

**Response and Patient Care
e-Elements 10/5/2015**

EMSDataset Element Section Name & Number	ElementName	2015 DPSAC v3 Final eElement Selection:	MNSTAR v2.2.1 elements	V2 .2.1 Number	National	State	Data Usage*	Comment Regarding v3 Elements
eRecord.01	Patient Care Report Number	Yes	Yes	E01_01	National	State	Mandatory	
eRecord.02	Software Creator	Yes	Yes-Automat	E01_02	National	State	Mandatory	
eRecord.03	Software Name	Yes	Yes-Automat	E01_03	National	State	Mandatory	
eRecord.04	Software Version	Yes	Yes-Automat	E01_04	National	State	Mandatory	
eResponse.01	EMS Agency Number	Yes	Yes	E02_01	National	State	Mandatory	
eResponse.02	EMS Agency Name	Yes				State	Recommended	Must be provided (no NV values accepted) on all reports - Populated in software from Agency ID
eResponse.03	Incident Number	Yes	Yes	E02_02	National	State	Required	
eResponse.04	EMS Response Number	Yes	Yes	E02_03	National	State	Required	
eResponse.05	Type of Service Requested	Yes	Yes	E02_04	National	State	Mandatory	
eResponse.06	Standby Purpose	No					Optional	
eResponse.07	Primary Role of the Unit	Yes	Yes	E02_05	National	State	Mandatory	
eResponse.08	Type of Dispatch Delay	Yes	Yes	E02_06	National	State	Required	Default to option of "None" or Not Value of "Not Recorded". Gives agency the option to complete if applicable.
eResponse.09	Type of Response Delay	Yes	Yes	E02_07	National	State	Required	
eResponse.10	Type of Scene Delay	Yes	Yes	E02_08	National	State	Required	
eResponse.11	Type of Transport Delay	Yes	Yes	E02_09	National	State	Required	
eResponse.12	Type of Turn-Around Delay	Yes	Yes	E02_10	National	State	Required	
eResponse.13	EMS Vehicle (Unit) Number	Yes		E02_11	National	State	Mandatory	Default in system to "000" if not completed by agency.
eResponse.14	EMS Unit Call Sign	Yes	Yes	E02_12	National	State	Mandatory	
eResponse.15	Level of Care of This Unit	Yes			National	State	Mandatory	
eResponse.16	Vehicle Dispatch Location	No		E02_13			Optional	
eResponse.17	Vehicle Dispatch GPS Location	No		E02_15			Optional	
eResponse.18	Vehicle Dispatch Location US National Grid Coordinates	No					Optional	
eResponse.19	Beginning Odometer Reading of Responding Vehicle	Yes	Yes	E02_16		State	Optional	
eResponse.20	On-Scene Odometer Reading of Responding Vehicle	Yes	Yes	E02_17		State	Optional	
eResponse.21	Patient Destination Odometer Reading of Responding Vehicle	Yes	Yes	E02_18		State	Optional	
eResponse.22	Ending Odometer Reading of Responding Vehicle	Yes	Yes	E02_19		State	Optional	
eResponse.23	Response Mode to Scene	Yes	Yes	E02_20	National	State	Mandatory	
eResponse.24	Additional Response Mode Descriptors	Yes			National	State	Required	Provide only if documented in call record - if blank default to Not Recorded (only applicable if eResponse.23 is valid).
eDispatch.01	Complaint Reported by Dispatch	Yes	Yes	E03_01	National	State	Mandatory	
eDispatch.02	EMD Performed	Yes	Yes	E03_02	National	State	Required	Default in system to "NO"
eDispatch.03	EMD Card Number	No		E03_03			Optional	
eDispatch.04	Dispatch Center Name or ID	No					Optional	
eDispatch.05	Dispatch Priority (Patient Acuity)	No					Optional	
eDispatch.06	Unit Dispatched CAD Record ID	No					Optional	
eCrew.01	Crew Member ID	Yes	Yes	E04_01		State	Recommended Mandatory	Must be on Agency Roster at time of Incident Date; Must be a Minnesota Certification ID Number; Must be Provided (No NV values accepted) on all records
eCrew.02	Crew Member Level	Yes	Yes	E04_03		State	Recommended	
eCrew.03	Crew Member Response Role	Yes	Yes	E04_02		State	Recommended	
eTimes.01	PSAP Call Date/Time	Yes	Yes	E05_02	National	State	Required	Default to "Not Recorded" if Blank
eTimes.02	Dispatch Notified Date/Time	Yes	Yes	E05_03			Optional	
eTimes.03	Unit Notified by Dispatch Date/Time	Yes	Yes	E05_04	National	State	Mandatory	Value sent must be > eTimes.01 and < eTimes.05; Date must be within 1 year of the current date - Work on additional data quality verifications for all Mandatory Times.
eTimes.04	Dispatch Acknowledged Date/Time	No					Optional	
eTimes.05	Unit En Route Date/Time	Yes	Yes	E05_05	National	State	Required Mandatory	Value sent must be > eTimes.03 and < eTimes.06; Date must be within 1 year of the current date

***Data Usage Definitions:**
Mandatory = Must be completed and does not allow for NOT values
Required = Must be completed and allows NOT values
Recommended = Does not need to be completed and allows NOT values
Optional = Does not need to be completed and does not allow for NOT values

Data Usage - eElements:
Mandatory: 21
Required: 102
Recommended: 28
Optional: 50
Total: 201

2015 DPSAC v3 Final eElement Selection:
Yes = Will be included in the EMSRB version 3.4.0 Data Dictionary
No = Will Not be included in the EMSRB version 3.4.0 Data Dictionary
 • The element will be available for local use and submission

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eTimes.06	Unit Arrived on Scene Date/Time	Yes	Yes	E05_06	National	State	Required Mandatory	Value sent must be > eTimes.05 and < eTimes.07; Date must be within 1 year of the current date
eTimes.07	Arrived at Patient Date/Time	Yes	Yes	E05_07	National	State	Required	
eTimes.08	Transfer of EMS Patient Care Date/Time	Yes		E05_08		State	Recommended	
eTimes.09	Unit Left Scene Date/Time	Yes	Yes	E05_09	National	State	Required Mandatory	Value sent must be > eTimes.07 and < eTimes.11; Date must be within 1 year of the current date
eTimes.10	Arrival at Destination Landing Area Date/Time	Yes					Optional	
eTimes.11	Patient Arrived at Destination Date/Time	Yes	Yes	E05_10	National	State	Required Mandatory	Value sent must be > eTimes.09 and < eTimes.12; Date must be within 1 year of the current date
eTimes.12	Destination Patient Transfer of Care Date/Time	Yes			National	State	Required	
eTimes.13	Unit Back in Service Date/Time	Yes	Yes	E05_11	National	State	Mandatory	
eTimes.14	Unit Canceled Date/Time	Yes		E05_12		State	Optional	
eTimes.15	Unit Back at Home Location Date/Time	Yes	Yes	E05_13			Optional	
eTimes.16	EMS Call Completed Date/Time	No					Optional	
ePatient.01	EMS Patient ID	Yes					Optional	May be used if Agency has Patient unique ID process in place. No statewide system in place for unique Patient ID at this time.
ePatient.02	Last Name	Yes	Yes	E06_01		State	Recommended Required	If Patient Contact*, then must be provided (no NV values accepted) - Pertinent negatives accepted with option of "Unable to Complete" or "Refused".
ePatient.03	First Name	Yes	Yes	E06_02		State	Recommended Required	If Patient Contact*, then must be provided (no NV values accepted) Pertinent negatives accepted with option of "Unable to Complete" or "Refused".
ePatient.04	Middle Initial/Name	Yes	Yes	E06_03			Optional	
ePatient.05	Patient's Home Address	Yes	Yes	E06_04		State	Optional Required	Must be provided (no NV values accepted) - Pertinent negatives accepted with option of "Unable to Complete".
ePatient.06	Patient's Home City	Yes	Yes	E06_05		State	Optional Required	Must be provided (no NV values accepted) - Pertinent negatives accepted with option of "Unable to Complete".
ePatient.07	Patient's Home County	Yes	Yes	E06_06	National	State	Required	Must be provided (no NV values accepted) - Pertinent negatives accepted with option of "Unable to Complete".
ePatient.08	Patient's Home State	Yes	Yes	E06_07	National	State	Required	Must be provided (no NV values accepted) - Pertinent negatives accepted with option of "Unable to Complete".
ePatient.09	Patient's Home ZIP Code	Yes	Yes	E06_08	National	State	Required	Must be provided (no NV values accepted) - Pertinent negatives accepted with option of "Unable to Complete".
ePatient.10	Patient's Country of Residence	Yes		E06_09		State	Optional	
ePatient.11	Patient Home Census Tract	No					Optional	
ePatient.12	Social Security Number	Yes	Yes	E06_10			Optional	
ePatient.13	Gender	Yes	Yes	E06_11	National	State	Required	
ePatient.14	Race	Yes	Yes	E06_12	National	State	Required	
ePatient.15	Age	Yes	Yes	E06_14	National	State	Required	
ePatient.16	Age Units	Yes	Yes	E06_15	National	State	Required	
ePatient.17	Date of Birth	Yes	Yes	E06_16		State	Recommended Mandatory	If Patient Contact*, then must be provided (no NV values accepted) - Pertinent negatives accepted with option of "Unable to Complete" or "Refused".
ePatient.18	Patient's Phone Number	Yes	Yes	E06_17			Optional	
ePatient.19	Patient's Email Address	No					Optional	
ePatient.20	State Issuing Driver's License	No		E06_18			Optional	
ePatient.21	Driver's License Number	No		E06_19			Optional	
ePayment.01	Primary Method of Payment	Yes	No - but Natl	E07_01	National	State	Required	
ePayment.02	Physician Certification Statement	No		E07_02			Optional	
ePayment.03	Date Physician Certification Statement Signed	No					Optional	
ePayment.04	Reason for Physician Certification Statement	No					Optional	
ePayment.05	Healthcare Provider Type Signing Physician Certification Statement	No					Optional	
ePayment.06	Last Name of Individual Signing Physician Certification Statement	No					Optional	

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ePayment.07	First Name of Individual Signing Physician Certification Statement	No					Optional
ePayment.08	Patient Resides in Service Area	No					Optional
ePayment.09	Insurance Company ID	No		E07_03			Optional
ePayment.10	Insurance Company Name	No					Optional
ePayment.11	Insurance Company Billing Priority	No		E07_04			Optional
ePayment.12	Insurance Company Address	No		E07_05			Optional
ePayment.13	Insurance Company City	No		E07_06			Optional
ePayment.14	Insurance Company State	No		E07_07			Optional
ePayment.15	Insurance Company ZIP Code	No		E07_08			Optional
ePayment.16	Insurance Company Country	No					Optional
ePayment.17	Insurance Group ID	No		E07_09			Optional
ePayment.18	Insurance Policy ID Number	No		E07_10			Optional
ePayment.19	Last Name of the Insured	No		E07_11			Optional
ePayment.20	First Name of the Insured	No		E07_12			Optional
ePayment.21	Middle Initial/Name of the Insured	No		E07_13			Optional
ePayment.22	Relationship to the Insured	No		E07_14			Optional
ePayment.58	Insurance Group Name	No					Optional
ePayment.23	Closest Relative/Guardian Last Name	No		E07_18			Optional
ePayment.24	Closest Relative/ Guardian First Name	No		E07_19			Optional
ePayment.25	Closest Relative/ Guardian Middle Initial/Name	No		E07_20			Optional
ePayment.26	Closest Relative/ Guardian Street Address	No		E07_21			Optional
ePayment.27	Closest Relative/ Guardian City	No		E07_22			Optional
ePayment.28	Closest Relative/ Guardian State	No		E07_23			Optional
ePayment.29	Closest Relative/ Guardian ZIP Code	No		E07_24			Optional
ePayment.30	Closest Relative/ Guardian Country	No					Optional
ePayment.31	Closest Relative/ Guardian Phone Number	No		E07_25			Optional
ePayment.32	Closest Relative/ Guardian Relationship	No		E07_26			Optional
ePayment.33	Patient's Employer	No		E07_27			Optional
ePayment.34	Patient's Employer's Address	No		E07_28			Optional
ePayment.35	Patient's Employer's City	No		E07_29			Optional
ePayment.36	Patient's Employer's State	No		E07_30			Optional
ePayment.37	Patient's Employer's ZIP Code	No		E07_31			Optional
ePayment.38	Patient's Employer's Country	No					Optional
ePayment.39	Patient's Employer's Primary Phone Number	No		E07_32			Optional
ePayment.40	Response Urgency	No		E07_33			Optional
ePayment.41	Patient Transport Assessment	No					Optional
ePayment.42	Specialty Care Transport Care Provider	No					Optional
ePayment.44	Ambulance Transport Reason Code	No					Optional
ePayment.45	Round Trip Purpose Description	No					Optional
ePayment.46	Stretcher Purpose Description	No					Optional
ePayment.47	Ambulance Conditions Indicator	No					Optional
ePayment.48	Mileage to Closest Hospital Facility	No					Optional
ePayment.49	ALS Assessment Performed and Warranted	No					Optional
ePayment.50	CMS Service Level	Yes	No - but Natl	E07_34	National	State	Required
ePayment.51	EMS Condition Code	Yes	Yes	E07_35			Optional
ePayment.52	CMS Transportation Indicator	No		E07_37			Optional
ePayment.53	Transport Authorization Code	No					Optional
ePayment.54	Prior Authorization Code Payer	No					Optional
ePayment.55	Supply Item Used Name	No					Optional
ePayment.56	Number of Supply Item(s) Used	No					Optional
ePayment.57	Payer Type	No					Optional
eScene.01	First EMS Unit on Scene	Yes			National	State	Required
eScene.02	Other EMS or Public Safety Agencies at Scene	Yes	Yes	E08_01			Optional
eScene.03	Other EMS or Public Safety Agency ID Number	No					Optional
eScene.04	Type of Other Service at Scene	No		E08_02			Optional
eScene.05	Date/Time Initial Responder Arrived on Scene	No		E08_04			Optional
eScene.06	Number of Patients at Scene	Yes	Yes	E08_05	National	State	Required
eScene.07	Mass Casualty Incident	Yes	Yes	E08_06	National	State	Required
eScene.08	Triage Classification for MCI Patient	Yes			National	State	Required

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eScene.09	Incident Location Type	Yes	Yes	E08_07	National	State	Required	
eScene.10	Incident Facility Code	Yes		E08_08		State	Recommended	
eScene.11	Scene GPS Location	No		E08_10		State	Optional	
eScene.12	Scene US National Grid Coordinates	No				State	Optional	
eScene.13	Incident Facility or Location Name	No				State	Optional	
eScene.14	Mile Post or Major Roadway	No				State	Recommended	
eScene.15	Incident Street Address	Yes	Yes	E08_11		State	Recommended Required	
eScene.16	Incident Apartment, Suite, or Room	No				State	Recommended	
eScene.17	Incident City	Yes	Yes	E08_12		State	Recommended	
eScene.18	Incident State	Yes	Yes	E08_14	National	State	Required	
eScene.19	Incident ZIP Code	Yes	Yes	E08_15	National	State	Required	
eScene.20	Scene Cross Street or Directions	No				State	Recommended	
eScene.21	Incident County	Yes	Yes	E08_13	National	State	Required	
eScene.22	Incident Country	No					Optional	
eScene.23	Incident Census Tract	No					Optional	
eSituation.01	Date/Time of Symptom Onset	Yes	Yes	E05_01	National	State	Required	Validation rule to work with e situation 18
eSituation.02	Possible Injury	Yes	Yes	E09_04	National	State	Required	
eSituation.03	Complaint Type	No				State	Recommended	
eSituation.04	Complaint	No	Yes	E09_05		State	Recommended	
eSituation.05	Duration of Complaint	No		E09_06		State	Recommended	
eSituation.06	Time Units of Duration of Complaint	No		E09_07		State	Recommended	
eSituation.07	Chief Complaint Anatomic Location	Yes	Yes	E09_11	National	State	Required	
eSituation.08	Chief Complaint Organ System	Yes	Yes	E09_12	National	State	Required	
eSituation.09	Primary Symptom	Yes	No - handled	E09_13	National	State	Required	
eSituation.10	Other Associated Symptoms	Yes	Yes	E09_14	National	State	Required	
eSituation.11	Provider's Primary Impression	Yes	Yes	E09_15	National	State	Required	
eSituation.12	Provider's Secondary Impressions	Yes	Yes	E09_16	National	State	Required	
eSituation.13	Initial Patient Acuity	Yes			National	State	Required	Validation rule to associate with patient contact
eSituation.14	Work-Related Illness/Injury	No		E07_15		State	Recommended	
eSituation.15	Patient's Occupational Industry	No		E07_16			Optional	
eSituation.16	Patient's Occupation	No		E07_17			Optional	
eSituation.17	Patient Activity	No				State	Recommended	
eSituation.18	Date/Time Last Known Well	Yes					Optional	
eInjury.01	Cause of Injury	Yes	Yes	E10_01	National	State	Required	
eInjury.02	Mechanism of Injury	Yes	Yes	E10_03		State	Recommended	
eInjury.03	Trauma Center Criteria	Yes			National	State	Required	
eInjury.04	Vehicular, Pedestrian, or Other Injury Risk Factor	Yes		E10_04	National	State	Required	
eInjury.05	Main Area of the Vehicle Impacted by the Collision	No		E10_05		State	Optional	
eInjury.06	Location of Patient in Vehicle	No		E10_06		State	Optional	
eInjury.07	Use of Occupant Safety Equipment	Yes	Yes	E10_08		State	Recommended	
eInjury.08	Airbag Deployment	Yes	Yes	E10_09		State	Optional	
eInjury.09	Height of Fall (feet)	Yes		E10_10		State	Optional	
eInjury.10	OSHA Personal Protective Equipment Used	No					Optional	
eInjury.11	ACN System/Company Providing ACN Data	No					Optional	
eInjury.12	ACN Incident ID	No					Optional	
eInjury.13	ACN Call Back Phone Number	No					Optional	
eInjury.14	Date/Time of ACN Incident	No					Optional	
eInjury.15	ACN Incident Location	No					Optional	
eInjury.16	ACN Incident Vehicle Body Type	No					Optional	
eInjury.17	ACN Incident Vehicle Manufacturer	No					Optional	
eInjury.18	ACN Incident Vehicle Make	No					Optional	
eInjury.19	ACN Incident Vehicle Model	No					Optional	
eInjury.20	ACN Incident Vehicle Model Year	No					Optional	
eInjury.21	ACN Incident Multiple Impacts	No					Optional	
eInjury.22	ACN Incident Delta Velocity	No					Optional	

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eInjury.23	ACN High Probability of Injury	No					Optional
eInjury.24	ACN Incident PDOF	No					Optional
eInjury.25	ACN Incident Rollover	No					Optional
eInjury.26	ACN Vehicle Seat Location	No					Optional
eInjury.27	Seat Occupied	No					Optional
eInjury.28	ACN Incident Seatbelt Use	No					Optional
eInjury.29	ACN Incident Airbag Deployed	No					Optional
eArrest.01	Cardiac Arrest	Yes	Yes	E11_01	National	State	Required
eArrest.02	Cardiac Arrest Etiology	Yes	Yes	E11_02	National	State	Required
eArrest.03	Resuscitation Attempted By EMS	Yes	Yes	E11_03	National	State	Required
eArrest.04	Arrest Witnessed By	Yes	Yes	E11_04	National	State	Required
eArrest.05	CPR Care Provided Prior to EMS Arrival	Yes			National	State	Required
eArrest.06	Who Provided CPR Prior to EMS Arrival	Yes				State	Optional
eArrest.07	AED Use Prior to EMS Arrival	Yes			National	State	Required
eArrest.08	Who Used AED Prior to EMS Arrival	Yes				State	Optional
eArrest.09	Type of CPR Provided	Yes			National	State	Required
eArrest.11	First Monitored Arrest Rhythm of the Patient	Yes	Yes	E11_05	National	State	Required
eArrest.12	Any Return of Spontaneous Circulation	Yes	Yes	E11_06	National	State	Required
eArrest.13	Neurological Outcome at Hospital Discharge	No		E11_07			Optional
eArrest.14	Date/Time of Cardiac Arrest	Yes	Yes	E11_08	National	State	Required
eArrest.15	Date/Time Resuscitation Discontinued	Yes	Yes	E11_09		State	Recommended
eArrest.16	Reason CPR/Resuscitation Discontinued	Yes	Yes	E11_10	National	State	Required
eArrest.17	Cardiac Rhythm on Arrival at Destination	Yes	Yes	E11_11	National	State	Required
eArrest.18	End of EMS Cardiac Arrest Event	Yes			National	State	Required
eArrest.19	Date/Time of Initial CPR	Yes					Optional
eHistory.01	Barriers to Patient Care	Yes	Yes	E12_01	National	State	Required
eHistory.02	Last Name of Patient's Practitioner	No		E12_06			Optional
eHistory.03	First Name of Patient's Practitioner	No		E12_04			Optional
eHistory.04	Middle Name/Initial of Patient's Practitioner	No		E12_05			Optional
eHistory.05	Advance Directives	No		E12_07		State	Recommended
eHistory.06	Medication Allergies	No		E12_08		State	Recommended
eHistory.07	Environmental/Food Allergies	No		E12_09			Optional
eHistory.08	Medical/Surgical History	No		E12_10		State	Recommended
eHistory.09	Medical History Obtained From	No		E12_11			Optional
eHistory.10	The Patient's Type of Immunization	No		E12_12			Optional
eHistory.11	Immunization Year	No		E12_13			Optional
eHistory.12	Current Medications	No		E12_14		State	Recommended
eHistory.13	Current Medication Dose	No		E12_15			Optional
eHistory.14	Current Medication Dosage Unit	No		E12_16			Optional
eHistory.15	Current Medication Administration Route	No		E12_17			Optional
eHistory.16	Presence of Emergency Information Form	No		E12_18			Optional
eHistory.17	Alcohol/Drug Use Indicators	Yes	Yes	E12_19	National	State	Required
eHistory.18	Pregnancy	No		E12_20			Optional
eHistory.19	Last Oral Intake	No					Optional
eNarrative.01	Patient Care Report Narrative	Yes	Yes	E13_01		State	Recommended
eVitals.01	Date/Time Vital Signs Taken	Yes	Yes	E14_01	National	State	Required
eVitals.02	Obtained Prior to this Unit's EMS Care	Yes		E14_02	National	State	Required
eVitals.03	Cardiac Rhythm / Electrocardiography (ECG)	Yes	Yes	E14_03	National	State	Required
eVitals.04	ECG Type	Yes			National	State	Required
eVitals.05	Method of ECG Interpretation	Yes			National	State	Required
eVitals.06	SBP (Systolic Blood Pressure)	Yes	Yes	E14_04	National	State	Required
eVitals.07	DBP (Diastolic Blood Pressure)	Yes	Yes	E14_05	National	State	Recommended
eVitals.08	Method of Blood Pressure Measurement	No		E14_06	National	State	Required
eVitals.09	Mean Arterial Pressure	No					Optional

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eVitals.10	Heart Rate	Yes	Yes	E14_07	National	State	Required
eVitals.11	Method of Heart Rate Measurement	No					Optional
eVitals.12	Pulse Oximetry	Yes	Yes	E14_09	National	State	Required
eVitals.13	Pulse Rhythm	No	Yes	E14_10			Optional
eVitals.14	Respiratory Rate	Yes	Yes	E14_11	National	State	Required
eVitals.15	Respiratory Effort	No		E14_12			Optional
eVitals.16	End Tidal Carbon Dioxide (ETCO2)	Yes	Yes	E14_13	National	State	Required
eVitals.17	Carbon Monoxide (CO)	No				State	Recommended
eVitals.18	Blood Glucose Level	Yes	Yes	E14_14	National	State	Required
eVitals.19	Glasgow Coma Score-Eye	Yes	Yes	E14_15	National	State	Required
eVitals.20	Glasgow Coma Score-Verbal	Yes	Yes	E14_16	National	State	Required
eVitals.21	Glasgow Coma Score-Motor	Yes	Yes	E14_17	National	State	Required
eVitals.22	Glasgow Coma Score-Qualifier	Yes		E14_18	National	State	Required
eVitals.23	Total Glasgow Coma Score	Yes	Yes	E14_19		State	Recommended
eVitals.24	Temperature	Yes		E14_20		State	Recommended
eVitals.25	Temperature Method	Yes		E14_21			Optional
eVitals.26	Level of Responsiveness (AVPU)	Yes	Yes	E14_22	National	State	Required
eVitals.27	Pain Scale Score	Yes		E14_23	National	State	Required
eVitals.28	Pain Scale Type	Yes				State	Recommended
eVitals.29	Stroke Scale Score	Yes		E14_24	National	State	Required
eVitals.30	Stroke Scale Type	Yes			National	State	Required
eVitals.31	Reperfusion Checklist	No		E14_25	National	State	Required
eVitals.32	APGAR	Yes		E14_26			Optional
eVitals.33	Revised Trauma Score	No		E14_27			Optional
eLabs.01	Date/Time of Laboratory or Imaging Result	No					Optional
eLabs.02	Study/Result Prior to this Unit's EMS Care	No					Optional
eLabs.03	Laboratory Result Type	No					Optional
eLabs.04	Laboratory Result	No					Optional
eLabs.05	Imaging Study Type	No					Optional
eLabs.06	Imaging Study Results	No					Optional
eLabs.07	Imaging Study File or Waveform Graphic Type	No					Optional
eLabs.08	Imaging Study File or Waveform Graphic	No					Optional
eExam.01	Estimated Body Weight in Kilograms	Yes	Yes	E16_01		State	Recommended
eExam.02	Length Based Tape Measure	No		E16_02		State	Recommended
eExam.03	Date/Time of Assessment	Yes		E16_03			Optional
eExam.04	Skin Assessment	Yes		E16_04			Optional
eExam.05	Head Assessment	Yes		E16_05			Optional
eExam.06	Face Assessment	Yes					Optional
eExam.07	Neck Assessment	Yes		E16_06			Optional
eExam.08	Chest/Lungs Assessment	Yes		E16_07			Optional
eExam.09	Heart Assessment	Yes		E16_08			Optional
eExam.10	Abdominal Assessment Finding Location	Yes					Optional
eExam.11	Abdomen Assessment	Yes		E16_09			Optional
eExam.12	Pelvis/Genitourinary Assessment	Yes		E16_13			Optional
eExam.13	Back and Spine Assessment Finding Location	Yes					Optional
eExam.14	Back and Spine Assessment	Yes		E16_14			Optional
eExam.15	Extremity Assessment Finding Location	Yes					Optional
eExam.16	Extremities Assessment	Yes		E16_17			Optional
eExam.17	Eye Assessment Finding Location	Yes					Optional
eExam.18	Eye Assessment	Yes		E16_21			Optional
eExam.19	Mental Status Assessment	Yes		E16_23			Optional
eExam.20	Neurological Assessment	Yes		E16_24			Optional

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eExam.21	Stroke/CVA Symptoms Resolved	No				State	Recommended	
eProtocols.01	Protocols Used	No		E17_01	National	State	Required	Default to Not Recorded
eProtocols.02	Protocol Age Category	No			National	State	Required	Default to Not Recorded
eMedications.01	Date/Time Medication Administered	Yes	Yes	E18_01	National	State	Required	
eMedications.02	Medication Administered Prior to this Unit's EMS Care	Yes		E18_02	National	State	Required	This handles retired prior aid elements
eMedications.03	Medication Given	Yes	Yes	E18_03	National	State	Required	
eMedications.04	Medication Administered Route	Yes	Yes	E18_04		State	Optional	
eMedications.05	Medication Dosage	Yes	Yes	E18_05	National	State	Required	
eMedications.06	Medication Dosage Units	Yes	Yes	E18_06	National	State	Required	
eMedications.07	Response to Medication	No		E18_07	National	State	Required	Default to "Not Recorded"
eMedications.08	Medication Complication	Yes	Yes	E18_08	National	State	Required	
eMedications.09	Medication Crew (Healthcare Professionals) ID	Yes	Yes	E18_09		State	Recommended	
eMedications.10	Role/Type of Person Administering Medication	Yes			National	State	Required	
eMedications.11	Medication Authorization	Yes	Yes	E18_10			Optional	
eMedications.12	Medication Authorizing Physician	No		E18_11			Optional	
eProcedures.01	Date/Time Procedure Performed	Yes	Yes	E19_01	National	State	Required	
eProcedures.02	Procedure Performed Prior to this Unit's EMS Care	Yes		E19_02	National	State	Required	This handles retired prior aid elements
eProcedures.03	Procedure	Yes	Yes	E19_03	National	State	Required	
eProcedures.04	Size of Procedure Equipment	No		E19_04			Optional	
eProcedures.05	Number of Procedure Attempts	Yes	Yes	E19_05	National	State	Required	Need to define attempt, only airway and IV (give to MDSAC)
eProcedures.06	Procedure Successful	Yes	Yes	E19_06	National	State	Required	
eProcedures.07	Procedure Complication	Yes		E19_07	National	State	Required	
eProcedures.08	Response to Procedure	No	Yes	E19_08	National	State	Required	
eProcedures.09	Procedure Crew Members ID	Yes	Yes	E19_09		State	Recommended	
eProcedures.10	Role/Type of Person Performing the Procedure	Yes			National	State	Required	
eProcedures.11	Procedure Authorization	No		E19_10			Optional	
eProcedures.12	Procedure Authorizing Physician	No		E19_11			Optional	
eProcedures.13	Vascular Access Location	Yes		E19_12		State	Recommended	
eAirway.01	Indications for Invasive Airway	Yes				State	Recommended	
eAirway.02	Date/Time Airway Device Placement Confirmation	Yes				State	Recommended	
eAirway.03	Airway Device Being Confirmed	Yes				State	Recommended	
eAirway.04	Airway Device Placement Confirmed Method	Yes				State	Recommended	
eAirway.05	Tube Depth	Yes					Optional	
eAirway.06	Type of Individual Confirming Airway Device Placement	Yes				State	Recommended	
eAirway.07	Crew Member ID	Yes				State	Recommended	
eAirway.08	Airway Complications Encountered	Yes				State	Recommended	
eAirway.09	Suspected Reasons for Failed Airway Management	Yes				State	Optional	
eAirway.10	Date/Time Decision to Manage the Patient with an Invasive Airway	No					Optional	
eAirway.11	Date/Time Invasive Airway Placement Attempts Abandoned	No					Optional	
eDevice.01	Medical Device Serial Number	No					Optional	
eDevice.02	Date/Time of Event (per Medical Device)	No		E21_01			Optional	
eDevice.03	Medical Device Event Type	No		E21_02			Optional	
eDevice.04	Medical Device Waveform Graphic Type	No		E21_03			Optional	
eDevice.05	Medical Device Waveform Graphic	No		E21_04			Optional	
eDevice.06	Medical Device Mode (Manual, AED, Pacing, CO2, O2, etc)	No		E21_05			Optional	
eDevice.07	Medical Device ECG Lead	No		E21_06			Optional	
eDevice.08	Medical Device ECG Interpretation	No		E21_07			Optional	
eDevice.09	Type of Shock	No		E21_08			Optional	
eDevice.10	Shock or Pacing Energy	No		E21_09			Optional	
eDevice.11	Total Number of Shocks Delivered	No		E21_10			Optional	
eDevice.12	Pacing Rate	No		E21_11			Optional	

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eDisposition.01	Destination/Transferred To, Name	Yes		E20_01		State	Recommended	
eDisposition.02	Destination/Transferred To, Code	Yes	Yes	E20_02		State	Recommended	
eDisposition.03	Destination Street Address	Yes		E20_03		State	Optional	
eDisposition.04	Destination City	Yes		E20_04		State	Optional	
eDisposition.05	Destination State	Yes		E20_05	National	State	Required	
eDisposition.06	Destination County	Yes		E20_06	National	State	Required	
eDisposition.07	Destination ZIP Code	Yes	Yes	E20_07	National	State	Required	
eDisposition.08	Destination Country	No					Optional	
eDisposition.09	Destination GPS Location	No		E20_08			Optional	
eDisposition.10	Destination Location US National Grid Coordinates	No					Optional	
eDisposition.11	Number of Patients Transported in this EMS Unit	Yes				State	Recommended	
eDisposition.12	Incident/Patient Disposition	Yes	Yes	E20_10	National	State	Mandatory	
eDisposition.13	How Patient Was Moved to Ambulance	Yes		E20_11			Optional	
eDisposition.14	Position of Patient During Transport	Yes		E20_12			Optional	
eDisposition.15	How Patient Was Transported From Ambulance	Yes		E20_13			Optional	
eDisposition.16	EMS Transport Method	No			National	State	Required	
eDisposition.17	Transport Mode from Scene	Yes	Yes	E20_14	National	State	Required	
eDisposition.18	Additional Transport Mode Descriptors	No			National	State	Required	
eDisposition.19	Final Patient Acuity	Yes		E20_15	National	State	Required	
eDisposition.20	Reason for Choosing Destination	Yes	Yes	E20_16	National	State	Required	
eDisposition.21	Type of Destination	Yes	Yes	E20_17	National	State	Required	
eDisposition.22	Hospital In-Patient Destination	No			National	State	Required	
eDisposition.23	Hospital Capability	No			National	State	Required	
eDisposition.24	Destination Team Pre-Arrival Alert or Activation	Yes			National	State	Required	
eDisposition.25	Date/Time of Destination Prearrival Alert or Activation	No			National	State	Required	Default to Not Recorded
eDisposition.26	Disposition Instructions Provided	No					Optional	
eOutcome.01	Emergency Department Disposition	No	No - but Natl	E22_01	National	State	Required	
eOutcome.02	Hospital Disposition	No	No - but Natl	E22_02	National	State	Required	
eOutcome.03	External Report ID/Number Type	No					Optional	
eOutcome.04	External Report ID/Number	No					Optional	
eOutcome.05	Other Report Registry Type	No					Optional	
eOutcome.06	Emergency Department Chief Complaint	No					Optional	
eOutcome.07	First ED Systolic Blood Pressure	No					Optional	
eOutcome.08	Emergency Department Recorded Cause of Injury	No					Optional	
eOutcome.09	Emergency Department Procedures	No					Optional	
eOutcome.10	Emergency Department Diagnosis	No					Optional	
eOutcome.11	Date/Time of Hospital Admission	No					Optional	
eOutcome.12	Hospital Procedures	No					Optional	
eOutcome.13	Hospital Diagnosis	No					Optional	
eOutcome.14	Total ICU Length of Stay	No					Optional	
eOutcome.15	Total Ventilator Days	No					Optional	
eOutcome.16	Date/Time of Hospital Discharge	No					Optional	
eOutcome.17	Outcome at Hospital Discharge	No					Optional	
eOther.01	Review Requested	No		E23_01			Optional	
eOther.02	Potential System of Care/Specialty/Registry Patient	No		E23_02			Optional	
eOther.03	Personal Protective Equipment Used	No		E23_03			Optional	
eOther.04	EMS Professional (Crew Member) ID	No					Optional	
eOther.05	Suspected EMS Work Related Exposure, Injury, or Death	No		E23_05	National	State	Required	Default to Not Recorded
eOther.06	The Type of Work-Related Injury, Death or Suspected Exposure	No		E23_06		State	Recommended	
eOther.07	Natural, Suspected, Intentional, or Unintentional Disaster	No		E23_04			Optional	
eOther.08	Crew Member Completing this Report	No		E23_10		State	Recommended	
eOther.09	External Electronic Document Type	No					Optional	
eOther.10	File Attachment Type	No					Optional	
eOther.11	File Attachment Image	No					Optional	
eOther.12	Type of Person Signing	No					Optional	

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eOther.13	Signature Reason	No					Optional
eOther.14	Type Of Patient Representative	No					Optional
eOther.15	Signature Status	No					Optional
eOther.16	Signature File Name	No					Optional
eOther.17	Signature File Type	No					Optional
eOther.18	Signature Graphic	No					Optional
eOther.19	Date/Time of Signature	No					Optional
eOther.20	Signature Last Name	No					Optional
eOther.21	Signature First Name	No					Optional

*eDisposition.12 = 4212017, 4212019, 4212021, 4212023, 4212025, 4212027, 4212029, 4212031, 4212033, 4212035, 4212037