005 | Bleeding |
| 3708007 | Bradycardia |
| 3708009 | Bradypnea |
| 3708011 | Diarrhea |
| 3708013 | Extravasation |
| 3708015 | Hypertension |
| 3708017 | Hyperthermia |
| 3708019 | Hypotension |
| 3708021 | Hypothermia |
| 3708023 | Hypoxia |
| 3708025 | Injury |
| 3708029 | Nausea |
| 3708031 | None |
| 3708033 | Other (Not Listed) |
| 3708035 | Respiratory Distress |
| 3708037 | Tachycardia |
| 3708039 | Tachypnea |

3708043 Itching
3708045 Urticaria

Data Element Comment/Validation Rules

This element is required if Medications Given (eMedication.03) is not a null value (Not Values) or a pertinent negative. In other words, if a medication is given, this element is required. Otherwise put “Not Applicable”.

Medication Crew (Healthcare Professionals) ID

NEMESIS ID: *eMedications.09* – Medication Crew (Healthcare Professionals) ID

Definition

The statewide assigned ID number of the EMS crew member giving the treatment to the patient.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | E18_09 | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 0:1 |

NEMESIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

Data Type: string **minLength:** 2 **maxLength:** 15

Data Element Comment/Validation Rules

*This element is required if Medications Given (*eMedication.03*) is not a null value (Not Values) or a pertinent negative. In other words, if a medication is given, this element is required. Otherwise put “Not Applicable”.*

Role/Type of Person Administering Medication

NEMSIS ID: *eMedications.11* – Role/Type of Person Administering Medication

Definition

The type (level) of EMS or Healthcare Professional Administering the Medication. For medications administered prior to EMS arrival, this may be a non-EMS healthcare professional.

| | | | |
|--------------------------------|-----------|---------------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| <u>Code</u> | <u>Description</u> | <u>Code</u> | <u>Description</u> |
|-------------|--|-------------|--------------------|
| 9905001 | Advanced Emergency Medical Technician (AEMT) | 9905035 | Nurse Practitioner |
| 9905003 | Emergency Medical Responder (EMR) | 9905037 | Physician Assist. |
| 9905005 | Emergency Medical Technician (EMT) | 9905039 | LPN |
| 9905007 | Paramedic | 9905041 | Registered Nurse |
| 9905011 | Intermediate | | |
| 9905019 | Other Healthcare Professional | | |
| 9905025 | Physician | | |
| 9905027 | Respiratory Therapist | | |
| 9905029 | Student | | |
| 9905031 | Critical Care Paramedic | | |
| 9905033 | Community Paramedicine | | |

Data Element Comment/Validation Rules

This element is required if Medications Given (eMedication.03) is not a null value (Not Values) or a pertinent negative. In other words, if a medication is given, this element is required. Otherwise put "Not Applicable".

Medication Authorization

NEMSIS ID: *eMedications.11* – Medication Authorization

Definition

The type of treatment authorization obtained.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| NEMSIS State Element | No | NOT Values | No |
| NEMSIS v2 Element | E18_10 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

Attributes

Code List

| Code | Description |
|---------|-----------------------------------|
| 9918001 | On-Line (Remote Verbal Order) |
| 9918003 | On-Scene |
| 9918005 | Protocol (Standing Order) |
| 9918007 | Written Orders (Patient Specific) |

Data Element Comment/Validation Rules

This element is required if Medications Given (eMedication.03) is not a null value (Not Values) or a pertinent negative. In other words, if a medication is given, this element is required. Otherwise put leave this element blank. This is one of the NEMSIS Version 3 elements used to document prior aid.

eNarrative

Patient Care Report Narrative

NEMSIS ID: eNarrative.01– Patient Care Report Narrative

Definition

The narrative of the patient care report (PCR).

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E13_01 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

Data Type: string minLength: 2 maxLength: 10000

Data Element Comment/Validation Rules

This element is required for all runs entered into the OKEMSIS database. Greater than 25 characters are required for the patient care report narrative.

eOutcome

Emergency Department Disposition

NEMESIS ID: eOutcome.01– Emergency Department Disposition

Definition

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

| | | | |
|--------------------------|----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | E22_01 | Is Nillable | Yes |
| OKEMISIS Usage | Optional | Recurrence | 1:1 |

NEMESIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|--|
| 01 | Discharged to home or self care (routine discharge) |
| 02 | Discharged/transferred to another short term general hospital for inpatient care |
| 03 | Discharged/transferred to a skilled nursing facility (SNF) {With Medicare certification in anticipation of covered skilled care. See Code 61 below.} |
| 04 | Discharged/transferred to an intermediate care facility (ICF) |
| 05 | Discharged/transferred to another type of institution not defined elsewhere in this code list |
| 06 | Discharged/transferred to home under care of organized home health service organization in anticipation of covered skills care |
| 07 | Left against medical advice or discontinued care |
| 09 | Admitted as an inpatient to this hospital. |
| 20 | Deceased/Expired (or did not recover - Religious Non Medical Health Care Patient) |
| 21 | Discharged/transferred to court/law enforcement |
| 30 | Still a patient or expected to return for outpatient services. |
| 43 | Discharged/transferred to a Federal Health Care Facility (e.g. VA or federal health care facility) |
| 50 | Discharged/transferred to Hospice - home. |
| 51 | Discharged/transferred to Hospice - medical facility |
| 61 | Discharged/transferred within this institution to a hospital based Medicare approved swing bed. |
| 62 | Discharged/transferred to a inpatient rehabilitation facility including distinct part units of a hospital. |
| 63 | Discharged/transferred to long term care hospitals |



- 64 Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare
- 65 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital.
- 66 Discharged/transferred to a Critical Access Hospital (CAH).
- 70 Discharged/transferred to another type of health care institution not defined elsewhere in the code list.

Data Element Comment/Validation Rules

This element is only required if the EMS service has this information otherwise it can be defaulted to "Not Recorded". The list of values and codes is based on and in compliance with the Medicare Claims Processing Manual Chapter 25

Hospital Disposition

NEMESIS ID: eOutcome.02– Hospital Disposition

Definition

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

| | | | |
|--------------------------|----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | E22_02 | Is Nillable | Yes |
| OKEMISIS Usage | Optional | Recurrence | 1:1 |

NEMESIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|--|
| 01 | Discharged to home or self care (routine discharge) |
| 02 | Discharged/transferred to another short term general hospital for inpatient care |
| 03 | Discharged/transferred to a skilled nursing facility (SNF) {With Medicare certification in anticipation of covered skilled care. See Code 61 below.} |
| 04 | Discharged/transferred to an intermediate care facility (ICF) |
| 05 | Discharged/transferred to another type of institution not defined elsewhere in this code list |
| 06 | Discharged/transferred to home under care of organized home health service organization in anticipation of covered skills care |
| 07 | Left against medical advice or discontinued care |
| 20 | Deceased/Expired (or did not recover - Religious Non Medical Health Care Patient) |
| 21 | Discharged/transferred to court/law enforcement |
| 30 | Still a patient or expected to return for outpatient services. |
| 43 | Discharged/transferred to a Federal Health Care Facility (e.g. VA or federal health care facility) |
| 50 | Discharged/transferred to Hospice - home. |
| 51 | Discharged/transferred to Hospice - medical facility |
| 61 | Discharged/transferred within this institution to a hospital based Medicare approved swing bed. |
| 62 | Discharged/transferred to a inpatient rehabilitation facility including distinct part units of a hospital. |
| 63 | Discharged/transferred to long term care hospitals |

- 64 Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare
- 65 Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital.
- 66 Discharged/transferred to a Critical Access Hospital (CAH).
- 70 Discharged/transferred to another type of health care institution not defined elsewhere in the code list.

Data Element Comment/Validation Rules

This element is only required if the EMS service has this information otherwise it can be defaulted to “Not Recorded”. The list of values and codes is based on and in compliance with the Medicare Claims Processing Manual Chapter 25

ePatient

Last Name

NEMSIS ID: ePatient.02 – Last Name

Definition

The patient's last (family) name.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | Yes |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E06_01 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801019 – Refused 8801023 - Unable to Complete

Constraints

Data Type: string minLength: 1 maxLength: 50

Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (**defined in definition section**). Otherwise put the appropriate Pertinent Negative. If the EMS service call is cancelled or no patient found, put “Not Applicable”.*

First Name

NEMSIS ID: ePatient.03 – First Name

Definition

The patient's first (given) name.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | Yes |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E06_02 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801019 – Refused 8801023 - Unable to Complete

Constraints

Data Type: string minLength: 1 maxLength: 50

Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (**defined in definition section**). Otherwise put the appropriate Pertinent Negative. If the EMS service call is cancelled or no patient found, put “Not Applicable”.*

Middle Initial/Name

NEMSIS ID: ePatient.04 – Middle Initial/Name

Definition

The patient's middle name(if any).

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| NEMSIS State Element | No | NOT Values | Yes |
| NEMSIS v2 Element | E06_03 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

Data Type: string minLength: 1 maxLength: 50

Data Element Comment/Validation Rules

This element is required as a part of the OKEMSIS version 3 dataset but documentation of the patient's middle initial or name isn't required by the State of Oklahoma. Documentation of this element is optional and up to the discretion of the EMS service.

Patient's Home Address

NEMSIS ID: ePatient.05 – Patient's Home Address

Definition

The patient's address of residence (home mailing or street address).

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E06_04 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

Attributes and Constraints (both the same for this element)

Data Type: string minLength: 1 maxLength: 50

Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (**defined in definition section**) otherwise leave it blank. This element allows for a two line documentation of the address. For out of country addresses the second line should be used to document, city, country, postal code and any other pertinent information.*

Patient's Home City

NEMSIS ID: ePatient.06 – Patient's Home City

Definition

The patient's primary city or township of residence.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E06_05 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (**defined in definition section**). Otherwise put "Not Applicable". Based on GNIS Civil Code or Populated Place code.*

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

Patient's Home County

NEMSIS ID: ePatient.07 – Patient's Home County

Definition

The patient's home county or parish of residence.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E06_06 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measures

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

Data Type: string Length: 5

Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (**defined in definition section**). Otherwise put "Not Applicable". Based on the ANSI Code Single Choice based on the County Name but stored as the ANSI code (combined 5 digit State and County codes).*

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

Patient's Home State

NEMSIS ID: ePatient.08 – Patient's Home State

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E06_07 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measures

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

Data Type: string Length: 2

Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (**defined in definition section**). Otherwise put "Not Applicable". The ANSI Code Selection by text but stored as ANSI code.*

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

Patient's Home Zip Code

NEMESIS ID: ePatient.09 – Patient's Home Zip Code

Definition

The patient's ZIP code of residence.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | E06_08 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMESIS Associated Performance Measures

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

Pattern

[0-9]{5}[[0-9]{5}-[0-9]{4}][0-9]{5}-[0-9]{5}][A-Z][0-9][A-Z] [0-9][A-Z][0-9]

Data Element Comment/Validation Rules

This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (**defined in definition section**). Otherwise put "Not Applicable". ZIP Codes Product Website:

<https://www.zipcodedownload.com/Products/Product/Z5Commercial/Standard/Overview/>

Product: USA - 5-digit ZIP Code Database, Commercial Edition

Social Security Number

NEMSIS ID: ePatient.12 – Patient's Social Security Number

Definition

The patient's social security number.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| NEMSIS State Element | No | NOT Values | Yes |
| NEMSIS v2 Element | E06_10 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

Constraints

Data Type: integer maxInclusive: 999999999 minInclusive: 000000000

Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (**defined in definition section**). If the patients SSN is not known, put 000-00-0000 (which is the null value in this case).*

Gender

NEMSIS ID: ePatient.13 – Gender

Definition

The patient's Gender.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E06_11 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measures

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|-------------------------------|
| 9906001 | Female |
| 9906003 | Male |
| 9906005 | Unknown (Unable to Determine) |

Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (**defined in definition section of this document**). Otherwise put "Not Applicable".*

Race

NEMESIS ID: ePatient.14 – Race

Definition

The patient's race as defined by the OMB (US Office of Management and Budget).

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | E06_12 | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:M |

NEMESIS Associated Performance Measures

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|---|
| 2514001 | American Indian or Alaska Native |
| 2514003 | Asian |
| 2514005 | Black or African American |
| 2514007 | Hispanic or Latino |
| 2514009 | Native Hawaiian or Other Pacific Islander |
| 2514011 | White |

Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (**defined in definition section of this document**). Otherwise put "Not Applicable". Ethnicity (Version 2.2.1: E06_13) has been merged with this data element and retired.*

Age

NEMSIS ID: ePatient.15 – Age

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E06_14 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measures

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

Data Type: integer minInclusive: 1 maxInclusive: 120

Data Element Comment/Validation Rules

This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (defined in definition section of this document). Otherwise put "Not Applicable".

Age Units

NEMSIS ID: ePatient.16 – Age Units

Definition

The unit used to define the patient's age.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E06_15 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measures

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| <u>Code</u> | <u>Description</u> |
|-------------|--------------------|
| 2516001 | Days |
| 2516003 | Hours |
| 2516005 | Minutes |
| 2516007 | Months |
| 2516009 | Years |

Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (**defined in definition section of this document**). Otherwise put "Not Applicable".*

Date of Birth

NEMESIS ID: ePatient.17 – Date of Birth

Definition

The patient's date of birth.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | No | Pertinent Negatives (PN) | Yes |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | E06_16 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801019 – Refused 8801023 – Unable to Complete

Constraints

Data Type: date minInclusive: 1890-01-01 maxInclusive: 2050-01-01

Data Element Comment/Validation Rules

This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (defined in definition section of this document). Otherwise put “Not Applicable” or the appropriate pertinent negative.

Patient's Phone Number

NEMSIS ID: ePatient.18 – Patient's Phone Number

Definition

The patient's phone number.

| | | | |
|-------------------------|----------|--------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| NEMSIS State Element | No | NOT Values | No |
| NEMSIS v2 Element | E06_17 | Is Nillable | No |
| OKEMSIS Usage | Optional | Recurrence | 0:M |

Attributes

CorrelationID

Data Type: string minLength: 0 maxLength: 255

PhoneNumberType

9913001 - Fax 9913003 - Home 9913005 - Mobile
 9913007 - Pager 9913009 – Work

Constraints

Pattern

[0-9]{5}[0-9]{5}-[0-9]{4}[0-9]{5}-[0-9]{5}[A-Z][0-9][A-Z] [0-9][A-Z][0-9]

Data Element Comment/Validation Rules

This element is required to be in the OKEMSIS dataset (therefore Mandatory). EMS services have the option of submitting the patient phone number but it is not required by the State of Oklahoma. Services should leave this blank if they choose not to submit this element. This element contains an attribute to define what type of phone number is being documented i.e. Fax, Home, Mobile, Pager, and Work.

ePayment

Primary Method of Payment

NEMSIS ID: ePayment.01 – Primary Method of Payment

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E07_01 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measures

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| <u>Code</u> | <u>Description</u> | <u>Code</u> | <u>Description</u> |
|-------------|-----------------------------|-------------|-------------------------|
| 2601001 | Insurance | 2601015 | Payment by Facility |
| 2601003 | Medicaid | 2601017 | Contracted Payment |
| 2601005 | Medicare | 2601019 | Community Network |
| 2601007 | Not Billed (for any reason) | 2601021 | No Insurance Identified |
| 2601009 | Other Government | 2601023 | Other payment option |
| 2601011 | Self Pay | | |
| 2601013 | Workers Compensation | | |
| 2601011 | Self Pay | | |

Data Element Comment/Validation Rules

This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (**defined in definition section of this document**). Otherwise put "Not Applicable".

eProcedure

Date/Time Procedure Performed

NEMESIS ID: eProcedures.01 – Date/Time Procedure Performed

Definition

The date/time the procedure was performed on the patient

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | E19_01 | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:1 |

NEMESIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| <u>Data Type</u> | <u>minInclusive</u> | <u>maxInclusive</u> |
| Date/time | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (**defined in definition section of this document**) **AND** a procedure was performed (eProcedures.03). Otherwise put "Not Applicable". Formatting for date/time elements can be found in this document in the appendix under ["Date/Time Formats in OKEMISIS"](#).*

Procedure Performed Prior to this Unit's EMS Care

NEMSIS ID: eProcedures.02– Procedure Performed Prior to this Unit's EMS Care

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E19_02 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|-------------|
| 9923001 | No |
| 9923003 | Yes |

Data Element Comment/Validation Rules

This element is required if Procedures (eProcedures.03) is not a null value (Not Values) or a pertinent negative. In other words, if a procedure is performed, this element is required. Otherwise put "Not Applicable". This is the NEMSIS Version 3 method to document prior aid.

Procedure

NEMESIS ID: *eProcedures.03*– Procedure

Definition

The procedure performed on the patient.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | Yes |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | E19_03 | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:1 |

NEMESIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801001 - Contraindication Noted 8801003 - Denied By Order
 8801019 – Refused 8801023 - Unable to Complete

Constraints

Data Type: integer minInclusive: 100000 maxInclusive: 100000000

Data Element Comment/Validation Rules

This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (defined in definition section of this document). Otherwise put the appropriate Pertinent Negative. For cancelled/no patient found or patient refusals put “Not Applicable”. Procedures which are recorded as a Vital Sign do not have to be documented in the Procedure Section. All software vendors must match their procedure code list with the [OKEMISIS procedures](#) located in the appendix of this document.

Number of Procedure Attempts

NEMSIS ID: *eProcedures.05*– Number of Procedure Attempts

Definition

The number of attempts taken to complete a procedure or intervention regardless of success.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E19_05 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

Data Type: integer minInclusive: 1 maxInclusive: 10

Data Element Comment/Validation Rules

*This element is required if Procedures (*eProcedures.03*) is not a null value (Not Values) or a pertinent negative. In other words, if a procedure is performed, this element is required. Otherwise put "Not Applicable".*

Procedure Successful

NEMSIS ID: eProcedures.06– Procedure Successful

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E19_06 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|--------------------|
| 9923001 | No |
| 9923003 | Yes |

Data Element Comment/Validation Rules

This element is required if Procedures (eProcedures.03) is not a null value (Not Values) or a pertinent negative. In other words, if a procedure is performed, this element is required. Otherwise put "Not Applicable".

Procedure Complication

NEMSIS ID: eProcedures.07 – Procedure Complication

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E19_07 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

NEMSIS Associated Performance Measure Initiatives

Airway Pediatric Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|-----------------------------------|
| 3907001 | Altered Mental Status |
| 3907003 | Apnea |
| 3907005 | Bleeding |
| 3907007 | Bradypnea |
| 3907009 | Diarrhea |
| 3907011 | Esophageal Intubation-immediately |
| 3907013 | Esophageal Intubation-other |
| 3907015 | Extravasation |
| 3907017 | Hypertension |
| 3907019 | Hyperthermia |
| 3907021 | Hypotension |
| 3907023 | Hypothermia |
| 3907025 | Hypoxia |
| 3907027 | Injury |
| 3907029 | Itching/Urticaria |
| 3907031 | Nausea |



| | |
|---------|----------------------|
| 3907033 | None |
| 3907035 | Other (Not Listed) |
| 3907037 | Portacath |
| 3907039 | Respiratory Distress |
| 3907041 | Tachycardia |
| 3907043 | Tachypnea |
| 3907045 | Vomiting |
| 3907047 | Bradycardia |

Data Element Comment/Validation Rules

This element is required if Procedures (eProcedures.03) is not a null value (Not Values) or a pertinent negative. In other words, if a procedure is performed, this element is required. Otherwise put "Not Applicable".

Response to Procedure

NEMESIS ID: *eProcedures.08* – Response to Procedure

Definition

The patient's response to the procedure.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | E19_08 | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|--------------------|
| 9916001 | Improved |
| 9916003 | Unchanged |
| 9916005 | Worse |

Data Element Comment/Validation Rules

This element is required if Procedures (eProcedures.03) is not a null value (Not Values) or a pertinent negative. In other words, if a procedure is performed, this element is required. Otherwise put "Not Applicable".

Procedure Crew Members ID

NEMSIS ID: *eProcedures.09*– Procedure Crew Members ID

Definition

The statewide assigned ID number of the EMS crew member performing the procedure on the patient.

| | | | |
|--------------------------------|-----------|---------------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E19_09 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

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

Constraints

Data Type: string **minLength:** 2 **maxLength:** 15

Data Element Comment/Validation Rules

*This element is required if Procedures (*eProcedures.03*) is not a null value (Not Values) or a pertinent negative. In other words, if a procedure is performed, this element is required. Otherwise put “Not Applicable”. For an incident that occurs in multiple states, the certification ID number the EMS agency would typically use is based on the EMS agency's state license specific to each EMS professional. If the incident needs to be reported to each state, then the EMS Agency Number for each state should be submitted as well as the certification ID numbers for each EMS professional on the unit.*

Role/Type of Person Performing the Procedure

NEMSIS ID: eMedications.11 – Role/Type of Person Performing the Procedure

Definition

The type (level) of EMS or Healthcare Professional Performing the Procedure. For procedures performed prior to EMS arrival, this may be a non-EMS healthcare professional.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| <u>Code</u> | <u>Description</u> | <u>Code</u> | <u>Description</u> |
|-------------|--|-------------|--------------------|
| 9905001 | Advanced Emergency Medical Technician (AEMT) | 9905035 | Nurse Practitioner |
| 9905003 | Emergency Medical Responder (EMR) | 9905037 | Physician Assist. |
| 9905005 | Emergency Medical Technician (EMT) | 9905039 | LPN |
| 9905007 | Paramedic | 9905041 | Registered Nurse |
| 9905011 | Intermediate | | |
| 9905019 | Other Healthcare Professional | | |
| 9905025 | Physician | | |
| 9905027 | Respiratory Therapist | | |
| 9905029 | Student | | |
| 9905031 | Critical Care Paramedic | | |

Data Element Comment/Validation Rules

This element is required if Procedures (eProcedures.03) is not a null value (Not Values) or a pertinent negative. In other words, if a procedure is performed, this element is required. Otherwise put "Not Applicable".

Procedure Authorization

NEMSIS ID: eProcedures.11 – Procedure Authorization

Definition

The type of procedure authorization obtained.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| NEMSIS State Element | No | NOT Values | No |
| NEMSIS v2 Element | E19_10 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

Attributes

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|-----------------------------------|
| 9918001 | On-Line (Remote Verbal Order) |
| 9918003 | On-Scene |
| 9918005 | Protocol (Standing Order) |
| 9918007 | Written Orders (Patient Specific) |

Data Element Comment/Validation Rules

This element is required if Procedures (eProcedures.03) is not a null value (Not Values) or a pertinent negative. In other words, if a procedure is performed, this element is required. Otherwise leave this element blank.

eRecord

Patient Care Report Number

NEMESIS ID: eRecord.01 – Patient Care Report Number

Definition

The unique number automatically assigned by the EMS agency for each Patient Care Report (PCR). This should be a unique number for the EMS agency for all of time.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | No |
| NEMESIS v2 Element | E01_01 | Is Nillable | No |
| OKEMISIS Usage | Mandatory | Recurrence | 1:1 |

NEMESIS Associated Performance Measures

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

Data Type: string minLength: 3 maxLength: 32

Data Element Comment/Validation Rules

This element is required for all EMS runs entered into OKEMISIS (XML header and EMS incident). For agencies who import to the state, this number can be auto-generated by their software vendor. If an agency enters their data through the web forms on the state database, they can use the auto-generated number on the form or create your own using the following format: the first 3 numbers should be the EMS license number for that agency (example: 41 should be entered as "041" and 100 entered as "100"). The second 4 numbers should be the year of the incident. After the license number and year, it is up to the EMS service what to put as the rest of the Patient Care Report Number (as long as it doesn't exceed 32 characters). If the incident is a mass casualty incident or there are several patients at the scene and that unit treats them, each person has to have a separate run sheet with a unique Patient Care Report Number.

Software Creator

NEMSIS ID: eRecord.02 – Software Creator

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E01_02 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

Constraints

Data Type: string minLength: 1 maxLength: 50

Data Element Comment/Validation Rules

This element is required for all EMS runs entered into OKEMSIS (header of xml file). This is required to document the software used to generate the Patient Care Report. This is not the last software which aggregated/stored the Patient Care Report after it was sent from another software.

Software Name

NEMSIS ID: eRecord.03 – Software Name

Definition

The name of the application used to create this record.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E01_03 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

Constraints

Data Type: string minLength: 1 maxLength: 50

Data Element Comment/Validation Rules

This element is required for all EMS runs entered into OKEMSIS (header of xml file). This is the EMS Agency's software, not the state or other level software which electronically received the data from the local EMS Agency.

Software Version

NEMSIS ID: eRecord.04 – Software Version

Definition

The version of the application used to create this record.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E01_04 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

Constraints

Data Type: string minLength: 1 maxLength: 50

Data Element Comment/Validation Rules

This element is required for all EMS runs entered into OKEMSIS (header of xml file). This is the EMS Agency's software version, not the state or other level software which electronically received the data from the local EMS Agency.

eResponse

EMS Agency Number

NEMSIS ID: eResponse.01 – EMS Agency Number

Definition

The state-assigned provider number of the responding agency.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E02_01 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measures

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

Data Type: string minLength: 1 maxLength: 15

Data Element Comment/Validation Rules

This element is required for all EMS runs entered into OKEMSIS. The EMS Agency Number in eResponse.01 can auto-populate from dAgency.02 EMS Agency Number in the demographic section.

EMS Response Number

NEMSIS ID: eResponse.04 – EMS Response Number

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E01_01 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measures

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

Data Type: string minLength: 3 maxLength: 32

Data Element Comment/Validation Rules

This element is required for all EMS runs entered into OKEMSIS. This number is assigned by the EMS agency and can be a unique number or auto-populated from eResponse.01 (Patient Care Report Number). This element can have any format the EMS service needs as long as it fits the parameters above. If the incident is a mass casualty incident or there are several patients at the scene and that individual unit treats them, each person can have the same EMS Response Number as long as there is a unique Patient Care Report Number and run sheet for each patient.

Type of Service Requested

NEMSIS ID: eResponse.05 – Type of Service Requested

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E02_04 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measures

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| Code | Description |
|------------|--|
| 2205001 | 911 Response (Scene) |
| 2205003 | Intercept |
| 2205005 | Inter-facility Transport, Emergent (911Call) |
| 2205007 | Medical Transport |
| 2205009 | Mutual Aid |
| 2205011 | Public Assistance/Other Not Listed |
| 2205013 | Standby |
| it2205.113 | Inter-Facility Transport, Non-Emergent (Routine) |

Data Element Comment/Validation Rules

*This element is required for all EMS runs. "Inter-facility Transfer" has been changed to "Interfacility Transport. "Public Assistance/Other Not Listed" added for EMS expanded scope events such as elderly assistance, injury prevention, public education, immunization programs, etc. The description was changed for code 2205005 to better document emergent inter-facility transports through the 911 call center. Code 2205015 added to better document routine (non-911) inter-facility transfers. **Inter-Facility Transport, Non-Emergent (Routine) is a custom code not in NEMSIS dataset but required for all Oklahoma ePCR's.***

Standby Purpose

NEMESIS ID: eResponse.06 – Standby Purpose

Definition

The main reason the EMS unit is on standby as the Type of Service Requested for the EMS event.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | No | Pertinent Negatives (PN) | No |
| NEMESIS State Element | No | NOT Values | No |
| NEMESIS v2 Element | | Is Nillable | No |
| OKEMISIS Usage | Mandatory | Recurrence | 0:1 |

Code List

| Code | Description |
|---------|--|
| 2206001 | Disaster Event-Drill/Exercise |
| 2206003 | Disaster Event-Live Staging |
| 2206005 | Education |
| 2206007 | EMS Staging-Improve Coverage |
| 2206009 | Fire Support-Rehab |
| 2206011 | Fire Support-Standby |
| 2206013 | Mass Gathering-Concert/Entertainment Event |
| 2206015 | Mass Gathering-Fair/Community Event |
| 2206017 | Mass Gathering-Sporting Event |
| 2206019 | Other |
| 2206021 | Public Safety Support |

Data Element Comment/Validation Rules

This element is required if the Type of Service Requested (eResponse.05) is "Standby" (code 2205013). Added to better document the reason for a "Standby". This information will assist in the analysis of EMS service delivery, special event coverage, etc.

Primary Role of the Unit

NEMSIS ID: eResponse.07 – Primary Role of the Unit

Definition

The primary role of the EMS Unit which responded to this specific EMS event.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E02_05 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measures

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|---|
| 2207003 | Ground Transport |
| 2207005 | Non-Transport Administrative (e.g., Supervisor) |
| 2207007 | Non-Transport Assistance |
| 2207009 | Non-Transport Rescue |
| 2207011 | Air Transport-Helicopter |
| 2207013 | Air Transport-Fixed Wing |

Data Element Comment/Validation Rules

This element is required for all EMS runs. Supervisor clarified to Administrative Only. If the Supervisor is responding to assist, that would be considered Non-Transport. Transport separated into Air and Ground. In Version 2 there was no way to identify Air Transport.

Type of Dispatch Delay

NEMSIS ID: eResponse.08 – Type of Dispatch Delay

Definition

The dispatch delays, if any, associated with the dispatch of the EMS unit to the EMS event. A dispatch delay is any time delay that occurs from the time of PSAP call (eTimes.01) to the time the unit is notified by dispatch (eTimes.03).

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E02_06 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|--|
| 2208001 | Caller (Uncooperative) |
| 2208003 | Diversion/Failure (of previous unit) |
| 2208005 | High Call Volume |
| 2208007 | Language Barrier |
| 2208009 | Location (Inability to Obtain) |
| 2208011 | No EMS Vehicles (Units) Available |
| 2208013 | None/No Delay |
| 2208015 | Other (Not Listed) |
| 2208017 | Technical Failure (Computer, Phone etc.) |

Data Element Comment/Validation Rules

This element is required for all EMS runs entered into OKEMSIS.

Type of Response Delay

NEMSIS ID: eResponse.09 – Type of Response Delay

Definition

The response delays, if any, of the EMS unit associated with the EMS event. A response delay is any time delay that occurs from the time the unit is notified by dispatch (eTimes.03) to the time the unit arrived on scene (eTimes.06).

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E02_07 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|--|
| 2209001 | Crowd |
| 2209003 | Directions/Unable to Locate |
| 2209005 | Distance |
| 2209007 | Diversion (Different Incident) |
| 2209009 | HazMat |
| 2209011 | None/No Delay |
| 2209013 | Other (Not Listed) |
| 2209015 | Rendezvous Transport Unavailable |
| 2209017 | Route Obstruction (e.g., train) |
| 2209019 | Scene Safety (Not Secure for EMS) |
| 2209021 | Staff Delay |
| 2209023 | Traffic |
| 2209025 | Vehicle Crash Involving this Unit |
| 2209027 | Vehicle Failure of this Unit |
| 2209029 | Weather |
| 2209031 | Mechanical Issue-Unit, Equipment, etc. |
| 2209033 | Flight Planning |

Data Element Comment/Validation Rules

This element is required for all EMS runs entered into OKEMISIS. "Rendezvous Transport Unavailable" added for situations where there is a wait for an EMS Transport Unit, a Ferry, Air Medical, etc to return to service.

Type of Scene Delay

NEMSIS ID: eResponse.10 – Type of Scene Delay

Definition

The scene delays, if any, of the EMS unit associated with the EMS event. ". Scene delay is any time delay that occurs from the time the unit arrived on scene (eTimes.06) to the time the unit left the scene (eTimes.09).

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E02_08 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Code List

| Code | Description |
|---------|-----------------------------|
| 2210001 | Awaiting Air Unit |
| 2210003 | Awaiting Ground Unit |
| 2210005 | Crowd |
| 2210007 | Directions/Unable to Locate |
| 2210009 | Distance |
| 2210011 | Extrication |
| 2210013 | HazMat |
| 2210015 | Language Barrier |
| 2210017 | None/No Delay |
| 2210019 | Other (Not Listed) |
| 2210021 | Patient Access |
| 2210023 | Safety-Crew/Staging |
| 2210025 | Safety-Patient |
| 2210027 | Staff Delay |
| 2210029 | Traffic |

2210031 Triage/Multiple Patients
2210033 Vehicle Crash Involving this Unit
2210035 Vehicle Failure of this Unit
2210037 Weather
2210039 Mechanical Issue-Unit, Equipment, etc.

Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (**defined in definition section of this document**). Otherwise put "Not Applicable".*

Type of Transport Delay

NEMESIS ID: eResponse.11 – Type of Transport Delay

Definition

The transport delays, if any, of the EMS unit associated with the EMS event. A transport delay is any time delay that occurs from the time the unit left the scene (eTimes.09) to the time the patient arrived at the destination (eTimes.10).

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | E02_09 | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:M |

NEMESIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Code List

| Code | Description |
|---------|-----------------------------------|
| 2211001 | Crowd |
| 2211003 | Directions/Unable to Locate |
| 2211005 | Distance |
| 2211007 | Diversion |
| 2211009 | HazMat |
| 2211011 | None/No Delay |
| 2211013 | Other (Not Listed) |
| 2211015 | Rendezvous Transport Unavailable |
| 2211017 | Route Obstruction (e.g., Train) |
| 2211019 | Safety |
| 2211021 | Staff Delay |
| 2211023 | Traffic |
| 2211025 | Vehicle Crash Involving this Unit |
| 2211027 | Vehicle Failure of this Unit |
| 2211029 | Weather |

2211031 Patient Cindition Change (e.g. Unit Stopped)

Data Element Comment/Validation Rules

This element is required if eDisposition.12 (Incident/Patient Disposition) includes the codes 4212013, 4212031, 4212033. "Rendezvous Transport Unavailable" added for situations where there is a wait for an EMS Transport Unit, a Ferry, Air Medical, etc.

Type of Turn-Around Delay

NEMESIS ID: eResponse.12 – Type of Turn-Around Delay

Definition

The turn-around delays, if any, of the EMS unit associated with the EMS event. Turn-around delay is any time delay that occurs from the time the patient arrived at the destination (eTimes.10) until the time the unit is back in service (eTimes.13) or unit back at the home location (eTimes15) [whichever is the greater of the two times].

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | E02_10 | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:M |

NEMESIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Code List

| Code | Description |
|---------|------------------------------------|
| 2212001 | Clean-up |
| 2212003 | Decontamination |
| 2212005 | Distance |
| 2212007 | Documentation |
| 2212009 | ED Overcrowding / Transfer of Care |
| 2212011 | Equipment Failure |
| 2212013 | Equipment/Supply Replenishment |
| 2212015 | None/No Delay |
| 2212017 | Other (Not Listed) |
| 2212019 | Rendezvous Transport Unavailable |
| 2212021 | Route Obstruction (e.g. Train) |
| 2212023 | Staff Delay |
| 2212025 | Traffic |
| 2212027 | Vehicle Crash of this Unit |

2212029 Vehicle Failure of this Unit
2212031 Weather
2212033 EMS Crew Accompanies Patient for Facility Procedure

Data Element Comment/Validation Rules

This element is required if eDisposition.12 (Incident/Patient Disposition) includes the codes 4212013, 4212031, 4212033. Otherwise put "Not Applicable". "Rendezvous Transport Unavailable" added for situations where there is a wait for an EMS Transport Unit, a Ferry, Air Medical, etc.

EMS Vehicle (Unit) Number

NEMESIS ID: eResponse.13 – EMS Vehicle (Unit) Number

Definition

The unique physical vehicle number of the responding unit.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | No |
| NEMESIS v2 Element | E02_11 | Is Nillable | No |
| OKEMISIS Usage | Mandatory | Recurrence | 1:1 |

Constraints

Data Type: string minLength: 1 maxLength: 25

Data Element Comment/Validation Rules

This element is required for all EMS runs entered into OKEMISIS. This is recommended to be the State Vehicle Permit Number if unique to the vehicle. If the vehicle is not licensed by the state, this should be a unique number only associated with a specific vehicle. This element can be populated from dVehicle.01 - Unit/Vehicle Number if available.

EMS Unit Call Sign

NEMSIS ID: eResponse.14 – EMS Unit Call Sign

Definition

The EMS unit number used to dispatch and communicate with the unit. This may be the same as the EMS Unit/Vehicle Number in many agencies.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E02_12 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

Constraints

Data Type: string minLength: 1 maxLength: 50

Data Element Comment/Validation Rules

This element is required for all EMS runs entered into OKEMSIS. This element could be populated from a list created in dVehicle.03 EMS Unit Call Sign or dConfiguration.16 (Crew Call Sign).

Level of Care of This Unit

NEMSIS ID: eResponse.15 – Level of Care of This Unit

Definition

The level of care (BLS or ALS) the unit is able to provide based on the units' treatment capabilities for this EMS response.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measures

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|----------------------------|
| 2215001 | BLS-EMR |
| 2215003 | BLS-EMT |
| 2215009 | ALS-AEMT |
| 2215011 | ALS-Intermediate |
| 2215013 | ALS-Paramedic |
| 2215015 | ALS-Community Paramedicine |
| 2215017 | ALS-Nurse |
| 2215019 | ALS-Physician |
| 2215021 | Specialty Critical Care |

Data Element Comment/Validation Rules

This element is required for all EMS runs entered into OKEMSIS. Added to identify the level of care (license level) the EMS unit/crew can provide regardless of patient need, based on this unit's capabilities.

Response Mode to Scene

NEMSIS ID: eResponse.23 – Response Mode to Scene

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E02_20 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measures

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|-------------------------------------|
| 2223001 | Emergent (Immediate Response) |
| 2223003 | Emergent Downgraded to Non-Emergent |
| 2223005 | Non-Emergent |
| 2223007 | Non-Emergent Upgraded to Emergent |

Data Element Comment/Validation Rules

This element is required for all EMS runs entered into OKEMSIS

eScene

Number of Patients at Scene

NEMSIS ID: eScene.06 – Number of Patients at Scene

Definition

Indicator of how many total patients were at the scene.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E08_05 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|-------------|
| 2707001 | Multiple |
| 2707003 | None |
| 2707005 | Single |

Data Element Comment/Validation Rules

*This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (**defined in definition section of this document**). This element is not required for the eDisposition.12 codes 4212007, and 4212043 (put "Not Applicable" for those codes). If the service call is a standby, put "None".*

Mass Casualty Incident

NEMSIS ID: eScene.07 – Mass Casualty Incident

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E08_06 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|--------------------|
| 9923001 | No |
| 9923003 | Yes |

Data Element Comment/Validation Rules

This element is required for all eDisposition.12 (Incident/Patient Disposition) codes with patient contact (defined in definition section of this document). This element is not required for the eDisposition.12 codes 4212007, and 4212043 (put "Not Applicable" for those codes). If the service call is a standby, put "No".

Incident Location Type

NEMSIS ID: eScene.09 – Incident Location Type

Definition

The kind of location where the incident happened.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E08_07 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

Pattern

Y92\[0-9]{1,3}

Data Element Comment/Validation Rules

This element is required for all EMS service runs. A list of [Incident location types](#) can be found in the appendix of this document.

Incident Facility Code

NEMSIS ID: eScene.10 – Incident Facility Code

Definition

The state, regulatory, or other unique number (code) associated with the facility if the Incident is a Healthcare Facility.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E08_08 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

Data Type: string minLength: 2 maxLength: 50

Data Element Comment/Validation Rules

This element is mandatory if the incident location type is a hospital or healthcare facility (including nursing homes, codes Y92.12, Y92.23, Y92.53, Y92.530, Y92.532). If Type of Service Requested (eResponse.05) includes the codes 2205005 or 2205015 and Incident/Patient Disposition includes codes 4212033, 4212031, or 4212013 then both Incident Facility Code and Destination Transferred To Code ARE MANDATORY. A list of [incident facility codes](#) can be found in the appendix of this document. A list of [Incident location types](#) and codes can also be found in the appendix of this document.

Scene GPS Location

NEMSIS ID: eScene.11 – Scene GPS Location

Definition

The GPS coordinates associated with the Scene.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E08_10 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

Pattern

$(\backslash+|-)?(90(\backslash.[0]{1,6})?)|([1-8][0-9][0-9])(\backslash.[0-9]{1,6})?(\backslash+|-)?(180(\backslash.[0]{1,6})?)|(1[0-7][0-9][1-9][0-9][0-9])(\backslash.[0-9]{1,6})?$

Data Element Comment/Validation Rules

This element is mandatory in the OKEMSIS dataset but can be left blank if the EMS service does not have the capability to collect this data. The pattern for GPS location is in the format "latitude,longitude" where:

- latitude has a minimum of -90 and a maximum of 90 with up to 6 decimal places
- longitude has a minimum of -180 and a maximum of 180 with up to 6 decimal places

Incident Street Address

NEMSIS ID: eScene.15 – Incident Street Address

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E08_11 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

Attributes

StreetAddress2

Data Type: string minLength: 1 maxLength: 55

Constraints

Data Type: string minLength: 2 maxLength: 55

Data Element Comment/Validation Rules

This element is required for all EMS service runs.

Incident City

NEMSIS ID: eScene.17 – Incident City

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E08_12 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

Data Element Comment/Validation Rules

This element is required for all EMS service runs. Incident City based on GNIS Civil Code or Populated Place code.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm

Incident State

NEMSIS ID: eScene.18 – Incident State

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E08_14 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

Data Type: string Length: 2

Data Element Comment/Validation Rules

This element is required for all EMS service runs. Incident State is based on the ANSI State Code.

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm .

Incident Zip Code

NEMSIS ID: eScene.19 – Incident Zip Code

Definition

The ZIP code of the incident location.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E08_15 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

Pattern

[0-9]{5}[[0-9]{5}-[0-9]{4}][0-9]{5}-[0-9]{5}][A-Z][0-9][A-Z] [0-9][A-Z][0-9]

Data Element Comment/Validation Rules

This element is required for all EMS service runs. ZIP Codes Product Website: <https://www.zipcodedownload.com/Products/Product/Z5Commercial/Standard/Overview/> Product: USA - 5-digit ZIP Code Database, Commercial Edition.

Incident County

NEMSIS ID: eScene.21 – Incident County

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E08_13 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

Data Type: string Length: 5

Data Element Comment/Validation Rules

This element is required for all EMS service runs. Incident County is based on the ANSI Code Single Choice based on the County Name but stored as the ANSI code (combined 5 digit State and County codes).

GNIS Codes Website: http://geonames.usgs.gov/domestic/download_data.htm .

eSituation

Date/Time of Symptom Onset/Last Normal

NEMSIS ID: eSituation.01 – Date/Time of Symptom Onset/Last Normal

Definition

The date and time the symptom began as it relates to this EMS event. This is described or estimated by the patient, family, and/or healthcare professionals.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E05_01 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| <u>Data Type</u> | <u>minInclusive</u> | <u>maxInclusive</u> |
| Date/time | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

Data Element Comment/Validation Rules

This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). Otherwise put "Not Applicable". For stroke related events, this is the date and time the patient was last seen normal. For cardiac or respiratory arrest related events, this is the date and time the patient was last known to have a pulse or when interaction was had with the patient. For drowning related events, this is the date and time the patient was last seen. The intent of this element is to document the estimate date and time the patient was last known to be in their normal state. Formatting for date/time elements can be found in this document in the appendix under "Date/Time Formats in OKEMSIS".



Possible Injury

NEMSIS ID: eSituation.02 – Possible Injury

Definition

Indication whether or not there was an injury (based off external mechanism of injury).

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E09_04 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|--------------------|
| 9922001 | No |
| 9922003 | Unknown |
| 9922005 | Yes |

Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (**defined in definition section of this document**) AND a primary or secondary provider impression of "Trauma" (* **Trauma defined in definition section**). Otherwise put "Not Applicable". This data element provides documentation to classify the EMS Reason for Encounter as either injury or non-injury related based on external mechanism and not on actual injury.*

Complaint

NEMSIS ID: eSituation.04 – Complaint

Definition

The statement of the problem by the patient or the history provider.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E09_05 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

Data Type: string minLength: 1 maxLength: 255

Data Element Comment/Validation Rules

This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). Otherwise put "Not Applicable".

Chief Complaint Anatomic Location

NEMESIS ID: eSituation.07 – Chief Complaint Anatomic Location

Definition

The primary anatomic location of the chief complaint as identified by EMS personnel.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | E09_11 | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:1 |

NEMESIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|--------------------|
| 2807001 | Abdomen |
| 2807003 | Back |
| 2807005 | Chest |
| 2807007 | Extremity-Lower |
| 2807009 | Extremity-Upper |
| 2807011 | General/Global |
| 2807013 | Genitalia |
| 2807015 | Head |
| 2807017 | Neck |

Data Element Comment/Validation Rules

This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). Otherwise put "Not Applicable". Otherwise put "Not Applicable".

Chief Complaint Organ System

NEMSIS ID: eSituation.08 – Chief Complaint Organ System

Definition

The primary organ system of the patient injured or medically affected.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E09_12 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|------------------------|
| 2808001 | Behavioral/Psychiatric |
| 2808003 | Cardiovascular |
| 2808005 | CNS/Neuro |
| 2808007 | Endocrine/Metabolic |
| 2808009 | GI |
| 2808011 | Global/General |
| 2808013 | Lymphatic/Immune |
| 2808015 | Musculoskeletal/Skin |
| 2808017 | Reproductive |
| 2808019 | Pulmonary |
| 2808021 | Renal |

Data Element Comment/Validation Rules

This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). Otherwise put "Not Applicable". Otherwise put "Not Applicable".



Primary Symptom

NEMSIS ID: eSituation.09 – Primary Symptom

Definition

The primary sign and symptom present in the patient or observed by EMS personnel.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E09_13 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

Pattern

`(R[0-6][0-9](\.[0-9]{1,4})?(R73\9)(R99))([A-QSTZ][0-9]{2})(\.[0-9A-Z]{1,4})?`

Data Element Comment/Validation Rules

This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). Otherwise put “Not Applicable”. Otherwise put “Not Applicable”. A list of [Symptoms](#) accepted by OKEMSIS can be found in the appendix of this document. Code list is represented in ICD-10-CM Diagnosis Codes. Reference the NEMSIS Suggested Lists at: <http://nemsis.org/v3/resources.html>

Other Associated Symptoms

NEMESIS ID: eSituation.10 – Other Associated Symptoms

Definition

Other symptoms identified by the patient or observed by EMS personnel.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | E09_14 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

NEMESIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Constraints

Pattern

(R[0-6][0-9](\.[0-9]{1,4})?(R73\9)(R99))([A-QSTZ][0-9]{2})(\.[0-9A-Z]{1,4})?

Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (**defined in definition section of this document**). Otherwise put "Not Applicable". Otherwise put "Not Applicable". A list of [Symptoms](#) accepted by OKEMSIS can be found in the appendix of this document.*

Provider's Primary Impression

NEMSIS ID: eSituation.11 – Provider's Primary Impression

Definition

The EMS personnel's impression of the patient's primary problem or most significant condition which led to the management given to the patient (treatments, medications, or procedures).

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E09_15 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

Pattern

(R[0-6][0-9](\.[0-9]{1,3})?(R73\9)(R99))([A-QSTZ][0-9]{2})(\.[0-9A-Z]{1,4})?

Data Element Comment/Validation Rules

This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). Otherwise put "Not Applicable". Otherwise put "Not Applicable". A list of [Impressions](#) accepted by OKEMSIS can be found in the appendix of this document. For inter-facility transports put the condition of the patient, as assessed by medical personnel, as the first impression. If a medical assessment is not available, put the EMT's impression as your primary impression.

Provider's Secondary Impressions

NEMESIS ID: eSituation.12 – Provider's Secondary Impressions

Definition

The EMS personnel's impression of the patient's secondary problem or most significant condition which led to the management given to the patient (treatments, medications, or procedures).

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | E09_16 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

NEMESIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Constraints

Pattern

(R[0-6][0-9](\.[0-9]{1,3})?(R73\9)(R99))([A-QSTZ][0-9]{2})(\.[0-9A-Z]{1,4})?)

Data Element Comment/Validation Rules

This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (**defined in definition section of this document**). Otherwise put "Not Applicable". Otherwise put "Not Applicable". A list of [Impressions](#) accepted by OKEMSIS can be found in the appendix of this document.

Patient Priority Status

NEMSIS ID:

Definition

A number (Priority 1, 2 or 3) assigned to a patient that is a score summarizing the patient status. Scoring based on Custom.01 (Trauma Triage Criteria).

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| NEMSIS State Element | No | NOT Values | Yes |
| NEMSIS v2 Element | Custom | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

Attributes

NOT Values (NV)

7701003 - Not Applicable 7701001 - Not Recorded

Code List

| Code | Description |
|------------|-------------|
| it2813.100 | Priority 1 |
| it2813.101 | Priority 2 |
| it2813.102 | Priority 3 |

Data Element Comment/Validation Rules

This element is required if Possible Injury is "Yes" or Provider Impression is associated with trauma. Otherwise put "Not Applicable". ***Trauma and priority status are defined in definition section of this document.**

Work-Related Illness/Injury

NEMSIS ID: eSituation.14 – Work-Related Illness/Injury

Definition

Indication of whether or not the illness or injury is work related as reported by the Patient at the time of incident.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E07_15 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|--------------------|
| 9922001 | No |
| 9922003 | Unknown |
| 9922005 | Yes |

Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (**defined in definition section of this document**). Otherwise put "Not Applicable". Otherwise put "Not Applicable". This element was moved from Version 2.2.1 E07_15 to allow more complete documentation of work related illness and injury.*

eTimes

PSAP Call Date/Time

NEMSIS ID: eTimes.01 – PSAP Call Date/Time

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E05_02 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| <u>Data Type</u> | <u>minInclusive</u> | <u>maxInclusive</u> |
|------------------|---------------------------|---------------------------|
| Date/time | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

Data Element Comment/Validation Rules

This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact or eResponse.05 (Type of Service Requested) is 2205003, 2205005, 2205007, 2205009, or 2205015. Otherwise put "Not Applicable". This date/time might be the same as Dispatch Notified Date/Time (eTimes.02). Formatting for date/time elements can be found in this document in the appendix under ["Date/Time Formats in OKEMSIS"](#).

EMS Dispatch Notified Date/Time

NEMSIS ID: eTimes.02 – Dispatch Notified Date/Time

Definition

The date/time the phone rings at the EMS service dispatch requesting EMS services.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | No | Pertinent Negatives (PN) | No |
| NEMSIS State Element | No | NOT Values | No |
| NEMSIS v2 Element | E05_03 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| <u>Data Type</u> | <u>minInclusive</u> | <u>maxInclusive</u> |
| Date/time | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

Data Element Comment/Validation Rules

This element is required for all EMS service runs. This date/time might be the same as PSAP Call Date/Time (eTimes.01). Formatting for date/time elements can be found in this document in the appendix under [“Date/Time Formats in OKEMSIS”](#).

Unit Notified by Dispatch Date/Time

NEMSIS ID: *eTimes.03* – Unit Notified by Dispatch Date/Time

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E05_04 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| <u>Data Type</u> | <u>minInclusive</u> | <u>maxInclusive</u> |
| Date/time | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

`[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}`

Data Element Comment/Validation Rules

This element is required for all EMS service runs. Formatting for date/time elements can be found in this document in the appendix under [“Date/Time Formats in OKEMSIS”](#).

Unit En Route Date/Time

NEMSIS ID: eTimes.05 – Unit En Route Date/Time

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E05_05 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| <u>Data Type</u> | <u>minInclusive</u> | <u>maxInclusive</u> |
| Date/time | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

`[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}`

Data Element Comment/Validation Rules

This element is required for all EMS service runs. Formatting for date/time elements can be found in this document in the appendix under [“Date/Time Formats in OKEMSIS”](#).

Unit Arrived on Scene Date/Time

NEMSIS ID: eTimes.06 – Unit Arrived on Scene Date/Time

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E05_06 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| <u>Data Type</u> | <u>minInclusive</u> | <u>maxInclusive</u> |
| Date/time | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (**defined in definition section of this document**). Otherwise put “Not Applicable”. If the EMS service call is cancelled prior to arrival on scene put “Not Applicable”. Formatting for date/time elements can be found in this document in the appendix under [“Date/Time Formats in OKEMSIS”](#).*

Arrived at Patient Date/Time

NEMSIS ID: eTimes.07 – Arrived at Patient Date/Time

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E05_07 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| <u>Data Type</u> | <u>minInclusive</u> | <u>maxInclusive</u> |
| Date/time | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (**defined in definition section of this document**). Otherwise put "Not Applicable". If the EMS service call is cancelled prior to arrival on scene or there is no patient found put "Not Applicable". Formatting for date/time elements can be found in this document in the appendix under ["Date/Time Formats in OKEMSIS"](#).*

Transfer of EMS Patient Care Date/Time

NEMESIS ID: eTimes.08 – Transfer of EMS Patient Care Date/Time

Definition

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

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | E05_08 | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 0:1 |

NEMESIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| <u>Data Type</u> | <u>minInclusive</u> | <u>maxInclusive</u> |
| Date/time | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

Data Element Comment/Validation Rules

This element is required for all EMS service calls where the primary EMS service transfers care of the patient to another EMS service. This element will be mandatory for any call with a Type of Service Requested of "Intercept (code: 2205003)" or "Mutual Aid (code: 2205009)". If the EMS service call is cancelled/no patient found/patient refusal put "Not Applicable". Formatting for date/time elements can be found in this document in the appendix under ["Date/Time Formats in OKEMISIS"](#).

Unit Left Scene Date/Time

NEMSIS ID: eTimes.09 – Unit Left Scene Date/Time

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E05_09 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| <u>Data Type</u> | <u>minInclusive</u> | <u>maxInclusive</u> |
| Date/time | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

Data Element Comment/Validation Rules

This element is required if eDisposition.12 (Incident/Patient Disposition) is 4212013, 4212031, 4212033. Otherwise put "Not Applicable". If the EMS service call is cancelled/no patient found/patient refusal put "Not Applicable". Formatting for date/time elements can be found in this document in the appendix under ["Date/Time Formats in OKEMSIS"](#).

Patient Arrived at Destination Date/Time

NEMSIS ID: eTimes.11 – Patient Arrived at Destination Date/Time

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E05_10 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| <u>Data Type</u> | <u>minInclusive</u> | <u>maxInclusive</u> |
| Date/time | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

Data Element Comment/Validation Rules

This element is required if eDisposition.12 (Incident/Patient Disposition) is 4212013, 4212031, 4212033. Otherwise put "Not Applicable". If the EMS service call is cancelled/no patient found/patient refusal put "Not Applicable". Formatting for date/time elements can be found in this document in the appendix under ["Date/Time Formats in OKEMSIS"](#).

Destination Patient Transfer of Care Date/Time

NEMESIS ID: eTimes.13 – Destination Patient Transfer of Care
Date/Time

Definition

The date/time that patient care was transferred from the EMS crew/staff to the destination healthcare facilities staff .

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:1 |

NEMESIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric Response STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| <u>Data Type</u> | <u>minInclusive</u> | <u>maxInclusive</u> |
| Date/time | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

Data Element Comment/Validation Rules

This element is required if eDisposition.12 (Incident/Patient Disposition) is 4212013, 4212031, 4212033. If the EMS service call is cancelled/no patient found/patient refusal put "Not Applicable". Formatting for date/time elements can be found in this document in the appendix under "[Date/Time Formats in OKEMISIS](#)". This element was added to better document transfer of care to determine best practices and identify points of improvement.



Unit Back in Service Date/Time

NEMSIS ID: eTimes.13 – Unit Back in Service Date/Time

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | No |
| NEMSIS v2 Element | E05_11 | Is Nillable | No |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Response

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| <u>Data Type</u> | <u>minInclusive</u> | <u>maxInclusive</u> |
| Date/time | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

Data Element Comment/Validation Rules

This element is required if eDisposition.12 (Incident/Patient Disposition) is required for all ems runs. Formatting for date/time elements can be found in this document in the appendix under [“Date/Time Formats in OKEMSIS”](#).

eVitals

Date/Time Vital Signs Taken

NEMSIS ID: *eVitals.01* – Date/Time Vital Signs Taken

Definition

The date/time vital signs were taken on the patient.

| | | | |
|--------------------------------|-----------|---------------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E14_01 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Constraints

| | | |
|------------------|---------------------------|---------------------------|
| <u>Data Type</u> | <u>minInclusive</u> | <u>maxInclusive</u> |
| Date/time | 1950-01-01T00:00:00-00:00 | 2050-01-01T00:00:00-00:00 |

Pattern

[0-9]{4}-[0-9]{2}-[0-9]{2}T[0-9]{2}:[0-9]{2}:[0-9]{2}(\.\d+)?(\+|-)[0-9]{2}:[0-9]{2}

Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (**defined in definition section of this document**). If the EMS service call is cancelled, no patient found, or a patient refusal put “Not Applicable”. Formatting for date/time elements can be found in this document in the appendix under [“Date/Time Formats in OKEMSIS”](#).*

Obtained Prior to this Unit's EMS Care

NEMSIS ID: eVitals.02 – Obtained Prior to this Unit's EMS Care

Definition

Indicates that the information which is documented was obtained prior to the documenting EMS units care.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E14_02 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| Code | Description |
|---------|-------------|
| 9923001 | No |
| 9923003 | Yes |

Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (**defined in definition section of this document**). If the EMS service call is cancelled, no patient found, or a patient refusal put "Not Applicable". Formatting for date/time elements can be found in this document in the appendix under ["Date/Time Formats in OKEMSIS"](#).*

Cardiac Rhythm / Electrocardiography (ECG)

NEMSIS ID: eVitals.03– Cardiac Rhythm / Electrocardiography (ECG)

Definition

The cardiac rhythm / ECG and other electrocardiography findings of the patient as interpreted by EMS personnel.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | Yes |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E14_03 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:M |

NEMSIS Associated Performance Measure Initiatives

Cardiac Arrest STEMI

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801019 – Refused 8801023 - Unable to Complete

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Code List

| Code | Description |
|---------|-----------------------------|
| 9901001 | Agonal/Idioventricular |
| 9901003 | Asystole |
| 9901005 | Artifact |
| 9901007 | Atrial Fibrillation |
| 9901009 | Atrial Flutter |
| 9901011 | AV Block-1st Degree |
| 9901013 | AV Block-2nd Degree-Type 1 |
| 9901015 | AV Block-2nd Degree-Type 2 |
| 9901017 | AV Block-3rd Degree |
| 9901019 | Junctional |
| 9901021 | Left Bundle Branch Block |
| 9901023 | Non-STEMI Anterior Ischemia |
| 9901025 | Non-STEMI Inferior Ischemia |

| | |
|---------|--------------------------------------|
| 9901027 | Non-STEMI Lateral Ischemia |
| 9901029 | Non-STEMI Posterior Ischemia |
| 9901031 | Other (Not Listed) |
| 9901033 | Paced Rhythm |
| 9901035 | PEA |
| 9901037 | Premature Atrial Contractions |
| 9901039 | Premature Ventricular Contractions |
| 9901041 | Right Bundle Branch Block |
| 9901043 | Sinus Arrhythmia |
| 9901045 | Sinus Bradycardia |
| 9901047 | Sinus Rhythm |
| 9901049 | Sinus Tachycardia |
| 9901051 | STEMI Anterior Ischemia |
| 9901053 | STEMI Inferior Ischemia |
| 9901055 | STEMI Lateral Ischemia |
| 9901057 | STEMI Posterior Ischemia |
| 9901059 | Supraventricular Tachycardia |
| 9901061 | Torsades De Points |
| 9901063 | Unknown AED Non-Shockable Rhythm |
| 9901065 | Unknown AED Shockable Rhythm |
| 9901067 | Ventricular Fibrillation |
| 9901069 | Ventricular Tachycardia (With Pulse) |
| 9901071 | Ventricular Tachycardia (Pulseless) |

Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (**defined in definition section of this document**) or “Yes” is indicated for Cardiac Arrest (eArrest.01). Also required if “STEMI” is indicated for Provider First or Second Impression. If the EMT cannot interpret the ECG then put “Unable To Complete”. Otherwise put the appropriate pertinent negative (“Refused” for patient refusals). **For situations where there is patient contact and the ECG is not performed, put “Not Recorded”.***

ECG Type

NEMESIS ID: eVitals.04– ECG Type

Definition

The type of ECG associated with the cardiac rhythm.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:1 |

NEMESIS Associated Performance Measure Initiatives

STEMI

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|-----------------------------|
| 3304001 | 3 Lead |
| 3304003 | 4 Lead |
| 3304005 | 5 Lead |
| 3304007 | 12 Lead-Left Sided (Normal) |
| 3304009 | 12 Lead-Right Sided |
| 3304011 | 15 Lead |
| 3304013 | 18 Lead |
| 3304015 | Other (AED, Not Listed) |

Data Element Comment/Validation Rules

*This element is required if eVitals.03 (Cardiac Rhythm/Electrocardiography) is not a null value or pertinent negative (ECG was performed). This element replaces the custom elements in version 2 for STEMI. Otherwise put "Not Applicable". **For situations where there is patient contact and the ECG is not performed, put "Not Recorded".***

Method of ECG Interpretation

NEMESIS ID: eVitals.05– Method of ECG Interpretation

Definition

The method of ECG interpretation.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:M |

NEMESIS Associated Performance Measure Initiatives

STEMI

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Code List

| Code | Description |
|---------|---|
| 3305001 | Computer Interpretation |
| 3305003 | Manual Interpretation |
| 3305005 | Transmission with No Interpretation |
| 3305007 | Transmission with Remote Interpretation |

Data Element Comment/Validation Rules

This element is required if eVitals.03 (Cardiac Rhythm/Electrocardiography) is not a null value or pertinent negative (ECG was performed). "Transmission with no interpretation" may be used by EMS Agency Personnel that are not trained to interpret cardiac rhythms.. Otherwise put "Not Applicable". This element replaces the custom elements in version 2 for STEMI. For situations where there is patient contact and the ECG is not performed, put "Not Recorded".

SBP (Systolic Blood Pressure)

NEMSIS ID: eVitals.06 – SBP (Systolic Blood Pressure)

Definition

The patient's systolic blood pressure.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | Yes |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E14_04 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measures

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801005 – Exam Finding Not Present 8801019 – Refused 8801023 - Unable to Complete

Constraints

Data Type: integer minInclusive: 0 maxInclusive: 500

Data Element Comment/Validation Rules

This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). Otherwise put "Not Applicable" or appropriate pertinent negative ("Refused" for refusals). If the patient was dead at scene, put 0. For situations where there is patient contact and the SBP is not taken, put "Not Recorded".

DBP (Diastolic Blood Pressure)

NEMSIS ID: eVitals.07 – DBP (Diastolic Blood Pressure)

Definition

The patient's diastolic blood pressure.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | Yes |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E14_05 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

NEMSIS Associated Performance Measures

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801005 – Exam Finding Not Present 8801019 – Refused 8801023 - Unable to Complete

Constraints

Pattern

[5][0][0][1-4][0-9][0-9][0][1-9][0-9]P|p

Data Element Comment/Validation Rules

This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). Otherwise put “Not Applicable” or appropriate pertinent negative (“Refused” for refusals). If the patient was dead at scene, put 0. Diastolic blood pressure pattern allows for the following values in OKEMSIS: 1) A number 0 through 500 (NO LETTERS). For situations where there is patient contact and the DBP is not taken, put “Not Recorded”.

Method of Blood Pressure Measurement

NEMESIS ID: eVitals.08– Method of Blood Pressure Measurement

Definition

Indication of the method of blood pressure measurement.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | E14_06 | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:1 |

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|---------------------------|
| 3308001 | Arterial Line |
| 3308003 | Doppler |
| 3308005 | Cuff-Automated |
| 3308007 | Cuff-Manual Auscultated |
| 3308009 | Cuff-Manual Palpated Only |
| 3308011 | Venous Line |

Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (**defined in definition section of this document**) and a blood pressure was taken. If the EMS service call is cancelled, no patient found, or a patient refusal put “Not Applicable”.*

Heart Rate

NEMSIS ID: eVitals.10 – Heart Rate

Definition

The patient's heart rate expressed as a number per minute.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | Yes |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E14_07 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measures

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801005 – Exam Finding Not Present 8801019 – Refused 8801023 - Unable to Complete

Constraints

Data Type: integer minInclusive: 0 maxInclusive: 500

Data Element Comment/Validation Rules

This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). If the heart rate cannot be obtained, use the appropriate Pertinent Negative (“Refused” for refusals). For situations where there is patient contact and the Heart Rate is not taken, put “Not Recorded”. Otherwise put “Not Applicable”.

Pulse Oximetry

NEMSIS ID: eVitals.12 – Pulse Oximetry

Definition

The patient's oxygen saturation.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | Yes |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E14_09 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measures

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801005 – Exam Finding Not Present 8801019 – Refused 8801023 - Unable to Complete

Constraints

Data Type: integer minInclusive: 0 maxInclusive: 100

Data Element Comment/Validation Rules

This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). If the oxygen saturation cannot be obtained, use the appropriate Pertinent Negative (“Refused” for refusals). Otherwise put “Not Applicable”. For situations where there is patient contact and the Pulse Oximetry is not taken, put “Not Recorded”.

Respiratory Rate

NEMSIS ID: eVitals.14 – Respiratory Rate

Definition

The patient's respiratory rate expressed as a number per minute.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | Yes |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E14_11 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measures

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801005 – Exam Finding Not Present 8801019 – Refused 8801023 - Unable to Complete

Constraints

Data Type: integer minInclusive: 0 maxInclusive: 300

Data Element Comment/Validation Rules

This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). If the respiratory rate cannot be obtained, use the appropriate Pertinent Negative (“Refused” for refusals). Otherwise put “Not Applicable”. For situations where there is patient contact and the Respiratory Rate is not taken, put “Not Recorded”.

Carbon Dioxide (CO2)

NEMESIS ID: eVitals.16 – Carbon Dioxide (CO2)

Definition

The numeric value of the patient's end-tidal CO2 level.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | Yes |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | E14_13 | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:1 |

NEMESIS Associated Performance Measures

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801019 – Refused 8801023 - Unable to Complete

Constraints

Data Type: integer minInclusive: 0 maxInclusive: 100

Data Element Comment/Validation Rules

This element is required if eProcedures.03 includes the codes 429705000, 427753009, 424979004, 232679009, 232674004, or a King Airway (code itSNOMED.001). If the CO2 level cannot be obtained, use the appropriate Pertinent Negative (“Refused” for refusals). Otherwise put “Not Applicable”. Generally the numeric CO2 level is measured in millimeters of mercury (mmHg). End-tidal is the same as exhaled.

Blood Glucose Level

NEMSIS ID: eVitals.18 – Blood Glucose Level

Definition

The patient's blood glucose level.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | Yes |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E14_14 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measures

Pediatric Stroke

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801019 – Refused 8801023 - Unable to Complete

Constraints

Data Type: integer minInclusive: 0 maxInclusive: 2000

Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (**defined in definition section of this document**) and a first or second impression of Hyperglycemia-Diabetes or Hypoglycemia-Diabetes. If the blood glucose level cannot be obtained, use the appropriate Pertinent Negative (“Refused” for refusals). Otherwise put “Not Applicable”.*

Glasgow Coma Score-Eye

NEMSIS ID: eVitals.19 – Glasgow Coma Score-Eye

Definition

The patient's Glasgow Coma Score Eye opening.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | Yes |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E14_15 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measures

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801019 – Refused 8801023 - Unable to Complete

Code List

| Code | Description |
|------|--|
| 1 | No eye movement when assessed (All Age Groups) |
| 2 | Opens Eyes to painful stimulation (All Age Groups) |
| 3 | Opens Eyes to verbal stimulation (All Age Groups) |
| 4 | Opens Eyes spontaneously (All Age Groups) |

Data Element Comment/Validation Rules

This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). If the GCS cannot be obtained, use the appropriate Pertinent Negative (“Refused” for refusals). Otherwise put “Not Applicable”. Definitions now based on the National Trauma Data Standard (NTDS). For situations where there is patient contact and the GCS is not calculated put “Not Recorded”.

Glasgow Coma Score-Verbal

NEMSIS ID: eVitals.20 – Glasgow Coma Score-Verbal

Definition

The patient's Glasgow Coma Score Verbal.

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | Yes |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E14_16 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMSIS Associated Performance Measures

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801019 – Refused 8801023 - Unable to Complete

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|---|
| 1 | No verbal/vocal response (All Age Groups) |
| 2 | Incomprehensible sounds (>2 Years); Inconsolable, agitated |
| 3 | Inappropriate words (>2 Years); Inconsistently consolable, moaning |
| 4 | Confused (>2 Years); Cries but is consolable, inappropriate interactions |
| 5 | Oriented (>2 Years); Smiles, oriented to sounds, follows objects, interacts |

Data Element Comment/Validation Rules

This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). If the GCS cannot be obtained, use the appropriate Pertinent Negative (“Refused” for refusals). Otherwise put “Not Applicable”. Definitions now based on the National Trauma Data Standard (NTDS). For situations where there is patient contact and the GCS is not calculated put “Not Recorded”.

Glasgow Coma Score-Motor

NEMESIS ID: eVitals.21 – Glasgow Coma Score-Motor

Definition

The patient's Glasgow Coma Score Motor.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | Yes |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | E14_17 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

NEMESIS Associated Performance Measures

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801019 – Refused 8801023 - Unable to Complete

Code List

| Code | Description |
|------|---|
| 1 | No Motor Response (All Age Groups) |
| 2 | Extension to pain (All Age Groups) |
| 3 | Flexion to pain (All Age Groups) |
| 4 | Withdrawal from pain (All Age Groups) |
| 5 | Localizing pain (All Age Groups) |
| 6 | Obeys commands (>2Years); Appropriate response to stimulation |

Data Element Comment/Validation Rules

This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). If the GCS cannot be obtained, use the appropriate Pertinent Negative (“Refused” for refusals). Otherwise put “Not Applicable”. Definitions now based on the National Trauma Data Standard (NTDS). For situations where there is patient contact and the GCS is not calculated put “Not Recorded”.

Glasgow Coma Score-Qualifier

NEMESIS ID: eVitals.22 – Glasgow Coma Score-Qualifier

Definition

Documentation of factors which make the GCS score more meaningful.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | E14_18 | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:M |

NEMESIS Associated Performance Measures

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

CorrelationID

Data Type: string minLength: 0 maxLength: 255

Code List

| Code | Description |
|---------|---|
| 3322001 | Eye Obstruction Prevents Eye Assessment |
| 3322003 | Initial GCS has legitimate values without interventions such as intubation and sedation |
| 3322005 | Patient Chemically Paralyzed |
| 3322007 | Patient Chemically Sedated |
| 3322009 | Patient Intubated |

Data Element Comment/Validation Rules

This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document) and a total GCS Score is calculated. If the EMS service call is cancelled, no patient found, or a patient refusal put "Not Applicable". Definitions now based on the National Trauma Data Standard (NTDS).

Total Glasgow Coma Score

NEMESIS ID: eVitals.23– Total Glasgow Coma Score

Definition

The patient's total Glasgow Coma Score.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | Yes |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | E14_19 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

NEMESIS Associated Performance Measures

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801019 – Refused 8801023 - Unable to Complete

Constraints

Data Type: integer minInclusive: 3 maxInclusive: 15

Data Element Comment/Validation Rules

This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). If the GCS cannot be obtained, use the appropriate Pertinent Negative (“Refused” for refusals). Otherwise put “Not Applicable”. Can be documented or calculated from EVitals.19 (GCS-Eye), EVitals.20 (GCS-Verbal), and EVitals.21 (GCS-Motor). For situations where there is patient contact and the GCS is not calculated put “Not Recorded”.

Level of Responsiveness (AVPU)

NEMESIS ID: eVitals.26 – Level of Responsiveness (AVPU)

Definition

The patient's highest level of responsiveness.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | E14_22 | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:1 |

NEMESIS Associated Performance Measure Initiatives

Airway Cardiac Arrest Pediatric STEMI Stroke Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|--------------------|
| 3326001 | Alert |
| 3326003 | Verbal |
| 3326005 | Painful |
| 3326007 | Unresponsive |

Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (**defined in definition section of this document**). If the EMS service call is cancelled, no patient found, or a patient refusal put “Not Applicable”. **For situations where there is patient contact and AVPU is not taken put “Not Recorded”.***

Pain Scale Score

NEMSIS ID: eVitals.27– Pain Scale Score

Definition

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

| | | | |
|-------------------------|-----------|--------------------------|-----|
| NEMSIS National Element | Yes | Pertinent Negatives (PN) | Yes |
| NEMSIS State Element | Yes | NOT Values | Yes |
| NEMSIS v2 Element | E14_23 | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 0:1 |

NEMSIS Associated Performance Measures

Pediatric STEMI Trauma

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801019 – Refused 8801023 - Unable to Complete

Constraints

Data Type: integer minInclusive: 0 maxInclusive: 10

Data Element Comment/Validation Rules

This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document). If the pain score cannot be obtained, use the appropriate Pertinent Negative (“Refused” for refusals). Otherwise put “Not Applicable”. The Pain Score can be obtained from several pain measurement tools or pain scale types. The pain scale type used should have a numeric value associated with each diagram as appropriate. If the pain scale type utilizes multiple indicators/categories the total should be calculated and entered for the pain score associated with the patient assessment. For situations where there is patient contact and the Pain Scale Score is not calculated put “Not Recorded”.



Stroke Scale Score

NEMESIS ID: eVitals.29 – Stroke Scale Score

Definition

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

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | Yes |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | E14_24 | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:1 |

NEMESIS Associated Performance Measures

Stroke

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Pertinent Negatives (PN)

8801019 – Refused 8801023 - Unable to Complete

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|--------------------|
| 3329001 | Negative |
| 3329003 | Non-Conclusive |
| 3329005 | Positive |

Data Element Comment/Validation Rules

*This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (**defined in definition section of this document**) **AND** Provider Primary or Secondary Impression is stroke (code I63.9). If the Stroke Scale cannot be assessed, use the appropriate Pertinent Negative (“Refused” for refusals). Otherwise put “Not Applicable”.*

Stroke Scale Type

NEMESIS ID: eVitals.30 – Stroke Scale Type

Definition

The type of stroke pain scale used.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | Yes | Pertinent Negatives (PN) | No |
| NEMESIS State Element | Yes | NOT Values | Yes |
| NEMESIS v2 Element | | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:1 |

NEMESIS Associated Performance Measures

Stroke

Attributes

NOT Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

| <u>Code</u> | <u>Description</u> |
|-------------|---|
| 3330001 | Cincinnati |
| 3330003 | Los Angeles |
| 3330005 | Massachusetts |
| 3330007 | Miami Emergency Neurologic Deficit (MEND) |
| 3330009 | NIH |
| 3330011 | Other Stoke Scale Type |
| 3330013 | F.A.S.T. Exam |

Data Element Comment/Validation Rules

This element is required for any eDisposition.12 (Incident/Patient Disposition) code with patient contact (defined in definition section of this document) AND Provider Primary or Secondary Impression is stroke (code I63.9). Otherwise put "Not Applicable".

State Mandatory **Elements (Custom)**

Custom Elements in NEMSIS v3

Custom Elements in NEMSIS v3 are collectively grouped into eight Custom Configuration elements (.01 to .08, see below table). The next section will describe each custom element in version 3 of OKEMSIS that has to be formatted into these eight elements (some elements will not require all 8 fields).

| <u>Element</u> | <u>Usage</u> | <u>Recurrence</u> |
|---|--------------|-------------------|
| dCustomConfiguration.01 - Custom Data Element Title | Mandatory | 1:1 |
| dCustomConfiguration.02 - Custom Definition | Mandatory | 1:1 |
| dCustomConfiguration.03 - Custom Data Type | Mandatory | 1:1 |
| dCustomConfiguration.04 - Custom Data Element Recurrence | Mandatory | 1:1 |
| dCustomConfiguration.05 - Custom Data Element Usage | Mandatory | 1:1 |
| dCustomConfiguration.06 - Custom Data Element Potential | Optional | 0:M |
| dCustomConfiguration.07 - Custom Data Element Potential NOT Values (NV) | Optional | 0:M |
| dCustomConfiguration.08 - Custom Data Element Potential Pertinent Negative Values | PN | 0:M |

Trauma Referral Center (TreC) Notified

NEMESIS ID:

Definition

The notification of TReC by EMS personnel of the Triage Level of the transported/transferred patient.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | No | Pertinent Negatives (PN) | No |
| NEMESIS State Element | No | NOT Values | Yes |
| NEMESIS v2 Element | | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:1 |

Attributes

Code List

| <u>Code</u> | <u>Description</u> |
|-------------------|--------------------|
| itOutcome.001.101 | Yes |
| itOutcome.001.100 | No |

Data Element Comment/Validation Rules

*This element is required if Possible Injury is "Yes" or Provider Impression is associated with trauma. Otherwise leave it blank. All ambulance services transporting injured patients on a pre-hospital basis, or transferring patients from hospitals outside Regions 7 & 8, to hospitals within Regions 7 & 8, shall contact the Trauma Transfer and Referral Center (TReC) before entering the region. (Regulation 310:641-3-130(d)). ***Trauma defined in definition section***

TreC Tracking Number

NEMESIS ID:

Definition

The number assigned to the patient by TreC.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | No | Pertinent Negatives (PN) | No |
| NEMESIS State Element | No | NOT Values | Yes |
| NEMESIS v2 Element | | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

Attributes

Constraints

Data Type: string minLength: 0 maxLength: 5

Data Element Comment/Validation Rules

*This element is required if Trauma Referral Center (TreC) Notified is "Yes" otherwise leave it blank. All ambulance services transporting injured patients on a pre-hospital basis, or transferring patients from hospitals outside Regions 7 & 8, to hospitals within Regions 7 & 8, shall contact the Trauma Transfer and Referral Center (TReC) before entering the region. (Regulation 310:641-3-130(d)). When you contact the TReC, the TReC personnel will assign a unique number for each patient. ***Trauma defined in definition section***

Destination on Current Run Form Referred by TreC

NEMESIS ID:

Definition

This element asks whether or not the receiving hospital (destination hospital) for the patient was referred by TreC.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | No | Pertinent Negatives (PN) | No |
| NEMESIS State Element | No | NOT Values | Yes |
| NEMESIS v2 Element | | Is Nillable | Yes |
| OKEMISIS Usage | Mandatory | Recurrence | 1:1 |

Attributes

Code List

| <u>Code</u> | <u>Description</u> |
|-----------------------|--------------------|
| itDisposition.041.100 | Yes |
| itDisposition.041.101 | No |

Data Element Comment/Validation Rules

*This element is required when eDisposition.12 (Incident/Patient Disposition) is 4212013, 4212031, 4212033. Otherwise leave it blank. For treated and transported patients, put "No" if TreC was not used. All ambulance services transporting injured patients on a pre-hospital basis, or transferring patients from hospitals outside Regions 7 & 8, to hospitals within Regions 7 & 8, shall contact the Trauma Transfer and Referral Center (TReC) before entering the region. (Regulation 310:641-3-130(d)). ***Trauma defined in definition section.***

Intercept Recipient Agency

NEMESIS ID:

Definition

The EMS provider of the advanced life support EMS unit the patient was transferred to.

| | | | |
|--------------------------|-----------|--------------------------|-----|
| NEMESIS National Element | No | Pertinent Negatives (PN) | No |
| NEMESIS State Element | No | NOT Values | Yes |
| NEMESIS v2 Element | | Is Nillable | Yes |
| OKEMSIS Usage | Mandatory | Recurrence | 1:1 |

Attributes

Constraints

Data Type: string minLength: 0 maxLength: 15

Data Element Comment/Validation Rules

This element is required if a patient is transferred from the primary EMS service to another EMS service. If Type of Service Requested (eResponse.05) includes the codes 2205003 or 2205009 and Incident/Patient Disposition includes codes 4212033, 4212031, or 4212013 then this element is required. Otherwise leave it blank. This element now applies to all runs that are treated and transported, not just trauma. The agency code list can be found in the appendix under [Intercept Recipient Agency Code List](#).

Appendix

Incident/Destination Codes and Descriptions

| Name | NPI Number | Name | NPI Number |
|--|------------|--|------------|
| 3-Clinics or Doctor's Offices | 888 | Memorial Hospital of Texas County | 1144205360 |
| 4-Nursing Home/Rest Home | 777 | Mena Regional Health System | 1861449639 |
| 6-Out of State Facility Not Listed | 222 | Mercy Health Love County Health Center | 1649221557 |
| 7-Private Residence | 111 | Mercy Hospital - Ardmore | 1386741635 |
| 8-Medical Examiner/Morgue | 333 | Mercy Hospital - OKC | 1184721722 |
| 9-Care Transfer to Another Ambulance Service-Air | 444 | Mercy Hospital- Hot Springs (Hot Springs Reg.) | 1689628232 |
| 10-Care Transfer to Another Ambulance Service-Ground | 666 | Mercy Hospital-El Reno | 1184945644 |
| 11- PELA Site/Airport | 000 | Mercy Hospital-Healdton(Healdton Municipal Hospital) | 1568615656 |
| 12-LongTerm Care | 555 | Mercy Hospital-Joplin, Missouri | 1508192543 |
| 13-Street/Intersection | 999 | Mercy Hospital-Kingfisher | 1083048417 |
| 14-School/Public Building | 100 | Mercy Hospital-Logan County(Logan Hospital and Medical Center) | 1306126818 |
| 15-Oklahoma Veterans Center - Ardmore | 342 | Mercy hospital-Tishomingo(Johnston Memorial Hospital) | 1932404431 |
| 16-Oklahoma Veterans Center (Itc) - Claremore | 261 | Mercy Hospital-Watonga(Watonga Municipal Hospital) | 1437598984 |
| 17-Oklahoma Veterans Center (Itc) - Clinton | 328 | Mesquite Reg Hosp-Mesquite, TX | 1851347835 |
| 18-Oklahoma Veterans Center (Itc) - Norman | 729 | Methodist Hosp-Dallas, TX | 1225383524 |
| 19-Oklahoma Veterans Center (Itc) - Talihina | 687 | Methodist McKinney Hospital-McKinney, TX | 1952538431 |
| Altus AFB Clinic (97th Medical Group) | 1093782880 | Alliance Health- Midwest | 1730128836 |
| Arbuckle Memorial Hospital | 1700869492 | Moore Medical Center | 1942258777 |
| Ardmore Regional Surgery Center | 1922079896 | Morton County Hospital - Elkhart | 1770511297 |
| Arkansas Children's Hospital | 1598773079 | Muskogee VA Medical Center | 1598714925 |
| Atoka Memorial Hospital | 1508896499 | Newman Memorial Hospital - Shattuck | 1083617807 |
| Bailey Medical Center, LLC | 1205846037 | Norman Regional Healthplex | 1245530674 |
| Baptist Medical Center | 1043240682 | Norman Regional Hospital | 1922273937 |
| Baptist Saint Anthony's Health System | 1982671491 | Norman Specialty Hospital | 1962457861 |
| Baptist St. Anthony's-Baptist Campus | 1982671491 | North Texas Med Ctr (Gainesville Memorial) | 1922009331 |
| Baylor Heart Hospital | 1962504340 | Northwest Center for Behavioral Health (NCBH) | 1922171701 |
| Baylor University Hospital | 1447250253 | Northwest Hospital - Amarillo | 1467442418 |
| Baylor-Garland, TX | 1134127749 | Northwest Surgical Hospital - OKC | 1942260971 |
| Baylor-Grapevine, TX | 1073511762 | NW Med Cntr/Springdale Memorial Hospital | 1699726695 |
| Beaver County Memorial Hospital | 1487631156 | Ochiltree County Hospital - Perryton | 1245237593 |
| Bethania Regional Healthcare Center | 1023013448 | OKC Cntr for Orthopedic & Multi-Specialty Surgery | 1063489458 |
| Bone and Joint Hospital | 1811931686 | Okeene Municipal Hospital | 1336142033 |

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|--|------------|--|------------|
| Bristow Medical Center | 1518932342 | Oklahoma Heart Hospital - OKC | 1083617005 |
| Brookhaven Hospital | 1023064300 | Oklahoma Heart Hospital - South | 1841442274 |
| Carl Albert Community Mental Health Center | 1205873098 | Oklahoma Neuro Specialty Hospital - Tulsa | 1508913336 |
| Carnegie Tri-County Municipal Hospital | 1043323447 | Oklahoma Spine Hospital, LLC - OKC | 1699745893 |
| Carrus Rehabilitation Hospital | 1861710238 | Oklahoma Surgical Hospital, LLC - Tulsa | 1487651857 |
| Cedar Ridge Residential Treatment Center | 1669681060 | Okmulgee Memorial Hospital | 1083616221 |
| Centennial Med Ctr | 1801826839 | Orthopedic Hospital - OKC | 1851344188 |
| Cherokee Nation - Hastings Hospital | 1003807827 | OSU Medical Center formerly Tulsa Reg Med Cntr | 1194701516 |
| Chickasaw Nation Medical Center | 1255364923 | OSU Student Health Center | 1134280381 |
| Childrens Hosp-Dallas, TX (Medical City) | 1194743013 | OU MED CTR-Children's Hospital | 1508144411 |
| Childrens Hosp-Fort Worth, TX (Cook Med CTR) | 1891765178 | OU MED CTR-Edmond Campus(Edmond Regional Medical Center) | 1205887916 |
| Children's Medical Center, The | 1740395409 | OU MED CTR-Presbyterian Campus | 1780631390 |
| Choctaw Memorial Hospital | 1881689289 | Paris Reg Med Cntr/McCuiston Hospital | 1063411767 |
| Choctaw Nation Health Care Center (I.H.S.) | 1659347623 | Parkland Trauma Center Dallas | 1932123247 |
| Christus Saint Michael Rehab Hospital | 1467453902 | Parkside Tulsa | 1851327464 |
| CHRISTUS St. Michael Hospital of Texarkana | 1295736734 | Pauls Valley General Hospital | 1932169950 |
| Cimarron Memorial Hospital | 1073584819 | Pawhuska Hospital, Inc. | 1174521991 |
| Cleveland Area Hospital | 1427295872 | Perry Memorial Hospital | 1245236652 |
| Coffeyville Regional Medical Center | 1285600379 | Plano Rehabilitation Hospital | 1194974733 |
| Comanche County Memorial Hospital | 1871513804 | Alliance Health- Ponca City | 1225077035 |
| Community Hospital | 1275593337 | Prague Municipal Hospital | 1851537096 |
| Community Specialty Hospital | 1619071313 | Presbyterian Hosp-Dallas, TX | 1396779948 |
| Cordell Memorial Hospital | 1750384426 | Purcell Municipal Hospital | 1851669865 |
| Craig General Hospital | 1306886866 | Pushmataha County Hospital, Antlers, OK | 1144212556 |
| Creek Nation Community Hospital | 1700890530 | Quartz Mountain Medical Center | 1992737613 |
| Alliance Health- Deaconess | 1740231752 | Regency Hospital-North Dallas | 1013075167 |
| Denton Regional Hospital | 1306897277 | Reynolds Army Community Hospital | 1487752960 |
| DeQueen Medical Center | 1851657415 | Roger Mills Memorial Hospital | 1497857437 |
| Drumright Regional Hospital | 1396988903 | Rolling Hills Hospital Ada | 1720085178 |
| Duncan Regional Hospital, Inc. | 1851396394 | Sayre Memorial Hospital | 1053381947 |
| East Freeman Hospital & Health System | 1083728026 | Seiling Municipal Hospital | 1598993453 |
| EASTAR HEALTH SYSTEM -East (Muskogee Community) | 1417193293 | Select Specialty Hospital - OKC | 1659371268 |
| EASTAR HEALTH SYSTEM MAIN CAMPUS (Muskogee Regional) | 1104968916 | Select Specialty Hospital - Tulsa | 1780684175 |
| Eastern Oklahoma Medical Center | 1396767158 | Sequoyah Memorial Hospital | 1972539567 |
| Edmond Specialty Hospital | 1235226416 | Shadow Mountain Behavioral Health System | 1124037288 |
| Elkview General Hospital | 1699758086 | Shamrock General Hospital- TX | 1538150370 |
| Jeay Medical Services, LLC. (Epic Med Ctr) | 1245519651 | Share Memorial Hospital Alva | 1679684682 |



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|---|------------|--|------------|
| Fairfax Community Hospital | 1134451396 | Siloam Springs Memorial Hospital | 1265430508 |
| Fairview Regional Medical Center | 1033153309 | Solara Hospital Muskogee | 1518980978 |
| Freeman Health System - Freeman West | 1265546048 | Cornerstone Hospital of Oklahoma-Shawnee | 1205881125 |
| George Nigh Long Term Acute Care Hospital | 1912158098 | Southwest Medical Center Liberal | 1144493040 |
| Grady Memorial Hospital | 1538169198 | Southwestern Medical Center Lawton | 1952359986 |
| Gravette Medical Center | 1295893220 | Southwestern Regional Medical Center Tulsa | 1073500419 |
| Great Plains Hospital Lawton | 1477551745 | Spark's Regional Medical Center Fort Smith | 1578555736 |
| Great Plains Regional Medical Center Elk City | 1184639122 | Specialty Hospital of Midwest City | 1508177767 |
| Griffin Memorial Hospital Norman | 1194816074 | St Anthony(Healthplex)- East | 701 |
| Harmon Memorial Hospital | 1295735991 | St Anthony(Healthplex)- South | 702 |
| Harper County Community Hospital | 1134128499 | St Joseph's Hospital- Paris, Texas | 1003819327 |
| Haskell County Community Hospital | 1124068705 | St. Anthony Hospital OKC(Main Campus) | 1366545311 |
| Health South Rehabilitation - Fort Smith | 1639142342 | St. Anthony-Shawnee(Unity Health Center-Shawnee) | 1134123193 |
| HealthSouth-Plano, TX | 1144294893 | St. Edward Mercy Med Ctr | 1568433480 |
| Hillcrest Hospital-Claremore(Claremore Regional Hospital) | 1023398807 | St. Francis Hospital South Tulsa | 1376561944 |
| Hillcrest Hospital-Cushing(Cushing Regional Hospital) | 1801867643 | St. Francis Hospital, Inc. Tulsa | 1144228487 |
| Hillcrest Hospital-Henryetta(Henryetta Medical Center) | 1720053556 | St. John Medical Center, Inc. Tulsa | 1154417368 |
| Hillcrest Hospital-South(SouthCrest Hospital-Tulsa) | 1023069028 | St. John Owasso Medical Center | 1144231432 |
| Hillcrest Medical Center Tulsa | 1629057229 | St. John Sapulpa, Inc. | 1861794448 |
| Hillcrest Specialty Hospital Tulsa | 1427154178 | St. Johns-Broken Arrow(Broken Arrow Med. Fac.) | 1497988596 |
| Holdenville General Hospital | 1144339193 | St. Joseph Medical Center Wichita | 1720380322 |
| INTEGRIS Baptist Medical Center, Inc. - OKC | 1831103654 | St. Mary's Regional Medical Center Enid | 1417947466 |
| INTEGRIS Baptist Regional Health Center - Miami | 1114931342 | St. Mary's Rogers Memorial Hospital Rogers AR | 1437266152 |
| INTEGRIS Bass Baptist Health Center | 1144236571 | Stevens County Hospital - Hugoton, KS | 1093774762 |
| INTEGRIS Bass Pavilion/Enid Regional Hospital | 1730193202 | Stillwater Medical Center | 1164494027 |
| Alliance Health- Blackwell | 1790706851 | Stroud Regional Medical Center | 1164625117 |
| INTEGRIS Canadian Valley Regional Hospital | 1306865357 | Surgical Hospital of Oklahoma | 1033229240 |
| Alliance Health- Clinton | 1326062456 | Tahlequah City Hospital | 1003865999 |
| INTEGRIS Grove General Hospital | 1467473579 | Texas Health Presbyterian (Wilson & Jones) -TX | 1013957836 |
| Alliance Health- Madill | 1467476556 | Texoma Medical Center - Denison | 1477553113 |
| Alliance Health- Pryor | 1588686679 | The Physicians' Hospital Anadarko | 1710165626 |
| Alliance Health- Seminole | 1891980124 | Tulsa Spine & Specialty Hospital | 1033185293 |
| INTEGRIS Southwest Medical Center | 1457372625 | University Behavioral Health-Denton, TX | 1851346407 |
| INTEGRIS-Edmond | 1720373103 | USPHS Indian Hospital - Claremore (I.H.S.) | 1588962989 |



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|---|------------|---|------------|
| Jackson County Memorial Hospital | 1023272945 | USPHS Indian Hospital - Clinton (I.H.S.) | 1205923448 |
| Jane Phillips Medical Center | 1215914254 | USPHS Indian Hospital - Lawton (I.H.S.) | 1215253455 |
| Jane Phillips Nowata Health Center | 1548247489 | USPHS Indian Hospital - Pawnee (I.H.S.) | 1629174081 |
| Jefferson County Hospital | 1144245655 | UTSW-Dallas, TX | 1073651840 |
| Jim Taliaferro Community Mental Health Center | 1760481899 | VA Hospital - Amarillo | 1225087794 |
| Kindred Hospital - Oklahoma City | 1407934680 | VA Hospital - Bonham | 1558314948 |
| Lakeside Women's Hospital | 1639170699 | VA Hospital - Dallas | 1174572416 |
| Landmark Hospital | 1972633410 | VA Hospital - Fayetteville | 1003867326 |
| Lane Frost Health and Rehabilitation Center | 1285626424 | VA Hospital - Oklahoma City (DOD) | 1083925358 |
| Latimer County General Hospital | 1053353631 | Valir Rehabilitation Hospital of OKC | 1750379558 |
| Laureate Psychiatric Clinic and Hospital | 1710985064 | Valley View Regional Hospital | 1487813978 |
| Lindsay Municipal Hospital | 1144268723 | Via Christi, St. Francis campus-Wichita, KS | 1154314789 |
| Mary Hurley Hospital | 1629077227 | Wadley's Hospital Texarkana | 1114903523 |
| McAlester Regional Health Center | 1316940034 | Wagoner Community Hospital | 1386611580 |
| McBride Clinic Orthopedic Hospital, LLC | 1932145505 | Washington Regional Hospital Fayetteville | 1083609150 |
| McCurtain Memorial Hospital | 1629020177 | Weatherford Regional Hospital | 1639175185 |
| MeadowBrook Specialty Hospital of Tulsa (Post Acute Specialty Hospital) | 1699110155 | Wesley Medical Center Wichita KS | 1447299649 |
| Medical Center of McKinney-McKinney, TX | 1437102639 | Wichita General Hospital Wichita Falls | 1023013448 |
| Medical Center of Plano, TX | 1396798518 | Willow Crest Hospital | 1770599268 |
| Alliance Health- Durant | 1770522906 | Alliance Health- Woodward | 1558312553 |
| Medical City Hosp-Dallas, TX | 1689628984 | ZALE-LIPSHY | 1417010653 |
| Medical Ctr of McKinney-McKinney, TX | 1437102639 | St Anthony(Healthplex)- North | 704 |
| Memorial Hospital - Stilwell | 1790753358 | St Anthony(Healthplex)- Mustang | 703 |
| Memorial Hospital & Physician Group | 1588667554 | 20-Jail/Prison | 1500 |

- 1. Highlighted codes are special/generic codes. If a destination is not on this list, please use one of generic codes.**
- 2. Codes 444 and 666 need to be used when transfer of patient occurs to another ambulance service.**

Medication Given Codes and Descriptions

| Code | Code Description | Code | Code Description |
|-------------|--|-------------|--|
| 83929 | Abciximab | 6185 | Labetalol |
| 161 | Acetaminophen | 35629 | Lactated Ringer's Solution |
| 272 | Activated Charcoal | 237159 | Levalbuterol |
| 296 | Adenosine | 6387 | Lidocaine |
| 828529 | Albumin Human, USP | 377965 | Lidocaine Topical Gel |
| 435 | Albuterol | 6470 | Lorazepam |
| 8410 | Alteplase | 6585 | Magnesium Sulfate |
| 703 | Amiodarone | 6628 | Mannitol |
| 1191 | Aspirin | 6754 | Meperidine |
| 1223 | Atropine | 6902 | Methylprednisolone |
| 1399 | Benzocaine | 6915 | Metoclopramide |
| itRX.001 | Blood Products | 6918 | Metoprolol |
| 1808 | Bumetanide | 6960 | Midazolam |
| 1841 | Butorphanol | 7052 | Morphine |
| 1901 | Calcium Chloride | 237372 | NaCl 0.0769 MEQ/ML Injectable Solution |
| 1908 | Calcium Gluconate | 313002 | NaCl 0.154 MEQ/ML Injectable Solution |
| 1998 | Captopril | 730781 | NaCl 0.513 MEQ/ML Injectable Solution |
| 59038 | Chitosan | 7238 | Nalbuphine |
| 2599 | Clonidine | 7242 | Naloxone |
| 32968 | clopidogrel | 7396 | Nicardipine |
| 3264 | Dexamethasone | 4917 | Nitroglycerin |
| 237648 | dextrose 10 % Injectable Solution | 7476 | Nitroprusside |
| 260258 | dextrose 250 MG/ML Injectable Solution | 7486 | Nitrous Oxide |
| 309778 | dextrose 5 % Injectable Solution | 7512 | Norepinephrine |
| 237653 | dextrose 50 % Injectable Solution | 125464 | Normal saline |
| 3322 | Diazepam | 26225 | Ondansetron |
| 3443 | Diltiazem | 7806 | Oxygen |
| 3498 | Diphenhydramine | 7812 | Oxymetazoline |
| 3616 | Dobutamine | 7824 | Oxytocin |
| 3628 | Dopamine | 7883 | Pancuronium |
| 3648 | Droperidol | 8134 | Phenobarbital |
| 3827 | Enalapril | 8163 | Phenylephrine |
| 317361 | Epinephrine 0.1 MG/ML | 8183 | Phenytoin |
| 328316 | Epinephrine 1 MG/ML | 33835 | plasma protein fraction |
| 314610 | EPINEPHRINE,RACEMIC HYDROCHLORIDE | 8591 | Potassium Chloride |
| 75635 | eptifibatide | 8597 | Potassium Iodide |

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|--------|------------------|--------|----------------------------|
| 49737 | esmolol | 34345 | pralidoxime |
| 4177 | Etomidate | 8640 | Prednisone |
| 4249 | Factor IX | 8700 | Procainamide |
| 4256 | Factor VIIa | 8704 | Prochlorperazine |
| 4278 | Famotidine | 8745 | Promethazine |
| 4337 | Fentanyl | 227778 | Proparacaine hydrochloride |
| 4457 | Flumazenil | 8782 | Propofol |
| 72236 | fosphenytoin | 8787 | Propranolol |
| 4603 | Furosemide | 9068 | Quinidine |
| 4832 | Glucagon | 9143 | Ranitidine |
| 4850 | Glucose | 76895 | Retepase |
| 5093 | Haloperidol | 68139 | Rocuronium |
| 5224 | Heparin | 36676 | Sodium Bicarbonate |
| 5531 | Hetastarch | 107129 | sterile water |
| 214615 | Hydralazine | 10154 | Succinylcholine |
| 3423 | Hydromorphone | 259280 | Tenecteplase |
| 5514 | Hydroxocobalamin | 10368 | Terbutaline |
| 5553 | Hydroxyzine | 10391 | Tetracaine |
| 5640 | Ibuprofen | 10454 | Thiamine |
| 5856 | Insulin | 73137 | tirofiban |
| 5975 | Ipecac | 11149 | Vasopressin (USP) |
| 7213 | Ipratropium | 71535 | Vecuronium |
| 6054 | Isoproterenol | 11170 | Verapamil |
| 6130 | Ketamine | 115698 | ziprasidone |
| 35827 | Ketorolac | | |

NOTE: Codes have been added since implementation of v3.3.4 in Oklahoma. An updated list of codes can be found here: [OSDH EMS Website](#)

Procedure Codes and Descriptions

| Code | Description | Code | Description |
|-------------|---|-------------|--|
| 268400002 | 12 lead ECG | 56620000 | Delivery of placenta following delivery of infant outside of hospital |
| 241741007 | Active cooling of patient | 18723003 | Demand pacing |
| 241740008 | Active warming of patient | 182531007 | Dressing of wound |
| 241726007 | Airway- Application of cricoid pressure | 243142003 | Dual pressure spontaneous ventilation support |
| 232706008 | Airway- Clearance by finger sweep | 36708009 | External fetal monitor surveillance |
| 428482009 | Airway- Colorimetric respired carbon dioxide monitoring | 426220008 | External ventricular defibrillation |
| 78121007 | Airway- Direct laryngoscopy | 49077009 | Flexible fiberoptic laryngoscopy |
| 250784008 | Airway- End tidal carbon dioxide concentration | 33747003 | Glucose measurement, blood |
| 429705000 | Airway- Insertion of esophageal tracheal combitube | 23690002 | Heimlich maneuver |
| 427753009 | Airway- Insertion of esophageal tracheal double lumen supraglottic airway | 430189000 | Hypothermia induction therapy |
| 7443007 | Airway- Insertion of oropharyngeal airway | 441893003 | impedance threshold device |
| 424979004 | Airway- Laryngeal mask airway insertion | 433295009 | Infusion pump for enteral feeding |
| 182692007 | Airway- Nasopharyngeal airway insertion | 433296005 | Infusion pump for intravenous fluids |
| 232679009 | Airway- Nasotracheal intubation | 410024004 | Insertion of catheter into urinary bladder |
| 232673005 | Airway- Obturator airway insertion | 87750000 | Insertion of nasogastric tube |
| 232692007 | Airway- Open cricothyroidotomy | 235425002 | Insertion of orogastric tube |
| 232674004 | Airway- Orotracheal intubation | 19861002 | Intermittent positive pressure breathing treatment with nebulized medication |
| 232689008 | Airway- Percutaneous cricothyroidotomy | 34475007 | Intraaortic balloon pump maintenance |
| 232711005 | Airway- Removal of airway device | 430824005 | Intraosseous cannulation |
| 271280005 | Airway- Removal of endotracheal tube | 67889009 | Irrigation |
| 232707004 | Airway- Removal of foreign body from airway | 40174006 | Isolation procedure |
| 230040009 | Airway- Suction technique | 353008 | IV monitoring |
| 385857005 | Airway- Ventilator care and adjustment | 226005007 | Maintenance of central line |
| 49689007 | Application of cervical collar | 55628002 | Maintenance of thoracic drain |
| 372045002 | Application of chemical hemostatic agents | 59900003 | Manual and mechanical traction |

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|-----------|---|--------------|---|
| 26906007 | Application of dressing, pressure | 232664002 | Manual establishment of airway |
| 448970001 | Application of pressure trouser | 429283006 | Mechanically assisted chest compression |
| 79321009 | Application of splint | 52260009 | Nasogastric tube maintenance |
| 20655006 | Application of tourniquet | 56251003 | Nebulizer therapy |
| 422744007 | Arterial catheter maintenance | 91161007 | Pedal pulse taking |
| 423401003 | Assessment- Pediatric pain | 182556001 | Pelvic sling |
| 423184003 | Assessment-Adult | 309849004 | Pericardiocentesis |
| 233169004 | Automatic defibrillator procedure | 233526002 | Peripheral venous cannula insertion - scalp |
| 425447009 | Bag valve mask ventilation | 396540005 | Phlebotomy |
| | | 386423001 | Physical restraint |
| 133901003 | Burn care(Initial) | 274475000 | Pneumatic splinting |
| 19821003 | Carboxyhemoglobin measurement | 45851008 | Positive end expiratory pressure ventilation therapy, initiation and management |
| 23852006 | Cardiac monitoring | 225708008 | Precordial thump |
| 18590009 | Cardiac pacing | 252465000 | Pulse oximetry |
| 89666000 | Cardiopulmonary resuscitation | 405677002 | Rapid infusion device |
| 250980009 | Cardioversion | 424287005 | Removal of peripheral intravenous catheter |
| 405427009 | Catheterization of external jugular vein | 34955007 | Revision of automatic implantable cardioverter/defibrillator |
| 42550007 | Catheterization of umbilical vein | 426498007 | Stabilization of spine |
| 392230005 | Catheterization of vein | 425058005 | Taking orthostatic vital signs |
| 398041008 | Cervical spine immobilization | 182705007 | Tension pneumothorax relief |
| 2267008 | Changing tracheostomy tube | 233519002 | Umbilical artery cannula insertion |
| 406164000 | Chemical restraint | 128968000 | Vagal stimulation |
| 47545007 | Continuous positive airway pressure ventilation treatment | 22633006 | Vaginal delivery, medical personnel present |
| 409530006 | Decontamination | itSNOMED.001 | Airway-King |

***Airway-King is a custom code not in the NEMSIS suggested list but is required to be in OKEMSIS v3 dataset. NOTE: Codes have been added since implementation of v3.3.4 in Oklahoma. An updated list of codes can be found here: [OSDH EMS Website](#)**

Incident Location Type Codes and Descriptions

| Code | Code Description | Code | Code Description |
|-------------|--|-------------|---|
| Y92.520 | Airport | Y92.26 | Movie house or cinema |
| Y92.53 | Ambulatory health services establishments | Y92.251 | Museum |
| Y92.530 | Ambulatory surgery center | Y92.12 | Nursing home |
| Y92.831 | Amusement park | Y92.65 | Oil/Natural Gas rig |
| Y92.03 | Apartment | Y92.29 | Other specified public building |
| Y92.31 | Athletic court(Indoor) | Y92.481 | Parking lot |
| Y92.32 | Athletic field(Outdoor) | Y92.412 | Parkway(Turnpike) |
| Y92.482 | Bike path | Y92.242 | Post office |
| Y92.521 | Bus station | Y92.14 | Prison |
| Y92.833 | Campsite | Y92.51 | Private commercial establishments |
| Y92.11 | Children's home or orphanage | Y92.0 | Private Residence |
| Y92.243 | City hall | Y92.830 | Public park |
| Y92.214 | College/University | Y92.85 | Railroad track |
| Y92.210 | Daycare center | Y92.522 | Railway station |
| Y92.62 | Dock or shipyard | Y92.83 | Recreation area |
| Y92.211 | Elementary school | Y92.15 | Reform school |
| Y92.7 | Farm | Y92.22 | Religious institution |
| Y92.531 | Health care provider office(Doctor's Office) | Y92.331 | Roller skating rink |
| Y92.213 | High school | Y92.513 | Shop (commercial) |
| Y92.523 | Highway rest stop | Y92.480 | Sidewalk |
| Y92.23 | Hospital | Y92.413 | State road |
| Y92.330 | Ice skating rink (indoor) (outdoor) | Y92.4 | Street , highway and other paved roadways |
| Y92.6 | Industrial or construction area | Y92.34 | Swimming pool (public) |
| Y92.1 | Institutional (nonprivate) residence | Y92.016 | Swimming-pool in Private Residence |
| Y92.411 | Interstate highway | Y92.254 | Theater (live) |
| itICD.01 | Lake/River | Y92.5 | Trade and service area |
| Y92.241 | Library | Y92.215 | Trade school |
| Y92.414 | Local residential or business street | Y92.410 | Unspecified street and highway (includes unpaved) |
| Y92.212 | Middle school | Y92.532 | Urgent care center |
| Y92.13 | Military base | Y92.82 | Wilderness area |
| Y92.64 | Mine or pit | Y92.834 | Zoological garden (Zoo) |
| Y92.02 | Mobile home | | |

***Lake/River is a custom code not in the NEMSIS suggested list but is required to be in OKEMSIS v3 dataset.**

Medication Allergies Codes and Descriptions

| Code | Code Description |
|-------------|---|
| Z88.1 | Allergy status to other antibiotic agents status |
| Z88.2 | Allergy status to sulfonamides status |
| Z88.4 | Allergy status to anesthetic agent status |
| Z88.5 | Allergy status to narcotic agent status |
| Z88.7 | Allergy status to serum and vaccine status |
| Z88.9 | Allergy status to unspecified drugs, medicaments and biological substances status |
| Z88.0 | Allergy status to penicillin |
| Z88.3 | Allergy status to other anti-infective agents status |
| Z88.6 | Allergy status to analgesic agent status |
| Z88.8 | Allergy status to other drugs, medicaments and biological substances status |

NOTE: Codes have been added since implementation of v3.3.4 in Oklahoma. An updated list of codes can be found here: [OSDH EMS Website](#)

Provider Impression Codes and Descriptions

| Code | Code Description | Code | Code Description |
|-------------|---|-------------|--|
| I21.0 | 1-STEMI-ST elevation myocardial infarction of anterior wall | S39.91 | Injury- Abdomen |
| I21.1 | 2-STEMI-ST elevation myocardial infarction of inferior wall | S90 | Injury- Ankle, Foot, and Toes |
| I21.2 | 3-STEMI-ST elevation myocardial infarction of other sites | S59.9 | Injury- Elbow and Forearm |
| I21.4 | 4-NSTEMI-Non-ST elevation myocardial infarction | S39.94 | Injury- External Genitals |
| J05.1 | Acute epiglottitis | S05 | Injury- Eye and orbit |
| J06.9 | Acute upper respiratory infection | S09.9 | Injury- Face and Head |
| F10.9 | Alcohol use | S79.9 | Injury- Hip and Thigh |
| T78.40 | Allergy | S06.9 | Injury- Intracranial |
| T78.2 | Anaphylactic shock | S39.92 | Injury- Lower Back |
| D64.9 | Anemia | S89.9 | Injury- Lower Leg |
| I20.9 | Angina pectoris | S19.9 | Injury- Neck |
| J45.901 | Asthma, (acute) exacerbation | T14.90 | Injury- Not otherwise specified |
| Z74.01 | Bedridden | S39.93 | Injury- Pelvis |
| F99 | Behaviorial / psychiatric disorder | S49.9 | Injury- Shoulder and Upper Arm |
| J20.9 | Bronchitis- Acute | S29.9 | Injury- Thorax |
| T30.0 | Burn | S69.9 | Injury- Wrist, Hand, and finger |
| D49 | Cancer | P15.9 | Injury-[to newborn] |
| I46.9 | Cardiac arrest | O80 | Labor and Delivery, uncomplicated delivery |
| I49.9 | Cardiac Arrhythmia/Dysrhythmia | O75 | Labor and Delivery, with complications |
| I31.4 | Cardiac tamponade | P24.0 | Meconium aspiration |
| F14 | Cocaine related disorders | K92.1 | Melena |
| J95.85 | Complication of respirator [ventilator] | E88.9 | Metabolic disorder |
| S06.0X9A | Concussion with loss of consciousness | G43.9 | Migraine |
| S06.0X0A | Concussion without loss of consciousness | G98.8 | Neurological disorders |
| Q89.9 | Congenital malformation, | P08.21 | Newborn- Post-term |
| K59.00 | Constipation | P07.3 | Newborn- Preterm |
| J44.1 | COPD | F13 | Non-specified Sedative, hypnotic or anxiolytic related disorders |
| J05.0 | Croup | E66.9 | Obesity |
| E86.0 | Dehydration | F11 | Opioid related disorders |
| K59.1 | Diarrhea | Z74.09 | Other reduced mobility |
| T70 | Effects of air pressure and water pressure | M54.9 | Pain- Back non-traumatic |

| | | | |
|--------|--|---------|---|
| T18.9 | Foreign body- Digestive system, part | K08.8 | Pain- tooth |
| T16 | Foreign body- Ear | G89.1 | Pain-Acute |
| T19.9 | Foreign body- Genitourinary tract | G89.2 | Pain-Chronic |
| T15 | Foreign body- On external eye | H57.10 | Pain-Ocular, eye |
| T17.9 | Foreign body- Respiratory tract, part | G82.20 | Paraplegia |
| T33.90 | frostbite- Superficial | J18.9 | Pneumonia |
| T34.90 | frostbite- With Necrosis | J93.9 | Pneumothorax |
| K21 | GERD-Gastro-esophageal reflux disease | O14.9 | Pre-Eclampsia |
| F16 | Hallucinogen related disorders | O60.1 | Preterm labor with preterm delivery |
| Z77.9 | Health hazard contact | O60.0 | Preterm labor without delivery |
| I50.9 | Heart failure | F19 | Psychoactive substance related disorders |
| T67.5 | Heat exhaustion | J81.0 | pulmonary edema, acute |
| T67.0 | Heatstroke and sunstroke | I26 | Pulmonary embolism |
| G81.90 | Hemiplegia- affecting side | G82.50 | Quadriplegia |
| S06.4 | hemorrhage- epidural | J68.9 | Respiratory condition due to chemicals, gases, fumes and vapors |
| K92.2 | hemorrhage- GI | J98.9 | Respiratory disorder- |
| I62.9 | Hemorrhage- Intracranial, nontraumatic | P22 | Respiratory distress- newborn |
| S06.6 | hemorrhage- subarachnoid | J96.9 | Respiratory failure |
| S06.5 | hemorrhage- subdural | B97.4 | RSV |
| N93.9 | hemorrhage- Vaginal(abnormal) | G40.89 | Seizures- Other |
| O72 | Hemorrhage-Postpartum | G40.901 | Seizures- With status epilepticus |
| J94.2 | Hemothorax | G40.909 | Seizures- Without status epilepticus |
| E13.65 | Hyperglycemia- Diabetes | A41.9 | Sepsis |
| I10 | Hypertension | D57.0 | Sickle Cell Crisis |
| E16.2 | Hypoglycemia | O03 | Spontaneous abortion |
| E13.64 | Hypoglycemia- Diabetes | P95 | Stillbirth |
| I95.9 | Hypotension | I63.9 | Stroke |
| T68 | Hypothermia | T71.9 | Suffocation / Asphyxia |
| E86.1 | Hypovolemia | L55.0 | Sunburn of first degree |
| B99.9 | Infectious Disease | L55.1 | Sunburn of second degree |
| J11 | Influenza | L55.2 | Sunburn of third degree |
| F15 | Inhalant Disorders- Non-specific | G45.9 | Transient cerebral ischemic attack- |
| F18 | Inhalant related disorders | H53.9 | visual disturbance |
| R41.0 | Excited(Agitated) Delirium | Z00.00 | Encounter, Adult, No Findings or Complaints |
| R99 | Obvious Death | Z00.129 | Encounter, Child, No Findings or Complaints |

Symptom Codes and Descriptions

| <i>Code</i> | <i>Code Description</i> | <i>Code</i> | <i>Code Description</i> |
|-------------|---|-------------|--|
| R14.0 | Abdominal- Distension | R69 | Illness |
| R19.30 | Abdominal rigidity | G47.00 | Insomnia |
| R10.81 | Abdominal- Tenderness | R19.0 | Intra-abdominal and pelvic swelling, mass and lump |
| R06 | Abnormal- breathing | N92.6 | Irregular menstruation |
| R26.9 | Abnormal- Of gait and mobility | R45.4 | Irritability and anger |
| R29.2 | Abnormal- reflex | L29.9 | Itching |
| R09.3 | Abnormal- sputum | R17 | Jaundice |
| N93.9 | Abnormal- uterine and vaginal bleeding | R27.9 | Lack of coordination |
| R63.5 | Abnormal- weight gain | R25.3 | Muscle Twitch |
| R63.4 | Abnormal- weight loss | R09.81 | Nasal congestion |
| R25.0 | Abnormal- head movements | R11.0 | Nausea |
| R25.9 | Abnormal- Involuntary Movements | R11.2 | Nausea- With vomiting |
| R19.11 | Absent bowel sounds | R45.0 | Nervousness |
| R10.0 | Acute abdomen | R03.1 | Nonspecific low blood-pressure reading |
| R41.82 | Altered mental status | R06.01 | Orthopnea |
| R41.3 | amnesia | R07.82 | Pain- Intercostal (rib) |
| R63.0 | Anorexia | R30.9 | Pain- Micturition |
| R13.0 | Aphagia (related to swallowing) | R10.84 | Pain- Abdominal (general) |
| R47.01 | Aphasia(related to speech and language) | R10 | Pain- Abdominal and Pelvic |
| R49.1 | Aphonia (Loss of Voice) | R07.9 | Pain- Chest |
| R06.81 | Apnea | R07.1 | Pain- Chest, upon breathing |
| R18.8 | ascites | H92.09 | Pain- Ear |
| R09.01 | Asphyxia | R10.13 | Pain- Epigastric |
| R27.0 | Ataxia | R68.84 | Pain- Jaw |
| R04.2 | Blood in sputum | R10.32 | Pain- Left lower quadrant |
| R00.1 | Bradycardia | R10.12 | Pain- Left upper quadrant |
| R64 | Cachexia(wasting) | R10.30 | Pain- Lower abdominal |
| R01.1 | Cardiac murmur | H57.10 | Pain- Ocular, eye |
| R57.0 | Cardiogenic shock | R10.2 | Pain- Pelvic and perineal |
| R68.83 | Chills | R10.31 | Pain- Right lower quadrant |
| R53.82 | Chronic fatigue | R10.11 | Pain- Right upper quadrant |
| R68.3 | Clubbing of fingers | R07.0 | Pain- throat |
| R10.83 | Colic | R52 | Pain- Not specified |
| R40.20 | coma | R10.10 | Pain- Upper abdominal |
| K59.00 | Constipation | R23.1 | Pallor |

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|---------|---|---------|---|
| R56.9 | convulsions | R00.2 | Palpitations |
| R05 | Cough | R06.3 | Periodic breathing |
| R25.2 | Cramp and spasm | R09.1 | Pleurisy |
| R23.0 | Cyanosis | R07.81 | Pleurodynia |
| E86.0 | Dehydration | R63.2 | Polyphagia |
| R19.7 | Diarrhea | R56.1 | Post traumatic seizures |
| R41.0 | Disorientation | R07.2 | Precordial pain |
| R42 | Dizziness | N48.3 | Priapism |
| R40.0 | Drowsiness | G44.53 | Primary thunderclap headache |
| R68.2 | Dry mouth | R10.82 | Rebound abdominal tenderness |
| R13.10 | Dysphagia (related to Swallowing) | N23 | Renal Colic |
| R47.02 | Dysphasia(related to Speech or comprehension) | R29.6 | Repeated falls |
| R06.00 | Dyspnea | R09.2 | Respiratory arrest |
| R30.0 | Dysuria | R45.1 | Restlessness and agitation |
| R60.1 | Edema- Generalized | R57.9 | Shock- |
| R60.0 | Edema- Localized | R57.1 | Shock- Hypovolemic |
| R60.9 | Edema, | R65.21 | Shock- Sepsis |
| R03.0 | Elevated blood-pressure reading- Non-Hypertensive | R65.20 | Shock- Without Sepsis |
| R04.0 | Epistaxis | R06.02 | Shortness of breath |
| R14.2 | Eructation(indigestion) | R20.2 | Skin- Burning, Prickly, Tingling Sensation. |
| R61 | Excessive Sweating | R20.1 | Skin- Decreased Sensation |
| R63.1 | Excessive Thirst | R21 | Skin- Rash |
| R29.810 | Facial Droop | R23.9 | Skin- Changes |
| R53.83 | fatigue | R22 | Skin-Swelling, Mass, or Lump |
| R50.9 | Fever | R46.4 | Slowness and poor responsiveness |
| R14.3 | Flatulence | R47.81 | Slurred speech |
| R23.2 | Flushing | R06.7 | Sneezing |
| R35.0 | Frequency of micturition | R06.83 | Snoring |
| R68.12 | Fussy infant (baby) | R47.9 | speech disturbances |
| R26.0 | Gait- Ataxic | R23.3 | Spontaneous ecchymoses |
| R26.1 | Gait- Paralytic | R45.7 | State of emotional shock and stress |
| R26.2 | Gait, Limp Gait or Difficulty Walking | R06.1 | Stridor |
| R14.1 | Gas pain | R40.1 | Stupor |
| K92.2 | Gastrointestinal hemorrhage | R45.851 | Suicidal ideations |
| R44.3 | Hallucinations | R55 | Syncope and collapse |
| R44.0 | Hallucinations, Auditory | R00.0 | Tachycardia |
| R51 | Headache | R06.82 | Tachypnea |
| H91.90 | Hearing loss- ear | K08.8 | Toothache |

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|---------|---|---------|---|
| R12 | Heartburn | R40.4 | Transient- Alteration of awareness |
| R31 | Hematuria | R29.5 | Transient- Paralysis |
| G81 | Hemiplegia and hemiparesis | R25.1 | Tremor, involuntary |
| R58 | Hemorrhage | R26.81 | Unsteadiness on feet |
| R04.9 | Hemorrhage- Respiratory Passages, | R32 | urinary incontinence |
| R04.1 | Hemorrhage- Throat | R45.6 | Violent behavior |
| R06.6 | Hiccough | H53.9 | visual disturbance |
| R49.0 | Hoarseness | R44.1 | Visual hallucinations |
| R45.850 | Homicidal ideations | H54.7 | visual loss |
| R19.12 | Hyperactive bowel sounds | R11.10 | Vomiting |
| R20.3 | Hyperesthesia | K92.0 | Vomiting- Blood |
| R73.9 | Hyperglycemia | R11.13 | Vomiting- Of fecal matter |
| G47.10 | Hypersomnia | R11.11 | Vomiting- Without Nausea |
| R06.4 | Hyperventilation | R11.12 | Vomiting- Projectile |
| R09.02 | Hypoxemia | R53.1 | Weakness |
| R99 | Obvious Death | R06.2 | Wheezing |
| Z00.00 | Encounter, Adult, No Findings or Complaints | Z00.129 | Encounter, Child, No Findings or Complaints |

NOTE: Codes have been added since implementation of v3.3.4 in Oklahoma. An updated list of codes can be found here: [OSDH EMS Website](#)

Cause of Injury Codes and Descriptions

| Code | Code Description | Code | Code Description |
|-------------|---|-------------|--|
| V00.8 | Accident on pedestrian conveyance | X01.1 | Exposure to smoke in uncontrolled fire, not in building or structure |
| W65 | Accidental drowning and submersion while in bath-tub | Y26 | Exposure to smoke, fire and flames, undetermined intent |
| W69 | Accidental drowning and submersion while in natural water | X32 | Exposure to sunlight |
| W67 | Accidental drowning and submersion while in swimming-pool | X00 | Exposure to uncontrolled fire in building or structure |
| W32 | Accidental handgun discharge and malfunction | X01 | Exposure to uncontrolled fire, not in building or structure |
| W50 | Accidental hit, strike, kick, twist, bite or scratch by another person | W89.9 | Exposure to unspecified man-made visible and ultraviolet light |
| W33 | Accidental rifle, shotgun and larger firearm discharge and malfunction | W10.9 | Fall (on) (from) stairs and steps |
| V97 | Air transport accident | W00.9 | Fall due to ice and snow |
| V80.9 | Animal-rider or occupant of animal-drawn vehicle injured in other and transport accidents | W06 | Fall from bed |
| V91 | Any injury except drowning and submersion as a result of an accident to watercraft | W07 | Fall from chair |
| T71.9 | Asphyxiation not otherwise stated | W15 | Fall from cliff |
| T71.29 | Asphyxiation due to being trapped in other low oxygen environment | W05 | Fall from non-moving wheelchair, nonmotorized scooter and motorized mobility scooter |
| T71.1 | Asphyxiation due to mechanical threat to breathing | W17 | fall from one level to another |
| X96.9 | Assault by explosive | W18.1 | Fall from or off toilet |
| X95.9 | Assault by firearm discharge | W08 | Fall from other furniture |
| X98.9 | Assault by hot objects | W14 | Fall from tree |
| X99.9 | Assault by sharp object | W13.9 | Fall from, out of or through building, not otherwise specified |
| Y03.0 | Assault by being hit or run over by motor vehicle | W13.2 | Fall from, out of or through roof |
| Y00 | Assault by blunt object | W13.4 | Fall from, out of or through window |
| Y04 | Assault by bodily force | W18.2 | Fall in (into) shower or empty bathtub |
| Y03 | Assault by crashing of motor vehicle | W11 | Fall on and from ladder |
| X92.9 | Assault by drowning and submersion, | W09 | Fall on and from playground equipment |
| Y04.1 | Assault by human bite | W12 | Fall on and from scaffolding |
| Y01 | Assault by pushing from high place | W01 | Fall on same level from slipping, tripping and stumbling |

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|-------|---|--------|---|
| Y02 | Assault by pushing or placing victim in front of moving object | W16 | Fall, jump or diving into water |
| X97 | Assault by smoke, fire and flames | Y30 | Falling, jumping or pushed from a high place, undetermined intent |
| Y09 | Assault by unspecified means | Y31 | Falling, lying or running before or into moving object, undetermined intent |
| X36 | Avalanche, landslide and other earth movements | Y24.9 | Firearm discharge, undetermined intent |
| V79.3 | Bus occupant (driver) (passenger) injured in nontraffic accident | X38 | Flood |
| V79.9 | Bus occupant (driver) (passenger) injured in traffic accident | W45 | Foreign body or object entering through skin |
| V49.3 | Car occupant (driver) (passenger) injured in nontraffic accident | X74.9 | Intentional self-harm by firearm discharge |
| V49.9 | Car occupant (driver) (passenger) injured in traffic accident | X77.9 | Intentional self-harm by hot objects |
| W23 | Caught, crushed, jammed or pinched in or between objects | X78.9 | Intentional self-harm by sharp object |
| W30.9 | Contact with agricultural machinery | X79 | Intentional self-harm by blunt object |
| Y27.9 | Contact with hot objects, undetermined intent | X82 | Intentional self-harm by crashing of motor vehicle |
| Y28.9 | Contact with sharp object, undetermined intent | X71.9 | Intentional self-harm by drowning and submersion, |
| Y29 | Contact with blunt object, undetermined intent | X75 | Intentional self-harm by explosive material |
| W54 | Contact with dog | X80 | Intentional self-harm by jumping from a high place |
| Y25 | Contact with explosive material, undetermined intent | X81 | Intentional self-harm by jumping or lying in front of moving object |
| X14 | Contact with hot air and other hot gases | X76 | Intentional self-harm by smoke, fire and flames |
| X10 | Contact with hot drinks, food, fats and cooking oils | W49.0 | Item causing external constriction |
| X17 | Contact with hot engines, machinery and tools | T76.9 | Maltreatment, suspected |
| X16 | Contact with hot heating appliances, radiators and pipes | V29.3 | Motorcycle rider (driver) (passenger) injured in nontraffic accident |
| X15 | Contact with hot household appliances | V29.9 | Motorcycle rider (driver) (passenger) injured in traffic accident |
| X11 | Contact with hot tap-water | V69.3 | Occupant (driver) (passenger) of heavy transport vehicle injured in nontraffic accident |
| W26 | Contact with knife, sword or dagger | V69.9 | Occupant (driver) (passenger) of heavy transport vehicle injured in traffic accident |
| W27 | Contact with nonpowered hand tool | V86.31 | Occupant of ambulance or fire engine injured in traffic accident |
| W60 | Contact with nonvenomous plant thorns and spines and sharp leaves | V86.99 | Occupant of all-terrain or other off-road motor vehicle injured in nontraffic accident |

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|-------|---|--------|---|
| X12 | Contact with other hot fluids | V86.39 | Occupant of all-terrain or other off-road motor vehicle injured in traffic accident |
| X18 | Contact with other hot metals | V81.9 | Occupant of railway train or railway vehicle injured in railway accident |
| W55 | Contact with other mammals | V84.9 | Occupant of agricultural vehicle injured in nontraffic accident |
| W29 | Contact with powered hand tools and household machinery | V83.9 | Occupant of industrial vehicle injured in nontraffic accident |
| W25 | Contact with sharp glass | Y37.9 | Other and unspecified military operations |
| X13 | Contact with steam and other hot vapors | V93 | Other injury due to accident on board watercraft, without accident to watercraft |
| W31.9 | Contact with unspecified machinery | V97.2 | Parachutist accident |
| W52 | Crushed, pushed or stepped on by crowd or human stampede with or without fall | V19.3 | Pedal cyclist (driver) (passenger) injured in nontraffic accident |
| W39 | Discharge of firework | V19.9 | Pedal cyclist (driver) (passenger) injured in traffic accident |
| V92 | Drowning and submersion due to accident on board watercraft, without accident to watercraft | V09.9 | Pedestrian injured in transport accident |
| V90 | Drowning and submersion due to accident to watercraft | V00.0 | Pedestrian injured in collision with non-motorized conveyance |
| Y21.9 | Drowning and submersion, undetermined intent | V01 | Pedestrian injured in collision with pedal cycle |
| X34 | Earthquake | T50.90 | Poisoning by, adverse effect of and underdosing of drugs, medicaments and biological substances |
| T75.0 | Effects of lightning | W28 | Powered lawn mower (commercial) (residential) |
| W38 | Explosion and rupture of pressurized devices | V00.1 | Rolling-type pedestrian conveyance accident |
| W40.9 | Explosion of explosive materials | T75.4 | Shock from electric current |
| X02 | Exposure to controlled fire in building or structure | V00.13 | Skateboard accident |
| X03 | Exposure to controlled fire, not in building or structure | W18.4 | Slipping, tripping and stumbling without falling |
| W85 | Exposure to electric transmission lines | W21 | Striking against or struck by sports equipment |
| W93 | Exposure to excessive cold of man-made origin | W20 | Struck by thrown, projected or falling object |
| W92 | Exposure to excessive heat of man-made origin | Y38 | Terrorism |
| X31 | Exposure to excessive natural cold | Y38.6 | Terrorism involving biological weapons |
| X30 | Exposure to excessive natural heat | Y38.7 | Terrorism involving chemical weapons |
| X04 | Exposure to ignition of highly flammable material | X37.1 | Tornado |
| X06 | Exposure to ignition or melting of other clothing and apparel | T51.9 | Toxic effect of alcohol |

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|-------|--|-------|--|
| W88 | Exposure to ionizing radiation | T59.9 | Toxic effect of gases, fumes and vapors |
| W42 | Exposure to noise | T60.9 | Toxic effect of pesticide |
| W64 | exposure to nonvenomous animal NOS | T58.9 | Toxic effect of carbon monoxide from source |
| W99 | Exposure to other man-made environmental factors | T63 | Toxic effect of contact with venomous animals and plants |
| W90 | Exposure to other nonionizing radiation | T65.9 | Toxic effect of unspecified substance |
| X02.1 | Exposure to smoke in controlled fire in building or structure | X37.9 | Unspecified cataclysmic storm |
| X03.1 | Exposure to smoke in controlled fire, not in building or structure | | |
| X00.1 | Exposure to smoke in uncontrolled fire in building or structure | | |

Intercept Recipient Agency Code List

| Code | Agency Name | Code | Agency Name |
|-------------|-------------------------------------|-------------|-------------------------------------|
| 400 | AEL 04 - Springdale, AR | 238 | Jackson County EMS |
| 412 | AEL 21-Elk City | 200 | Jay EMS |
| 395 | AEL 22-Paris, AR | 79 | Johnston County Ambulance |
| 401 | AEL 25 - Duncan | 347 | Keyes EMS |
| 396 | AEL 26-Pauls Valley | 147 | Kingfisher Fire & Ambulance Service |
| 397 | AEL 29-Claremore | 52 | Kiowa County District 3 EMS |
| 402 | AEL 34-Wichita Falls, TX | 3 | Kirks Emergency Service |
| 399 | AEL 36-Cushing | 11 | Konawa EMS |
| 428 | AEL 65-67-68, TX | 118 | Laverne EMS |
| 429 | AEL 70-Woodward | 113 | Leedey Amb Serv |
| 430 | AEL 73-Dequeen, AR | 75 | Life EMS |
| 433 | AEL 83 - Muskogee | 354 | Life EMS of Hennessey |
| 473 | AEL-Altus | 458 | LifeNet, Inc. |
| 290 | Aerocare Medical Transport | 369 | LifeTeam |
| 451 | Air Kids One(Air) sc | 343 | Lindsay EMS |
| 444 | Air Methods-TLF | 53 | Lone Wolf Community Ambulance |
| 239 | Alfalfa County EMS Inc. | 54 | Major County Ambulance |
| 26 | Alva Ambulance Service | 93 | Mannford Ambulance |
| 315 | American Medical Response-Duncan | 127 | Marshall County EMS District |
| 337 | American Medical Response-Marlow | 177 | Marshall Volunteer Ambulance |
| 88 | Anadarko Fire Dept EMS | 265 | Mayes Emergency Serv Trust Auth |
| 210 | Apache Ambulance Service | 311 | McAlester Army Ammunition Plant |
| 466 | Apollo MedFlight-Guymon | 80 | McAlester Fire Dept EMS |
| 465 | Apollo MedFlight-TX | 222 | McClain-Grady County EMS Dist #1 |
| 438 | Arkansas City Fire - EMS Department | 124 | McCurtain County EMS |
| 28 | Atoka County Ambulance | 36 | Medford Ambulance (city of) |
| 77 | Bartlesville Ambulance Service | 407 | Medi Flight Air SC-Chickasha |
| 29 | Beaver County EMS | 445 | Medic West, LLC |
| 31 | Blackwell Fire & EMS | 461 | MediFlight-Chickasha |
| 23 | Broken Arrow Fire Dept EMS, City Of | 453 | Mercy EMS - El Reno |
| 128 | Bryan County EMS | 452 | Mercy EMS - SC - El Reno |
| 380 | Bryan County EMS Critical Care | 312 | Mercy Health-Love County EMS |
| 255 | Buffalo EMS District | 422 | Mercy Regional of Oklahoma |
| 84 | Burns Flat Ambulance Service | 55 | Midwest Reg Hosp EMS |
| 355 | Butler EMS | 436 | Miller EMS |
| 417 | Cache EMS | 332 | Murray County EMS |
| 111 | Canton-Longdale EMS District | 78 | Muskogee County EMS |

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|-----|---|-----|--|
| 435 | CareFlite - Dallas | 108 | Newkirk Fire Dept EMS |
| 471 | Carnegie EMS | 176 | Noble Fire Dept EMS |
| 175 | Cashion EMS | 432 | Nowata Fire & EMS |
| 32 | Chandler Ambulance Service | 8 | Okeene Ambulance Service |
| 174 | Checotah Emergency Amb Serv | 450 | Oklahoma Critical Care Transport |
| 263 | Cherokee Nation EMS | 76 | Okmulgee County EMS |
| 213 | Cheyenne & Arapaho EMS | 356 | Oologah-Talala EMS District |
| 300 | Chickasaw Nation EMS | 6 | Owasso Fire Dept EMS |
| 7 | Chickasha Fire EMS | 416 | Pafford EMS of Oklahoma |
| 227 | Choctaw County Ambulance Auth | 132 | Para Med, Inc |
| 352 | Choctaw Nation Specialty Transport | 443 | Para Med, Inc. - Crowder |
| 1 | Cimarron County EMS | 58 | Pauls Valley Ambulance |
| 270 | City of Antlers | 464 | Pawhuska EMS |
| 469 | City of Cyril Ambulance | 187 | Pawnee Ambulance |
| 439 | Clayton Ambulance Service | 59 | Perry Fire Dept EMS |
| 415 | Cleora EMS District Trust | 160 | Ponca City Fire Dept Ambulance |
| 375 | Coalgate Fire Dept | 61 | Pond Creek Fire & Ambulance |
| 125 | Colbert EMS | 437 | Quapaw Tribe Fire and Ambulance |
| 33 | Collinsville Fire Department | 325 | React EMS |
| 314 | Comanche Co Mem Hosp EMS | 457 | Reynolds Army Community Hospital EMS |
| 179 | Community Ambulance Service-Seiling | 456 | Rocky Mountain TLF(SC) |
| 211 | Cordell Ambulance | 63 | Roger Mills AMB Serv |
| 462 | Country Corner Fire District | 229 | Rush Springs EMS |
| 131 | Coweta Fire Dept | 468 | Samaritan EMS |
| 83 | Creek County Emergency Ambulance Service District | 126 | Seminole Fire Department |
| 219 | Creek Nation EMS | 105 | Sentinel City Ambulance |
| 140 | Crescent Ambulance District | 89 | Shidler Ambulance |
| 39 | Cushing Fire Department | 171 | Sinor EMS-Clinton |
| 40 | Davenport Fire Dept/EMS | 145 | Sinor EMS-Hobart |
| 455 | Eagle Medical Transport, LLC | 275 | Sinor EMS-Sayre |
| 423 | Eaglemed - Ardmore RW | 410 | Sinor EMS-Thomas |
| 449 | Eaglemed - Oklahoma City(Ground SC) | 109 | Sinor EMS-Weatherford |
| 367 | Eaglemed - Stillwater RW | 24 | Skiatook Fire & EMS |
| 418 | Eaglemed Hugo RW | 459 | Southeast EMS-Stigler |
| 447 | Eaglemed LLC - FW 447 | 460 | Southeast EMS-Wilburton |
| 446 | Eaglemed LLC - RW 446 | 64 | Southern Oklahoma Ambulance Service |
| 474 | EagleMed, LLC - San Marcos | 117 | Southwest Oklahoma Amb Auth |
| 382 | Eaglemed-Tahlequah RW | 467 | St. Anthony Healthplex Transport Team |
| 237 | Eastern Bryan County Amb Serv | 348 | St. John's Med Flight(Arch Air - Joplin, MO) |



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|--|--|-----|--|
| 103 | Eldorado EMS | 95 | Stilwell Ambulance Service |
| 383 | Elk City Fire Department EMS | 97 | Stratford Ambulance |
| 42 | Ellis County EMS | 470 | SW Lincoln County Fire EMS |
| 186 | Elmore City EMS | 65 | Tahlequah City Hospital EMS |
| 303 | EMS of LeFlore County | 66 | Taloga Ambulance Service |
| 358 | EMS Plus - Glenpool | 166 | Texhoma Ambulance Service (city of) |
| 44 | EMSA-East Division | 319 | The Children's Hospital at Saint Francis Neonatal Specialty Unit |
| 296 | EMSA-West Division | 115 | Tillman County EMS District |
| 322 | EMSSTAT-Norman Reg Hosp EMS | 161 | Tonkawa Fire Dept Ambulance |
| 34 | Erick Ambulance Service | 178 | Tulsa Life Flight (air)-old |
| 15 | Freedom Volunteer Amb Serv | 68 | Tuttle EMS |
| 424 | Garber EMS | 69 | Valley View Regional EMS |
| 141 | Goodwell Ambulance Service | 302 | Velma Community Ambulance |
| 30 | Grandfield Ambulance Service | 441 | Vici Camargo EMS |
| 336 | Green Country Fire & Rescue | 472 | Victory Emergency Med Svcs |
| 107 | Greer Co Special Amb Serv | 384 | Wadley's EMS, Inc. |
| 136 | Grove EMS | 14 | Wagoner EMS |
| 152 | Guthrie EMS | 245 | Watonga EMS |
| 173 | Guymon Fire Dept Ambulance | 172 | Waurika Ambulance Service |
| 47 | Hartshorne EMS | 4 | Waynoka Ambulance |
| 421 | Hominy Community Medical Trust Authority | 427 | Weleetka Graham EMS |
| 50 | Hooker Municipal Ambulance | 434 | Westville EMS |
| 51 | Hughes County EMS | 184 | Wewoka Fire Dept/EMS |
| 94 | Integris Emergency Services | 119 | Woodward County EMS |
| 228 | International Paper EMS | 489 | McAlester Regional AirCare |
| 1. Agency List is subject to change and will be updated at least once a year. | | | |

Date/Time Formats in OKEMSIS

Services are required to use the below format for all date/times in OKEMSIS. DateTime consists of finite-length characters of the form: yyyy '-' mm '-' dd 'T' hh ':' mm ':' ss ('.' s+)? (zzzzzz)

| | |
|--------|---|
| yyyy | a four-digit numeral that represents the year |
| '-' | separators between parts of the date portion |
| mm | a two-digit numeral that represents the month |
| dd | a two-digit numeral that represents the day |
| T | separator that indicates time-of-day follows |
| hh | a two-digit numeral that represents the hour |
| ':' | a separator between parts of the time-of-day portion |
| mm | a two-digit numeral that represents the minute |
| ss | a two-integer-digit numeral that represents the whole seconds |
| '.' s+ | (not required) represents the fractional seconds |
| zzzzzz | (required) represents the timezone (as described below) |

Timezones, required, are durations with (integer-valued) hour and minute properties in the form: ('+' | '-') hh ':' mm

| | |
|-----|--|
| hh | a two-digit numeral (with leading zeros as required) that represents the hours |
| mm | a two-digit numeral that represents the minutes |
| '+' | a nonnegative duration |
| '-' | a nonpositive duration |

Assessments (eExam) Section

| | |
|---------------|--|
| Legend | Dataset Level: ■ National ■ State |
| | Usage: M = Mandatory , R = Required , E = Recommended , or O = Optional |
| | Attributes: N = Not Values , P = Pertinent Negatives , L = Nillable, and/or C = Correlation ID |

| eExam | |
|-------|--|
| 0 : 1 | eExam.01 - Estimated Body Weight in Kilograms S E N, L, P |
| 0 : 1 | eExam.02 - Length Based Tape Measure S E N, L, P |
| 0 : M | eExam.AssessmentGroup C |
| 0 : 1 | eExam.03 - Date/Time of Assessment O |
| 0 : M | eExam.04 - Skin Assessment O P C |
| 0 : M | eExam.05 - Head Assessment O P C |
| 0 : M | eExam.06 - Face Assessment O P C |
| 0 : M | eExam.07 - Neck Assessment O P C |
| 0 : M | eExam.08 - Chest/Lungs Assessment O P C |
| 0 : M | eExam.09 - Heart Assessment O P C |
| 0 : M | eExam.AbdomenGroup C |
| 0 : 1 | eExam.10 - Abdominal Assessment Finding Location O |
| 0 : M | eExam.11 - Abdomen Assessment O P C |
| 0 : M | eExam.12 - Pelvis/Genitourinary Assessment O P C |
| 0 : M | eExam.SpineGroup C |
| 0 : 1 | eExam.13 - Back and Spine Assessment Finding Location O |
| 0 : M | eExam.14 - Back and Spine Assessment O P C |
| 0 : M | eExam.ExtremityGroup C |
| 0 : 1 | eExam.15 - Extremity Assessment Finding Location O |
| 0 : M | eExam.16 - Extremities Assessment O P C |
| 0 : M | eExam.EyeGroup C |
| 0 : 1 | eExam.17 - Eye Assessment Finding Location O |
| 0 : M | eExam.18 - Eye Assessment O P C |
| 0 : M | eExam.19 - Mental Status Assessment O P C |
| 0 : M | eExam.20 - Neurological Assessment O P C |

Sample Custom Element/Code Configuration

<!------->

<!-- eCustomConfiguration section -->

<!------->

```
<eCustomConfiguration>
  <eCustomConfiguration.CustomGroup CustomElementID="itRecord.001">
    <eCustomConfiguration.01>itRecord.001</eCustomConfiguration.01>
    <eCustomConfiguration.02>Incident ID (Export Only)</eCustomConfiguration.02>
    <eCustomConfiguration.03>9902005</eCustomConfiguration.03>
    <eCustomConfiguration.04>9923001</eCustomConfiguration.04>
    <eCustomConfiguration.05>9903007</eCustomConfiguration.05>
  </eCustomConfiguration.CustomGroup>
  <eCustomConfiguration.CustomGroup CustomElementID="eSituation.13">
    <eCustomConfiguration.01
nemsisElement="eSituation.13">eSituation.13</eCustomConfiguration.01>
      <eCustomConfiguration.02>The acuity of the patient's condition upon EMS arrival at
the scene.</eCustomConfiguration.02>
      <eCustomConfiguration.03>9902009</eCustomConfiguration.03>
      <eCustomConfiguration.04>9923001</eCustomConfiguration.04>
      <eCustomConfiguration.05>9903003</eCustomConfiguration.05>
      <eCustomConfiguration.06 nemsisCode="2813003" customValueDescription="Priority
2">it2813.101</eCustomConfiguration.06>
    </eCustomConfiguration.CustomGroup>
  </eCustomConfiguration>
```

<!------->

<!-- PatientCareReport section -->

<!-- NOTE: because eSituation.13 is a Nationally-required element in the XML you must provide a "real" value here. Upon import, if a value is found in eCustomResults for this element, the value provided here will get "overwritten" -->

<!------->

```
<eSituation.13>2813003</eSituation.13>
```

<!------->

<!-- eCustomResults section -->

<!------->

```
<eCustomResults>
  <eCustomResults.ResultsGroup>
    <eCustomResults.01>122416</eCustomResults.01>
    <eCustomResults.02>itRecord.001</eCustomResults.02>
  </eCustomResults.ResultsGroup>
  <eCustomResults.ResultsGroup>
    <eCustomResults.01>it2813.101</eCustomResults.01>
    <eCustomResults.02>eSituation.13</eCustomResults.02>
  </eCustomResults.ResultsGroup>
</eCustomResults>
```

Contacts

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OSDH Website

http://www.ok.gov/health/Protective_Health/index.html

ImageTrend Support

E-Mail: support@imagetrend.com

Support Website: <https://support.imagetrend.com>

NEMESIS Website

<http://www.nemesis.org>

