EMS Patient Care Report
Navigation Logic for Record Creation

This document serves to provide specifications regarding data entry and data element completion requirements for PreMIS Version 2 web-based application and for the NEMSIS windows based application. These specifications provide a method to minimize data entry through the use of internal business logic and provide a more work oriented data entry process. The ultimate goal is to create both a user friendly and efficient documentation process.

The NHTSA Version 2.2.1 dataset is divided into sections. For data entry purposes, these sections must be divided into screens or windows for orderly data completion. The following table describes the screen contents based on the NHTSA date element sections (E data elements only).

Data elements required to generate a NHTSA Version 2.2.1 XML file include the data elements marked as "National". Some of these data elements are in the headed or the XML file and must be collected in the initial configuration of the software application prior to software use or data entry.

Required Data Elements for Software Configuration:

1. E01_02: Software Creator
2. E01_03: Software Name
3. E01_04: Software Version
4. E02_01: EMS Agency Number
5. Billing: Yes/No (This is not a NHTSA Version 2.2.1 data element but indicated whether to include the billing data elements)
6. EMD Capable: Yes/No (This is not a NHTSA 2.2.1 data element but indicates whether to include EMD related data elements)

The EMS Patient Care Report Number must be generated by the software. It should be unique to the EMS System and fit within the requirements of the NHTSA Version 2.2.1 data dictionary.

Required Data Elements which require software auto-generation:

1. E01_01: Patient Care Report Number

Initial Patient Report Record Creation Screen

To best determine the required data elements which must be collected on each EMS event, it is important to first obtain key pieces of information. The following data elements should be collected on the first screen associated with an EMS Patient Care Report. In the pages that follow each of these data elements will then be used to describe which sections and/or data elements within a section are required.

1. **E20_10: Incident/Patient Disposition**

   * **Cancelled**
     * Defined as an EMS event where the responding EMS unit was cancelled prior to arriving at the scene. Therefore not patient evaluation or treatment occurs.
   * **Dead at Scene**
     * Defined as an EMS event where the patient is dead on arrival of the EMS unit. No care is provided to the patient other than documentation of the event and confirmation that the patient is dead. If any care is provided, the patient is not considered dead and should be documented as one of the "Treated" choices.
   * **No Patient Found**
     * Defined as an EMS event where EMS arrives at the scene but no patient is identified. No patient evaluation or care is provided.
   * **No Treatment Required**
     * Defined as an EMS event where EMS arrives and evaluates a patient but no treatment or treatment protocol is required. This could result in documentation of an assessment but not procedures, medications, or transport was provided. If a treatment protocol, procedure, or medication is provided, the event should be classified as on of the "Treated" choices.
   * **Patient Refused Care**
     * Defined as an EMS event where EMS arrives and attempts to evaluate and treat the patient but the patient refuses care at some point in the evaluation. This could result in the documentation of the portion of the assessment and treatment provided. If the patient is transported, one of the "Treated, Transported by" choices should be used.
   * **Treated and Released**
     * Defined as an EMS event where EMS arrives and fully evaluates and treats the patient but no transport is needed for additional care or evaluation. Any patient who is transported to a healthcare facility should be documented through one of the "Treated, Transported to" choices.
   * **Treated, Transferred Care**
     * Defined as an EMS event where EMS arrives, evaluates, and treats the patient but then transfers the care of the patient to another EMS unit (ground or air). Destination for these events is considered the location where the care of the patient was formally transferred.

* **Treated, Transported by EMS**
  * Defined as an EMS event where EMS arrives, evaluates, treats, and transports the patient.
* **Treated, Transported by Law Enforcement**
  * Defined as an EMS event where EMS arrives, evaluates, and treats the patient but the patient is transported by Law Enforcement. Destination of the patient is considered appropriate for EMS to document even though EMS is not transporting the patient.
* **Treated, Transported by Private Vehicle**
  * Defined as an EMS event where EMS arrives, evaluates, and treats the patient but the patient is transported by Private Vehicle. Destination of the patient is considered appropriate for EMS to document even though EMS is not transporting the patient.

2. **E09_04: Possible Injury**

* **Yes, MVC (mapped to "Yes")**
  * Defined as an EMS event where the patient has been exposed to a traumatic event with a potential or known injury associated with a Motor Vehicle Crash. This value should be used internally by the EMS software to determine which injury related data elements should be presented to the user. This value is equivalent to "Yes" for E09_04.
* **Yes, Fall (mapped to "Yes")**
  * Defined as an EMS event where the patient has been exposed to a traumatic event with a potential or known injury associated with a Fall. This value should be used internally by the EMS software to determine which injury related data elements should be presented to the user. This value is equivalent to "Yes" for E09_04.
* **Yes, Other**
  * Defined as an EMS event where the patient has been exposed to a traumatic event with a potential or known injury other than a fall or motor vehicle crash. This value should be used internally by the EMS software to determine which injury related data elements should be presented to the user. This value is equivalent to "Yes" for E09_04.
* **No**
  * Defined as an EMS event where the patient has not been exposed to a traumatic event with a potential or known injury. This value should be used internally by the EMS software to determine which injury related data elements should be presented to the user. This value is equivalent to "No" for E09_04.

3. **E11_01: Cardiac Arrest**

* **Yes, Prior to EMS Arrival**
  * Defined as an EMS event where the patient has experienced a cardiac arrest before the arrival of EMS. The patient may or may not be in cardiac arrest at the time EMS arrives.

* **Yes, After EMS Arrival**
  * Defined as an EMS event where the patient has experienced a cardiac arrest after this EMS unit has arrived and the patient is under EMS care.
* **No**
  * Defined as an EMS event where the patient is not experiencing a cardiac arrest and does not experience one during the time the patient is under EMS care.

The following information serves as a legend for the table below:

* **X = should be completed**
* **Number = See footnotes for completion requirement**
* **N = Null Value required because the data element is a National Element and required via the XSD**
* **Any area shaded Yellow indicates the data element is not required but a null value must be inserted. This data element should not be presented to the user but auto filled based on this logic.**
* **Any area shaded in Light Blue indicates the data element is not required by PreMIS (should not be presented to the included in the application) but should be completed by NEMSIS Gold**
* **If a field in the table is shaded Dark Blue, the field is not required and should not be presented to the user for completion**

Appropriate NHTSA Data Element Completion Based on E20_10: Disposition	Cancelled	Dead	No Patient Found	No Treatment Required	Patient Refused Care	Treated and Released	Treated, Transferred Care	Treated, Transported by EMS	Treated, Transported by Law	Treated, Transported by PV
Section E01: Record Information										
E01_01: Patient Care Report Number	X	X	X	X	X	X	X	X	X	X
Section E02: Unit/Agency Information										
E02_01: EMS Agency Number	X	X	X	X	X	X	X	X	X	X

Appropriate NHTSA Data Element Completion Based on E20_10: Disposition	Cancelled	Dead	No Patient Found	No Treatment Required	Patient Refused Care	Treated and Released	Treated, Transferred Care	Treated, Transported by EMS	Treated, Transported by Law	Treated, Transported by PV
E02_02: Incident Number	X	X	X	X	X	X	X	X	X	X
E02_03: EMS Unit (Vehicle) Response Number	X	X	X	X	X	X	X	X	X	X
E02_04: Type of Service Requested	X	X	X	X	X	X	X	X	X	X
E02_05: Primary Role of the Unit	X	X	X	X	X	X	X	X	X	X
E02_06: Type of Dispatch Delay	X	X	X	X	X	X	X	X	X	X
E02_07: Type of Response Delay	X	X	X	X	X	X	X	X	X	X
E02_08: Type of Scene Delay	N	X	X	X	X	X	X	X	X	X
E02_09: Type of Transport Delay	N	X	N	N	N	N	N	X	X	X
E02_10: Type of Turn-Around Delay	N	X	N	X	X	X	X	X	X	X
E02_11: EMS Unit/Vehicle Number	X	X	X	X	X	X	X	X	X	X
E02_12: EMS Unit Call Sign (Radio Number)	X	X	X	X	X	X	X	X	X	X
E02_13: Vehicle Dispatch Location	X	X	X	X	X	X	X	X	X	X
E02_14: Vehicle Dispatch Zone	X	X	X	X	X	X	X	X	X	X
E02_15: Vehicle Dispatch GPS Location	X	X	X	X	X	X	X	X	X	X
E02_16: Beginning Odometer of Responding Vehicle	X	X	X	X	X	X	X	X	X	X
E02_17: On-Scene Odometer of Responding Vehicle		X	X	X	X	X	X	X	X	X
E02_18: Destination Odometer of Responding Vehicle		X					X	X		
E02_19: Ending Odometer of Responding Vehicle	X	X	X	X	X	X	X	X	X	X
E02_20: Response Mode to Scene	X	X	X	X	X	X	X	X	X	X
Section E03: Unit/Call Information										
E03_01: Complaint Reported by Dispatch	X	X	X	X	X	X	X	X	X	X

Appropriate NHTSA Data Element Completion Based on E20_10: Disposition	Cancelled	Dead	No Patient Found	No Treatment Required	Patient Refused Care	Treated and Released	Treated, Transferred Care	Treated, Transported by EMS	Treated, Transported by Law	Treated, Transported by PV
E03_02: EMD Performed	3	3	3	3	3	3	3	3	3	3
E03_03: EMD Card Number	3	3	3	3	3	3	3	3	3	3
Section E04: Unit/Personnel Information										
E04_01: Crew Member ID	X	X	X	X	X	X	X	X	X	X
E04_02: Crew Member Role	X	X	X	X	X	X	X	X	X	X
E04_03: Crew Member Level	X	X	X	X	X	X	X	X	X	X
Section E05: Times										
E05_01: Incident or Onset Date/Time	X	X	X	X	X	X	X	X	X	X
E05_02: PSAP Call Date/Time	X	X	X	X	X	X	X	X	X	X
E05_03: Dispatch Notified Date/Time	X	X	X	X	X	X	X	X	X	X
E05_04: Unit Notified by Dispatch Date/Time	X	X	X	X	X	X	X	X	X	X
E05_05: Unit En Route Date/Time	X	X	X	X	X	X	X	X	X	X
E05_06: Unit Arrived on Scene Date/Time	N	X	X	X	X	X	X	X	X	X
E05_07: Arrived at Patient Date/Time	N	X	N	X	X	X	X	X	X	X
E05_08: Transfer of Patient Care Date/Time							X			
E05_09: Unit Left Scene Date/Time	N	X	X	X	X	X	X	X	X	X
E05_10: Patient Arrived at Destination Date/Time	N	X						X		
E05_11: Unit Back in Service Date/Time	X	X	X	X	X	X	X	X	X	X
E05_12: Unit Cancelled Date/Time	X									
E05_13: Unit Back at Home Location Date/Time	X	X	X	X	X	X	X	X	X	X
Section E06: Patient										

Appropriate NHTSA Data Element Completion Based on E20_10: Disposition	Cancelled	Dead	No Patient Found	No Treatment Required	Patient Refused Care	Treated and Released	Treated, Transferred Care	Treated, Transported by EMS	Treated, Transported by Law	Treated, Transported by PV
E06_01: Last Name		X		X	X	X	X	X	X	X
E06_02: First Name		X		X	X	X	X	X	X	X
E06_03: Middle Initial/Name		X		X	X	X	X	X	X	X
E06_04: Patients Home Address		X		X	X	X	X	X	X	X
E06_05: Patients Home City		X		X	X	X	X	X	X	X
E06_06: Patients Home County		X		X	X	X	X	X	X	X
E06_07: Patients Home State		X		X	X	X	X	X	X	X
E06_08: Patients Home Zip Code	N	X	N	X	X	X	X	X	X	X
E06_09: Patient's Home Country		X		X	X	X	X	X	X	X
E06_10: Social Security Number		X		X	X	X	X	X	X	X
E06_11: Gender	N	X	N	X	X	X	X	X	X	X
E06_12: Race	N	X	N	X	X	X	X	X	X	X
E06_13: Ethnicity	N	X	N	X	X	X	X	X	X	X
E06_14: Age	N	X	N	X	X	X	X	X	X	X
E06_15: Age Units		X		X	X	X	X	X	X	X
E06_16: Date of Birth	N	X	N	X	X	X	X	X	X	X
E06_17: Primary or Home Telephone Number		X		X	X	X	X	X	X	X
E06_18: State Issuing Drivers License		X		X	X	X	X	X	X	X
E06_19: Drivers License Number		X		X	X	X	X	X	X	X
Section E07: Billing										
E07_01: Primary Method of Payment	N	X	N	X	X	X	X	X	X	X

Appropriate NHTSA Data Element Completion Based on E20_10: Disposition	Cancelled	Dead	No Patient Found	No Treatment Required	Patient Refused Care	Treated and Released	Treated, Transferred Care	Treated, Transported by EMS	Treated, Transported by Law	Treated, Transported by PV
E07_02: Certificate of Medical Necessity		4		4	4	4	4	4	4	4
E07_03: Insurance Company ID/Name		4		4	4	4	4	4	4	4
E07_04: Insurance Company Billing Priority		4		4	4	4	4	4	4	4
E07_05: Insurance Company Address		4		4	4	4	4	4	4	4
E07_06: Insurance Company City		4		4	4	4	4	4	4	4
E07_07: Insurance Company State		4		4	4	4	4	4	4	4
E07_08: Insurance Company Zip Code		4		4	4	4	4	4	4	4
E07_09: Insurance Group ID/Name		4		4	4	4	4	4	4	4
E07_10: Insurance Policy ID Number		4		4	4	4	4	4	4	4
E07_11: Last Name of the Insured		4		4	4	4	4	4	4	4
E07_12: First Name of the Insured		4		4	4	4	4	4	4	4
E07_13: Middle Initial/Name of the Insured		4		4	4	4	4	4	4	4
E07_14: Relationship to the Insured		4		4	4	4	4	4	4	4
E07_15: Work-Related		4		4	4	4	4	4	4	4
E07_16: Patient's Occupational Industry		4		4	4	4	4	4	4	4
E07_17: Patient's Occupation		4		4	4	4	4	4	4	4
E07_18: Closest Relative/Guardian Last Name		4		4	4	4	4	4	4	4
E07_19: First Name of the Closest Relative/ Guardian		4		4	4	4	4	4	4	4
E07_20: Middle Initial/Name of Relative/Guardian		4		4	4	4	4	4	4	4
E07_21: Closest Relative/ Guardian Street Address		4		4	4	4	4	4	4	4
E07_22: Closest Relative/ Guardian City		4		4	4	4	4	4	4	4
E07_23: Closest Relative/ Guardian State		4		4	4	4	4	4	4	4

Appropriate NHTSA Data Element Completion Based on E20_10: Disposition	Cancelled	Dead	No Patient Found	No Treatment Required	Patient Refused Care	Treated and Released	Treated, Transferred Care	Treated, Transported by EMS	Treated, Transported by Law	Treated, Transported by PV
E07_24: Closest Relative/ Guardian Zip Code		4		4	4	4	4	4	4	4
E07_25: Closest Relative/ Guardian Phone Number		4		4	4	4	4	4	4	4
E07_26: Closest Relative/ Guardian Relationship		4		4	4	4	4	4	4	4
E07_27: Patients Employer		4		4	4	4	4	4	4	4
E07_28: Patients Employers Address		4		4	4	4	4	4	4	4
E07_29: Patient's Employer's City		4		4	4	4	4	4	4	4
E07_30: Patient's Employer's State		4		4	4	4	4	4	4	4
E07_31: Patient's Employer's Zip Code		4		4	4	4	4	4	4	4
E07_32: Patients Work Telephone Number		4		4	4	4	4	4	4	4
E07_33: Response Urgency		4		4	4	4	4	4	4	4
E07_34: CMS Service Level	N	4	N	4	4	4	4	4	4	4
E07_35: Condition Code Number	N	4	N	4	4	4	4	4	4	4
E07_36: ICD-9 Code for the Condition Code Number		4		4	4	4	4	4	4	4
E07_37: Modifier for Condition Code Number		4		4	4	4	4	4	4	4
Section E08: Scene										
E08_01: Other EMS Agencies at Scene		X	X	X	X	X	X	X	X	X
E08_02: Other Services at Scene		X	X	X	X	X	X	X	X	X
E08_03: Estimated D/T Initial Resp. Arrived on Scene		X	X	X	X	X	X	X	X	X
E08_04: Date/Time Initial Responder Arrived on Scene		X	X	X	X	X	X	X	X	X
E08_05: Number of Patients at Scene	N	X	X	X	X	X	X	X	X	X
E08_06: Mass Casualty Incident	N	X	X	X	X	X	X	X	X	X

Appropriate NHTSA Data Element Completion Based on E20_10: Disposition	Cancelled	Dead	No Patient Found	No Treatment Required	Patient Refused Care	Treated and Released	Treated, Transferred Care	Treated, Transported by EMS	Treated, Transported by Law	Treated, Transported by PV
E08_07: Incident Location Type	N	X	X	X	X	X	X	X	X	X
E08_08: Incident Facility Code		X	X	X	X	X	X	X	X	X
E08_09: Scene Zone Number		X	X	X	X	X	X	X	X	X
E08_10: Scene GPS Location		X	X	X	X	X	X	X	X	X
E08_11: Incident Address		X	X	X	X	X	X	X	X	X
E08_12: Incident City		X	X	X	X	X	X	X	X	X
E08_13: Incident County		X	X	X	X	X	X	X	X	X
E08_14: Incident State		X	X	X	X	X	X	X	X	X
E08_15: Incident ZIP Code	N	X	X	X	X	X	X	X	X	X
Section E09: Situation										
E09_01: Prior Aid	N	X	N	X	X	X	X	X	X	X
E09_02: Prior Aid Performed by	N	X	N	X	X	X	X	X	X	X
E09_03: Outcome of the Prior Aid	N	X	N	X	X	X	X	X	X	X
E09_04: Injury Present	1	1	1	1	1	1	1	1	1	1
E09_05: Chief Complaint Narrative		X		X	X	X	X	X	X	X
E09_06: Duration of Chief Complaint		X		X	X	X	X	X	X	X
E09_07: Time Units of Duration of Chief Complaint		X		X	X	X	X	X	X	X
E09_08: Secondary Complaint Narrative		X		X	X	X	X	X	X	X
E09_09: Duration of Secondary Complaint		X		X	X	X	X	X	X	X
E09_10: Time Units of Duration of Secondary Complaint		X		X	X	X	X	X	X	X
E09_11: Complaint Anatomic Location	N	X	N	X	X	X	X	X	X	X

Appropriate NHTSA Data Element Completion Based on E20_10: Disposition	Cancelled	Dead	No Patient Found	No Treatment Required	Patient Refused Care	Treated and Released	Treated, Transferred Care	Treated, Transported by EMS	Treated, Transported by Law	Treated, Transported by PV
E09_12: Complaint Organ Agency	N	X	N	X	X	X	X	X	X	X
E09_13: Primary Symptom	N	X	N	X	X	X	X	X	X	X
E09_14: Other Associated Symptoms	N	X	N	X	X	X	X	X	X	X
E09_15: Providers Primary Impression	N	X	N	X	X	X	X	X	X	X
E09_16: Provider's Secondary Impression	N	X	N	X	X	X	X	X	X	X
Section E10: Situation/Trauma										
E10_01: Cause of Injury	N	5	N	5	5	5	5	5	5	5
E10_02: Intent of the Injury		5		5	5	5	5	5	5	5
E10_03: Mechanism of Injury		5		5	5	5	5	5	5	5
E10_04: Vehicular Injury Indicators		5		5	5	5	5	5	5	5
E10_05: Area of the Vehicle impacted by the collision		5		5	5	5	5	5	5	5
E10_06: Seat Row Location of Patient in Vehicle		5		5	5	5	5	5	5	5
E10_07: Position of Patient in the Seat of the Vehicle		5		5	5	5	5	5	5	5
E10_08: Use of Occupant Safety Equipment		5		5	5	5	5	5	5	5
E10_09: Airbag Deployment		5		5	5	5	5	5	5	5
E10_10: Height of Fall		5		5	5	5	5	5	5	5
Section E11: Situation/Cardiac Arrest										
E11_01: Cardiac Arrest	1	1	1	1	1	1	1	1	1	1
E11_02: Cardiac Arrest Etiology	N	6	N	6	6	6	6	6	6	6
E11_03: Resuscitation Attempted	N	6	N	6	6	6	6	6	6	6
E11_04: Arrest Witnessed by		6		6	6	6	6	6	6	6

Appropriate NHTSA Data Element Completion Based on E20_10: Disposition	Cancelled	Dead	No Patient Found	No Treatment Required	Patient Refused Care	Treated and Released	Treated, Transferred Care	Treated, Transported by EMS	Treated, Transported by Law	Treated, Transported by PV
E11_05: First Monitored Rhythm of the Patient		6		6	6	6	6	6	6	6
E11_06: Any Return of Spontaneous Circulation		6		6	6	6	6	6	6	6
E11_07: Neurological Outcome at Hospital Discharge		6		6	6	6	6	6	6	6
E11_08: Estimated Time of Arrest Prior to EMS Arrival		6		6	6	6	6	6	6	6
E11_09: Date/Time Resuscitation Discontinued		6		6	6	6	6	6	6	6
E11_10: Reason CPR Discontinued		6		6	6	6	6	6	6	6
E11_11: Cardiac Rhythm on Arrival at Destination		6		6	6	6	6	6	6	6
Section E12: Medical History										
E12_01: Barriers to Patient Care	N	X	N	X	X	X	X	X	X	X
E12_02: Sending Facility Medical Record Number							X	X		
E12_03: Destination Medical Record Number							X	X		
E12_04: First Name of Patients Primary Practitioner		X		X	X	X	X	X	X	X
E12_05: Middle Name of Patients Primary Practitioner		X		X	X	X	X	X	X	X
E12_06: Last Name of Patients Primary Practitioner		X		X	X	X	X	X	X	X
E12_07: Advanced Directives		X		X	X	X	X	X	X	X
E12_08: Medication Allergies				X	X	X	X	X	X	X
E12_09: Environmental/Food Allergies				X	X	X	X	X	X	X
E12_10: Medical/Surgical History				X	X	X	X	X	X	X
E12_11: Medical History Obtained From				X	X	X	X	X	X	X
E12_12: Immunization History				X	X	X	X	X	X	X
E12_13: Immunization Date				X	X	X	X	X	X	X

Appropriate NHTSA Data Element Completion Based on E20_10: Disposition	Cancelled	Dead	No Patient Found	No Treatment Required	Patient Refused Care	Treated and Released	Treated, Transferred Care	Treated, Transported by EMS	Treated, Transported by Law	Treated, Transported by PV
E12_14: Current Medications				X	X	X	X	X	X	X
E12_15: Current Medication Dose				X	X	X	X	X	X	X
E12_16: Current Medication Dosage Unit				X	X	X	X	X	X	X
E12_17: Current Medication Administration Route				X	X	X	X	X	X	X
E12_18: Presence of Emergency Information Form				X	X	X	X	X	X	X
E12_19: Alcohol/Drug Use Indicators	N	X	N	X	X	X	X	X	X	X
E12_20: Pregnancy		X		X	X	X	X	X	X	X
Section E13: Narrative										
E13_01: Run Report Narrative		X		X	X	X	X	X	X	X
Section E14: Assessment/Vital Signs										
E14_01: Date/Time Vital Signs Taken		X		X	X	X	X	X	X	X
E14_02: Obtained Prior to this Units EMS Care		X		X	X	X	X	X	X	X
E14_03: Cardiac Rhythm		X		X	X	X	X	X	X	X
E14_04: SBP		X		X	X	X	X	X	X	X
E14_05: DBP		X		X	X	X	X	X	X	X
E14_06: Method of Blood Pressure		X		X	X	X	X	X	X	X
E14_07: Pulse Rate		X		X	X	X	X	X	X	X
E14_08: Electronic Monitor Rate		X		X	X	X	X	X	X	X
E14_09: Pulse Oximetry		X		X	X	X	X	X	X	X
E14_10: Pulse Rhythm		X		X	X	X	X	X	X	X
E14_11: Respiratory Rate		X		X	X	X	X	X	X	X

Appropriate NHTSA Data Element Completion Based on E20_10: Disposition	Cancelled	Dead	No Patient Found	No Treatment Required	Patient Refused Care	Treated and Released	Treated, Transferred Care	Treated, Transported by EMS	Treated, Transported by Law	Treated, Transported by PV
E14_12: Respiratory Effort		X		X	X	X	X	X	X	X
E14_13: CO2		X		X	X	X	X	X	X	X
E14_14: Blood Glucose Level				X	X	X	X	X	X	X
E14_15: GCS Eye		X		X	X	X	X	X	X	X
E14_16: GCS Verbal		X		X	X	X	X	X	X	X
E14_17: GCS Motor		X		X	X	X	X	X	X	X
E14_18: GCS Qualifier		X		X	X	X	X	X	X	X
E14_19: Total GCS		X		X	X	X	X	X	X	X
E14_20: Temperature		X		X	X	X	X	X	X	X
E14_21: Temperature Method		X		X	X	X	X	X	X	X
E14_22: Level of Responsiveness		X		X	X	X	X	X	X	X
E14_23: Pain Scale				X	X	X	X	X	X	X
E14_24: Stroke Scale				X	X	X	X	X	X	X
E14_25: Thrombolytic Screen				X	X	X	X	X	X	X
E14_26: APGAR				X	X	X	X	X	X	X
E14_27: RTS				X	X	X	X	X	X	X
E14_28: Pediatric Trauma Score				X	X	X	X	X	X	X
Section E15: Assessment/Injury										
E15_01: NHTSA Injury Matrix External/Skin				5	5	5	5	5	5	5
E15_02: NHTSA Injury Matrix Head				5	5	5	5	5	5	5
E15_03: NHTSA Injury Matrix Face				5	5	5	5	5	5	5

Appropriate NHTSA Data Element Completion Based on E20_10: Disposition	Cancelled	Dead	No Patient Found	No Treatment Required	Patient Refused Care	Treated and Released	Treated, Transferred Care	Treated, Transported by EMS	Treated, Transported by Law	Treated, Transported by PV
E15_04: NHTSA Injury Matrix Neck				5	5	5	5	5	5	5
E15_05: NHTSA Injury Matrix Thorax				5	5	5	5	5	5	5
E15_06: NHTSA Injury Matrix Abdomen				5	5	5	5	5	5	5
E15_07: NHTSA Injury Matrix Spine				5	5	5	5	5	5	5
E15_08: NHTSA Injury Matrix Upper Extremities				5	5	5	5	5	5	5
E15_09: NHTSA Injury Matrix Pelvis				5	5	5	5	5	5	5
E15_10: NHTSA Injury Matrix Lower Extremities				5	5	5	5	5	5	5
E15_11: NHTSA Injury Matrix Unspecified				5	5	5	5	5	5	5
Section E16: Assessment/Exam										
E16_01: Estimated Body Weight				X	X	X	X	X	X	X
E16_02: Broselow/Luten Color				X	X	X	X	X	X	X
E16_03: Date/Time of Assessment				X	X	X	X	X	X	X
E16_04: Skin Assessment				X	X	X	X	X	X	X
E16_05: Head/Face Assessment				X	X	X	X	X	X	X
E16_06: Neck Assessment				X	X	X	X	X	X	X
E16_07: Chest/Lungs Assessment				X	X	X	X	X	X	X
E16_08: Heart Assessment				X	X	X	X	X	X	X
E16_09: Abdomen Left Upper Assessment				X	X	X	X	X	X	X
E16_10: Abdomen Left Lower Assessment				X	X	X	X	X	X	X
E16_11: Abdomen Right Upper Assessment				X	X	X	X	X	X	X
E16_12: Abdomen Right Lower Assessment				X	X	X	X	X	X	X
E16_13: GU Assessment				X	X	X	X	X	X	X

Appropriate NHTSA Data Element Completion Based on E20_10: Disposition	Cancelled	Dead	No Patient Found	No Treatment Required	Patient Refused Care	Treated and Released	Treated, Transferred Care	Treated, Transported by EMS	Treated, Transported by Law	Treated, Transported by PV
E16_14: Back Cervical Assessment				X	X	X	X	X	X	X
E16_15: Back Thoracic Assessment				X	X	X	X	X	X	X
E16_16: Back Lumbar/Sacral Assessment				X	X	X	X	X	X	X
E16_17: Extremities-Right Upper Assessment				X	X	X	X	X	X	X
E16_18: Extremities-Right Lower Assessment				X	X	X	X	X	X	X
E16_19: Extremities-Left Upper Assessment				X	X	X	X	X	X	X
E16_20: Extremities-Left Lower Assessment				X	X	X	X	X	X	X
E16_21: Eyes-Left Assessment				X	X	X	X	X	X	X
E16_22: Eyes-Right Assessment				X	X	X	X	X	X	X
E16_23: Mental Status Assessment				X	X	X	X	X	X	X
E16_24: Neurological Assessment				X	X	X	X	X	X	X
Section E17: Intervention										
E17_01: Protocols Used					X	X	X	X	X	X
Section E18: Intervention/Medications										
E18_01: Date/Time Medication Administered					X	X	X	X	X	X
E18_02: Medication Prior to Units EMS Care					X	X	X	X	X	X
E18_03: Medication Given	N	N	N	N	X	X	X	X	X	X
E18_04: Medication Administered Route					X	X	X	X	X	X
E18_05: Medication Dosage					X	X	X	X	X	X
E18_06: Medication Dosage Units					X	X	X	X	X	X
E18_07: Response to Medication					X	X	X	X	X	X

Appropriate NHTSA Data Element Completion Based on E20_10: Disposition	Cancelled	Dead	No Patient Found	No Treatment Required	Patient Refused Care	Treated and Released	Treated, Transferred Care	Treated, Transported by EMS	Treated, Transported by Law	Treated, Transported by PV
E18_08: Medication Complication	N	N	N	N	X	X	X	X	X	X
E18_09: Medication Crew Member ID					X	X	X	X	X	X
E18_10: Medication Authorization					X	X	X	X	X	X
E18_11: Medication Authorizing Physician					X	X	X	X	X	X
Section E19: Intervention/Procedures										
E19_01: Date/Time Procedure Performed Successfully					X	X	X	X	X	X
E19_02: Procedure Performed Prior to Units EMS Care					X	X	X	X	X	X
E19_03: Procedure	N	N	N		X	X	X	X	X	X
E19_04: Size of Procedure Equipment					X	X	X	X	X	X
E19_05: Number of Procedure Attempts	N	N	N		X	X	X	X	X	X
E19_06: Procedure Successful	N	N	N		X	X	X	X	X	X
E19_07: Procedure Complication	N	N	N	N	X	X	X	X	X	X
E19_08: Response to Procedure					X	X	X	X	X	X
E19_09: Procedure Crew Members ID					X	X	X	X	X	X
E19_10: Procedure Authorization					X	X	X	X	X	X
E19_11: Procedure Authorizing Physician					X	X	X	X	X	X
E19_12: Successful IV Site					X	X	X	X	X	X
E19_13: Tube Confirmation					X	X	X	X	X	X
E19_14: Destination Confirmation of Tube Placement					X	X	X	X	X	X
Section E20: Disposition										
E20_01: Destination/Transferred To, Name		X				X	X	X	X

Appropriate NHTSA Data Element Completion Based on E20_10: Disposition	Cancelled	Dead	No Patient Found	No Treatment Required	Patient Refused Care	Treated and Released	Treated, Transferred Care	Treated, Transported by EMS	Treated, Transported by Law	Treated, Transported by PV
E20_02: Destination/Transferred To, Code		X					X	X	X	X
E20_03: Destination Street Address		X					X	X	X	X
E20_04: Destination City		X					X	X	X	X
E20_05: Destination State		X					X	X	X	X
E20_06: Destination County		X					X	X	X	X
E20_07: Destination Zip Code	N	X	N	N	N	N	X	X	X	X
E20_08: Destination GPS Location		X					X	X	X	X
E20_09: Destination Zone Number		X					X	X	X	X
E20_10: Incident/Patient Disposition	1	1	1	1	1	1	1	1	1	1
E20_11: How Patient Was Moved to Ambulance							X	X		
E20_12: Position of Patient During Transport							X	X		
E20_13: How Patient Was Transported From Ambulance							X	X		
E20_14: Transport Mode from Scene	N	X	N	N	N	N	X	X	N	N
E20_15: Condition of Patient at Destination		X					X	X		
E20_16: Reason for Choosing Destination	N	X	N	N	N	N	X	X	N	N
E20_17: Type of Destination	N	X	N	N	N	N	X	X	N	N
Section E22: Outcome and Linkage										
E22_01: Emergency Department Disposition	N	N	N	N	N	N	N	X	N	N
E22_02: Hospital Disposition	N	N	N	N	N	N	N	X	N	N
E22_03: Law Enforcement/Crash Report Number		X		X	X	X	X	X	X	X
E22_04: Trauma Registry ID		X		X	X	X	X	X	X	X

Appropriate NHTSA Data Element Completion Based on E20_10: Disposition	Cancelled	Dead	No Patient Found	No Treatment Required	Patient Refused Care	Treated and Released	Treated, Transferred Care	Treated, Transported by EMS	Treated, Transported by Law	Treated, Transported by PV
E22_05: Fire Incident Report Number		X		X	X	X	X	X	X	X
E22_06: Patient ID Band/Tag Number		X		X	X	X	X	X	X	X
Section E23: Miscellaneous										
E23_01: Review Requested	X	X	X	X	X	X	X	X	X	X
E23_02: Potential Registry Candidate		X					X	X		
E23_03: Personal Protective Equipment Used		X		X	X	X	X	X	X	X
E23_04: Suspected Intentional, or Unintentional Disaster	X	X	X	X	X	X	X	X	X	X
E23_05: Contact Blood/Body Fluids, Injury, or Death	X	X	X	X	X	X	X	X	X	X
E23_06: Type Blood/Body Exposure, Injury, or Death	X	X	X	X	X	X	X	X	X	X
E23_07: Personnel Exposed	X	X	X	X	X	X	X	X	X	X
E23_08: Required Reportable Conditions	X	X	X	X	X	X	X	X	X	X
E23_09&11: Research Survey Field and Title	X	X	X	X	X	X	X	X	X	X
E23_10: Who Generated this Report?	X	X	X	X	X	X	X	X	X	X

1 = these data elements are used in the opening screen to determine which sections and data elements are required. They must be completed on all events.

3 = must be completed by the user if EMD Capable is answered as "Yes". If EMD Capable is "No", E03_02 and E03_03 should automatically have values inserted for "Not Reporting" and the User should not be presented with these data elements.

4 = must be completed if Billing is "Yes". If Billing is "No", E07_01, E07_34, and E07_35 should be completed by the User. All other data elements in the billing section should not be presented to the User and no date is required to be stored.

5 = must be completed based on the completion of E09_04 (Presumed Injury):

* If "Yes, MVC", all Section E10 data elements except E10_10 should be completed. All of Section E15 should be completed as well. E10_10 should have the value "Not Applicable" inserted and the User should not be presented with the data element.
* If "Yes, Fall", E10_01, E10_02, E10_03, and E10_10 should be completed by the user. All of Section E15 should be completed. All other Section E10 data elements should have the value "Not Applicable" inserted and the User should not be presented with the data element.
* If "Yes, Other", E10_01, E10_02, and E10_03 should be completed by the User. All of Section E15 should be completed All other Section E10 data elements should have the value "Not Applicable" inserted and the User should not be presented with the data element.
* If "No", None of the Section E10 or E15 data elements should be presented to the User for completion. E10_01 should have the value "Not Applicable" inserted and the User should not be presented with the data element.

6 = must be completed if E11_01 (Cardiac Arrest) = "Yes" as follows:
* If "Yes, Prior to EMS Arrival", All Section E11 data elements should be presented to the User for data entry.
* If "Yes, After EMS Arrival", All Section E11 data elements should be presented to the User for data entry.
* If "No", E11_01, E11_02, and E11_03 should have the value "Not Applicable" inserted and the data elements should not be presented to the User for data entry. All of the remaining Section E11 data elements should have "Not Applicable" inserted and should not be presented to the User for data entry.