



County of Kern

EMERGENCY MEDICAL SERVICES



**PATIENT CARE RECORD
POLICIES AND PROCEDURES**

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~~REVISION & ACTION LISTING:~~

- ~~02/13/95 — Complete Draft for Limited Trial Project~~
- ~~02/27/95 — Draft revised for Full Scope Trial Project (to remain as authorized use draft until trial completed)~~
- ~~03/17/95 — Revision – Consistent with Project Progression for Reference~~
- ~~07/15/95 — Revision – Consistent with feedback to date, for full implementation.~~
- ~~08/18/95 — Revision – Consistent with revised forms.~~
- ~~10/18/95 — Revision – Consistent with revised forms for full implementation.~~
- ~~11/16/95 — Revision – Consistent with feedback~~
- ~~11/15/2002 — Revision Draft for group review~~
- ~~12/20/2002 — Revised Final in accordance with PCR Provider Group Feedback~~
- ~~02/28/2006 — Revised e-PCR initial implementation~~
- ~~12/18/2008 — Revised Section III J. PCR submission timing to EDs, and updated cover page~~
- ~~05/01/2012 — Revised – Consistent with data warehouse equipment, added mandatory narrative, and added Fire and Law to reporting~~
- ~~05/29/2012 — Minor changes/edits per final staff review~~
- ~~06/01/2012 — Effective date for revisions made in May 2012~~
- ~~10/10/2012 — Defined “Preliminary Record”~~
- ~~08/02/2013 — Updated Ambulance Report Form in Appendix Three~~

I. ~~Section 1~~ **GENERAL PROVISIONS**

- A. This policy defines all requirements regarding electronic data collection (Electronic Patient Care Report) and their uses, completion, referral, retention and reporting within Kern County.
- B. The patient care report (PCR) and mandatory electronic data elements (e-PCR), are established and maintained under the authority of the Emergency Medical Services Division (Division) in accordance with California Health and Safety Code, Division 2.5, Sections 1797.204 and 1797.227 and California Code of Regulations Title 22, section 100171(f).
- C. The mandatory data elements, ~~and~~ and electronic records are official medical records and upon submission are the property of the Division. The ~~mandatory~~ mandatory electronic data elements shall be retained and maintained by the care provider's employer as the legal custodian of the medical record. Electronic Patient Care Records are confidential medical records and are limited to the possession of the Division, authorized EMS providers involved with response to the patient location or direct patient care, and authorized medical facilities that receive the patient if transported.
- ~~D.~~ The Division recognizes the current version of the National Highway Traffic Safety Administration (NHTSA) Uniform Pre-Hospital Emergency Medical Services Dataset, National Emergency Medical Services Information System (NEMSIS) for the collection and aggregation of all electronic data in the local EMS system. All references herein to "Mandatory Elements", "Data Elements", "Elements" or "Data" are taken directly from the NEMSIS Dataset and can be located and referenced in the NEMSIS Data Dictionary located at:
~~E.D.~~ http://www.nemsis.org/media/nemsis_v3/release-3.4.0/DataDictionary/PDFHTML/DEMEMS/index.html
- ~~F.E.~~ The electronic patient care report may be provided to other sources only in accordance with applicable state and/or federal laws; or may be provided to the patient or patient responsible party by valid written authorization.
- ~~G.F.~~ The electronic patient care report shall be accurately completed in accordance with these policies and procedures. Willful falsification of a patient care record or failure to comply with these policies and procedures shall result in formal investigative action per 1798.200 of the California Health and Safety Code and Ordinance Code 8.12.190.
- ~~H.G.~~ The mandatory data elements (e-PCR) listed in Appendix A~~→~~ below shall be generated by the service provider and transmitted to the Division in accordance with ~~ePCR Operational Proceduresthis policy.~~
- ~~I.H.~~ The data obtained through an electronic patient care report will be used for, but not limited to, the following purposes:
 - 1. Documentation of patient problem history, assessment findings, care, response to care and patient outcome for the purposes of effective continued patient care by responsible medical professionals; and medical-legal documentation.
 - 2. Development of aggregate data reports of various topics determined by the Division to drive the continuous quality improvement (CQI) system action plan;
 - 3. Evaluation of compliance with Ordinance Code 8.12;
 - 4. Indicator for individual case evaluation; and
 - 5. Divisional issue or case investigation.
- ~~J.I.~~ The Division, in consultation with EMS providers, may revise these policies and procedures and mandatory data elements (e-PCR) as necessary.

~~K.J.~~ Each agency is responsible for developing and maintaining a data collection back up plan.

~~L.K.~~ Any agency that experiences a failure of its electronic data collection system shall immediately notify the Division of said failure. Said agency is responsible for maintaining the collection of all mandatory data elements should a failure occur. Said agency shall have 48 hours to correct the above mentioned electronic data collection failure and begin submitting all mandatory electronic data elements. All data elements collected during the above mentioned failure shall be maintained and entered into the electronic collection system immediately following the system's availability. In addition, any agency planning system maintenance or upgrades that could cause a delay in data transmission, will notify the division at least 24 hours in advance of said maintenance or upgrade.

II. ~~Section 2-~~ DEFINITIONS

- A. **"Division"**: Kern County EMS Division of Public Health.
- B. **"Ordinance"**: Kern County Ordinance Code.
- C. **National EMS Information System (NEMSIS)**: The national data standard for emergency medical services as defined by the National Highway Traffic and Safety Administration (NHTSA) and the NEMSIS Technical Assistance Center (TAC).
- D. **California EMS Information System (CEMSIS)**: The California data standard for emergency medical services as defined by the California Emergency Medical Services Authority (EMSA). The data standard includes the NEMSIS standards and state defined data elements.
- E. **Kern County Emergency Medical Data System (KCEMDS)**: The Kern County EMS data standard for emergency medical services as managed and defined by Kern County Emergency Medical Services (KCEMS). The data standard includes the NEMSIS, CEMSIS, and Kern County specific data elements.
- F. **Patient Care Reporting System (PCRS)**: An electronic software platform that allows for real time collection of patient care information at the time of service.
- G. **"Mandatory Element"**: a data field identified by the EMS Division that must be completed and transmitted by EMS provider.
- H. **"e-PCR"**: the mandatory electronic data elements that as a whole make up the electronic patient care record that is completed by the EMS provider which shall serve as the permanent patient care report documenting patient condition, treatment, and all associated circumstances pertaining to a response.

III. Data Submission Process:

EMS Providers shall submit data using any third party PCRS that meets data submission requirements as defined in the Patient Care Reporting section of this policy. All data element requirements as set forth by the current versions of NEMSIS, CEMSIS, and KCEMDS must be met. To submit data, the EMS provider shall do all of the following:

- A. The provider must be an approved Kern County EMS provider.
- B. Private based EMS provider who is currently licensed by KCEMS as an Ambulance Provider.

- C. Public or private based first responders (i.e. Fire Department, Oil Fields, Law Enforcement, etc.) in which response and patient care activities occur within the jurisdictional boundaries of Kern County.
- D. The PCRS used by the EMS Provider shall be certified compliant with the current version of NEMSIS.
- E. Submit a written request for access to the KCEMS NEMSIS Web Service. The request must include the following:
 - F. Provider Name and Agency ID
 - G. PCRS Vendor Information (including 24 hour technical support contact)
 - H. The request will be reviewed by KCEMS within 14 business days. If approved, access to the KCEMS NEMSIS Service will be granted to the PCRS vendor.
 - I. Once access to the KCEMS NEMSIS Service has been granted, KCEMS will work with the provider and the PCRS vendor to conduct data submission testing.
- J. Provider Responsibilities:
 - (1) Establish and continuously maintain a connection with the KCEMS NEMSIS Web Service.
 - (a) The provider should be prepared to submit incident data for every completed Patient Care Report in real time immediately upon completion by the provider.
 - (b) The provider shall immediately report any technical difficulties with establishing or maintaining a connection to the KCEMDS System Administrator.
 - (2) Upon initially establishing a connection, submit dAgency data followed by at least five (5) test incident records that constitute a complete Patient Care Report for the following types of patients:
 - (a) Cardiac Arrest
 - (b) Chest pain/Acute Coronary Syndrome
 - (c) Stroke
 - (d) Trauma
 - (e) Respiratory Distress
 - (f) Adult
 - (g) Pediatric
 - (3) Inform KCEMS when test incident records have been submitted.
 - (4) Address and correct technical and/or data validation issues that are identified
- K. KCEMS Responsibilities:
 - (1) Provide web service access information, including: web service URL, username and password.
 - (2) Review test incidents submitted by the provider/vendor.
 - (3) Provide guidance and support to address technical and/or data validation issues.

IV. PATIENT CARE REPORTING:

- A. As of the effective date of this policy, the KCEMDS is compliant with and able to accept NEMSIS 3.4 data.
- B. EMS providers who are already submitting data in the NEMSIS v2.2.1 or v3 format may continue to do so through December 31, 2016.

- C. As of 0001hrs, January 1, 2017, EMS providers shall only submit data in the current NEMSIS v3.4 format, as per A.B.1129.
- D. Provider agencies shall ensure that their PCRS complies with all national (NEMSIS), state (CEMSIS), and local (KCEMS) data elements and field values.
- E. Provider agencies shall be responsible to ensure that their PCRS is able to establish and maintain a connection with the KCEMDS. Such responsibilities include but are not limited to:
 - (1) All costs associated with establishing and maintaining a connection with the KCEMDS up to the provider side of the interface.
 - (2) Initial and continued compliance with established data standards.
- F. On occasion, changes to existing data elements may be needed as changes to the local EMS system occur. Such changes may include but are not limited to the addition of new procedures, medications, or changes to provider or facility names.
- G. When changes described above are necessary, the PCRS used by the provider agency will need to be updated as soon as possible upon written notification from KCEMS.
- H. A provider PCRS must transmit PCRs in the established format to the KCEMDS immediately upon completion by EMS personnel.

V. DOCUMENTATION STANDARDS:

- A. PCRs shall be completed and submitted electronically to KCEMS.
- B. Except in rare cases of system downtime or inoperability of electronic devices, the PCR shall be made available to the receiving center physicians and staff before leaving the receiving center.
- C. It shall be the responsibility of EMS personnel to document accurately on their PCR.
~~A. KCEMS may request specific documentation elements related to CQI, Field Study, Syndromic Surveillance or Emergency Management data collection.~~ **Section 3—PCR OPERATIONAL PROCEDURES**

~~B.D.~~ EMS providers shall accurately complete and submit all mandatory electronic data for each response to a call for service as described herein. This includes all emergency responses, non-emergency responses, responses that are canceled before scene arrival, ~~and~~ any pre-arranged ~~stand-by ambulance standbys~~, and ~~ambulance~~ patient transfers originating in Kern County. In addition, any contact between an EMT, Paramedic, or CCT Nurse and a potential patient requires completion of ~~an ePCR or~~ PCR. All mandatory ~~electronic~~ data elements (~~e-PCR~~), shall be completed by the EMT, Paramedic, or CCT Nurse responsible for patient care. (See Appendix A for Mandatory Data Elements)

Prior to submitting the mandatory data elements (e-PCR) to the Division, the EMT, Paramedic, or CCT Nurse responsible for patient care shall review in detail each mandatory data element to ensure its accuracy.

- C. All electronic data elements (e-PCR), once submitted to the server, become a locked legal document and the contents cannot be modified. Kern County EMS uses a Secure Socket Layer system for transferring mandatory data elements which adheres to HIPPA and HITECH standards.

VI. PCR OPERATIONAL PROCEDURES

A. The mandatory data elements are contained in Appendix One.

B. The EMS report becomes part of the patient's medical record and as such is a legal and confidential document. In addition to serving an immediate medical communication purpose, the report also provides a historical record of this specific incident. In the event of future legal action, the report may also serve as a reminder to the author of the events and details surrounding this patient's medical event. Any detail or information which may benefit the patient's immediate medical care, or which may protect the patient from potential harm related to this incident, or that may prove useful in the event of a future legal action shall be included in the narrative portion of the ePCR.

Each patient contact (as described in section III, A.) made in the field will result in a completed ePCR that contains a narrative data element that includes, at minimum:

SUBJECTIVE – THE PATIENT'S STORY

1. Patient Description
2. Chief complaint
3. History of the Present Event: What happened? When did it happen? Where did it happen? Who was involved? How did it happen? How long did it occur? What was done to improve or change things?
4. Allergies, Current Medications, Past Medical History (Pertinent), and Last oral intake.

OBJECTIVE INFORMATION – THE Rescuer's STORY

1. The Rescuer's Initial Impression: Description of the scene. What was your first impression of the scene and patient?
2. Vital Signs
3. Physical Exam findings
4. General Observations: Other noteworthy information such as environmental conditions, patient location upon arrival, patient behavior, etc.

ASSESSMENT – THE Rescuer's IMPRESSION

1. Conclusions made based on chief complaint and physical exam findings
2. Often, this is the "narrowed down" version of the differential diagnosis

PLAN – THE Rescuer's PLAN OF THERAPY(Treatment)

1. What was done for the patient. This should include treatment provided prior to your arrival as well as what you did for the patient.
2. Describe what you did with the patient – Disposition. This could be "patient loaded and prepared for transport", "patient handed off to flight crew", or "patient signed refusal of transport and is left home with family."

EN ROUTE – Re-Assessment(Patient Trending)

1. Information regarding therapies provided during transport as well as changes in the patient's condition during transport.
2. It may also include pertinent events surrounding the transfer of the patient at the hospital.

~~C. Use of abbreviations is permitted in the e-PCR narratives and comments elements. Acceptable abbreviations can be found in Appendix 2.~~

~~D.A.~~ Times entered in Interventions, Vital Signs, and Assessments are considered estimates based on the approximate time the particular skill or procedure was completed.

~~E. At minimum an e-PCR "PRELIMINARY RECORD" shall be printed, or a handwritten Kern County Ambulance Report Form shall be completed and filed with the physician, MICN, or RN immediately upon delivery of the patient to the base/receiving hospital emergency department.~~ Ambulance crews may use either a printout from electronic data collection hardware or the handwritten version of the Kern County Ambulance Report Form. ~~In no case shall a unit depart an emergency department without delivering a preliminary e-PCR, a completed e-PCR, or a completed Kern County Ambulance Report Form to emergency department staff.~~ The Division may consider an exception to this requirement on a case-by-case basis, if so requested by the ambulance provider for an unusual circumstance. However, normal procedures are to leave a PCR at the hospital, with the patient every time.

1. Hospitals shall be responsible for maintaining printer hardware (including paper, toner, etc.) compatible with electronic data collection devices being used, to facilitate the printing of the electronic record. Should printer hardware be temporarily unavailable, hospital shall allow the completed handwritten Kern County Ambulance Report Form to be submitted as the patient record and photocopied by ambulance crews.
2. Habitual non-maintenance of hospital printer equipment is problematic, failure by hospitals to maintain printer equipment or failure to provide ambulance crews with the ability to leave a printed record for greater than one week is deemed permission by the hospital to not leave a written report. Base and receiving hospitals will make every reasonable effort to maintain the ability to print the electronic preliminary patient care report, at all times.
3. It is understood that technological failures occur, and the hospital printer or the ambulance crew's electronic device may malfunction from time to time. The Kern County Ambulance Report Form will be used to leave a written patient report when technology fails. Hospitals shall be responsible for maintaining a supply of the Kern County Ambulance Report Form for use by ambulance crews. Failure by hospitals to provide ambulance crews with the ability to leave a handwritten record will be deemed permission by the hospital to not leave a written record. Ambulance Report Form can be found in Appendix 3.
4. The ambulance provider shall assure that the final electronic patient care record is delivered to the hospital within 15 hours of call time.

~~F.B.~~ Patients who are transported to medical facilities or hospitals outside of Kern County or to medical facilities within Kern County other than hospital emergency departments, a print out of the electronic patient care report can be submitted via fax to the facility, if

requested by that facility. If written documentation is requested at time the patient is delivered, the attending EMT, Paramedic, or CCT Nurse shall provide a completed Kern County Ambulance Report Form. (See Appendix B)

~~G.—Submission of each mandatory electronic data element (e-PCR) to the Division shall be completed as soon as possible, after transferring patient to care of hospital staff. In no case shall e-PCR submission to the Division be in excess of (15) hours from call time.~~

H.C._____ The Division may also request immediate submission of the e-PCR for a specific call or calls. EMS providers shall immediately submit requested e-PCR to the Division.

REVISION & ACTION LISTING:

<u>02/13/95</u>	<u>Complete Draft for Limited Trial Project</u>
<u>02/27/95</u>	<u>Draft revised for Full Scope Trial Project (to remain as authorized use draft until trial completed)</u>
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<u>10/10/2012</u>	<u>Defined “Preliminary Record”</u>
<u>08/02/2013</u>	<u>Updated Ambulance Report Form in Appendix Three</u>
<u>Xx/xx/xxxx</u>	<u>Updated for NEMSIS 3.4 compliance.</u>

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- ~~1.—Implementation of the e-PCR policy for those agencies (such as Fire/Law) that have yet to submit electronic patient care reports shall be accomplished in two (2) phases:~~
- ~~1.—Agencies (Fire/Law) will immediately begin working with the EMS Division to send data already being collecting electronically, to match as many of the NEMSIS data elements and locally required data elements as possible. Target date for implementation of Phase 1 (submitting incomplete electronic data to EMS) is December 1, 2012.~~
 - ~~2.—Agencies (Fire/Law) will begin submitting complete NEMSIS compliant data locally required data by July 1, 2014.~~

APPENDIX A – MANDATORY DATA ELEMENTS

<u>dAgency.01</u>	<u>EMS Agency Unique State ID</u>	<u>N</u>	<u>S</u>
<u>dAgency.02</u>	<u>EMS Agency Number</u>	<u>N</u>	<u>S</u>
<u>dAgency.03</u>	<u>EMS Agency Name</u>		<u>S</u>
<u>dAgency.04</u>	<u>EMS Agency State</u>	<u>N</u>	<u>S</u>
<u>dAgency.05</u>	<u>EMS Agency Service Area States</u>	<u>N</u>	<u>S</u>
<u>dAgency.06</u>	<u>EMS Agency Service Area County(ies)</u>	<u>N</u>	<u>S</u>
<u>dAgency.07</u>	<u>EMS Agency Census Tracts</u>	<u>N</u>	<u>S</u>
<u>dAgency.08</u>	<u>EMS Agency Service Area ZIP Codes</u>	<u>N</u>	<u>S</u>

<u>dAgency.09</u>	<u>Primary Type of Service</u>	<u>N</u>	<u>S</u>
<u>dAgency.10</u>	<u>Other Types of Service</u>		<u>S</u>
<u>dAgency.11</u>	<u>Level of Service</u>	<u>N</u>	<u>S</u>
<u>dAgency.12</u>	<u>Organization Status</u>	<u>N</u>	<u>S</u>
<u>dAgency.13</u>	<u>Organizational Type</u>	<u>N</u>	<u>S</u>
<u>dAgency.14</u>	<u>EMS Agency Organizational Tax Status</u>	<u>N</u>	<u>S</u>
<u>dAgency.15</u>	<u>Statistical Calendar Year</u>	<u>N</u>	<u>S</u>
<u>dAgency.16</u>	<u>Total Primary Service Area Size</u>	<u>N</u>	<u>S</u>
<u>dAgency.17</u>	<u>Total Service Area Population</u>	<u>N</u>	<u>S</u>
<u>dAgency.18</u>	<u>911 EMS Call Center Volume per Year</u>	<u>N</u>	<u>S</u>
<u>dAgency.19</u>	<u>EMS Dispatch Volume per Year</u>	<u>N</u>	<u>S</u>
<u>dAgency.20</u>	<u>EMS Patient Transport Volume per Year</u>	<u>N</u>	<u>S</u>
<u>dAgency.21</u>	<u>EMS Patient Contact Volume per Year</u>	<u>N</u>	<u>S</u>
<u>dAgency.22</u>	<u>EMS Billable Calls per Year</u>		<u>S</u>
<u>dAgency.25</u>	<u>National Provider Identifier</u>	<u>N</u>	<u>S</u>
<u>dAgency.26</u>	<u>Fire Department ID Number</u>	<u>N</u>	<u>S</u>
<u>dContact.01</u>	<u>Agency Contact Type</u>		<u>S</u>
<u>dContact.02</u>	<u>Agency Contact Last Name</u>		<u>S</u>
<u>dContact.03</u>	<u>Agency Contact First Name</u>		<u>S</u>
<u>dContact.05</u>	<u>Agency Contact Address</u>		<u>S</u>
<u>dContact.06</u>	<u>Agency Contact City</u>		<u>S</u>
<u>dContact.07</u>	<u>Agency Contact State</u>		<u>S</u>
<u>dContact.08</u>	<u>Agency Contact ZIP Code</u>		<u>S</u>
<u>dContact.10</u>	<u>Agency Contact Phone Number</u>		<u>S</u>
<u>dContact.11</u>	<u>Agency Contact Email Address</u>		<u>S</u>
<u>dContact.12</u>	<u>EMS Agency Contact Web Address</u>		<u>S</u>
<u>dContact.13</u>	<u>Agency Medical Director Degree</u>		<u>S</u>
<u>dContact.14</u>	<u>Agency Medical Director Board</u>		<u>S</u>
	<u>Certification Type</u>		
<u>dConfiguration.01</u>	<u>State Associated with the Certification/Licensure Levels</u>	<u>N</u>	<u>S</u>
<u>dConfiguration.02</u>	<u>State Certification/Licensure Levels</u>	<u>N</u>	<u>S</u>
<u>dConfiguration.03</u>	<u>Procedures Permitted by the State</u>	<u>N</u>	<u>S</u>
<u>dConfiguration.04</u>	<u>Medications Permitted by the State</u>	<u>N</u>	<u>S</u>
<u>dConfiguration.05</u>	<u>Protocols Permitted by the State</u>	<u>N</u>	<u>S</u>
<u>dConfiguration.06</u>	<u>EMS Certification Levels Permitted to Perform Each Procedure</u>	<u>N</u>	<u>S</u>
<u>dConfiguration.07</u>	<u>EMS Agency Procedures</u>	<u>N</u>	<u>S</u>
<u>dConfiguration.08</u>	<u>EMS Certification Levels Permitted to Administer Each Medication</u>	<u>N</u>	<u>S</u>

<u>dConfiguration.09</u>	<u>EMS Agency Medications</u>	<u>N</u>	<u>S</u>
<u>dConfiguration.10</u>	<u>EMS Agency Protocols</u>	<u>N</u>	<u>S</u>
<u>dConfiguration.11</u>	<u>EMS Agency Specialty Service Capability</u>	<u>N</u>	<u>S</u>
<u>dConfiguration.13</u>	<u>Emergency Medical Dispatch (EMD)</u>	<u>N</u>	<u>S</u>
	<u>Provided to EMS Agency Service Area</u>		
<u>dConfiguration.14</u>	<u>EMD Vendor</u>	<u>N</u>	<u>S</u>
<u>dConfiguration.15</u>	<u>Patient Monitoring Capability(ies)</u>	<u>N</u>	<u>S</u>
<u>dConfiguration.16</u>	<u>Crew Call Sign</u>	<u>N</u>	<u>S</u>
<u>dVehicle.01</u>	<u>Unit/Vehicle Number</u>		<u>S</u>
<u>dVehicle.04</u>	<u>Vehicle Type</u>		<u>S</u>
<u>dVehicle.10</u>	<u>Vehicle Model Year</u>		<u>S</u>
<u>dPersonnel.01</u>	<u>EMS Personnel's Last Name</u>		<u>S</u>
<u>dPersonnel.02</u>	<u>EMS Personnel's First Name</u>		<u>S</u>
<u>dPersonnel.03</u>	<u>EMS Personnel's Middle Name/Initial</u>		<u>S</u>
<u>dPersonnel.11</u>	<u>EMS Personnel's Date of Birth</u>		<u>S</u>
<u>dPersonnel.12</u>	<u>EMS Personnel's Gender</u>		<u>S</u>
<u>dPersonnel.13</u>	<u>EMS Personnel's Race</u>		<u>S</u>
<u>dPersonnel.22</u>	<u>EMS Personnel's State of Licensure</u>		<u>S</u>
<u>dPersonnel.23</u>	<u>EMS Personnel's State's Licensure ID</u>		<u>S</u>
	<u>Number</u>		
<u>dPersonnel.24</u>	<u>EMS Personnel's State EMS Certification</u>		<u>S</u>
	<u>Licensure Level</u>		
<u>dPersonnel.31</u>	<u>EMS Personnel's Employment Status</u>		<u>S</u>
<u>dPersonnel.32</u>	<u>EMS Personnel's Employment Status Date</u>		<u>S</u>
<u>dPersonnel.34</u>	<u>EMS Personnel's Primary EMS Job Role</u>		<u>S</u>
<u>dPersonnel.35</u>	<u>EMS Personnel's Other Job</u>		<u>S</u>
	<u>Responsibilities</u>		
<u>eCustomConfiguration.01</u>	<u>Custom Data Element Title</u>		<u>KC</u>
<u>eCustomConfiguration.02</u>	<u>Custom Definition</u>		<u>KC</u>
<u>eCustomConfiguration.03</u>	<u>Custom Data Type</u>		<u>KC</u>
<u>eCustomConfiguration.04</u>	<u>Custom Data Element Recurrence</u>		<u>KC</u>
<u>eCustomConfiguration.05</u>	<u>Custom Data Element Usage</u>		<u>KC</u>
<u>eCustomConfiguration.06</u>	<u>Custom Data Element Potential Values</u>		<u>KC</u>
<u>eCustomConfiguration.07</u>	<u>Custom Data Element Potential NOT</u>		<u>KC</u>
	<u>Values (NV)</u>		
<u>eCustomConfiguration.08</u>	<u>Custom Data Element Potential Pertinent</u>		<u>KC</u>
	<u>Negative Values (PN)</u>		
<u>eCustomConfiguration.09</u>	<u>Custom Data Element Grouping ID</u>		<u>KC</u>

<u>eRecord.01</u>	<u>Patient Care Report Number</u>	<u>N</u>	<u>S</u>
<u>eRecord.02</u>	<u>Software Creator</u>	<u>N</u>	<u>S</u>
<u>eRecord.03</u>	<u>Software Name</u>	<u>N</u>	<u>S</u>
<u>eRecord.04</u>	<u>Software Version</u>	<u>N</u>	<u>S</u>
<u>eResponse.01</u>	<u>EMS Agency Number</u>	<u>N</u>	<u>S</u>
<u>eResponse.02</u>	<u>EMS Agency Name</u>		<u>S</u>
<u>eResponse.03</u>	<u>Incident Number</u>	<u>N</u>	<u>S</u>
<u>eResponse.04</u>	<u>EMS Response Number</u>	<u>N</u>	<u>S</u>
<u>eResponse.05</u>	<u>Type of Service Requested</u>	<u>N</u>	<u>S</u>
<u>eResponse.07</u>	<u>Primary Role of the Unit</u>	<u>N</u>	<u>S</u>
<u>eResponse.08</u>	<u>Type of Dispatch Delay</u>	<u>N</u>	<u>S</u>
<u>eResponse.09</u>	<u>Type of Response Delay</u>	<u>N</u>	<u>S</u>
<u>eResponse.10</u>	<u>Type of Scene Delay</u>	<u>N</u>	<u>S</u>
<u>eResponse.11</u>	<u>Type of Transport Delay</u>	<u>N</u>	<u>S</u>
<u>eResponse.12</u>	<u>Type of Turn-Around Delay</u>	<u>N</u>	<u>S</u>
<u>eResponse.13</u>	<u>EMS Vehicle (Unit) Number</u>	<u>N</u>	<u>S</u>
<u>eResponse.14</u>	<u>EMS Unit Call Sign</u>	<u>N</u>	<u>S</u>
<u>eResponse.15</u>	<u>Level of Care of This Unit</u>	<u>N</u>	<u>S</u>
<u>eResponse.19</u>	<u>Beginning Odometer Reading of Responding Vehicle</u>		<u>S</u>
<u>eResponse.20</u>	<u>On-Scene Odometer Reading of Responding Vehicle</u>		<u>S</u>
<u>eResponse.21</u>	<u>Patient Destination Odometer Reading of Responding Vehicle</u>		<u>S</u>
<u>eResponse.22</u>	<u>Ending Odometer Reading of Responding Vehicle</u>		<u>S</u>
<u>eResponse.23</u>	<u>Response Mode to Scene</u>	<u>N</u>	<u>S</u>
<u>eResponse.24</u>	<u>Additional Response Mode Descriptors</u>	<u>N</u>	<u>S</u>
<u>eDispatch.01</u>	<u>Complaint Reported by Dispatch</u>	<u>N</u>	<u>S</u>
<u>eDispatch.02</u>	<u>EMD Performed</u>	<u>N</u>	<u>S</u>
<u>eDispatch.03</u>	<u>EMD Card Number</u>		<u>KC</u>
<u>eDispatch.04</u>	<u>Dispatch Center Name or ID</u>		<u>KC</u>
<u>eCrew.01</u>	<u>Crew Member ID</u>		<u>S</u>
<u>eCrew.02</u>	<u>Crew Member Level</u>		<u>S</u>
<u>eCrew.03</u>	<u>Crew Member Response Role</u>		<u>S</u>

<u>eTimes.01</u>	<u>PSAP Call Date/Time</u>	<u>N</u>	<u>S</u>	
<u>eTimes.02</u>	<u>Dispatch Notified Date/Time</u>			<u>KC</u>
<u>eTimes.03</u>	<u>Unit Notified by Dispatch Date/Time</u>	<u>N</u>	<u>S</u>	
<u>eTimes.05</u>	<u>Unit En Route Date/Time</u>	<u>N</u>	<u>S</u>	
<u>eTimes.06</u>	<u>Unit Arrived on Scene Date/Time</u>	<u>N</u>	<u>S</u>	
<u>eTimes.07</u>	<u>Arrived at Patient Date/Time</u>	<u>N</u>	<u>S</u>	
<u>eTimes.08</u>	<u>Transfer of EMS Patient Care Date/Time</u>		<u>S</u>	
<u>eTimes.09</u>	<u>Unit Left Scene Date/Time</u>	<u>N</u>	<u>S</u>	
<u>eTimes.11</u>	<u>Patient Arrived at Destination Date/Time</u>	<u>N</u>	<u>S</u>	
<u>eTimes.12</u>	<u>Destination Patient Transfer of Care</u>	<u>N</u>	<u>S</u>	
	<u>Date/Time</u>			
<u>eTimes.13</u>	<u>Unit Back in Service Date/Time</u>	<u>N</u>	<u>S</u>	
<u>eTimes.14</u>	<u>Unit Canceled Date/Time</u>		<u>S</u>	
<u>eTimes.16</u>	<u>EMS Call Completed Date/Time</u>			<u>KC</u>
<u>ePatient.02</u>	<u>Last Name</u>		<u>S</u>	
<u>ePatient.03</u>	<u>First Name</u>		<u>S</u>	
<u>ePatient.04</u>	<u>Middle Initial/Name</u>			<u>KC</u>
<u>ePatient.05</u>	<u>Patient's Home Address</u>		<u>S</u>	
<u>ePatient.06</u>	<u>Patient's Home City</u>		<u>S</u>	
<u>ePatient.07</u>	<u>Patient's Home County</u>	<u>N</u>	<u>S</u>	
<u>ePatient.08</u>	<u>Patient's Home State</u>	<u>N</u>	<u>S</u>	
<u>ePatient.09</u>	<u>Patient's Home ZIP Code</u>	<u>N</u>	<u>S</u>	
<u>ePatient.10</u>	<u>Patient's Country of Residence</u>		<u>S</u>	
<u>ePatient.13</u>	<u>Gender</u>	<u>N</u>	<u>S</u>	
<u>ePatient.14</u>	<u>Race</u>	<u>N</u>	<u>S</u>	
<u>ePatient.15</u>	<u>Age</u>	<u>N</u>	<u>S</u>	
<u>ePatient.16</u>	<u>Age Units</u>	<u>N</u>	<u>S</u>	
<u>ePatient.17</u>	<u>Date of Birth</u>		<u>S</u>	
<u>ePatient.18</u>	<u>Patient's Phone Number</u>			<u>KC</u>
<u>ePayment.01</u>	<u>Primary Method of Payment</u>	<u>N</u>	<u>S</u>	
<u>ePayment.50</u>	<u>CMS Service Level</u>	<u>N</u>	<u>S</u>	
<u>eScene.01</u>	<u>First EMS Unit on Scene</u>	<u>N</u>	<u>S</u>	
<u>eScene.02</u>	<u>Other EMS or Public Safety Agencies at</u>			<u>KC</u>
	<u>Scene</u>			
<u>eScene.03</u>	<u>Other EMS or Public Safety Agency ID</u>			<u>KC</u>
	<u>Number</u>			

<u>eScene.04</u>	<u>Type of Other Service at Scene</u>		<u>KC</u>
<u>eScene.06</u>	<u>Number of Patients at Scene</u>	<u>N</u>	<u>S</u>
<u>eScene.07</u>	<u>Mass Casualty Incident</u>	<u>N</u>	<u>S</u>
<u>eScene.08</u>	<u>Triage Classification for MCI Patient</u>	<u>N</u>	<u>S</u>
<u>eScene.09</u>	<u>Incident Location Type</u>	<u>N</u>	<u>S</u>
<u>eScene.10</u>	<u>Incident Facility Code</u>		<u>S</u>
<u>eScene.11</u>	<u>Scene GPS Location</u>		<u>S</u>
<u>eScene.12</u>	<u>Scene US National Grid Coordinates</u>		<u>S</u>
<u>eScene.13</u>	<u>Incident Facility or Location Name</u>		<u>S</u>
<u>eScene.14</u>	<u>Mile Post or Major Roadway</u>		<u>S</u>
<u>eScene.15</u>	<u>Incident Street Address</u>		<u>S</u>
<u>eScene.16</u>	<u>Incident Apartment, Suite, or Room</u>		<u>S</u>
<u>eScene.17</u>	<u>Incident City</u>		<u>S</u>
<u>eScene.18</u>	<u>Incident State</u>	<u>N</u>	<u>S</u>
<u>eScene.19</u>	<u>Incident ZIP Code</u>	<u>N</u>	<u>S</u>
<u>eScene.20</u>	<u>Scene Cross Street or Directions</u>		<u>S</u>
<u>eScene.21</u>	<u>Incident County</u>	<u>N</u>	<u>S</u>
<u>eSituation.01</u>	<u>Date/Time of Symptom Onset</u>	<u>N</u>	<u>S</u>
<u>eSituation.02</u>	<u>Possible Injury</u>	<u>N</u>	<u>S</u>
<u>eSituation.03</u>	<u>Complaint Type</u>		<u>S</u>
<u>eSituation.04</u>	<u>Complaint</u>		<u>S</u>
<u>eSituation.05</u>	<u>Duration of Complaint</u>		<u>S</u>
<u>eSituation.06</u>	<u>Time Units of Duration of Complaint</u>		<u>S</u>
<u>eSituation.07</u>	<u>Chief Complaint Anatomic Location</u>	<u>N</u>	<u>S</u>
<u>eSituation.08</u>	<u>Chief Complaint Organ System</u>	<u>N</u>	<u>S</u>
<u>eSituation.09</u>	<u>Primary Symptom</u>	<u>N</u>	<u>S</u>
<u>eSituation.10</u>	<u>Other Associated Symptoms</u>	<u>N</u>	<u>S</u>
<u>eSituation.11</u>	<u>Provider's Primary Impression</u>	<u>N</u>	<u>S</u>
<u>eSituation.12</u>	<u>Provider's Secondary Impressions</u>	<u>N</u>	<u>S</u>
<u>eSituation.13</u>	<u>Initial Patient Acuity</u>	<u>N</u>	<u>S</u>
<u>eSituation.14</u>	<u>Work-Related Illness/Injury</u>		<u>S</u>
<u>eSituation.17</u>	<u>Patient Activity</u>		<u>S</u>
<u>eSituation.18</u>	<u>Date/Time Last Known Well</u>		<u>KC</u>
<u>eInjury.01</u>	<u>Cause of Injury</u>	<u>N</u>	<u>S</u>
<u>eInjury.02</u>	<u>Mechanism of Injury</u>		<u>S</u>
<u>eInjury.03</u>	<u>Trauma Center Criteria</u>	<u>N</u>	<u>S</u>
<u>eInjury.04</u>	<u>Vehicular, Pedestrian, or Other Injury Risk</u>	<u>N</u>	<u>S</u>
	<u>Factor</u>		
<u>eInjury.05</u>	<u>Main Area of the Vehicle Impacted by the</u>		<u>S</u>

	<u>Collision</u>		
<u>eInjury.06</u>	<u>Location of Patient in Vehicle</u>		<u>S</u>
<u>eInjury.07</u>	<u>Use of Occupant Safety Equipment</u>		<u>S</u>
<u>eInjury.08</u>	<u>Airbag Deployment</u>		<u>S</u>
<u>eInjury.09</u>	<u>Height of Fall (feet)</u>		<u>S</u>
<u>eArrest.01</u>	<u>Cardiac Arrest</u>	<u>N</u>	<u>S</u>
<u>eArrest.02</u>	<u>Cardiac Arrest Etiology</u>	<u>N</u>	<u>S</u>
<u>eArrest.03</u>	<u>Resuscitation Attempted By EMS</u>	<u>N</u>	<u>S</u>
<u>eArrest.04</u>	<u>Arrest Witnessed By</u>	<u>N</u>	<u>S</u>
<u>eArrest.05</u>	<u>CPR Care Provided Prior to EMS Arrival</u>	<u>N</u>	<u>S</u>
<u>eArrest.06</u>	<u>Who Provided CPR Prior to EMS Arrival</u>		<u>S</u>
<u>eArrest.07</u>	<u>AED Use Prior to EMS Arrival</u>	<u>N</u>	<u>S</u>
<u>eArrest.08</u>	<u>Who Used AED Prior to EMS Arrival</u>		<u>S</u>
<u>eArrest.09</u>	<u>Type of CPR Provided</u>	<u>N</u>	<u>S</u>
<u>eArrest.11</u>	<u>First Monitored Arrest Rhythm of the</u>	<u>N</u>	<u>S</u>
	<u>Patient</u>		
<u>eArrest.12</u>	<u>Any Return of Spontaneous Circulation</u>	<u>N</u>	<u>S</u>
<u>eArrest.14</u>	<u>Date/Time of Cardiac Arrest</u>	<u>N</u>	<u>S</u>
<u>eArrest.15</u>	<u>Date/Time Resuscitation Discontinued</u>		<u>S</u>
<u>eArrest.16</u>	<u>Reason CPR/Resuscitation Discontinued</u>	<u>N</u>	<u>S</u>
<u>eArrest.17</u>	<u>Cardiac Rhythm on Arrival at Destination</u>	<u>N</u>	<u>S</u>
<u>eArrest.18</u>	<u>End of EMS Cardiac Arrest Event</u>	<u>N</u>	<u>S</u>
<u>eArrest.19</u>	<u>Date/Time of Initial CPR</u>		<u>KC</u>
<u>eHistory.01</u>	<u>Barriers to Patient Care</u>	<u>N</u>	<u>S</u>
<u>eHistory.05</u>	<u>Advance Directives</u>		<u>S</u>
<u>eHistory.06</u>	<u>Medication Allergies</u>		<u>S</u>
<u>eHistory.07</u>	<u>Environmental/Food Allergies</u>		<u>KC</u>
<u>eHistory.08</u>	<u>Medical/Surgical History</u>		<u>S</u>
<u>eHistory.09</u>	<u>Medical History Obtained From</u>		<u>KC</u>
<u>eHistory.17</u>	<u>Alcohol/Drug Use Indicators</u>	<u>N</u>	<u>S</u>
<u>eHistory.18</u>	<u>Pregnancy</u>		<u>KC</u>
<u>eHistory.19</u>	<u>Last Oral Intake</u>		<u>KC</u>
<u>eNarrative.01</u>	<u>Patient Care Report Narrative</u>		<u>S</u>
<u>eVitals.01</u>	<u>Date/Time Vital Signs Taken</u>	<u>N</u>	<u>S</u>
<u>eVitals.02</u>	<u>Obtained Prior to this Unit's EMS Care</u>	<u>N</u>	<u>S</u>

eVitals.03	Cardiac Rhythm / Electrocardiography (ECG)	N	S	
eVitals.04	ECG Type	N	S	
eVitals.05	Method of ECG Interpretation	N	S	
eVitals.06	SBP (Systolic Blood Pressure)	N	S	
eVitals.07	DBP (Diastolic Blood Pressure)		S	
eVitals.08	Method of Blood Pressure Measurement	N	S	
eVitals.09	Mean Arterial Pressure			KC
eVitals.10	Heart Rate	N	S	
eVitals.11	Method of Heart Rate Measurement			KC
eVitals.12	Pulse Oximetry	N	S	
eVitals.13	Pulse Rhythm			KC
eVitals.14	Respiratory Rate	N	S	
eVitals.15	Respiratory Effort			KC
eVitals.16	End Tidal Carbon Dioxide (ETCO2)	N	S	
eVitals.17	Carbon Monoxide (CO)		S	
eVitals.18	Blood Glucose Level	N	S	
eVitals.19	Glasgow Coma Score-Eye	N	S	
eVitals.20	Glasgow Coma Score-Verbal	N	S	
eVitals.21	Glasgow Coma Score-Motor	N	S	
eVitals.22	Glasgow Coma Score-Qualifier	N	S	
eVitals.23	Total Glasgow Coma Score		S	
eVitals.24	Temperature		S	
eVitals.25	Temperature Method			KC
eVitals.26	Level of Responsiveness (AVPU)	N	S	
eVitals.27	Pain Scale Score	N	S	
eVitals.28	Pain Scale Type		S	
eVitals.29	Stroke Scale Score	N	S	
eVitals.30	Stroke Scale Type	N	S	
eVitals.31	Reperfusion Checklist	N	S	
eVitals.32	APGAR			KC
eExam.01	Estimated Body Weight in Kilograms		S	
eExam.02	Length Based Tape Measure		S	
eExam.03	Date/Time of Assessment			KC
eExam.04	Skin Assessment			KC
eExam.05	Head Assessment			KC
eExam.06	Face Assessment			KC
eExam.07	Neck Assessment			KC
eExam.08	Chest/Lungs Assessment			KC
eExam.10	Abdominal Assessment Finding Location			KC
eExam.11	Abdomen Assessment			KC

<u>eExam.12</u>	<u>Pelvis/Genitourinary Assessment</u>		<u>KC</u>
<u>eExam.13</u>	<u>Back and Spine Assessment Finding Location</u>		<u>KC</u>
	<u>Location</u>		
<u>eExam.14</u>	<u>Back and Spine Assessment</u>		<u>KC</u>
<u>eExam.15</u>	<u>Extremity Assessment Finding Location</u>		<u>KC</u>
<u>eExam.16</u>	<u>Extremities Assessment</u>		<u>KC</u>
<u>eExam.17</u>	<u>Eye Assessment Finding Location</u>		<u>KC</u>
<u>eExam.18</u>	<u>Eye Assessment</u>		<u>KC</u>
<u>eExam.19</u>	<u>Mental Status Assessment</u>		<u>KC</u>
<u>eExam.20</u>	<u>Neurological Assessment</u>		<u>KC</u>
<u>eExam.21</u>	<u>Stroke/CVA Symptoms Resolved</u>		<u>S</u>
<u>eProtocols..01</u>	<u>Protocols Used</u>	<u>N</u>	<u>S</u>
<u>eProtocols..02</u>	<u>Protocol Age Category</u>	<u>N</u>	<u>S</u>
<u>eMedications.01</u>	<u>Date/Time Medication Administered</u>	<u>N</u>	<u>S</u>
<u>eMedications.02</u>	<u>Medication Administered Prior to this Unit's EMS Care</u>	<u>N</u>	<u>S</u>
<u>eMedications.03</u>	<u>Medication Given</u>	<u>N</u>	<u>S</u>
<u>eMedications.04</u>	<u>Medication Administered Route</u>	<u>N</u>	<u>S</u>
<u>eMedications.05</u>	<u>Medication Dosage</u>	<u>N</u>	<u>S</u>
<u>eMedications.06</u>	<u>Medication Dosage Units</u>	<u>N</u>	<u>S</u>
<u>eMedications.07</u>	<u>Response to Medication</u>	<u>N</u>	<u>S</u>
<u>eMedications.08</u>	<u>Medication Complication</u>	<u>N</u>	<u>S</u>
<u>eMedications.09</u>	<u>Medication Crew (Healthcare Professionals) ID</u>		<u>S</u>
<u>eMedications.10</u>	<u>Role/Type of Person Administering Medication</u>	<u>N</u>	<u>S</u>
<u>eMedications.11</u>	<u>Medication Authorization</u>		<u>KC</u>
<u>eProcedures.01</u>	<u>Date/Time Procedure Performed</u>	<u>N</u>	<u>S</u>
<u>eProcedures.02</u>	<u>Procedure Performed Prior to this Unit's EMS Care</u>	<u>N</u>	<u>S</u>
<u>eProcedures.03</u>	<u>Procedure</u>	<u>N</u>	<u>S</u>
<u>eProcedures.04</u>	<u>Size of Procedure Equipment</u>		<u>KC</u>
<u>eProcedures.05</u>	<u>Number of Procedure Attempts</u>	<u>N</u>	<u>S</u>
<u>eProcedures.06</u>	<u>Procedure Successful</u>	<u>N</u>	<u>S</u>
<u>eProcedures.07</u>	<u>Procedure Complication</u>	<u>N</u>	<u>S</u>
<u>eProcedures.08</u>	<u>Response to Procedure</u>	<u>N</u>	<u>S</u>
<u>eProcedures.09</u>	<u>Procedure Crew Members ID</u>		<u>S</u>
<u>eProcedures.10</u>	<u>Role/Type of Person Performing the</u>	<u>N</u>	<u>S</u>

	<u>Procedure</u>		
<u>eProcedures.11</u>	<u>Procedure Authorization</u>		<u>KC</u>
<u>eProcedures.13</u>	<u>Vascular Access Location</u>		<u>S</u>
<u>eAirway.01</u>	<u>Indications for Invasive Airway</u>		<u>S</u>
<u>eAirway.02</u>	<u>Date/Time Airway Device Placement</u>		<u>S</u>
	<u>Confirmation</u>		
<u>eAirway.03</u>	<u>Airway Device Being Confirmed</u>		<u>S</u>
<u>eAirway.04</u>	<u>Airway Device Placement Confirmed</u>		<u>S</u>
	<u>Method</u>		
<u>eAirway.05</u>	<u>Tube Depth</u>		<u>KC</u>
<u>eAirway.06</u>	<u>Type of Individual Confirming Airway</u>		<u>S</u>
	<u>Device Placement</u>		
<u>eAirway.07</u>	<u>Crew Member ID</u>		<u>S</u>
<u>eAirway.08</u>	<u>Airway Complications Encountered</u>		<u>S</u>
<u>eAirway.09</u>	<u>Suspected Reasons for Failed Airway</u>		<u>S</u>
	<u>Management</u>		
<u>eDevice.02</u>	<u>Date/Time of Event (per Medical Device)</u>		<u>KC</u>
<u>eDevice.03</u>	<u>Medical Device Event Type</u>		<u>KC</u>
<u>eDevice.06</u>	<u>Medical Device Mode (Manual, AED, Pacing, CO2, O2, etc)</u>		<u>KC</u>
<u>eDevice.07</u>	<u>Medical Device ECG Lead</u>		<u>KC</u>
<u>eDevice.08</u>	<u>Medical Device ECG Interpretation</u>		<u>KC</u>
<u>eDevice.09</u>	<u>Type of Shock</u>		<u>KC</u>
<u>eDevice.10</u>	<u>Shock or Pacing Energy</u>		<u>KC</u>
<u>eDevice.11</u>	<u>Total Number of Shocks Delivered</u>		<u>KC</u>
<u>eDevice.12</u>	<u>Pacing Rate</u>		<u>KC</u>
<u>eDisposition.01</u>	<u>Destination/Transferred To, Name</u>		<u>S</u>
<u>eDisposition.02</u>	<u>Destination/Transferred To, Code</u>		<u>S</u>
<u>eDisposition.03</u>	<u>Destination Street Address</u>		<u>S</u>
<u>eDisposition.04</u>	<u>Destination City</u>		<u>S</u>
<u>eDisposition.05</u>	<u>Destination State</u>	<u>N</u>	<u>S</u>
<u>eDisposition.06</u>	<u>Destination County</u>	<u>N</u>	<u>S</u>
<u>eDisposition.07</u>	<u>Destination ZIP Code</u>	<u>N</u>	<u>S</u>
<u>eDisposition.11</u>	<u>Number of Patients Transported in this</u>		<u>S</u>
	<u>EMS Unit</u>		
<u>eDisposition.12</u>	<u>Incident/Patient Disposition</u>	<u>N</u>	<u>S</u>
<u>eDisposition.13</u>	<u>How Patient Was Moved to Ambulance</u>		<u>KC</u>
<u>eDisposition.14</u>	<u>Position of Patient During Transport</u>		<u>KC</u>

<u>eDisposition.15</u>	<u>How Patient Was Transported From Ambulance</u>		<u>KC</u>
<u>eDisposition.16</u>	<u>EMS Transport Method</u>	<u>N</u>	<u>S</u>
<u>eDisposition.17</u>	<u>Transport Mode from Scene</u>	<u>N</u>	<u>S</u>
<u>eDisposition.18</u>	<u>Additional Transport Mode Descriptors</u>	<u>N</u>	<u>S</u>
<u>eDisposition.19</u>	<u>Final Patient Acuity</u>	<u>N</u>	<u>S</u>
<u>eDisposition.20</u>	<u>Reason for Choosing Destination</u>	<u>N</u>	<u>S</u>
<u>eDisposition.21</u>	<u>Type of Destination</u>	<u>N</u>	<u>S</u>
<u>eDisposition.22</u>	<u>Hospital In-Patient Destination</u>	<u>N</u>	<u>S</u>
<u>eDisposition.23</u>	<u>Hospital Capability</u>	<u>N</u>	<u>S</u>
<u>eDisposition.24</u>	<u>Destination Team Pre-Arrival Alert or Activation</u>	<u>N</u>	<u>S</u>
<u>eDisposition.25</u>	<u>Date/Time of Destination Prearrival Alert or Activation</u>	<u>N</u>	<u>S</u>
<u>eDisposition.26</u>	<u>Disposition Instructions Provided</u>		<u>KC</u>
<u>eOutcome.01</u>	<u>Emergency Department Disposition</u>	<u>N</u>	<u>S</u>
<u>eOutcome.02</u>	<u>Hospital Disposition</u>	<u>N</u>	<u>S</u>
<u>eOther.02</u>	<u>Potential System of Care/Specialty/Registry Patient</u>		<u>KC</u>
<u>eOther.03</u>	<u>Personal Protective Equipment Used</u>		<u>KC</u>
<u>eOther.04</u>	<u>EMS Professional (Crew Member) ID</u>		<u>KC</u>
<u>eOther.05</u>	<u>Suspected EMS Work Related Exposure, Injury, or Death</u>	<u>N</u>	<u>S</u>
<u>eOther.06</u>	<u>The Type of Work-Related Injury, Death or Suspected Exposure</u>		<u>S</u>
<u>eOther.07</u>	<u>Natural, Suspected, Intentional, or Unintentional Disaster</u>		<u>KC</u>
<u>eOther.08</u>	<u>Crew Member Completing this Report</u>		<u>S</u>
<u>eOther.12</u>	<u>Type of Person Signing</u>		<u>KC</u>
<u>eOther.13</u>	<u>Signature Reason</u>		<u>KC</u>
<u>eOther.14</u>	<u>Type Of Patient Representative</u>		<u>KC</u>
<u>eOther.15</u>	<u>Signature Status</u>		<u>KC</u>
<u>eOther.19</u>	<u>Date/Time of Signature</u>		<u>KC</u>

APPENDIX ~~ONE~~ MANDATORY DATA ELEMENTS

Element Code	Data Element
-	-
D01_01	EMS Agency Number
D01_03	EMS Agency State
D01_04	EMS Agency County
D01_07	Level of Service
D01_08	Organizational Type
D01_09	Organization Status
D01_21	National Provider Identifier
D02_07	Agency Contact Zip Code
-	-
E01_01	Patient Care Report Number
E01_02	Software Creator
E01_03	Software Name
E01_04	Software Version
-	-
E02_01	EMS Agency Number
E02_02	Incident Number
E02_03	EMS Unit (Vehicle) Response Number
E02_04	Type of Service Requested
E02_05	Primary Role of the Unit
E02_06	Type of Dispatch Delay
E02_07	Type of Response Delay
E02_08	Type of Scene Delay
E02_09	Type of Transport Delay
E02_10	Type of Turn Around Delay
E02_11	EMS Unit/Vehicle Number
E02_12	EMS Unit Call Sign (Radio Number)
E02_17	On-Scene Odometer Reading of Responding Vehicle
E02_18	Patient Destination Odometer Reading of Responding Vehicle
E02_20	Response Mode to Scene
-	-
E03_01	Complaint Reported by Dispatch
E03_02	EMD Performed

-	-
E04_01	Crew-Member ID
E04_02	Crew-Member Role
E04_03	Crew-Member Level
-	-
E05_01	Incident or Onset Date/Time
E05_02	PSAP Call Date/Time
E05_03	Dispatch Notified Date/Time
E05_04	Unit Notified by Dispatch Date/Time
E05_05	Unit En Route Date/Time
E05_06	Unit Arrived on Scene Date/Time
E05_07	Arrived at Patient Date/Time
E05_09	Unit Left Scene Date/Time
E05_10	Patient Arrived at Destination Date/Time
E05_11	Unit Back in Service Date/Time
-	-
E06_01	Last Name
E06_02	First Name
E06_04	Patient's Home Address
E06_08	Patient's Home Zip Code
E06_10	Social Security Number
E06_11	Gender
E06_12	Race
E06_13	Ethnicity
E06_14	Age
E06_15	Age Units
E06_16	Date of Birth
E06_17	Primary or Home Telephone Number
E06_19	Driver's License Number
-	-
E07_01	Primary Method of Payment
E07_09	Insurance Group ID/Name
E07_10	Insurance Policy ID Number
E07_11	Last Name of the Insured
E07_12	First Name of the Insured
E07_14	Relationship to the Insured
E07_15	Work Related
E07_34	CMS Service Level
E07_35	Condition Code Number
-	-
E08_06	Mass Casualty Incident
E08_07	Incident Location Type
E08_08	Incident Facility Code

E08_11	Incident Address
E08_12	Incident City
E08_13	Incident County
E08_14	Incident State
E08_15	Incident ZIP Code
-	-
E09_01	Prior Aid
E09_02	Prior Aid Performed by
E09_03	Outcome of the Prior Aid
E09_04	Possible Injury
E09_05	Chief Complaint
E09_09	Duration of Secondary Complaint
E09_11	Chief Complaint Anatomic Location
E09_12	Chief Complaint Organ System
E09_13	Primary Symptom
E09_14	Other Associated Symptoms
E09_15	Providers Primary Impression
E09_16	Provider's Secondary Impression
-	-
E10_01	Cause of Injury
E10_02	Intent of the Injury
E10_03	Mechanism of Injury
E10_05	Area of the Vehicle impacted by the collision
E10_08	Use of Occupant Safety Equipment
E10_09	Airbag Deployment
-	-
E11_01	Cardiac Arrest
E11_02	Cardiac Arrest Etiology
E11_03	Resuscitation Attempted
E11_04	Arrest Witnessed by
E11_05	First Monitored Rhythm of the Patient
E11_06	Any Return of Spontaneous Circulation
E11_07	Neurological Outcome at Hospital Discharge
E11_08	Estimated Time of Arrest Prior to EMS Arrival
E11_09	Date/Time Resuscitation Discontinued
E11_10	Reason CPR Discontinued
E11_11	Cardiac Rhythm on Arrival at Destination
-	-
E12_01	Barriers to Patient Care
E12_08	Medication Allergies
E12_09	Environmental/Food Allergies
E12_10	Medical/Surgical History
E12_11	Medical History Obtained From

E12_19	Alcohol/Drug Use Indicators
-	-
E13_01	Run Report Narrative
-	-
E14_01	Date/Time Vital Signs Taken
E14_02	Obtained Prior to this Units EMS Care
E14_03	Cardiac Rhythm
E14_04	SBP (Systolic Blood Pressure)
E14_05	DBP (Diastolic Blood Pressure)
E14_06	Method of Blood Pressure Measurement
E14_07	Pulse Rate
E14_08	Electronic Monitor Rate
E14_09	Pulse Oximetry
E14_10	Pulse Rhythm
E14_11	Respiratory Rate
E14_12	Respiratory Effort
E14_13	Carbon Dioxide
E14_14	Blood Glucose Level
E14_15	Glasgow Coma Score Eye
E14_16	Glasgow Coma Score Verbal
E14_17	Glasgow Coma Score Motor
E14_18	Glasgow Coma Score Qualifier
E14_19	Total Glasgow Coma Score
E14_20	Temperature
E14_21	Temperature Method
E14_22	Level of Responsiveness
E14_23	Pain Scale
E14_24	Stroke Scale
-	-
E15_01	NHTSA Injury Matrix External/Skin
E15_02	NHTSA Injury Matrix Head
E15_03	NHTSA Injury Matrix Face
E15_04	NHTSA Injury Matrix Neck
E15_05	NHTSA Injury Matrix Thorax
E15_06	NHTSA Injury Matrix Abdomen
E15_07	NHTSA Injury Matrix Spine
E15_08	NHTSA Injury Matrix Upper Extremities
E15_09	NHTSA Injury Matrix Pelvis
E15_10	NHTSA Injury Matrix Lower Extremities
E15_11	NHTSA Injury Matrix Unspecified
-	-
E16_01	Estimated Body Weight
E16_03	Date/Time of Assessment

E16_04	Skin Assessment
E16_05	Head/Face Assessment
E16_06	Neck Assessment
E16_07	Chest/Lungs Assessment
E16_09	Abdomen Left Upper Assessment
E16_10	Abdomen Left Lower Assessment
E16_11	Abdomen Right Upper Assessment
E16_12	Abdomen Right Lower Assessment
E16_14	Back Cervical Assessment
E16_15	Back Thoracic Assessment
E16_16	Back Lumbar/Sacral Assessment
E16_17	Extremities Right Upper Assessment
E16_18	Extremities Right Lower Assessment
E16_19	Extremities Left Upper Assessment
E16_20	Extremities Left Lower Assessment
E16_21	Eyes Left Assessment
E16_22	Eyes Right Assessment
E16_23	Mental Status Assessment
E16_24	Neurological Assessment
-	-
E18_01	Date/Time Medication Administered
E18_02	Medication Administered Prior to this Units EMS Care
E18_03	Medication Given
E18_04	Medication Administered Route
E18_05	Medication Dosage
E18_06	Medication Dosage Units
E18_07	Response to Medication
E18_08	Medication Complication
E18_09	Medication Crew Member ID
E18_10	Medication Authorization
E18_11	Medication Authorizing Physician
-	-
E19_01	Date/Time Procedure Performed Successfully
E19_02	Procedure Performed Prior to this Units EMS Care
E19_03	Procedure
E19_04	Size of Procedure Equipment
E19_05	Number of Procedure Attempts
E19_06	Procedure Successful
E19_07	Procedure Complication
E19_08	Response to Procedure
E19_09	Procedure Crew Members ID
E19_10	Procedure Authorization
E19_12	Successful IV Site

E19_13	Tube Confirmation
E19_14	Destination Confirmation of Tube Placement
-	-
E20_01	Destination/Transferred To, Name
E20_02	Destination/Transferred To, Code
E20_03	Destination Street Address
E20_07	Destination Zip Code
E20_10	Incident/Patient Disposition
E20_14	Transport Mode from Scene
E20_15	Condition of Patient at Destination
E20_16	Reason for Choosing Destination
E20_17	Type of Destination
-	-
E22_01	Emergency Department Disposition
-	-
E23_03	Personal Protective Equipment Used
E23_05	Suspected Contact with Blood/Body Fluids of EMS Injury or Death
E23_06	Type of Suspected Blood/Body Fluid Exposure, Injury, or Death
E23_10	Who Generated this Report?
Plus Data	Name / Value
EMD	CardNumber Level Determinant Suffix
Mapping	Key Section Quarter Section
Trauma	Trauma 1 Trauma 2 Trauma 3 Trauma 4 Trauma 5

APPENDIX TWO – ACCEPTABLE ABBREVIATION LIST

-	Negative, without, decrease
&	And
?	Possible, questionable
+	Positive, with, increase
<	Less than
=	Equal
>	Greater than
5150	Danger to self, others, gravely disabled with mental illness
A/OX1,2,3,4	Alert, and (1) Oriented to Person, (2) Place, (3) Time, and (4) Event.
Abd	Abdomen
Abr	Abrasion
ACE	Angiotension converting enzyme
AED	Automated External Defibrillator
A-fib	Atrial Fibrillation
A-flutter	Atrial Flutter
AICD	Automatic Internal Cardiac Defibrillator
AIDS	Acquired immunodeficiency syndrome
ALOC	Altered level of consciousness
ALS	Advanced life support
AM	Morning
AMI	Acute myocardial infarction
AOS	Arrived On Scene
AMS	Altered mental status
A-P	Anteroposterior (front to back)
APAP	Acetaminophen
APGAR	Appearance, Pulse, Grimace, Activity, Respiration
ASA	Acetylsalicylic acid
ASHD	Arteriosclerotic heart disease
AV	Atrioventricular
BG	Blood glucose
BID	Twice a day
BLS	Basic life support
BM	Bowel movement
BP	Blood pressure
BVM	Bag valve mask
C/C	Chief complaint
C/o	Complains of
C1, C2	First, Second, etc., cervical vertebra
CA	Cancer or Carcinoma
Ca++	Calcium
CABG	Coronary artery bypass graft
CAD	Coronary artery disease

CALF	CalFire*
Cap	Capsule
CBC	Complete blood count
cc	Cubic centimeter
CCU	Coronary care unit
Chemo	Chemotherapy
CHF	Congestive heart failure
CHP	California Highway Patrol*
cm	Centimeter
CNS	Central nervous system
CO	Carbon monoxide
CO ₂	Carbon dioxide
COPD	Chronic obstructive pulmonary disease
CP	Chest Pain
CPAP	Continuous Positive Airway Pressure
CPR	Cardiopulmonary resuscitation
CSF	Cerebral spinal fluid
CSMT	Circulation, sensation, movement, temperature
C-spine	Cervical precautions applied
CT or CAT	Computed tomography (Scan)
EVA	Cerebrovascular accident
D/C	Discontinue
DNR	Do not resuscitate
DOB	Date of birth
DOE	Dyspnea on exertion
DT	Delirium tremens
DVT	Deep vein thrombosis
Dx	Diagnosis
ECG or EKG	Electrocardiogram
ED	Emergency Department
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EMT-P	Emergency Medical Technician-Paramedic
ENT	Ears, nose, throat
ET or ETT	Endotracheal tube
ETCO ₂	End-Tidal Carbon Dioxide (level)
ETOH	Ethyl alcohol
FHR	Fetal heart rate
FHx	Family history
FR	First responder or French sizing
FTB	Full-Thickness Burn
Fx	Fracture
gm	Gram
g	Gauge
GB	Gallbladder
GCS	Glasgow coma score
GERD	Gastroesophageal reflux disease
GI	Gastrointestinal

GPA	Gravida, Para, Abortus (i.e., G2, P1, A1)
GSW	Gunshot wound
gtt(s)	Drop(s)
GYN	Gynecology
H ₂ O	Water
HA	Headache
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
HPI	History of present illness
HSV 1, HSV 2	Herpes simplex virus type 1 or 2-
HTN	Hypertension
Hx	History
IC	Incident Commander
ICP	Incident Command Post
ICU	Intensive care unit
IDDM	Insulin-dependent diabetes mellitus
IM	Intramuscular
IO	Intraosseous
IV	Intravenous
IVDU	Intravenous drug use
JVD	Jugular vein distention
K ⁺	Potassium
KED	Kendrick Extrication Device
Kg	Kilogram (1000 grams)
L1, L2	First, second, etc., lumbar vertebra
Lat	Lateral
LBBB	Left bundle branch block
LLE	Left lower extremity
LLQ	Left lower quadrant
LNMP	Last normal menstrual period
LOC	Loss of consciousness
LP	Lumbar puncture
LR	Lactated ringers
Lt	Left
LUE	Left upper extremity
LUQ	Left upper quadrant
LV	Left ventricle
LVH	Left ventricular hypertrophy
LVN	Licensed vocational nurse
MAE	Moves all extremities
MCC	Motor cycle collision
mcg	Micrograms
MD	Medical Doctor
Meds or Med	Medications
meth	Methamphetamine
mg	Milligram (1/1000 gram)
MI	Myocardial infarction

ml	Milliliter (1/1000 liter)
mm	Millimeter (1/1000 meter)
MOI	Mechanism of injury
MRI	Magnetic resonance imaging
MRSA	Methicillin-resistant Staphylococcus aureus
MS	Morphine sulfate
MVC	Motor vehicle collision
N/V/D	Nausea, vomiting, diarrhea
Na+	Sodium
NC	Nasal cannula
NIDDM	Non-insulin-dependent diabetes
NKA	No known allergies
NKDA	No known drug allergies
NP or FNP	Nurse practitioner / family nurse practitioner
NPA	Nasal pharyngeal airway
NPO	Nothing by mouth
NRB	Non-rebreather
NRS	Numeric Rating Scale (1-10) (1=Low, 10=High)
NS	Normal saline
NSAID	Non-steroidal anti-inflammatory drug
NSR	Normal sinus rhythm
NTG	Nitroglycerin
O ₂	Oxygen
OA	Osteoarthritis
OD	Overdose
OOS	Out of Service
OPA	Oral pharyngeal airway
OPQRST	Mnemonic for: Onset, Provoke, Quality, Radiates, Severity, and Time.
P	Pulse
PA	Physician assistant
PAC	Premature atrial contraction
PE	Physical examination or pulmonary embolism
PEA	Pulseless electrical activity
PERRL	Pupils equal, round, and reactive to light
PID	Pelvic inflammatory disease
PM	Afternoon
PMD	Primary medical doctor
PMH	Past medical history
PN	Pain
PNS	Peripheral nervous system
POP	Pain on palpation
PRN	As needed
Pt	Patient
PTA	Prior to arrival
PTB	Partial-Thickness Burn
PVC	Premature ventricular contraction
Q	Every
QH	Each hour

QID	Four times a day
Resp.	Respirations
RR	Respiratory Rate
R/O	Rule out
RA	Rheumatoid arthritis or Right Atrium
RBBB	Right bundle branch block
RBC	Red blood cell
RLE	Right lower extremity
RLQ	Right lower quadrant
RMCT	Refusal of medical care and/or transport
RN	Registered nurse
ROM	Range of motion
ROS	Review of symptoms
RSV	Respiratory syncytial virus
Rt	Right
RUE	Right upper extremity
RUQ	Right upper quadrant
RV	Right ventricle
Rx	Prescription
S/S	Signs and symptoms
SA	Sinoatrial node
SAMPLE	Mnemonic for: Signs and symptoms, Allergies, Medications, Past history, Last oral intake, Events leading up to.
Sc or Sq	Subcutaneous
SL	Sublingual
SNF	Skilled nursing facility
SOAP	Mnemonic for: Subjective, Objective, Assessment, and Plan.
SOB	Shortness of breath
SpO2	Oxygen Saturation of peripheral Hgb
START	Simple Triage and Rapid Treatment
Stat	Immediately
STB	Superficial Thickness Burn
STD	Sexually transmitted disease
STEMI	S-T elevation myocardial infarction
Strep	Streptococci (bacteria)
Sx	Symptoms
T or Temp.	Temperature
T1, T2	First, second, etc., thoracic vertebra
TA	Traffic Accident
Tab	Tablet
TB	Tuberculosis
TC	Traffic Collision
TIA	Transient ischemic attack
TID	Three times a day
TKO	To keep open
Trans	Transport
Tx	Treatment
Unk	Unknown

URI ————— Upper respiratory infection
UTL ————— Unable to locate
V/S ————— Vital signs
VF ————— Ventricular fibrillation
VT or V-Tach ————— Ventricular tachycardia
WBC ————— White blood cell
WMD ————— Weapon of mass destruction
WNL ————— Within normal limits
X Times ————— (used as multiplication sign)
Y/O ————— Year(s) old

APPENDIX ~~BTHREE~~ - KERN COUNTY AMBULANCE REPORT FORM

See form on next page.

KERN COUNTY AMBULANCE REPORT FORM				INCIDENT #:	STEMI <input type="checkbox"/>	At Pt. Time:	12 LEAD TIME:	At Hosp time:
Date:	Amb Provider:	Unit #:	INCIDENT LOCATION:		STROKE <input type="checkbox"/>	LAST NORM TIME:	Face Arm Drift Speech	
Call Time:	Patient Age:	Patient Sex:	Weight (Kg):	DESTINATION FACILITY:	TRAUMA ACTIVATION <input type="checkbox"/>	ACTIVATION LEVEL <u> 1 </u> <u> 2 </u> <u> 3 </u> <u> 4 </u>		
Patient Name-Last			First	MI				
CHIEF COMPLAINT:								
SKIN VITAL SIGNS:		GLASGOW COMA SCALE:		REVISED TRAUMA SCORE:		PUPILS:		
COLOR: Normal Pale Ashen Peripheral Cyanosis Central Cyanosis Jaundice Flushed		BEST EYE RESPONSE: 4 Opens Spontaneously 3 Open to Command 2 Open to Pain 1 Never		B/P SYSTOLIC: 4 90 or Greater 3 76 to 89 2 50 to 75 1 1 to 49 0 No Pulse		P.E.R.L. Unreactive/Fixed Pin-Point Unequal Dilated		
TEMPERATURE: Normal Cool Cold Warm Hot		BEST VERBAL RESPONSE: 5 Oriented 4 Confused 3 Inappropriate Words 2 Garbled 1 No Response		RESPIRATION/MIN: 4 10 to 29 3 30 or Greater 2 6 to 9 1 1 to 5 0 None		MEDICAL HX:		
MOISTURE: Normal Dry Moist Diaphoretic		BEST MOTOR RESPONSE: 6 Obeys Command 5 Localizes to Pain 4 Withdraw to Pain 3 Abnormal Flexion 2 Extension to Pain 1 No Response to Pain		GCS TOTAL: 4 13 to 15 3 9 to 12 2 6 to 8 1 4 to 5 0 3		MEDICATIONS:		
CAPILLARY REFILL: Normal Delayed >2 Seconds None		Total GCS		Total RTS		ALLERGY(S):		
						ECG RHYTHM:		ECG INTERPRETATION:
						TIME:		
EMERGENCY CARE: BLS: Oral Airway Ventilation Oxygen _____ Liters/min NRB/Nasal Cannula Suction C-Spine CPR King Airway ALS: Blood Glucose _____ E.T. Intubation Size _____ Defibrillation/Cardiovert/Pacing-Capture @: _____ Other: _____								
VITAL SIGNS:					IV ADMIN:			
TIME	B/P	RESP RATE	PULSE RATE	O2 SAT%	LOCATION	CATH SIZE	SOLUTION	RATE
MEDICATION ADMINISTRATION:				MICU NARCOTIC USE RE-SUPPLY:				
TIME	MEDICATION	DOSE	ROUTE/RATE	NARCOTIC	AMT USED	AMT WAISTED	PARAMEDIC SIGNATURE	R.N. SIGNATURE
NARRATIVE:								
BASE HOSPITAL:		TRANSPORT TYPE: CODE 2 GROUND CODE 3 AIR	RECEIVING R.N./MICN/M.D. NAME:		RECEIVING R.N./MICN/M.D. SIGNATURE:		SIGN TIME:	
ATTENDANT NAME:			LIC/CERT#:	ARR ED TIME:	OFF LOAD TIME:	ATTENDANT SIGNATURE:		SIGN TIME: