



EMSRB - NHTSA / NEMSIS 2.2

Data Dictionary EMSRB Version 3.0.2

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* Denotes Elements in Vital Signs
 Section (pages 23,24&25) Changed From
 Optional to Required in September 2012

E1: Record				
Name	Value	Common Values	Required	Previous MNStar Name
E1.1: Patient Care Report Number The unique number automatically assigned by the EMS agency for each patient care report (PCR). For users of MNStar direct data entry the call number and the patient number are combined to form the unique Patient Care Report Number.	Text	Not Nullable	Required	
E2: Unit/Agency Information				
Name	Value	Common Values	Required	Previous MNStar Name
E2.1: EMS Agency Number The state-assigned provider number of the responding agency	Text	Not Nullable	Required	AgencyID
E2.2: EMS Incident Number The incident number assigned by EMS dispatch. It may be associated with multiple EMS vehicle response numbers. Required for services that electronically report data and have an incident number generated by a CAD system. The number helps differentiate multiple responses to a single incident.	Text	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	Incidentnumber
E2.3: EMS Vehicle Response Identifier The EMS response identifying number unique to each EMS vehicle response. Required for services who electronically report data to track and appropriately index individual EMS responses with multiple patient.	Text	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	CallNumber
E2.4: Type of Service Requested The type of service or category of service requested of the EMS service responding for this specific EMS incident.	Single choice combo 30 Response (Scene) 45 Medical Transport (Scheduled) 55 Standby 35 Intercept 40 Interfacility Transfer 50 Mutual Aid	Not Nullable	Required	ServiceType



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<p>E2.5: Primary Role of the Unit</p> <p>The primary role of the EMS service which was requested for this specific EMS incident.</p> <p>The value list has been expanded for backwards compatibility with MNStar version 1 field vehicle type</p>	<p>Single choice combo</p> <p>411000 ALS Ground Transport 411001 BLS Ground Transport 411002 Critical Care Ground Transport 411003 ERU (Non-Transport) 411004 Fixed Wing Transport 60 Non-Transport 411005 Other Transport 65 Rescue 411006 Roto-Craft Transport 70 Supervisor</p>	<p>Not Nullable</p>	<p>Required</p>	<p>VehicleType</p>
<p>E2.6: Type of Dispatch Delay</p> <p>The dispatch delays, if any, associated with the dispatch of the EMS unit to the patient encounter</p>	<p>multiple choice combo</p> <p>80 Caller (Uncooperative) 85 High Call Volume 90 Language Barrier 95 Location (Inability To Obtain) 100 No Units Available 105 None 110 Other 115 Scene Safety (Not Secure for Ems) 120 Technical Failure (Computer, Phone, etc.)</p>	<p>-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable</p>	<p>Optional</p>	
<p>E2.7: Type of Response Delay</p> <p>The response delays, if any, of the unit associated with the patient encounter</p>	<p>multiple choice combo</p> <p>175 Ambulance Crash 180 Ambulance Failure 125 Crowd 130 Directions 135 Distance 140 Diversion 145 HazMat 165 Staff Delay 160 Safety 170 Traffic 185 Weather 150 None 155 Other</p>	<p>-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable</p>	<p>Optional</p>	



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<p>E2.8: Factors Affecting Response and Care</p> <p>The delays, if any, of the unit associated with the patient encounter</p>	<p>multiple choice combo</p> <p>250 Ambulance Crash 255 Ambulance Failure 190 Crowd 195 Directions 200 Distance 205 Diversion 210 Extrication > 20 Min 215 HazMat 220 Language Barrier 240 Staff Delay 235 Safety 245 Traffic 260 Weather 225 None 230 Other</p>	<p>-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable</p>	<p>Optional</p>	<p>FactorsAffectingCare</p>
<p>E2.9: Type of Transport Delay</p> <p>The transport delays, if any, of the unit associated with the patient encounter</p>	<p>multiple choice combo</p> <p>315 Ambulance Crash 320 Ambulance Failure 265 Crowd 270 Directions 275 Distance 280 Diversion 285 HazMat 290 None 295 Other 300 Safety 305 Staff Delay 310 Traffic 325 Weather</p>	<p>-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable</p>	<p>Optional</p>	
<p>E2.10: Type of Turn-Around Delay</p> <p>The turn-around delays, if any, associated with the patient encounter</p>	<p>multiple choice combo</p> <p>375 Ambulance Failure 330 Clean-up 335 Decontamination 340 Documentation 345 ED Overcrowding 350 Equipment Failure 355 Equipment Replenishment 360 None 365 Other 370 Staff Delay</p>	<p>-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable</p>	<p>Optional</p>	
<p>E2.12: EMS Unit Call Sign (Radio Number)</p> <p>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.</p>	<p>Single choice combo</p>	<p>Not Nullable</p>	<p>Required</p>	<p>AgencyUnitID</p>



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<p>E2.16: Beginning Odometer Reading of Responding Vehicle</p> <p>The mileage (odometer reading) of the vehicle at the beginning of the call (when the wheels begin moving). Rounded to the nearest mile.</p>	<p>number</p>	<p>Leave blank for null values</p>	<p>Optional</p>	
<p>E2.17: On-Scene Odometer Reading of Responding Vehicle</p> <p>The mileage (odometer reading) of the vehicle when it arrives at the scene/patient. Rounded to the nearest mile.</p>	<p>number</p>	<p>Leave blank for null values</p>	<p>Optional</p>	<p>ToSceneMileage</p>
<p>E2.18: Destination Odometer Reading of Responding Vehicle</p> <p>The mileage (odometer reading) of the vehicle when it arrives at the patient's destination. Rounded to the nearest mile.</p>	<p>number</p>	<p>Leave blank for null values</p>	<p>Optional</p>	<p>ToDestinationMileage</p>
<p>E2.19: Ending Odometer Reading of Responding Vehicle</p> <p>The ending mileage (odometer reading) of the vehicle (at time back in service/or at station). Rounded to the nearest mile.</p>	<p>number</p>	<p>Leave blank for null values</p>	<p>Optional</p>	
<p>E2.20: Response Mode to Scene</p> <p>Indication whether or not lights and/or sirens were used on the vehicle on the way to the scene</p>	<p>Single choice combo</p> <p>390 Lights and Sirens 395 No Lights and Sirens 380 Initial Lights and Sirens, Downgraded to No Lights or Sirens 385 Initial No Lights or Sirens, Upgraded to Lights and Sirens</p>	<p>Not Nullable</p>	<p>Required</p>	<p>LightsSirenToScene</p>



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E3: Unit/Call Information				
Name	Value	Common Values	Required	Previous MNStar Name
<p>E3.1: Reason for Ambulance Request Reported by Dispatch</p> <p>The complaint dispatch reported to the responding unit/ambulance service.</p>	<p>Single choice combo</p> <p>400 Abdominal Pain</p> <p>405 Allergies</p> <p>410 Animal Bite</p> <p>415 Assault</p> <p>420 Back Pain</p> <p>425 Breathing Problem</p> <p>430 Burns</p> <p>440 Cardiac Arrest</p> <p>445 Chest Pain</p> <p>450 Choking</p> <p>435 CO Poisoning/Hazmat</p> <p>455 Convulsions / Seizure</p> <p>460 Diabetic Problem</p> <p>465 Drowning</p> <p>470 Electrocutation</p> <p>475 Eye Problem</p> <p>480 Fall Victim</p> <p>485 Headache</p> <p>490 Heart Problems</p> <p>495 Heat/Cold Exposure</p> <p>500 Hemorrhage/Laceration</p> <p>505 Industrial Accident/Inaccessible Incident/Other Entrapments (Non-Vehicle)</p> <p>510 Ingestion/Poisoning</p> <p>565 MCI (Multiple Casualty Incident)</p> <p>435003 Medical Transport</p> <p>435006 Pain</p> <p>515 Pregnancy/Childbirth</p> <p>520 Psychiatric Problems</p> <p>525 Sick Person</p> <p>530 Stab/Gunshot Wound</p> <p>435007 Standby</p> <p>535 Stroke/CVA</p> <p>540 Traffic Crash</p> <p>545 Traumatic Injury</p> <p>550 Unconscious/Fainting</p> <p>555 Unkown Problem/Man Down</p>	<p>-5: Not Available</p> <p>-10: Not Known</p> <p>-15: Not Reported</p> <p>-20: Not Recorded</p> <p>-25: Not Applicable</p>	<p>Required</p>	<p>DispatchDiagnosis</p>
<p>E3.2: EMD Performed</p> <p>Indication of whether Emergency Medical Dispatch was performed for this EMS event.</p>	<p>Single choice combo</p> <p>0 No</p> <p>570 Yes, With Pre-Arrival Instructions</p> <p>575 Yes, Without Pre-Arrival Instructions</p>	<p>-5: Not Available</p> <p>-10: Not Known</p> <p>-15: Not Reported</p> <p>-20: Not Recorded</p> <p>-25: Not Applicable</p>	<p>Optional</p>	



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E4: Unit/Personnel Information

Name	Value	Common Values	Required	Previous MNStar Name
E4.1: Crew Member ID The State Certification/Licensure ID number assigned to the crew member or the crew members name.	Text	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	CertificationID
E4.2: Crew Member Role Driver is defined as the driver during the time of patient transport or during the response if there was no transport required. Primary Patient Care Giver is defined as the individual responsible for the patient care during the transport of the patient, or if no transport, the individual responsible for the assessment and treatment of the patient on scene. Secondary Patient Care Giver is defined as the individual assisting the Primary Patient Care Giver. Third Patient Care Giver is defined as the individual assisting the Primary and Secondary Patient Care Givers.	Single choice combo 580 Driver 585 Primary Patient Caregiver 590 Secondary Patient Caregiver 595 Third Patient Caregiver 445001 First Responder 445000 Fire Company 445002 Pilot 445003 Ride Along / Student 600 Other	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	TransportunitDriver
E4.3: Crew Member Level The functioning certification/licensure level or other of the crew member during this EMS patient encounter.	Single choice combo 6090 EMT Basic 6100 EMT Intermediate 6110 EMT Paramedic 6120 First Responder 6111 Nurse 6112 Physician 635 Student / Ride Along 640 Other Healthcare Professional 645 Other Non-Healthcare Professional	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	Certificationlevel

E5: Times

Name	Value	Common Values	Required	Previous MNStar Name
E5.1: Incident or Onset Date/Time The date/time the injury occurred, or the date/time the symptoms or problem started.	date/time	Leave blank for null values	Required	InjuryOnsetDateTime
E5.2: PSAP Call Date/Time The date/time the phone rings (911 call to public safety answering point or other designated entity) requesting EMS services.	date/time	Leave blank for null values	Optional	PSAPCallDateTime
E5.3: Dispatch Notified Date/Time The date/time dispatch was notified by the 911 call taker (if a separate entity).	date/time	Leave blank for null values	Required	



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E5.4: Unit Notified by Dispatch Date/Time The date and time the responding ambulance service/unit was notified by dispatch	date/time	Leave blank for null values	Required	EMSDispatchDateTi me
E5.5: Unit Enroute Date/Time The date/time the ambulance service/unit responded; That is, the time the vehicle started moving to the scene.	date/time	Leave blank for null values	Required	UnitResponseDateTi me
E5.6: Unit Arrived on Scene Date/Time The date/time the responding ambulance service/unit arrived on the scene; That is, the time the vehicle stopped moving upon arrival at the scene.	date/time	Leave blank for null values	Required	SceneArriveDateTim e
E5.7: Arrived at Patient Date/Time The date/time the responding unit arrived at the patient's side	date/time	Leave blank for null values	Optional	
E5.9: Unit Left Scene Date/Time The date/time the responding ambulance service/unit left the scene (started moving).	date/time	Leave blank for null values	Required	SceneDepartDateTim e
E5.10: Patient Arrived at Destination Date/Time The date/time the responding ambulance service/unit arrived with the patient at the destination or transfer point	date/time	Leave blank for null values	Required	DestinationArriveDat eTime
E5.11: Unit Back in Service Date/Time The date/time the ambulance service/unit was back in service and available for response (finished with call, but not necessarily back in home location).	date/time	Leave blank for null values	Required	ResponseCompleted ateTime
E5.13: Unit Back at Home Location Date/Time The date/time the responding unit was back in their service area. In agencies who utilized Agency Status Management, home location means the service area as assigned through the agency status management protocol. For other services - back at the station or garage where the ambulance is kept/stationed between calls.	date/time	Leave blank for null values	Optional	

E6: Patient

Name	Value	Common Values	Required	Previous MNStar Name
E6.1: Last Name The patient's last (family) name.	Text	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	PatientLname
E6.2: First Name The patient's first (given) name.	Text	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	PatientFname



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E6.3: Middle Initial The patient's middle initial, if any.	Text	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	PatientInit
E6.4: Patient's Home Address The patient's home mailing or street address.	Text	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	PatientAddress
E6.5: Patient's Home City The patient's home city or township or residence. FIPS Code Information	Single choice combo	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	PatientCity
E6.6: Patient's Home County The patient's home county. FIPS code Information	Single choice combo	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	PatientCounty
E6.7: Patient's Home State The patient's home state. FIPS Code Information	Single choice combo	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	PatientState
E6.8: Patient's Home ZIP The patient's home Zip Code of residence.	Text	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	PatientZip
E6.10: Social Security Number The patient's social security number.	Text	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	PatientSSN
E6.11: Gender The patient's gender.	Single choice combo 655 Female 650 Male	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	PatientGender
E6.12: Race The patient's race as defined by the OMB (US Office of Management and Budget)	Single choice combo 680 White 670 Black or African American 660 American Indian or Alaska Native 665 Asian 675 Native Hawaiian or Other Pacific Islander 685 Other Race	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	
E6.13: Ethnicity The patient's ethnicity as defined by the OMB (US Office of Management and Budget)	Single choice combo 690 Hispanic or Latino 695 Not Hispanic or Latino	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	
E6.14: Age The patient's age (either calculated from date of birth or best approximation).	number	Leave blank for null values	Required	PatientAge



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E6.15: Age Units The patient's date of birth. The units which the age is documented in (Hours, Days, Months, Years)	Single choice combo 715 Years 705 Days 710 Months 700 Hours	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	PatientDOB
E6.16: Date of Birth The patient's date of birth.	date/time	Leave blank for null values	Required	PatientDOB
E6.17: Primary or Home Telephone Number The patient's home or primary telephone number.	Text	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	

E7: Billing

Name	Value	Common Values	Required	Previous MNStar Name
E7.35: Condition Code Number The condition codes associated with the CMS EMS negotiated rule-making process.	multiple choice combo 8002 Abdominal Pain (ALS-789.00) 8003 Abnormal Cardiac Rhythm/Cardiac Dysrhythmia (ALS-427.9) 8004 Abnormal Skin Signs (ALS-780.8) 8005 Abnormal Vital Signs (ALS-796.4) 8062 Advanced Airway Management (ALS-518.81) 8066 Airway Control/Positioning Required (BLS-786.09) 8034 Alcohol Intoxication or Drug Overdose (BLS-305.0) 8006 Allergic Reaction (ALS-995.0) 8007 Allergic Reaction (BLS-692.9) 8016 Altered Level of Consciousness (non-traumatic) (ALS-780.01) 8053 Animal Bites/Sting/Envenomation (ALS-989.5) 8054 Animal Bites/Sting/Envenomation (BLS-879.8) 8031 Back Pain (non-traumatic possible cardiac or vascular) (ALS-724.5) 8032 Back Pain (non-traumatic with neurologic symptoms) (ALS-724.9) 8008 Blood Glucose (ALS-790.21) 8051 Burns-Major (ALS-949.3) 8052 Burns-Minor (BLS-949.2) 8011 Cardiac Arrest-Resuscitation in Progress (ALS-427.5) 8021 Cardiac Symptoms other than Chest Pain (atypical pain) (ALS-536.2) 8020 Cardiac Symptoms other than Chest Pain (palpitations) (ALS-785.1) 8061 Cardiac/Hemodynamic Monitoring Required (ALS-428.9) 8064 Chemical Restraint (ALS-293.0) 8012 Chest Pain (non-traumatic) (ALS-786.50) 8013 Choking Episode (ALS-784.9)	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	



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<p>E7.35: Condition Code Number</p> <p>The condition codes associated with the CMS EMS negotiated rule-making process.</p>	<p>8014 Cold Exposure (ALS-991.6)</p> <p>8015 Cold Exposure (BLS-991.9)</p> <p>8017 Convulsions/Seizures (ALS-780.39)</p> <p>8010 Difficulty Breathing (ALS-786.05)</p> <p>8056 Electrocution (ALS-994.8)</p> <p>8058 Eye Injuries (BLS-921.9)</p> <p>8018 Eye Symptoms (non-traumatic) (BLS-379.90)</p> <p>8026 Hazmat Exposure (ALS-987.9)</p> <p>8022 Heat Exposure (ALS-992.5)</p> <p>8023 Heat Exposure (BLS-992.2)</p> <p>8024 Hemorrhage (ALS-459.0)</p> <p>8025 Infectious Diseases requiring Isolation/Public Health Risk (BLS-038.9)</p> <p>8063 IV Meds Required (ALS-No ICD code provided)</p> <p>8055 Lightning (ALS-994.0)</p> <p>8043 Major Trauma (ALS-959.8)</p> <p>8027 Medical Device Failure (ALS-996.0)</p> <p>8028 Medical Device Failure (BLS-996.3)</p> <p>8057 Near Drowning (ALS-994.1)</p> <p>8029 Neurologic Distress (ALS-436.0)</p> <p>8019 Non Traumatic Headache (ALS-437.9)</p> <p>8048 Other Trauma (amputation digits) (BLS-886.0)</p> <p>8049 Other Trauma (amputation other) (ALS-887.4)</p> <p>8046 Other Trauma (fracture/dislocation) (BLS-829.0)</p> <p>8045 Other Trauma (major bleeding) (ALS-958.2)</p> <p>8044 Other Trauma (need for monitor or airway) (ALS-518.5)</p> <p>8047 Other Trauma (penetrating extremity) (BLS-880.0)</p> <p>8050 Other Trauma (suspected internal injuries) (ALS-869.0)</p> <p>8030 Pain (Severe) (ALS-780.99)</p> <p>8069 Patient Safety (monitoring required) (BLS-293.1)</p> <p>8068 Patient Safety (restraints required) (BLS-298.9)</p> <p>8071 Patient Safety (risk of falling off stretcher) (BLS-781.3)</p> <p>8070 Patient Safety (seclusion required) (BLS-298.8)</p> <p>8033 Poisons (all routes) (ALS-977.9)</p> <p>8036 Post-Operative Procedure Complications (BLS-998.9)</p> <p>8037 Pregnancy Complication/Childbirth/Labor (ALS-650.0)</p> <p>8038 Psychiatric/Behavioral (abnormal mental status) (ALS-292.9)</p> <p>8039 Psychiatric/Behavioral (threat to self or others) (BLS-298.9)</p> <p>8009 Respiratory Arrest (ALS-799.1)</p> <p>8001 Severe Abdominal Pain (ALS-789.00)</p> <p>8035 Severe Alcohol Intoxication (ALS-977.3)</p> <p>8041 Severe Dehydration (ALS-787.01)</p>	<p>-5: Not Available</p> <p>-10: Not Known</p> <p>-15: Not Reported</p> <p>-20: Not Recorded</p> <p>-25: Not Applicable</p>	<p>Optional</p>
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E7.35: Condition Code Number The condition codes associated with the CMS EMS negotiated rule-making process.	8059 Sexual Assault (major injuries) (ALS-995.83) 8060 Sexual Assault (minor injuries) (BLS-995.8) 8040 Sick Person-Fever (BLS-036.9) 8072 Special Handling (Isolation) (BLS-041.9) 8073 Special Handling (orthopedic device required) (BLS-907.2) 8074 Special Handling (positioning required) (BLS-719.45) 8065 Suctioning/Oxygen/IV fluids required (BLS-496.0) 8067 Third Party Assistance/Attendant Required (BLS-496.0) 8042 Unconscious/Syncope/Dizziness (ALS-780.02)	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	
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E8: Scene

Name	Value	Common Values	Required	Previous MNStar Name
E8.1: Other EMS Agencies at Scene Other EMS agencies that were at the scene, if any	multiple choice combo	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	Firstrespondername
E8.5: Number of Patients at Scene Indicator of how many patients were seen by EMS crew.	Single choice combo 1125 Single 1130 Multiple 1120 None	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	
E8.6: Mass Casualty Incident Indicator if this event would be considered a mass casualty incident (anything overwhelming existing EMS resources).	Single choice combo 0 No 1 Yes	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	
E8.7: Incident Location Type The kind of location where the incident occurred.	Single choice combo 536000 Airport 1135 Home/Residence 1145 Mine or Quarry 1180 Residential Institution (assisted living, jail/prison) 1140 Farm 1150 Industrial Place and Premises 1155 Place of Recreation or Sport 1160 Street or Highway 1175 Health Care Facility (clinic, hospital, nursing home) 1185 Lake, River, Ocean 1165 Public Building (schools, gov, offices) 1170 Trade or Service (Business, bars, restaurants, etc.) 1190 Other Location	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	LocationType
E8.11: Incident Address The street address (or best approximation) where the patient was found, or, if no patient, the address to which the ambulance service/unit responded.	Text	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	IncidentAddress



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E8.12: Incident City The city or township (if applicable) where the patient was found or to which the ambulance service/unit responded (or best approximation). FIPS Code Information	Single choice combo	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	IncidentCity
E8.13: Incident County The county where the patient was found or to which the ambulance service/unit responded (or best approximation). FIPS Code Information	Single choice combo	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	IncidentCounty
E8.14: Incident State The state where the patient was found or to which the unit responded (or best approximation). FIPS Code Information	Single choice combo	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	IncidentState
E8.15: Incident Zip Code The zip code of the incident location.	Text	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	IncidentZip

E9: Situation

Name	Value	Common Values	Required	Previous MNStar Name
E9.1: Prior Aid Any care that was provided to the patient prior to the arrival of this ambulance service. When the primary impression is cardiac arrest then AED usage and CPR are required. See procedure list for values	multiple choice combo 6730 AED - ERU 6740 AED - First Responder 6750 AED - Public Access 6170 Airway - Combitube 6250 Airway - Nebulizer Treatment 6140 Airway - Positive Pressure Ventilation (BVM) 6320 Airway - Suctioning 6460 CPR - Cardiopulmonary Resuscitation 6510 Extrication 910 Oxygen 6580 Spinal Immobilization 6590 Splinting	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for Cardiac Arrest	Provider of first CPR
E9.2: Prior Aid Performed By The type of individual who performed the care prior to the arrival of this ambulance service.	multiple choice combo 1195 EMS Provider 1200 Law Enforcement 1205 Lay Person 1210 Other Healthcare Provider 1215 Patient	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for Cardiac Arrest	Provider of first CPR
E9.3: Outcome of the Prior Aid What was the outcome or result of the care performed prior to the arrival of this ambulance service.	Single choice combo 1220 Improved 1230 Worse 1225 Unchanged	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for Cardiac Arrest	Provider of first CPR



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<p>E9.4: Injury Present</p> <p>Indication whether or not there was an injury.</p>	<p>Single choice combo</p> <p>0 No 1 Yes</p>	<p>-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable</p>	<p>Required</p>	
<p>E9.5: Chief Complaint Narrative</p> <p>The statement of the problem by the patient or the history provider.</p>	<p>Text</p>	<p>-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable</p>	<p>Optional</p>	
<p>E9.11: Complaint Anatomic Location</p> <p>The primary anatomic location of the chief complaint as identified by EMS personnel.</p>	<p>Single choice combo</p> <p>1305 Abdomen 1310 Back 1315 Chest 1320 Extremity-Lower 1325 Extremity-Upper 1330 General/Global 1335 Genitalia 1340 Head 1345 Neck</p>	<p>-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable</p>	<p>Required for trauma only</p>	<p>InjurySite</p>
<p>E9.12: Primary Organ System Affected</p> <p>The primary organ system of the patient injured or medically affected.</p>	<p>Single choice combo</p> <p>1350 Cardiovascular 1355 CNS/Neuro 1360 Endocrine/Metabolic 1365 GI / Abdomen 1370 Global / Other Illness 1375 Musculoskeletal / Injury 1380 OB/GYN 1385 Psych / Behavioral 1390 Respiratory 1395 Renal / GU Problems 1400 Skin</p>	<p>-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable</p>	<p>Required</p>	



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<p>E9.14: Signs and Symptoms</p> <p>Signs and symptoms reported by the patient or observed by EMS personnel.</p>	<p>multiple choice combo</p> <p>568000 Abdominal Pain</p> <p>568001 Back Pain</p> <p>1460 Behavioral / Psych</p> <p>1405 Bleeding</p> <p>1410 Breathing Problem</p> <p>1415 Change in Responsiveness</p> <p>568004 Chest Pain</p> <p>1420 Choking</p> <p>1425 Death</p> <p>1430 Device / Equipment Problem</p> <p>1435 Diarrhea</p> <p>1440 Drainage/Discharge</p> <p>1445 Fever</p> <p>1450 Malaise</p> <p>1455 Mass / Lesion</p> <p>1465 Nausea / Vomiting</p> <p>1470 No Signs or Symptoms (None)</p> <p>1475 Pain</p> <p>1480 Palpitations</p> <p>1485 Rash / Itching</p> <p>1490 Swelling</p> <p>1500 Weakness</p> <p>1505 Wound</p>	<p>-5: Not Available</p> <p>-10: Not Known</p> <p>-15: Not Reported</p> <p>-20: Not Recorded</p> <p>-25: Not Applicable</p>	<p>Required</p>	<p>SymptomsDescription</p>
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E9.15: Provider's Primary Impression	Single choice combo	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	ProviderImpression
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).	569000 AAA (Abdominal Aortic Aneurysm) 1615 Abdominal Pain / Problems 1620 Airway Obstruction 1625 Allergic Reaction 1630 Altered Level of Consciousness 569001 Asthma 1635 Behavioral / Psychiatric Disorder 569002 Bowel Obstruction 569003 Cancer 1640 Cardiac Arrest 1645 Cardiac Rhythm Disturbance 1650 Chest Pain/Discomfort 569004 CHF (Congestive Heart Failure) 569006 Dehydration 569007 Diabetic Hyperglycemia 1655 Diabetic Hypoglycemia 1660 Electrocutation 569008 ETOH Abuse 569034 Fever 569009 G.I. Bleed 569010 Headache 569011 Heat Exhaustion / Stroke 569012 Hypertension 1665 Hyperthermia 569013 Hypotension 1670 Hypothermia 1675 Hypovolemia / Shock 1680 Inhalation Injury (Toxic Gas) 569014 OB Delivery 1695 OB / Pregnancy / Labor 1685 Obvious Death 569016 Other Abdominal / GI Problem 569017 Other Cardiovascular Problem 569018 Other CNS Problem 569019 Other Endocrine / Metabolic Problem 569021 Other General Urinary Problems 569022 Other Illness / Injury 569023 Other OB / Gyn 569024 Pain 1690 Poisoning / Drug Ingestion 1705 Respiratory Arrest 1700 Respiratory Distress 1710 Seizure 1715 Sexual Assault / Rape 1720 Smoke Inhalation 1725 Stings / Venomous Bites			



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<p>E9.15: Provider's Primary Impression</p> <p>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).</p>	<p>1730 Stroke / CVA / TIA</p> <p>569025 Substance/Drug Abuse</p> <p>1735 Syncope / Fainting</p> <p>1740 Traumatic Injury</p> <p>569027 Unconscious Unknown</p> <p>1745 Vaginal Hemorrhage</p>	<p>-5: Not Available</p> <p>-10: Not Known</p> <p>-15: Not Reported</p> <p>-20: Not Recorded</p> <p>-25: Not Applicable</p>	<p>Required</p>	<p>ProviderImpression</p>
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<p>E9.16: Provider's Secondary Impression</p> <p>The EMS personnel's impression of the patient's secondary problem or which led to the management given to the patient (treatments, medications, or procedures).</p>	<p>Single choice combo</p> <p>570000 AAA (Abdominal Aortic Aneurysm)</p> <p>1750 Abdominal Pain / Problems</p> <p>1755 Airway Obstruction</p> <p>1760 Allergic Reaction</p> <p>1765 Altered Level of Consciousness</p> <p>570001 Asthma</p> <p>1770 Behavioral / Psychiatric Disorder</p> <p>570002 Bowel Obstruction</p> <p>570003 Cancer</p> <p>1775 Cardiac Arrest</p> <p>1780 Cardiac Rhythm Disturbance</p> <p>1785 Chest Pain/Discomfort</p> <p>570004 CHF (Congestive Heart Failure)</p> <p>570006 Dehydration</p> <p>570007 Diabetic Hyperglycemia</p> <p>1790 Diabetic Hypoglycemia</p> <p>1795 Electrocutation</p> <p>560008 ETOH Abuse</p> <p>570034 Fever</p> <p>570009 G.I. Bleed</p> <p>570010 Headache</p> <p>570011 Heat Exhaustion / Stroke</p> <p>570012 Hypertension</p> <p>1800 Hyperthermia</p> <p>570013 Hypotension</p> <p>1805 Hypothermia</p> <p>1810 Hypovolemia / Shock</p> <p>1815 Inhalation Injury (Toxic Gas)</p> <p>570014 OB Delivery</p> <p>1830 OB / Pregnancy / Labor</p> <p>1820 Obvious Death</p> <p>570016 Other Abdominal / GI Problem</p> <p>570017 Other Cardiovascular Problem</p> <p>570018 Other CNS Problem</p> <p>570019 Other Endocrine / Metabolic Problem</p> <p>570021 Other General Urinary Problems</p> <p>570022 Other Illness / Injury</p> <p>570023 Other OB / Gyn</p> <p>570024 Pain</p> <p>1825 Poisoning / Drug Ingestion</p> <p>1840 Respiratory Arrest</p> <p>1835 Respiratory Distress</p> <p>1845 Seizure</p> <p>1850 Sexual Assault / Rape</p> <p>1855 Smoke Inhalation</p> <p>1860 Stings / Venomous Bites</p>	<p>-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable</p>	<p>Optional</p>	<p>ProviderImpression</p>
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E9.16: Provider's Secondary Impression The EMS personnel's impression of the patient's secondary problem or which led to the management given to the patient (treatments, medications, or procedures).	1865 Stroke / CVA / TIA 570025 Substance Drug Abuse 1870 Syncope / Fainting 1875 Traumatic Injury 570027 Unconscious Unknown 1880 Vaginal Hemorrhage	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	ProviderImpression
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E10: Situation/Trauma

Name	Value	Common Values	Required	Previous MNStar Name
E10.1: Cause of Injury/Illness The category of the reported/suspected external cause of injury/illness.	Single choice combo 9500 Aircraft Related Crash 580000 Assault 9505 Bicycle Crash 9510 Bites 9515 Chemical Poisoning 9520 Child Battering 9525 Drowning 9530 Drug Poisoning 9535 Electrocution (Non-Lightning) 9540 Excessive Cold 9545 Excessive Heat 9550 Falls 9555 Fire and Flames 9570 Firearm (Self Inflicted) 9560 Firearm Assault 9565 Firearm Injury (Accidental) 9575 Lightning 9580 Machinery Accidents 9585 Mechanical Suffocation 9590 Motor Vehicle Non-Traffic Crash 9595 Motor Vehicle Traffic Crash 9600 Motorcycle Crash 9605 Non-Motorized Vehicle Crash 9610 Pedestrian Traffic Crash 9615 Radiation Exposure 9620 Sexual Assault / Rape 9625 Smoke Inhalation 9630 Stabbing/Cutting Accidental 9635 Stabbing/Cutting Assault 9640 Struck by Blunt/Thrown Object 580015 Unarmed Fight / Brawl 9645 Venomous Stings (Plants, Animals) 9650 Water Transport Crash	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	InjuryMechanism



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E10.2: Intent of the Injury The intent of the individual inflicting the injury.	Single choice combo 2020 Intentional, Other (Assaulted) 2025 Intentional, Self 2030 Unintentional	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	InjuryIntent
E10.3: Mechanism of Injury The mechanism of the event which caused the injury.	multiple choice combo 2035 Blunt 2040 Burn 2045 Other 2050 Penetrating	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	InjuryDescription
E10.8: Use of Occupant Safety Equipment Safety equipment in use by the patient at the time of the injury.	multiple choice combo 2185 Lap Belt 2180 Helmet Worn 2170 Child Restraint 2175 Eye Protection 2200 Protective Clothing Gear 2205 Protective Non-Clothing Gear 2195 Personal Floatation Device 2210 Shoulder Belt 2190 Other 2187 None (No Safety Equipment / Devices Used)	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	SafetyEquipmentDesc
E10.9: Airbag Deployment Indication of airbag deployment during the motor vehicle crash	multiple choice 2225 Airbag Deployed Front 2220 No Airbag Deployed 2230 Airbag Deployed Side 2235 Airbag Deployed Other (Knee, Airbelt, etc.) 2215 No Airbag Present	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	SafetyEquipmentDesc
E11: Situation/CPR				
Name	Value	Common Values	Required	Previous MNStar Name
E11.1: Cardiac Arrest Indication of the presence of a cardiac arrest during this response.	Single choice combo 0 No 2245 Yes, After EMS Arrival 2240 Yes, Prior to EMS Arrival	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for Cardiac Arrest	
E11.2: Cardiac Arrest Etiology Indication of the etiology or cause of the cardiac arrest (classified as cardiac, non-cardiac, etc.)	Single choice combo 2260 Drowning 2270 Electrocutation 2250 Presumed Cardiac 2265 Respiratory 601000 SIDS (Suspected) 2255 Trauma 2275 Other	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for Cardiac Arrest	ProviderImpression



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<p>E11.3: Resuscitation Attempted</p> <p>Indication of an attempt to resuscitate the patient who is in cardiac arrest (attempted, not attempted due to DNR, etc.) - Complete only if Cardiac Arrest (E11.1) is "Yes"</p>	<p>multiple choice combo</p> <p>2305 No - Circulation Restored by First Responder</p> <p>2300 No - DNR Orders</p> <p>2295 No - Obvious Death</p> <p>2290 Yes - CPR Only</p> <p>2280 Yes - Defibrillation</p>	<p>-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable</p>	<p>Required for Cardiac Arrest</p>	<p>ProcedureDescription</p>
<p>E11.4: Arrest Witnessed by</p> <p>Indication of who the cardiac arrest was witnessed by</p>	<p>Single choice combo</p> <p>2320 Not Witnessed</p> <p>2310 Witnessed by Healthcare Provider</p> <p>2315 Witnessed by Lay Person</p>	<p>-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable</p>	<p>Required for Cardiac Arrest</p>	<p>CardiacWitness</p>
<p>E11.5: First Monitored Rhythm of the Patient in Cardiac Arrest</p> <p>Documentation of the rhythm, shockable / non-shockable rhythm, of the patient at the time of cardiac arrest.</p>	<p>Single choice combo</p> <p>2325 Asystole</p> <p>2330 Bradycardia</p> <p>2335 Normal Sinus Rhythm</p> <p>2345 PEA</p> <p>2365 Ventricular Tachycardia</p> <p>2360 Ventricular Fibrillation</p> <p>2350 Unknown AED Non-Shockable Rhythm</p> <p>2355 Unknown AED Shockable Rhythm</p> <p>2340 Other</p>	<p>-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable</p>	<p>Required for Cardiac Arrest</p>	<p>Initial Cardiac Rhythm</p>
<p>E11.6: Any Return of Spontaneous Circulation</p> <p>Indication whether or not there was any return of spontaneous circulation</p>	<p>Single choice combo</p> <p>0 No</p> <p>2370 Yes - Prior to ED Arrival Only</p> <p>2375 Yes - Prior to ED Arrival and at the ED</p>	<p>-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable</p>	<p>Required for Cardiac Arrest</p>	<p>Returnofpulse</p>
<p>E11.8: Estimated Time of Arrest Prior to EMS Arrival</p> <p>The length of time the patient was down (estimated) before the responding unit arrived at the patient</p>	<p>Single choice combo</p> <p>2425 0-2 Minutes</p> <p>2420 2-4 Minutes</p> <p>2415 4-6 Minutes</p> <p>2410 6-8 Minutes</p> <p>2405 8-10 Minutes</p> <p>2400 10-15 Minutes</p> <p>2395 15-20 Minutes</p> <p>2390 > 20 Minutes</p>	<p>-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable</p>	<p>Optional</p>	
<p>E11.9: Date/Time Resuscitation Discontinued</p> <p>The date/time the CPR was discontinued (or could be time of death)</p>	<p>date/time</p>	<p>Leave blank for null values</p>	<p>Optional</p>	
<p>E11.10: Reason CPR Discontinued</p> <p>The reason that CPR or the resuscitation efforts were discontinued.</p>	<p>Single choice combo</p> <p>2430 DNR</p> <p>2435 Medical Control Order</p> <p>2440 Obvious Signs of Death</p> <p>2445 Policy / Protocol Requirements Completed</p> <p>2450 Return of Spontaneous Circulation (Pulse or BP Noted)</p>	<p>-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable</p>	<p>Optional</p>	



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<p>E11.11: Cardiac Rhythm on Arrival at Destination</p> <p>The patient's cardiac rhythm upon delivery or transfer to the destination</p>	<p>multiple choice combo</p> <p>610000 12 Lead ECG - Septal Ischemia</p> <p>2455 12 Lead ECG - Anterior Ischemmia</p> <p>2460 12 Lead ECG - Inferior Ischemia</p> <p>2465 12 Lead ECG - Lateral Ischemia</p> <p>2470 Agonal / Idioventricular</p> <p>2475 Artifact</p> <p>2480 Asystole</p> <p>2485 Atrial Fibrillation</p> <p>2490 AV Block - 1st Degree</p> <p>2495 AV Block - 2nd Degree - Type 1</p> <p>2500 AV Block - 2nd Degree - Type 2</p> <p>2505 AV Block - 3rd Degree</p> <p>2510 Junctional</p> <p>2515 Left Bundle Branch Block</p> <p>2520 Normal Sinus Rhythm</p> <p>2525 Other</p> <p>2530 Paced Rhythm</p> <p>2535 PEA</p> <p>2540 Premature Atrial Contractions</p> <p>2545 Premature Ventricular Contractions</p> <p>2550 Right Bundle Branch Block</p> <p>610002 S-T Segment Depression</p> <p>610001 S-T Segment Elevation</p> <p>2555 Sinus Arrhythmia</p> <p>2560 Sinus Bradycardia</p> <p>2565 Sinus Tachycardia</p> <p>2570 Supraventricular Tachycardia</p> <p>2575 Torsades De Points</p> <p>2580 Unknown AED Non-Shockable Rhythm</p> <p>2585 Unknown AED Shockable Rhythm</p> <p>2590 Ventricular Fibrillation</p> <p>2595 Ventricular Tachycardia</p>	<p>-5: Not Available</p> <p>-10: Not Known</p> <p>-15: Not Reported</p> <p>-20: Not Recorded</p> <p>-25: Not Applicable</p>	<p>Required for Cardiac Arrest</p>	
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E12: Medical History

Name	Value	Common Values	Required	Previous MNStar Name
<p>E12.1: Barriers to Patient Care</p> <p>Indication of whether or not there were any patient specific barriers to serving the patient at the scene.</p>	<p>multiple choice combo</p> <p>2600 Developmentally Impaired</p> <p>2605 Hearing Impaired</p> <p>2610 Language</p> <p>2620 Physically Impaired</p> <p>2625 Physically Restrained</p> <p>2630 Speech Impaired</p> <p>2635 Unattended or Unsupervised (Including Minors)</p> <p>2640 Unconscious</p> <p>2615 None</p>	<p>-5: Not Available</p> <p>-10: Not Known</p> <p>-15: Not Reported</p> <p>-20: Not Recorded</p> <p>-25: Not Applicable</p>	<p>Optional</p>	



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<p>E12.19: Alcohol/Drug Use Indicators</p> <p>Indicators for the potential use of Alcohol or Drugs by the patient.</p>	<p>multiple choice combo</p> <p>3001 None</p> <p>3000 Alcohol and/or Drug Paraphernalia at Scene</p> <p>2990 Patient Admits to Alcohol Use</p> <p>2995 Patient Admits to Drug Use</p> <p>2985 Smell of Alcoholic Beverage on Breath/About Person</p>	<p>-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable</p>	<p>Required</p>	<p>AlcoholDrugUse</p>
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E13: Narrative

Name	Value	Common Values	Required	Previous MNStar Name
<p>E13.1: Run Report Narrative</p> <p>The narrative of the run report.</p>	<p>Text</p>	<p>-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable</p>	<p>Optional</p>	

E14: Assessment / Vital Signs

Name	Value	Common Values	Required	Previous MNStar Name
<p>E14.1: Date/Time Vital Signs Taken</p> <p>The date/time vital signs were taken on the patient.</p>	<p>date/time</p>	<p>Leave blank for null values</p>	<p>Optional</p>	<p>VitalsDateTime</p>



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<p>E14.3: Cardiac Rhythm</p> <p>The initial cardiac EKG of the patient interpreted by EMS personnel.</p>	<p>multiple choice combo</p> <p>3005 12 Lead ECG-Anterior Ischemia 3010 12 Lead ECG-Inferior Ischemia 3015 12 Lead ECG-Lateral Ischemia 653004 12 Lead ECG-Septal Ischemia 3020 Agonal/Idioventricular 3025 Artifact 3030 Asystole 3035 Atrial Fibrillation / Flutter 3040 AV Block - 1st Degree 3045 AV Block - 2nd Degree - Type 1 3050 AV Block - 2nd Degree - Type 2 3055 AV Block - 3rd Degree 3110 Bradycardia 3060 Junctional 3065 Left Bundle Branch Block 3070 Normal Sinus Rhythm 3075 Other 3080 Paced Rhythm 3085 Pulseless Electrical Activity - PEA 3090 Premature Atrial Contractions 3095 Premature Ventricular Contractions 3100 Right Bundle Branch Block 653001 S-T Segment Depression 653002 S-T Segment Elevation 3105 Sinus Arrhythmia 3115 Sinus Tachycardia 3120 Supraventricular Tachycardia 3125 Torsades De Points 3130 Unknown AED Non-Shockable Rhythm 3135 Unknown AED Shockable Rhythm 3140 Ventricular Fibrillation 3145 Ventricular Tachycardia</p>	<p>-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable</p>	<p>Optional</p>	
<p>E14.4: Systolic Blood Pressure</p> <p>The patient's systolic blood pressure.</p>	<p>number</p>	<p>Leave blank for null values</p>	<p>Required*</p>	<p>SystolicBloodPressure</p>
<p>E14.5: Diastolic Blood Pressure</p> <p>The patient's diastolic blood pressure.</p>	<p>number</p>	<p>Leave blank for null values</p>	<p>Optional</p>	
<p>E14.7: Pulse Rate</p> <p>The patient's pulse rate, palpated or auscultated, expressed as a number per minute.</p>	<p>number</p>	<p>Leave blank for null values</p>	<p>Required*</p>	<p>PulseRate</p>
<p>E14.9: Pulse Oximetry</p> <p>The patient's oxygen saturation.</p>	<p>number</p>	<p>Leave blank for null values</p>	<p>Optional</p>	
<p>E14.11: Respiratory Rate</p> <p>The patient's respiratory rate expressed as a number per minute.</p>	<p>number</p>	<p>Leave blank for null values</p>	<p>Required*</p>	<p>RespiratoryRate</p>



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E14.13: CO2 The patient's end-tidal CO2 level.	number	Leave blank for null values	Optional	
E14.14: Blood Glucose Level The patient's blood glucose level	number	Leave blank for null values	Optional	
E14.15: Glasgow Coma Score: Eye The patient's Glasgow Coma Score: Eye	number 4 Opens Eyes spontaneously 3 Opens Eyes in response to verbal stimulation 2 Opens Eyes in response to painful stimulation 1 None 0 Not Recorded	Leave blank for null values	Required*	GlasgowComaScore
E14.16.0: Glasgow Coma Score: Verbal The patient's Glasgow Coma Score: ages 0-23 months	number 5 Smiles, coos, cries appropriately 4 Cries, inconsolable 3 Inappropriate cry 2 Persistent cry, grunting 1 None 9 Not assessed 0 Not Recorded	Leave blank for null values	Required*	GlasgowComaScore
E14.16.2: Glasgow Coma Score: Verbal The patient's Glasgow Coma Score: ages 2-5 years	number 5 Appropriate words 4 Inappropriate words 3 Cries and/or screams 2 Grunts 1 None 9 Not assessed 0 Not Recorded	Leave blank for null values	Required*	GlasgowComaScore
E14.16.5: Glasgow Coma Score: Verbal The patient's Glasgow Coma Score: ages greater than 5	number 5 Oriented and appropriate speech 4 Confused conversation or speech 3 Inappropriate words 2 Non-specific sounds 1 None 0 Not Recorded	Leave blank for null values	Required*	GlasgowComaScore
E14.17.0: Glasgow Coma Scale: Motor The patient's Glasgow Coma Score: Motor: ages less than 5 years.	number 6 Spontaneous 5 Localization of painful stimulation 4 General withdrawal in response to painful stimulation 3 Flexor posturing in response to painful stimulation 2 Extensor posturing in response to painful stimulation 1 None 0 Not Recorded	Leave blank for null values	Required*	GlasgowComaScore



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E14.17.5: Glasgow Coma Scale: Motor The patient's Glasgow Coma Score: Motor: ages greater than 5 years	number 6 Obeys commands with appropriate motor response 5 Localization of painful stimulation 4 General withdrawal in response to painful stimulation 3 Flexor posturing in response to painful stimulation 2 Extensor posturing in response to painful stimulation 1 None 0 Not Recorded	Leave blank for null values	Required*	GlasgowComaScore
E14.19: Total Glasgow Coma Score The patient's total Glasgow Coma Score.	number	Leave blank for null values	Required*	GlasgowComaScore
E14.22: Level of Responsiveness The patients level of responsiveness (AVPU).	Single choice combo 3255 Alert 3260 Verbal 3265 Painful 3270 Unresponsive	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for trauma only	AVPUScore
E16: Assessment / Exam				
Name	Value	Common Values	Required	Previous MNStar Name
E16.1: Estimated Body Weight The patient's body weight in kilograms, either measured or estimated	number	Leave blank for null values	Optional	PatientWeight
E18: Intervention / Medication				
Name	Value	Common Values	Required	Previous MNStar Name
E18.1: Date/Time Medication Administered The date/time medication administered to the patient.	date/time	Leave blank for null values	Optional	MedicationDateTime
E18.3: Medication Given The medication given to the patient. See medication list for values.	Single choice combo	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	MedicationName



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<p>E18.4: Medication Administration Route</p> <p>The route medication was administered to the patient.</p>	<p>Single choice combo</p> <p>4175 Endotracheal Tube 4180 Gastrostomy Tube 4185 Inhalation 4190 Intramuscular 4195 Intranasal 4200 Intraocular 4191 Intraosseous 4205 Intravenous 753001 Intravenous Pump 4210 Nasal 4215 Nasal Prongs 4220 Nasogastric 4225 Ophthalmic 4230 Oral 4235 Other / Miscellaneous 4240 Otic (in ear) 4245 Re-breather Mask / Non-Rebreather Mask 4250 Rectal 4255 Subcutaneous 4260 Sublingual 4265 Topical 4270 Tracheostomy 4275 Transdermal 4280 Urethral 4285 Ventimask 4290 Wound</p>	<p>-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable</p>	<p>Optional</p>	<p>MedicationRoute</p>
<p>E18.5: Medication Dosage</p> <p>The dose or amount of medication given to the patient.</p>	<p>number</p>	<p>Not Nullable</p>	<p>Optional</p>	<p>MedicationDosage</p>



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<p>E18.6: Medication Dosage Unit</p> <p>The dose or amount of medication given to the patient.</p>	<p>Single choice combo</p> <p>4295 GMS 4300 Inches 4305 IU (International Units) 4310 KVO (TKO) 4315 L/MIN (Fluid Administration) 4320 Liters 4325 LPM (Gas Administration) 4330 MCG 4335 MCG / KG / MIN 755002 MCG / MIN 4340 MEQ 4345 MG 4350 MG / KG / MIN 755001 MG / MIN 4355 ML 4360 ML / HR 4370 Puffs 755003 Units / HR 4365 Other</p>	<p>Not Nullable</p>	<p>Optional</p>	<p>MedicationDosageUnit</p>
<p>E18.8: Medication Complication</p> <p>Any complication (abnormal effect on the patient) associated with the administration of the medication to the patient by EMS.</p>	<p>multiple choice combo</p> <p>4395 Altered Mental Status 4400 Apnea 4405 Bleeding 4410 Bradycardia 4415 Diarrhea 4420 Extravasation 4425 Hypertension 4430 Hyperthermia 4435 Hypotension 4440 Hypoxia 4445 Injury 4450 Itching / Urticaria 4455 Nausea 4390 None 4460 Other 4465 Respiratory Distress 4470 Tachycardia 4475 Vomitting</p>	<p>-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable</p>	<p>Optional</p>	
<p>E18.9: Medication Crew Member ID</p> <p>The statewide assigned ID number of the EMS crew member giving the treatment to the patient</p>	<p>Text</p>	<p>-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable</p>	<p>Required</p>	



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E18.10: Treatment/Medication Authorization The type of treatment authorization obtained.	Single choice combo 4490 Guidelines (Standing Orders) 4480 On-Line (Telephone or Radio) 4485 On-Scene 4495 Written Orders (Patient Specific)	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	Medical Control Method
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E19: Intervention / Procedure

Name	Value	Common Values	Required	Previous MNStar Name
E19.1: Date/Time Procedure Performed The date and time the procedure was performed on the patient.	date/time	Leave blank for null values	Optional	ProcedureDateTime
E19.3: Procedure The procedure performed on the patient. See procedure list for values. Definition of a procedure: Active attempt to do the procedure. Examples: Attempting to insert an airway; Breaking the skin on placement of an IV.	Single choice combo	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	ProcedureDescription
E19.5: Number of Procedure Attempts The number of attempts taken to complete a procedure or intervention regardless of success. Airway insertion attempt: Number of active attempts to insert and airway. IV insertion attempt: Number of active attempts to establish IV.	number	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for airway procedures and intravenous therapy	ProcedureAttempts
E19.6: Procedure Successful Indication of whether or not the procedure performed on the patient was successful.	Single choice combo 1 Yes 0 No	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for airway procedures and intravenous therapy	ProcedureSuccess
E19.8: Response to Procedure The patient's response to the procedure.	Single choice combo 4600 Improved 4610 Worse 4605 Unchanged	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required for airway procedures and intravenous therapy	PatientResponse
E19.9: Procedure Crew Members ID The statewide assigned ID number of the EMS crew member performing the procedure on the patient.	Text	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	PerformingCrewID

E20: Disposition

Name	Value	Common Values	Required	Previous MNStar Name
E20.2: Destination/Transfer To - Code The code of the destination the patient was delivered or transferred to, if present and available	Text	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	DestinationName



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E20.7: Destination Zip Code The destination zip code in which the patient was delivered or transferred to.	Text	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	DestinationName
E20.10: Incident/Patient Disposition Type of disposition treatment and/or transport of the patient.	Single choice combo 4850 Treated, Transported by EMS 4845 Treated, Transferred Care 4840 Treated and Released 4815 Cancelled 804000 Cancelled - Prior to Dispatch 804002 Cancelled - Out of Primary Service Area 804001 Cancelled - Request Transferred to Another Provider 4835 Patient Refused Care 4820 Dead at Scene	Not Nullable	Required	ResponseDisposition
E20.14: Transport Mode from Scene Indication whether or not lights and/or sirens were used on the vehicle while leaving scene.	Single choice combo 4965 Lights and Sirens 4970 No Lights or Sirens 4960 Initial No Lights or Sirens, Upgraded to Lights and Sirens 4955 Initial Lights and Sirens, Downgraded to No Lights or Sirens	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	LightsSirenFromScene
E20.16: Reason for Choosing Destination The reason the ambulance service chose to deliver or transfer the patient to the indicated destination.	Single choice combo 4990 Closest Facility 5035 Protocol / Guideline 5025 Patient / Family Choice 5040 Specialty Resource Center 5010 Law Enforcement Choice 4995 Diversion	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	DestinationDetermination
E20.17: Type of Destination The type of destination the patient was delivered or transferred to.	Single choice combo 7280 Hospital 7270 Home 7290 Medical Office/Clinic 7320 Nursing Home 7340 Air Ambulance 7350 Ground Ambulance 7360 Police / Jail 7300 Morgue 7330 Other	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Required	DestinationType

E23: Miscellaneous

Name	Value	Common Values	Required	Previous MNStar Name
E23.9: Facility Diverted From Facility code that unit was diverted from.	Text	-5: Not Available -10: Not Known -15: Not Reported -20: Not Recorded -25: Not Applicable	Optional	Divertedfromfacility



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Procedures

6130 12 Lead ECG
6720 ACD Deactivation
6730 AED - ERU
6740 AED - First Responder
6750 AED - Public Access
6150 Airway - Change Tracheostomy Tube
6160 Airway - Cleared / Opened / or Heimlich
6170 Airway - Combitube
6180 Airway - CPAP
6280 Airway - Endotracheal Intubation
6190 Airway - EOA / EGTA
6200 Airway - Intubation Confirm CO2
6210 Airway - Intubation Confirm Esophageal Detector Device/Bulb (EDD)
6220 Airway - Laryngeal Mask
6530 Airway - Nasogastric Tube
6230 Airway - Nasopharyngeal
6240 Airway - Nasotracheal Intubation
6250 Airway - Nebulizer Treatment
6260 Airway - Needle Cricothyrotomy
6270 Airway - Oropharyngeal
6290 Airway - PEEP
6140 Airway - Positive Pressure Ventilation / BVM
6300 Airway - Rapid Sequence Induction
6310 Airway - Respirator Operation
6320 Airway - Suctioning
6330 Airway - Surgical Cricothyrotomy
6340 Airway - Ventilator
6350 Arterial Access / Blood Draw
6360 Arterial Line Maintenance
6370 Blood Glucose Analysis
6760 Burn Care
6380 Capnography
6390 Cardiac Monitor
6400 Cardioversion (Synchronized)
6410 Carotid Massage
6420 Chest Decompression
6790 Chest Tube Placement
6430 Childbirth
6440 CNS Catheter - Epidural Maintenance
6450 CNS Catheter-Intraventricular
6800 Cold Pack
6460 CPR - Cardiopulmonary Resuscitation
6480 Defibrillation - Automated (AED)



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- 6490 Defibrillation - Manual
- 6470 Defibrillation - Placement for Monitoring/Analysis
- 6500 External Cardiac Pacing
- 6510 Extrication
- 6810 Hot Pack
- 6520 MAST
- 6540 None
- 6550 Rescue
- 6570 Restraints
- 6580 Spinal Immobilization
- 6590 Splinting
- 6600 Splinting-Traction
- 6850 Stretcher
- 6610 Urinary Catheterization
- 6620 Venous Access - Blood Draw
- 6650 Venous Access - External Jugular Line
- 6640 Venous Access - Extremity
- 6660 Venous Access - Femoral Line
- 6670 Venous Access - Intraosseous (Adult)
- 6680 Venous Access - Intraosseous (Pediatric)
- 6690 Venous Access - Maintain Central Line
- 6700 Venous Access - Swan Ganz Maintain
- 6630 Venous Access-Existing Catheter/IV Monitoring
- 6710 Wound Care



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Medications

- 405 Abciximab (Reopro)
- 156014 Acetaminophen
 - 61 Adenosine
 - 31 Albuterol Sulfate
 - 65 Amiodorone (Cordarone)
 - 4 Amyl Nitrate
 - 81 Aspirin (ASA)
 - 21 Atropine Sulfate
 - 60 Atrovent (Ipratropium Bromide)
 - 62 Bretylium Tosylate
 - 8 Bumetanide (Bumex)
- 161 Calcium Chloride
 - 10 Calcium Gluconate
- 156022 Cetacaine Spray
 - 111 Charcoal (Activated)
 - 12 Dexamethasone (Decadron)
- 156002 Dextrose 25% (D25)
 - 171 Dextrose 50% (D50)
- 121 Diazepam (Valium)
 - 11 Diphenhydramine (Benadryl)
- 300 Dobutamine
- 156015 Dolasetron (Anzemet)
 - 16 Dopamine
 - 142 Droperidol (Inapsine)
- 156013 DuoNeb (0.5 Atrovent/3.0 Albuterol)
 - 34 Epinephrine
 - 441 Epinephrine 1:10,000
 - 440 Epinephrine 1:1000
 - 418 Epi-Pen Adult
 - 419 Epi-Pen Junior
 - 407 Eptifibatide (Integrilin)
 - 430 Esmolol HCl (Brevibloc)
 - 141 Etomidate
 - 325 Fentanyl
 - 413 Flumazenil (Romazicon)
 - 132 Furosemide (Lasix)
 - 231 Glucagon
- 156023 Glucose (Oral)
 - 408 Glucose
- 156016 Granisetron HCL (Kytril)
 - 414 Haloperidol (Haldol)
 - 51 Heparin
 - 431 Hydralazine (Apresoline)
 - 409 Hydromorphone (Dilaudid)



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Medications

- 156017 Ibuprofen (Advil, Motrin)
- 412 Insulin
- 201 Ipecac
- 67 Isoproterenol
- 417 IV Antibiotics
- 432 Ketamine
- 38 Ketorolac (Toradol)
- 163 Labetolol
- 156011 Lactated Ringers
- 156008 Levalbuterol HCL (Xopenex)
- 63 Lidocaine
- 24 Lorazepam (Ativan)
- 131 Magnesium Sulfate
- 182 Mannitol (Osmitrol)
- 416 Mark 1 Kit
- 27 Meperidine (Demerol)
- 28 Metaproterenol (Alupent)
- 222 Methylprednisolone (Solu-Medrol)
- 30 Metoclopramide (Reglan)
- 350 Metoprolol (Lopressor)
- 122 Midazolam (Versed)
- 92 Morphine Sulfate
- 101 Naloxone (Narcan)
- 42 Neostigmine
- 33 Nifedipine (Adalat, Procardia)
- 72 Nitroglycerin
- 143 Nitronox (Nitrous Oxide)
- 68 Nitroprusside
- 156018 Norepinephrine
- 404 Normal Saline
- 93 Nubain
- 425 Ondansetron (Zofran)
- 428 Other Autonomic Nervous System Drug
- 426 Other Cardiac Drug
- 427 Other CNS Drug
- 429 Other Respiratory Drug
- 910 Oxygen
- 9398 Oxygen (non-rebreather mask)
- 12360 Oxygen by Blow By
- 9397 Oxygen by Mask
- 9396 Oxygen by Nasal Cannula
- 438 Oxygen by Nebulizer
- 439 Oxygen by Positive Pressure Device
- 411 Oxytocin (Pitocin)



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Medications

- 433 Phenylephrine HCl (Neo-Synephrine)
- 434 Phenytoin (Dilantin)
- 435 Potassium Cl
- 156019 Pralidoxime (2-PAM, Systemic)
- 64 Procainamide
- 415 Prochlorperazine (Compazine)
- 403 Promethazine HCl (Phenergan)
- 521 Proparacaine (Alcaine)
- 402 Racemic Epinephrine
- 172 Reactose
- 410 Rocuronium Bromide (Zemuron)
- 151 Sodium Bicarbonate
- 156020 Sodium Nitrate (Cyanide Kit)
- 156021 Sodium Thiosulfate (Cyanide Kit)
- 41 Succinylcholine (Anectine)
- 32 Terbutaline (Brethine)
- 39 Thiamine
- 406 Tirofiban HCL (Aggrastat)
- 401 Vasopressin
- 400 Vecuronium (Norcuron)
- 66 Verapamil (Isoptin)