

Emergency Medical Services Program Policies – Procedures – Protocols

PCR Policies and Procedures (1004.00)

I. 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 Program (EMS) in accordance with California Health and Safety Code, Division 2.5, Sections 1797.204 and 1797.227 and California Code of Regulations Title 22, sections 100148(d)(2) and 100171(f).
- C. The mandatory data elements, and electronic records are official medical records and upon submission are the property of EMS. The 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 EMS, 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. EMS 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 Definitions located at: [NEMSIS v3 Extended Data Definitions](#)
- 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.
- 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.

- G. The mandatory data elements (e-PCR) listed in Appendix A below shall be generated by the service provider and transmitted to EMS immediately upon the completion of each call, in accordance with this policy.
- 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 EMS 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. Departmental issue or case investigation.
- I. EMS, in consultation with EMS providers, may revise these policies and procedures and mandatory data elements (e-PCR) as necessary.
- J. Each agency is responsible for developing and maintaining a data collection back up plan.
- K. Failure to comply with this policy will result in the immediate suspension of provider's oval to operate within the County of Kern.
- L. Any agency that experiences a failure of its electronic data collection system shall immediately notify EMS 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 EMS at least 24 hours in advance of said maintenance or upgrade.
- M. EMS reserves the right to purchase ePCR software, data collection software or third party ePCR services and mandate offer its use county wide.

II. Definitions:

- A. **“EMS”**: Kern County EMS, a Program 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 EMS 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 a PCRS approved by and/or supplied by EMS, 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:
 - 1. Provider Name and Agency ID
 - 2. PCRS Vendor Information (including 24-hour technical support contact)
- F. 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.
- G. 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.
- H. 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 Agency 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

I. 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. As of 0001hrs, January 1, 2017, EMS providers shall only submit data in the current NEMSIS v3.4 format, as per A.B.1129.
- C. Provider agencies shall ensure that their PCRS complies with all national (NEMSIS), state (CEMSIS), and local (KCEMS) data elements and field values.
- D. 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, unless provided by EMS.
 2. Initial and continued compliance with established data standards.
- E. 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.
- F. 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.

G. A provider PCRS must transmit PCRs in the established format to the KCEMDS immediately upon completion by EMS personnel.

V. Documentations 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, staff and EMS before leaving the receiving center. In cases of non-transport, the PCR shall be completed and submitted to EMS immediately upon the completion of the call.

C. It shall be the responsibility of EMS personnel to document accurately on their PCR. KCEMS may request specific documentation elements related to CQI, Field Study, Syndromic Surveillance or Emergency Management data collection.

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, any pre-arranged stand-by, and patient transfers originating in Kern County. In addition, any contact between an EMT, Paramedic, or CCT Nurse and a potential patient requires completion of a PCR. All mandatory data elements shall be completed by the EMT, Paramedic, or CCT Nurse providing patient care. (See Appendix A for Mandatory Data Elements)

E. 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 IV, D.) 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.

VI. PCR Operational Procedures:

- A. Times entered in Interventions, Vital Signs, and Assessments are considered estimates based on the approximate time the particular skill or procedure was completed.
- 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 printout of the electronic patient care report can be submitted via fax to the facility, if requested by that facility.

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

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 |
| 05/12/2017 | Updated for NEMSIS 3.4 compliance. |
| 08/13/2020 | Removed wording for written documentation. Added wording for non-transport requirements. Added updated CCR code. Added timeline for epcr completion. |

APPENDIX A – MANDATORY DATA ELEMENTS

| | | | |
|------------|---------------------------------------|---|---|
| dAgency.01 | EMS Agency Unique State ID | N | S |
| dAgency.02 | EMS Agency Number | N | S |
| dAgency.03 | EMS Agency Name | | S |
| dAgency.04 | EMS Agency State | N | S |
| dAgency.05 | EMS Agency Service Area States | N | S |
| dAgency.06 | EMS Agency Service Area County(ies) | N | S |
| dAgency.07 | EMS Agency Census Tracts | N | S |
| dAgency.08 | EMS Agency Service Area ZIP Codes | N | S |
| dAgency.09 | Primary Type of Service | N | S |
| dAgency.10 | Other Types of Service | | S |
| dAgency.11 | Level of Service | N | S |
| dAgency.12 | Organization Status | N | S |
| dAgency.13 | Organizational Type | N | S |
| dAgency.14 | EMS Agency Organizational Tax Status | N | S |
| dAgency.15 | Statistical Calendar Year | N | S |
| dAgency.16 | Total Primary Service Area Size | N | S |
| dAgency.17 | Total Service Area Population | N | S |
| dAgency.18 | 911 EMS Call Center Volume per Year | N | S |
| dAgency.19 | EMS Dispatch Volume per Year | N | S |
| dAgency.20 | EMS Patient Transport Volume per Year | N | S |
| dAgency.21 | EMS Patient Contact Volume per Year | N | S |
| dAgency.22 | EMS Billable Calls per Year | | S |
| dAgency.25 | National Provider Identifier | N | S |
| dAgency.26 | Fire Department ID Number | N | S |

| | | | |
|-------------------|--|---|---|
| dContact.01 | Agency Contact Type | | S |
| dContact.02 | Agency Contact Last Name | | S |
| dContact.03 | Agency Contact First Name | | S |
| dContact.05 | Agency Contact Address | | S |
| dContact.06 | Agency Contact City | | S |
| dContact.07 | Agency Contact State | | S |
| dContact.08 | Agency Contact ZIP Code | | S |
| dContact.10 | Agency Contact Phone Number | | S |
| dContact.11 | Agency Contact Email Address | | S |
| dContact.12 | EMS Agency Contact Web Address | | S |
| dContact.13 | Agency Medical Director Degree | | S |
| dContact.14 | Agency Medical Director Board Certification Type | | S |
| dConfiguration.01 | State Associated with the Certification/Licensure Levels | N | S |
| dConfiguration.02 | State Certification/Licensure Levels | N | S |
| dConfiguration.03 | Procedures Permitted by the State | N | S |
| dConfiguration.04 | Medications Permitted by the State | N | S |
| dConfiguration.05 | Protocols Permitted by the State | N | S |
| dConfiguration.06 | EMS Certification Levels Permitted to Perform Each Procedure | N | S |
| dConfiguration.07 | EMS Agency Procedures | N | S |
| dConfiguration.08 | EMS Certification Levels Permitted to Administer Each Medication | N | S |
| dConfiguration.09 | EMS Agency Medications | N | S |
| dConfiguration.10 | EMS Agency Protocols | N | S |
| dConfiguration.11 | EMS Agency Specialty Service Capability | N | S |
| dConfiguration.13 | Emergency Medical Dispatch (EMD) | N | S |

| | | | |
|-------------------------|--|---|----|
| dConfiguration.14 | Provided to EMS Agency Service Area EMD Vendor | N | S |
| dConfiguration.15 | Patient Monitoring Capability(ies) | N | S |
| dConfiguration.16 | Crew Call Sign | N | S |
| dVehicle.01 | Unit/Vehicle Number | | S |
| dVehicle.04 | Vehicle Type | | S |
| dVehicle.10 | Vehicle Model Year | | S |
| dPersonnel.01 | EMS Personnel's Last Name | | S |
| dPersonnel.02 | EMS Personnel's First Name | | S |
| dPersonnel.03 | EMS Personnel's Middle Name/Initial | | S |
| dPersonnel.11 | EMS Personnel's Date of Birth | | S |
| dPersonnel.12 | EMS Personnel's Gender | | S |
| dPersonnel.13 | EMS Personnel's Race | | S |
| dPersonnel.22 | EMS Personnel's State of Licensure | | S |
| dPersonnel.23 | EMS Personnel's State's Licensure ID Number | | S |
| dPersonnel.24 | EMS Personnel's State EMS Certification Licensure Level | | S |
| dPersonnel.31 | EMS Personnel's Employment Status | | S |
| dPersonnel.32 | EMS Personnel's Employment Status Date | | S |
| dPersonnel.34 | EMS Personnel's Primary EMS Job Role | | S |
| dPersonnel.35 | EMS Personnel's Other Job Responsibilities | | S |
| eCustomConfiguration.01 | Custom Data Element Title | | KC |
| eCustomConfiguration.02 | Custom Definition | | KC |
| eCustomConfiguration.03 | Custom Data Type | | KC |

| | | | | |
|-------------------------|--|---|---|----|
| eCustomConfiguration.04 | Custom Data Element Recurrence | | | KC |
| eCustomConfiguration.05 | Custom Data Element Usage | | | KC |
| eCustomConfiguration.06 | Custom Data Element Potential Values | | | KC |
| eCustomConfiguration.07 | Custom Data Element Potential NOT Values (NV) | | | KC |
| eCustomConfiguration.08 | Custom Data Element Potential Pertinent Negative Values (PN) | | | KC |
| eCustomConfiguration.09 | Custom Data Element Grouping ID | | | KC |
| eRecord.01 | Patient Care Report Number | N | S | |
| eRecord.02 | Software Creator | N | S | |
| eRecord.03 | Software Name | N | S | |
| eRecord.04 | Software Version | N | S | |
| eResponse.01 | EMS Agency Number | N | S | |
| eResponse.02 | EMS Agency Name | | S | |
| eResponse.03 | Incident Number | N | S | |
| eResponse.04 | EMS Response Number | N | S | |
| eResponse.05 | Type of Service Requested | N | S | |
| eResponse.07 | Primary Role of the Unit | N | S | |
| eResponse.08 | Type of Dispatch Delay | N | S | |
| eResponse.09 | Type of Response Delay | N | S | |
| eResponse.10 | Type of Scene Delay | N | S | |
| eResponse.11 | Type of Transport Delay | N | S | |
| eResponse.12 | Type of Turn-Around Delay | N | S | |
| eResponse.13 | EMS Vehicle (Unit) Number | N | S | |
| eResponse.14 | EMS Unit Call Sign | N | S | |
| eResponse.15 | Level of Care of This Unit | N | S | |

| | | | | |
|--------------|--|---|---|---------|
| eResponse.19 | Beginning Odometer Reading of Responding | | S | Vehicle |
| eResponse.20 | On-Scene Odometer Reading of Responding | | S | Vehicle |
| eResponse.21 | Patient Destination Odometer Reading of Responding Vehicle | | S | |
| eResponse.22 | Ending Odometer Reading of Responding | | S | Vehicle |
| eResponse.23 | Response Mode to Scene | N | S | |
| eResponse.24 | Additional Response Mode Descriptors | N | S | |
| eDispatch.01 | Complaint Reported by Dispatch | N | S | |
| eDispatch.02 | EMD Performed | N | S | |
| eDispatch.03 | EMD Card Number | | | KC |
| eDispatch.04 | Dispatch Center Name or ID | | | KC |
| eCrew.01 | Crew Member ID | | S | |
| eCrew.02 | Crew Member Level | | S | |
| eCrew.03 | Crew Member Response Role | | S | |
| eTimes.01 | PSAP Call Date/Time | N | S | |
| eTimes.02 | Dispatch Notified Date/Time | | | KC |
| eTimes.03 | Unit Notified by Dispatch Date/Time | N | S | |
| eTimes.05 | Unit En Route Date/Time | N | S | |
| eTimes.06 | Unit Arrived on Scene Date/Time | N | S | |
| eTimes.07 | Arrived at Patient Date/Time | N | S | |
| eTimes.08 | Transfer of EMS Patient Care Date/Time | | S | |
| eTimes.09 | Unit Left Scene Date/Time | N | S | |
| eTimes.11 | Patient Arrived at Destination Date/Time | N | S | |

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

| | | | | |
|---------------|---|---|---|----|
| eScene.03 | Other EMS or Public Safety Agency ID Number | | | KC |
| eScene.04 | Type of Other Service at Scene | | | KC |
| eScene.06 | Number of Patients at Scene | N | S | |
| eScene.07 | Mass Casualty Incident | N | S | |
| eScene.08 | Triage Classification for MCI Patient | N | S | |
| eScene.09 | Incident Location Type | N | S | |
| eScene.10 | Incident Facility Code | | S | |
| eScene.11 | Scene GPS Location | | S | |
| eScene.12 | Scene US National Grid Coordinates | | S | |
| eScene.13 | Incident Facility or Location Name | | S | |
| eScene.14 | Mile Post or Major Roadway | | S | |
| eScene.15 | Incident Street Address | | S | |
| eScene.16 | Incident Apartment, Suite, or Room | | S | |
| eScene.17 | Incident City | | S | |
| eScene.18 | Incident State | N | S | |
| eScene.19 | Incident ZIP Code | N | S | |
| eScene.20 | Scene Cross Street or Directions | | S | |
| eScene.21 | Incident County | N | S | |
| eSituation.01 | Date/Time of Symptom Onset | N | S | |
| eSituation.02 | Possible Injury | N | S | |
| eSituation.03 | Complaint Type | | S | |
| eSituation.04 | Complaint | | S | |
| eSituation.05 | Duration of Complaint | | S | |
| eSituation.06 | Time Units of Duration of Complaint | | S | |
| eSituation.07 | Chief Complaint Anatomic Location | N | S | |
| eSituation.08 | Chief Complaint Organ System | N | S | |
| eSituation.09 | Primary Symptom | N | S | |

| | | | | |
|---------------|--|---|---|--------|
| eSituation.10 | Other Associated Symptoms | N | S | |
| eSituation.11 | Provider's Primary Impression | N | S | |
| eSituation.12 | Provider's Secondary Impressions | N | S | |
| eSituation.13 | Initial Patient Acuity | N | S | |
| eSituation.14 | Work-Related Illness/Injury | | S | |
| eSituation.17 | Patient Activity | | S | |
| eSituation.18 | Date/Time Last Known Well | | | KC |
| eInjury.01 | Cause of Injury | N | S | |
| eInjury.02 | Mechanism of Injury | | S | |
| eInjury.03 | Trauma Center Criteria | N | S | |
| eInjury.04 | Vehicular, Pedestrian, or Other Injury Risk | N | S | Factor |
| eInjury.05 | Main Area of the Vehicle Impacted by the Collision | | S | |
| eInjury.06 | Location of Patient in Vehicle | | S | |
| eInjury.07 | Use of Occupant Safety Equipment | | S | |
| eInjury.08 | Airbag Deployment | | S | |
| eInjury.09 | Height of Fall (feet) | | S | |
| eArrest.01 | Cardiac Arrest | N | S | |
| eArrest.02 | Cardiac Arrest Etiology | N | S | |
| eArrest.03 | Resuscitation Attempted By EMS | N | S | |
| eArrest.04 | Arrest Witnessed By | N | S | |
| eArrest.05 | CPR Care Provided Prior to EMS Arrival | N | S | |
| eArrest.06 | Who Provided CPR Prior to EMS Arrival | | S | |
| eArrest.07 | AED Use Prior to EMS Arrival | N | S | |

| | | | | |
|---------------|--|---|---|----|
| eArrest.08 | Who Used AED Prior to EMS Arrival | | S | |
| eArrest.09 | Type of CPR Provided | N | S | |
| eArrest.11 | First Monitored Arrest Rhythm of the Patient | N | S | |
| eArrest.12 | Any Return of Spontaneous Circulation | N | S | |
| eArrest.14 | Date/Time of Cardiac Arrest | N | S | |
| eArrest.15 | Date/Time Resuscitation Discontinued | | S | |
| eArrest.16 | Reason CPR/Resuscitation Discontinued | N | S | |
| eArrest.17 | Cardiac Rhythm on Arrival at Destination | N | S | |
| eArrest.18 | End of EMS Cardiac Arrest Event | N | S | |
| eArrest.19 | Date/Time of Initial CPR | | | KC |
| eHistory.01 | Barriers to Patient Care | N | S | |
| eHistory.05 | Advance Directives | | S | |
| eHistory.06 | Medication Allergies | | S | |
| eHistory.07 | Environmental/Food Allergies | | | KC |
| eHistory.08 | Medical/Surgical History | | S | |
| eHistory.09 | Medical History Obtained From | | | KC |
| eHistory.17 | Alcohol/Drug Use Indicators | N | S | |
| eHistory.18 | Pregnancy | | | KC |
| eHistory.19 | Last Oral Intake | | | KC |
| eNarrative.01 | Patient Care Report Narrative | | S | |
| eVitals.01 | Date/Time Vital Signs Taken | N | S | |
| eVitals.02 | Obtained Prior to this Unit's EMS Care | N | S | |
| 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 |
| eExam.12 | Pelvis/Genitourinary Assessment | | KC |
| eExam.13 | Back and Spine Assessment Finding Location | | KC |
| eExam.14 | Back and Spine Assessment | | KC |
| eExam.15 | Extremity Assessment Finding Location | | KC |
| eExam.16 | Extremities Assessment | | KC |
| eExam.17 | Eye Assessment Finding Location | | KC |
| eExam.18 | Eye Assessment | | KC |
| eExam.19 | Mental Status Assessment | | KC |
| eExam.20 | Neurological Assessment | | KC |
| eExam.21 | Stroke/CVA Symptoms Resolved | | S |
| eProtocols..01 | Protocols Used | N | S |
| eProtocols..02 | Protocol Age Category | N | S |
| eMedications.01 | Date/Time Medication Administered | N | S |
| eMedications.02 | Medication Administered Prior to this Unit's EMS Care | N | S |
| eMedications.03 | Medication Given | N | S |

| | | | | |
|-----------------|---|---|---|----|
| eMedications.04 | Medication Administered Route | N | S | |
| eMedications.05 | Medication Dosage | N | S | |
| eMedications.06 | Medication Dosage Units | N | S | |
| eMedications.07 | Response to Medication | N | S | |
| eMedications.08 | Medication Complication | N | S | |
| eMedications.09 | Medication Crew (Healthcare Professionals) ID | | S | |
| eMedications.10 | Role/Type of Person Administering Medication | N | S | |
| eMedications.11 | Medication Authorization | | | KC |
| eProcedures.01 | Date/Time Procedure Performed | N | S | |
| eProcedures.02 | Procedure Performed Prior to this Unit's EMS Care | N | S | |
| eProcedures.03 | Procedure | N | S | |
| eProcedures.04 | Size of Procedure Equipment | | | KC |
| eProcedures.05 | Number of Procedure Attempts | N | S | |
| eProcedures.06 | Procedure Successful | N | S | |
| eProcedures.07 | Procedure Complication | N | S | |
| eProcedures.08 | Response to Procedure | N | S | |
| eProcedures.09 | Procedure Crew Members ID | | S | |
| eProcedures.10 | Role/Type of Person Performing the Procedure | N | S | |
| eProcedures.11 | Procedure Authorization | | | KC |
| eProcedures.13 | Vascular Access Location | | S | |
| eAirway.01 | Indications for Invasive Airway | | S | |
| eAirway.02 | Date/Time Airway Device Placement Confirmation | | S | |
| eAirway.03 | Airway Device Being Confirmed | | S | |

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|-----------------|---|---|----|
| eAirway.04 | Airway Device Placement Confirmed Method | S | |
| eAirway.05 | Tube Depth | | KC |
| eAirway.06 | Type of Individual Confirming Airway Device Placement | S | |
| eAirway.07 | Crew Member ID | S | |
| eAirway.08 | Airway Complications Encountered | S | |
| eAirway.09 | Suspected Reasons for Failed Airway Management | S | |
| eDevice.02 | Date/Time of Event (per Medical Device) | | KC |
| eDevice.03 | Medical Device Event Type | | KC |
| eDevice.06 | Medical Device Mode (Manual, AED, Pacing, CO2, O2, etc) | | KC |
| eDevice.07 | Medical Device ECG Lead | | KC |
| eDevice.08 | Medical Device ECG Interpretation | | KC |
| eDevice.09 | Type of Shock | | KC |
| eDevice.10 | Shock or Pacing Energy | | KC |
| eDevice.11 | Total Number of Shocks Delivered | | KC |
| eDevice.12 | Pacing Rate | | KC |
| eDisposition.01 | Destination/Transferred To, Name | S | |
| eDisposition.02 | Destination/Transferred To, Code | S | |
| eDisposition.03 | Destination Street Address | S | |
| eDisposition.04 | Destination City | S | |

| | | | | |
|-----------------|---|---|---|----|
| eDisposition.05 | Destination State | N | S | |
| eDisposition.06 | Destination County | N | S | |
| eDisposition.07 | Destination ZIP Code | N | S | |
| eDisposition.11 | Number of Patients Transported in this EMS Unit | | S | |
| eDisposition.12 | Incident/Patient Disposition | N | S | |
| eDisposition.13 | How Patient Was Moved to Ambulance | | | KC |
| eDisposition.14 | Position of Patient During Transport | | | KC |
| eDisposition.15 | How Patient Was Transported From Ambulance | | | KC |
| eDisposition.16 | EMS Transport Method | N | S | |
| eDisposition.17 | Transport Mode from Scene | N | S | |
| eDisposition.18 | Additional Transport Mode Descriptors | N | S | |
| eDisposition.19 | Final Patient Acuity | N | S | |
| eDisposition.20 | Reason for Choosing Destination | N | S | |
| eDisposition.21 | Type of Destination | N | S | |
| eDisposition.22 | Hospital In-Patient Destination | N | S | |
| eDisposition.23 | Hospital Capability | N | S | |
| eDisposition.24 | Destination Team Pre-Arrival Alert or Activation | N | S | |
| eDisposition.25 | Date/Time of Destination Prearrival Alert or Activation | N | S | |
| eDisposition.26 | Disposition Instructions Provided | | | KC |
| eOutcome.01 | Emergency Department Disposition | N | S | |
| eOutcome.02 | Hospital Disposition | N | S | |
| eOther.02 | Potential System of Care/Specialty/Registry Patient | | | KC |
| eOther.03 | Personal Protective Equipment Used | | | KC |
| eOther.04 | EMS Professional (Crew Member) ID | | | KC |

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|-----------|--|---|---|----|
| eOther.05 | Suspected EMS Work Related Exposure, Injury, or Death | N | S | |
| eOther.06 | The Type of Work-Related Injury, Death or Suspected Exposure | | S | |
| eOther.07 | Natural, Suspected, Intentional, or Unintentional Disaster | | | KC |
| eOther.08 | Crew Member Completing this Report | | S | |
| eOther.12 | Type of Person Signing | | | KC |
| eOther.13 | Signature Reason | | | KC |
| eOther.14 | Type Of Patient Representative | | | KC |
| eOther.15 | Signature Status | | | KC |
| eOther.19 | Date/Time of Signature | | | KC |