

## EMSPIC State NEMSIS Datasets

Data Element (Red = National EMS Database Elements)		NEMSIS	NC	SC
<b>E01_01</b>	<b>Patient Care Report Number</b>	✓	X	X
<b>E01_02</b>	<b>Software Creator</b>	✓	X	X
<b>E01_03</b>	<b>Software Name</b>	✓	X	X
<b>E01_04</b>	<b>Software Version</b>	✓	X	X
<b>E02_01</b>	<b>EMS Agency Number</b>	✓	X	X
E02_02	Incident Number	✓		X
E02_03	EMS Unit (Vehicle) Response Number	✓		X
<b>E02_04</b>	<b>Type of Service Requested</b>	✓	X	X
<b>E02_05</b>	<b>Primary Role of the Unit</b>	✓	X	X
<b>E02_06</b>	<b>Type of Dispatch Delay</b>	✓	X	X
<b>E02_07</b>	<b>Type of Response Delay</b>	✓	X	X
<b>E02_08</b>	<b>Type of Scene Delay</b>	✓	X	X
<b>E02_09</b>	<b>Type of Transport Delay</b>	✓	X	X
<b>E02_10</b>	<b>Type of Turn-Around Delay</b>	✓	X	X
E02_11	EMS Unit/Vehicle Number			X
<b>E02_12</b>	<b>EMS Unit Call Sign (Radio Number)</b>	✓	X	X
E02_13	Vehicle Dispatch Location			
E02_14	Vehicle Dispatch Zone			
E02_15	Vehicle Dispatch GPS Location			
E02_16	Beginning Odometer of Responding Vehicle		X	X
E02_17	On-Scene Odometer of Responding Vehicle		X	X
E02_18	Patient Destination Odometer of Responding Vehicle		X	X
E02_19	Ending Odometer Reading of Responding Vehicle			X
<b>E02_20</b>	<b>Response Mode to Scene</b>	✓	X	X
<b>E03_01</b>	<b>Complaint Reported by Dispatch</b>	✓	X	X
<b>E03_02</b>	<b>EMD Performed</b>	✓	X	X
E03_03	EMD Card Number		X	X

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E04_01	Crew Member ID		X	X
E04_02	Crew Member Role		X	X
E04_03	Crew Member Level		X	X
E05_01	Incident or Onset Date/Time			X
<b>E05_02</b>	<b>PSAP Call Date/Time</b>	✓	X	X
E05_03	Dispatch Notified Date/Time			X
<b>E05_04</b>	<b>Unit Notified by Dispatch Date/Time</b>	✓	X	X
<b>E05_05</b>	<b>Unit En Route Date/Time</b>	✓	X	X
<b>E05_06</b>	<b>Unit Arrived on Scene Date/Time</b>	✓	X	X
<b>E05_07</b>	<b>Arrived at Patient Date/Time</b>	✓	X	X
E05_08	Transfer of Patient Care Date/Time			X
<b>E05_09</b>	<b>Unit Left Scene Date/Time</b>	✓	X	X
<b>E05_10</b>	<b>Patient Arrived at Destination Date/Time</b>	✓	X	X
<b>E05_11</b>	<b>Unit Back in Service Date/Time</b>	✓	X	X
E05_12	Unit Cancelled Date/Time		X	X
<b>E05_13</b>	<b>Unit Back at Home Location Date/Time</b>	✓	X	X
E06_01	Last Name		X	X
E06_02	First Name		X	X
E06_03	Middle Initial/Name		X	X
E06_04	Patient's Home Address		X	X
E06_05	Patient's Home City		X	X
E06_06	Patient's Home County		X	X
E06_07	Patient's Home State		X	X
<b>E06_08</b>	<b>Patient's Home Zip Code</b>	✓	X	X
E06_09	Patient's Home Country		X	
E06_10	Social Security Number		X	
<b>E06_11</b>	<b>Gender</b>	✓	X	X

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<b>E06_12</b>	<b>Race</b>	✓	X	X
<b>E06_13</b>	<b>Ethnicity</b>	✓	X	X
<b>E06_14</b>	<b>Age</b>	✓	X	X
<b>E06_15</b>	<b>Age Units</b>	✓	X	X
E06_16	Date of Birth		X	X
E06_17	Primary or Home Telephone Number		X	
E06_18	State Issuing Driver's License			
E06_19	Driver's License Number			
<b>E07_01</b>	<b>Primary Method of Payment</b>	✓	X	X
E07_02	Certificate of Medical Necessity			
E07_03	Insurance Company ID/Name			X
E07_04	Insurance Company Billing Priority			
E07_05	Insurance Company Address			
E07_06	Insurance Company City			
E07_07	Insurance Company State			
E07_08	Insurance Company Zip Code			
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_13	Middle Initial/Name of the Insured			
E07_14	Relationship to the Insured			
E07_15	Work-Related		X	X
E07_16	Patient's Occupational Industry		X	X
E07_17	Patient's Occupation		X	
E07_18	Closest Relative/Guardian Last Name			
E07_19	First Name of the Closest Relative/ Guardian			

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E07_20	Middle Initial/Name of the Closest Relative/ Guardian			
E07_21	Closest Relative/ Guardian Street Address			
E07_22	Closest Relative/ Guardian City			
E07_23	Closest Relative/ Guardian State			
E07_24	Closest Relative/ Guardian Zip Code			
E07_25	Closest Relative/ Guardian Phone Number			
E07_26	Closest Relative/ Guardian Relationship			
E07_27	Patient's Employer			
E07_28	Patient's Employer's Address			
E07_29	Patient's Employer's City			
E07_30	Patient's Employer's State			
E07_31	Patient's Employer's Zip Code			
E07_32	Patient's Work Telephone Number			
E07_33	Response Urgency			X
<b>E07_34</b>	<b>CMS Service Level</b>	✓	X	X
<b>E07_35</b>	<b>Condition Code Number</b>	✓	X	X
E07_36	ICD-9 Code for the Condition Code Number			X
E07_37	Air Ambulance Modifier for Condition Code Number		X	X
E08_01	Other EMS Agencies at Scene		X	X
E08_02	Other Services at Scene			X
E08_03	Estimated Date/Time Initial Responder Arrived on Scene		X	X
E08_04	Date/Time Initial Responder Arrived on Scene			X
<b>E08_05</b>	<b>Number of Patients at Scene</b>	✓	X	X
<b>E08_06</b>	<b>Mass Casualty Incident</b>	✓	X	X
<b>E08_07</b>	<b>Incident Location Type</b>	✓	X	X
E08_08	Incident Facility Code		X	
E08_09	Scene Zone Number			

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E08_10	Scene GPS Location			
E08_11	Incident Address		X	X
E08_12	Incident City		X	X
E08_13	Incident County		X	X
E08_14	Incident State		X	X
<b>E08_15</b>	<b>Incident ZIP Code</b>	✓	X	X
<b>E09_01</b>	<b>Prior Aid</b>	✓	X	X
<b>E09_02</b>	<b>Prior Aid Performed by</b>	✓	X	X
<b>E09_03</b>	<b>Outcome of the Prior Aid</b>	✓	X	X
<b>E09_04</b>	<b>Possible Injury</b>	✓	X	X
E09_05	Chief Complaint		X	X
E09_06	Duration of Chief Complaint		X	X
E09_07	Time Units of Duration of Chief Complaint		X	X
E09_08	Secondary Complaint Narrative		X	X
E09_09	Duration of Secondary Complaint		X	X
E09_10	Time Units of Duration of Secondary Complaint		X	X
<b>E09_11</b>	<b>Chief Complaint Anatomic Location</b>	✓	X	X
<b>E09_12</b>	<b>Chief Complaint Organ System</b>	✓	X	X
<b>E09_13</b>	<b>Primary Symptom</b>	✓	X	X
<b>E09_14</b>	<b>Other Associated Symptoms</b>	✓	X	X
<b>E09_15</b>	<b>Providers Primary Impression</b>	✓	X	X
<b>E09_16</b>	<b>Provider's Secondary Impression</b>	✓	X	X
<b>E10_01</b>	<b>Cause of Injury</b>	✓	X	X
E10_02	Intent of the Injury		X	X
E10_03	Mechanism of Injury		X	X
E10_04	Vehicular Injury Indicators		X	X
E10_05	Area of the Vehicle impacted by the collision		X	X

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E10_06	Seat Row Location of Patient in Vehicle		X	X
E10_07	Position of Patient in the Seat of the Vehicle		X	X
E10_08	Use of Occupant Safety Equipment		X	X
E10_09	Airbag Deployment		X	X
E10_10	Height of Fall		X	X
<b>E11_01</b>	<b>Cardiac Arrest</b>	✓	X	X
<b>E11_02</b>	<b>Cardiac Arrest Etiology</b>	✓	X	X
<b>E11_03</b>	<b>Resuscitation Attempted</b>	✓	X	X
E11_04	Arrest Witnessed by		X	X
E11_05	First Monitored Rhythm of the Patient		X	X
E11_06	Any Return of Spontaneous Circulation		X	X
E11_07	Neurological Outcome at Hospital Discharge			
E11_08	Estimated Time of Arrest Prior to EMS Arrival		X	X
E11_09	Date/Time Resuscitation Discontinued		X	X
E11_10	Reason CPR Discontinued		X	X
E11_11	Cardiac Rhythm on Arrival at Destination		X	X
<b>E12_01</b>	<b>Barriers to Patient Care</b>	✓	X	X
E12_02	Sending Facility Medical Record Number		X	X
E12_03	Destination Medical Record Number		X	X
E12_04	First Name of Patient's Primary Practitioner			
E12_05	Middle Name of Patient's Primary Practitioner			
E12_06	Last Name of Patient's Primary Practitioner			
E12_07	Advanced Directives		X	X
E12_08	Medication Allergies			X
E12_09	Environmental/Food Allergies			X
E12_10	Medical/Surgical History			
E12_11	Medical History Obtained From			

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E12_12	Immunization History			
E12_13	Immunization Date			
E12_14	Current Medications			X
E12_15	Current Medication Dose			X
E12_16	Current Medication Dosage Unit			X
E12_17	Current Medication Administration Route			
E12_18	Presence of Emergency Information Form		X	
E12_19	Alcohol/Drug Use Indicators	✓	X	X
E12_20	Pregnancy		X	
E13_01	Run Report Narrative			X
E14_01	Date/Time Vital Signs Taken		X	X
E14_02	Obtained Prior to this Units EMS Care		X	X
E14_03	Cardiac Rhythm		X	X
E14_04	SBP (Systolic Blood Pressure)		X	X
E14_05	DBP (Diastolic Blood Pressure)		X	X
E14_06	Method of Blood Pressure Measurement		X	X
E14_07	Pulse Rate		X	X
E14_08	Electronic Monitor Rate		X	X
E14_09	Pulse Oximetry		X	X
E14_10	Pulse Rhythm		X	X
E14_11	Respiratory Rate		X	X
E14_12	Respiratory Effort		X	X
E14_13	Carbon Dioxide		X	X
E14_14	Blood Glucose Level		X	X
E14_15	Glasgow Coma Score-Eye			X
E14_16	Glasgow Coma Score-Verbal			X
E14_17	Glasgow Coma Score-Motor			X

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E14_18	Glasgow Coma Score-Qualifier		X	X
E14_19	Total Glasgow Coma Score		X	X
E14_20	Temperature		X	X
E14_21	Temperature Method		X	X
E14_22	Level of Responsiveness		X	X
E14_23	Pain Scale		X	X
E14_24	Stroke Scale		X	X
E14_25	Thrombolytic Screen		X	X
E14_26	APGAR			X
E14_27	Revised Trauma Score		X	X
E14_28	Pediatric Trauma Score		X	X
E15_01	NHTSA Injury Matrix External/Skin		X	
E15_02	NHTSA Injury Matrix Head		X	
E15_03	NHTSA Injury Matrix Face		X	
E15_04	NHTSA Injury Matrix Neck		X	
E15_05	NHTSA Injury Matrix Thorax		X	
E15_06	NHTSA Injury Matrix Abdomen		X	
E15_07	NHTSA Injury Matrix Spine		X	
E15_08	NHTSA Injury Matrix Upper Extremities		X	
E15_09	NHTSA Injury Matrix Pelvis		X	
E15_10	NHTSA Injury Matrix Lower Extremities		X	
E15_11	NHTSA Injury Matrix Unspecified		X	
E16_01	Estimated Body Weight		X	X
E16_02	Broselow/Luten Color		X	
E16_03	Date/Time of Assessment			
E16_04	Skin Assessment		X	X
E16_05	Head/Face Assessment		X	X

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E16_06	Neck Assessment		X	X
E16_07	Chest/Lungs Assessment		X	X
E16_08	Heart Assessment		X	X
E16_09	Abdomen Left Upper Assessment		X	X
E16_10	Abdomen Left Lower Assessment		X	X
E16_11	Abdomen Right Upper Assessment		X	X
E16_12	Abdomen Right Lower Assessment		X	X
E16_13	GU Assessment		X	X
E16_14	Back Cervical Assessment		X	X
E16_15	Back Thoracic Assessment		X	X
E16_16	Back Lumbar/Sacral Assessment		X	X
E16_17	Extremities-Right Upper Assessment		X	X
E16_18	Extremities-Right Lower Assessment		X	X
E16_19	Extremities-Left Upper Assessment		X	X
E16_20	Extremities-Left Lower Assessment		X	X
E16_21	Eyes-Left Assessment		X	X
E16_22	Eyes-Right Assessment		X	X
E16_23	Mental Status Assessment		X	X
E16_24	Neurological Assessment		X	X
E17_01	Protocols Used		X	X
E18_01	Date/Time Medication Administered		X	X
E18_02	Medication Administered Prior to this Units EMS Care		X	X
<b>E18_03</b>	<b>Medication Given</b>	✓	X	X
E18_04	Medication Administered Route		X	X
E18_05	Medication Dosage		X	X
E18_06	Medication Dosage Units		X	X
E18_07	Response to Medication		X	X

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<b>E18_08</b>	<b>Medication Complication</b>	✓	X	X
E18_09	Medication Crew Member ID		X	X
E18_10	Medication Authorization		X	
E18_11	Medication Authorizing Physician			X
E19_01	Date/Time Procedure Performed Successfully		X	X
E19_02	Procedure Performed Prior to this Units EMS Care		X	X
<b>E19_03</b>	<b>Procedure</b>	✓	X	X
E19_04	Size of Procedure Equipment		X	X
<b>E19_05</b>	<b>Number of Procedure Attempts</b>	✓	X	X
<b>E19_06</b>	<b>Procedure Successful</b>	✓	X	X
<b>E19_07</b>	<b>Procedure Complication</b>	✓	X	X
E19_08	Response to Procedure		X	X
E19_09	Procedure Crew Members ID		X	X
E19_10	Procedure Authorization		X	
E19_11	Procedure Authorizing Physician			X
E19_12	Successful IV Site		X	X
E19_13	Tube Confirmation		X	X
E19_14	Destination Confirmation of Tube Placement		X	X
E20_01	Destination/Transferred To, Name		X	X
E20_02	Destination/Transferred To, Code		X	X
E20_03	Destination Street Address		X	X
E20_04	Destination City		X	X
E20_05	Destination State		X	X
E20_06	Destination County		X	X
<b>E20_07</b>	<b>Destination Zip Code</b>	✓	X	X
E20_08	Destination GPS Location			
E20_09	Destination Zone Number			

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<b>E20_10</b>	<b>Incident/Patient Disposition</b>	✓	X	X
E20_11	How Patient Was Moved to Ambulance			X
E20_12	Position of Patient During Transport			X
E20_13	How Patient Was Transported From Ambulance			X
<b>E20_14</b>	<b>Transport Mode from Scene</b>	✓	X	X
E20_15	Condition of Patient at Destination		X	X
<b>E20_16</b>	<b>Reason for Choosing Destination</b>	✓	X	X
<b>E20_17</b>	<b>Type of Destination</b>	✓	X	X
E21_01	Event Date/Time			
E21_02	Medical Device Event Name			
E21_03	Waveform Graphic Type			
E21_04	Waveform Graphic			
E21_05	AED, Pacing, or CO2 Mode			X
E21_06	ECG Lead			X
E21_07	ECG Interpretation			X
E21_08	Type of Shock			
E21_09	Shock or Pacing Energy			X
E21_10	Total Number of Shocks Delivered			X
E21_11	Pacing Rate			X
E21_12	Device Heart Rate			X
E21_13	Device Pulse Rate			
E21_14	Device Systolic Blood Pressure			
E21_15	Device Diastolic Blood Pressure			
E21_16	Device Respiratory Rate			
E21_17	Device Pulse Oximetry			
E21_18	Device CO2 or etCO2			
E21_19	Device CO2, etCO2, or Invasive Pressure Monitor Units			

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E21_20	Device Invasive Pressure Mean			
<b>E22_01</b>	<b>Emergency Department Disposition</b>	✓	X	X
<b>E22_02</b>	<b>Hospital Disposition</b>	✓	X	X
E22_03	Law Enforcement/Crash Report Number		X	
E22_04	Trauma Registry ID			X
E22_05	Fire Incident Report Number			
E22_06	Patient ID Band/Tag Number			X
E23_01	Review Requested			
E23_02	Potential Registry Candidate			
E23_03	Personal Protective Equipment Used		X	X
E23_04	Suspected Intentional, or Unintentional Disaster		X	X
E23_05	Suspected Contact with Blood/Body Fluids, EMS Injury/Death		X	X
E23_06	Type of Suspected Blood/Body Fluid Exposure, Injury, or Death			X
E23_07	Personnel Exposed		X	X
E23_08	Required Reportable Conditions			X
E23_09	Research Survey Field			
E23_10	Who Generated this Report?		X	X
E23_11	Research Survey Field Title			