Legend	National NEMSIS Requirement
	Illinois State Requirement

Element Name	NEMSIS V3 #	Definition/Further Instructions	Rationale for Inclusion
1. Patient Care Report Number	**eRecord.01**	The unique number automatically assigned by the EMS agency for each Patient Care Report (PCR). This should be a unique number for the EMS agency for all of time.	*Unique number required for tracing patient care records.*
2. Software Creator	**eRecord.02**	The name of the vendor, manufacturer, and developer who designed the application that created this record. This is not the last software which aggregated/stored the Patient Care Report after it was sent from another software.	*This is required to document the software used to generate the patient care report.*
3. Software Name	**eRecord.03**	The name of the application used to create this record. This is the EMS agency's software, not the state or other level software which electronically received the data from the local EMS agency. This is the EMS Agency's software, not the state or other level software which electronically received the data from the local EMS Agency.	*This is required to document the software used to generate the patient care report.*
4. Software Version	**eRecord.04**	The version of the application used to create this record.	*This is required to document the software used to generate the patient care report.*
5. EMS Agency Number	**eResponse.01**	The state-assigned provider number of the responding agency.	*This number associates the EMS agency providing transport/care with the run.*
6. Incident Number	**eResponse.03**	The incident number assigned by the 911 Dispatch System.	*This number can be used to associate multiple EMS responses, dispatch information, and other information to the same EMS event or patient.*
7. EMS Response Number	**eResponse.04**	The internal EMS response number which is unique for each EMS Vehicle's (Unit) response to an incident within an EMS Agency.	*This number associates the EMS vehicle providing transport/care with the run.*
8. Type of Service Requested	**eResponse.05**	The type of service or category of service requested of the EMS Agency responding for this specific EMS event.	*Important to understand the reason for initiation of the run.*

9. Primary Role of the Unit	**eResponse.07**	The primary role of the EMS Unit which responded to this specific EMS event.	*This element describes the type of responding unit, further characterizing the run.*
10. Type of Dispatch Delay	**eResponse.08**	The dispatch delays, if any, associated with the dispatch of the EMS unit to the EMS event. A dispatch delay is any time delay that occurs from the time of PSAP call (eTimes.01) to the time the unit is notified by dispatch (eTimes.03).	*A number of delays can occur that prevent an EMS crew from reaching and transporting a patient as quickly as possible. This information helps to illustrate types of delays and how they may have impacted patient care and outcomes.*
11. Type of Response Delay	**eResponse.09**	The response delays, if any, of the EMS unit associated with the EMS event. A scene delay is any time delay that occurs from the time the unit arrived on scene (eTimes.06) to the time the unit left the scene (eTimes.09).	*This information helps to illustrate types of delays and how they may have impacted patient care and outcomes.*
12. Type of Scene Delay	**eResponse.10**	The scene delays, if any, of the EMS unit associated with the EMS event. A scene delay is any time delay that occurs from the time the unit arrived on scene (eTimes.06) to the time the unit left the scene (eTimes.09).	*This information helps to illustrate types of delays and how they may have impacted patient care and outcomes.*
13. Type of Transport Delay	**eResponse.11**	The transport delays, if any, of the EMS unit associated with the EMS event. A transport delay is any time delay that occurs from the time the unit left the scene (eTimes.09) to the time the patient arrived at the destination (eTimes.10).	*A number of delays can occur that prevent an EMS crew from reaching and transporting a patient as quickly as possible. It's important to capture any events that delayed the patient's arrival to the hospital, on the way, such as an ambulance crash, for example.*
14. Type of Turn-Around Delay	**eResponse.12**	The turn-around delays, if any, of EMS unit associated with the EMS event. Turn-around delay is any time delay that occurs from the time the patient arrived at the destination (eTimes.11) until the time the unit is back in service (eTimes.13) or unit back at the home location (eTimes.15) [whichever is the greater of the two times].	*A number of delays can occur that prevent an EMS crew from reaching and transporting a patient as quickly as possible. Turn-around time is important information to better understand how long ambulances are out of service after completing runs.*
15. EMS Vehicle (Unit) Number	**eResponse.13**	The unique physical vehicle number of the responding unit. This is recommended to be the State Vehicle Permit Number if unique to the vehicle.	*Unique number required for tracing which vehicle completed a run.*

16. EMS Unit Call Sign	**eResponse.14**	The EMS unit number used to dispatch and communicate with the unit. This may be the same as the EMS Unit/Vehicle Number in many agencies.	*Unique number required for tracing which vehicle completed a run.*
17. Level of Care of this Unit	**eResponse.15**	The level of care (BLS or ALS) the unit is able to provide based on the units' treatment capabilities for this EMS response. For example, if a unit/crew is staffed with an EMT-Intermediate or EMT-Paramedic but the unit is either licensed or stocked at a BLS level the appropriate level of care is "BLS-Basic". This is because the care provided to patients is limited to BLS skills.	*Identifies the level of care (license level) the EMS unit/crew can provide regardless of patient need, based on this unit's capabilities.*
18. Response Mode to Scene	**eResponse.23**	The indication whether the response was emergent or non-emergent. An emergent response is an immediate response (typically using lights and sirens).	*Can provide additional information on any crashes involving ambulances and possible attributable factors, for example.*
19. Additional Response Mode Descriptors	**eResponse.24**	The documentation of response mode techniques used for this EMS response.	*Better describes the EMS response, including information on whether the EMS event was scheduled or unscheduled.*
20. Complaint Reported by Dispatch	**eDispatch.01**	The complaint dispatch reported to the responding unit.	*Based on current national EMD Dispatch List.*
21. EMD Performed	**eDispatch.02**	Indication of whether Emergency Medical Dispatch was performed for this EMS event.	*Important to understand if care was provided – as instructed by dispatch –prior to EMS arrival.*
22. Crew Member ID	**eCrew.01**	The state certification/licensure ID number assigned to the crew member.	*Documents the state certification/licensure ID for the state where the event occurred. Important to understand whom provided patient care.*
23. PSAP Call Date/Time	**eTimes.01**	The date/time the phone rings (911 call to public safety answering point or other designated entity) requesting EMS services.	*Establishes time stamps that help to illustrate the trajectory of the run.*
24. Unit Notified by Dispatch Date/Time	**eTimes.03**	The date/time the responding unit was notified by dispatch.	*Establishes time stamps that help to illustrate the trajectory of the run.*
25. Unit En Route Date/Time	**eTimes.05**	The date/time the unit responded; that is, the time the vehicle started moving.	*Establishes time stamps that help to illustrate the trajectory of the run.*
26. Unit Arrived on Scene Date/Time	**eTimes.06**	The date/time the responding unit arrived on the scene; that is, the time the vehicle stopped moving at the scene.	*Establishes time stamps that help to illustrate the trajectory of the run.*

27. Arrived at Patient Date/Time	**eTimes.07**	The date/time the responding unit arrived at the patient's side.	*Establishes time stamps that help to illustrate the trajectory of the run.*
28. Unit Left Scene Date/Time	**eTimes.09**	The date/time the responding unit left the scene with a patient (started moving).	*Establishes time stamps that help to illustrate the trajectory of the run.*
29. Patient Arrived at Destination Date/Time	**eTimes.11**	The date/time the responding unit arrived with the patient at the destination or transfer point.	*Establishes time stamps that help to illustrate the trajectory of the run.*
30. Destination Patient Transfer of Care Date/Time	**eTimes.12**	The date/time that patient care was transferred to the destination healthcare facilities staff.	*This was added to better document delays in ED transfer of care due to ED crowding or other issues beyond EMS control.*
31. Unit Back in Service Date/Time	**eTimes.13**	The date/time the unit back was back in service and available for response (finished with call, but not necessarily back in home location).	*Establishes time stamps that help to illustrate the trajectory of the run.*
32. Patient's Home Address	**ePatient.05**	Patient's address of residence. This element allows for a two line documentation of the address. For out of country addresses the second line should be used to document, city, country, postal code and any other pertinent information.	*This is a CMS standard. According to the Medicare Claims Processing Manual, Chapter 15 - Ambulance, Ambulance suppliers bill using CMS-1500 form or CMS-1450 form for institution-based ambulance providers. This standard adheres to CMS-1500 and 1450.*
33. Patient's Home City	**ePatient.06**	The patient's primary city or township of residence.	*City codes are based on GNIS Feature Class. The primary Feature Class to use is "Civil" with "Populated Place" and "Military" code as additional options.*
34. Patient's Home County	**ePatient.07**	The patient's home county or parish of residence.	*Can inform epidemiological investigations through stratification of data.*
35. Patient's Home State	**ePatient.08**	The state, territory, or province where the patient resides.	*Can inform epidemiological investigations through stratification of data.*
36. Patient's Home ZIP Code	**ePatient.09**	The patient's ZIP code of residence.	*Can inform epidemiological investigations through stratification of data.*
37. Gender	**ePatient.13**	The patient's gender.	*Can inform epidemiological investigations through stratification of data.*
38. Race	**ePatient.14**	The patient's race as defined by the OMB (US Office of Management and Budget).	*Using single multiple choice question methodology to improve the completion of ethnicity information.*

39. Age	**ePatient.15**	The patient's age (either calculated from date of birth or best approximation).	*Can inform epidemiological investigations through stratification of data.*
40. Age Units	**ePatient.16**	The unit used to define the patient's age.	*Can inform epidemiological investigations through stratification of data.*
41. Date of Birth	**ePatient.17**	The patient's date of birth.	*Helps to track individual patient outcomes.*
42. Primary Method of Payment	**ePayment.01**	The primary method of payment or type of insurance associated with this EMS encounter.	*Describes the payment breakdown among EMS patients to better understand the population served.*
43. CMS Service Level	**ePayment.50**	The CMS service level for this EMS encounter. The Centers for Medicare & Medicaid Services (CMS) cover ambulance services only if they are furnished to a beneficiary whose medical condition is such that other means of transportation are contraindicated.	*The beneficiary's condition must require the ambulance transportation itself and the level of service provided for the billed service to be considered medically necessary.*
44. First EMS Unit on Scene	**eScene.01**	Documentation that this EMS unit was the first EMS unit for the EMS agency on the scene.	*Added to improve the evaluation of response times when multiple EMS units are responding to the same scene.*
45. Number of Patients at Scene	**eScene.06**	Indicator of how many total patients were at the scene.	*The number of patients requiring care can shed light on the load/burden on an EMS crew.*
46. Mass Casualty Incident (MCI)	**eScene.07**	Indicator if this event would be considered a mass casualty incident (overwhelmed existing EMS resources).	*Surveillance of mass casualty incidents and stresses to the medical system are key to track.*
47. Triage Classification for MCI Patient	**eScene.08**	The color associated with the initial triage assessment/classification of the MCI patient.	*Adapted from SALT mass casualty triage: concept endorsed by the American College of Emergency Physicians, American College of Surgeons Committee on Trauma, American Trauma Society, National Association of EMS Physicians, National Disaster Life Support Education Consortium, and State and Territorial Injury Prevention Directors Association.*

48. Incident Location Type	**eScene.09**	The kind of location where the incident happened.	*Can analyze to see if certain locations are associated with more or specific types of incidents – aiding preparedness and response efforts.*
49. Incident Street Address	**eScene.15**	The street address where the patient was found, or, if no patient, the address to which the unit responded.	*Can help to illustrate "hot spot" areas for EMS activity.*
50. Incident City	**eScene.17**	The city or township (if applicable) where the patient was found or to which the unit responded (or best approximation).	*City codes are based on GNIS Feature Class. The primary Feature Class to use is "Civil" with "Populated Place" and "Military" code as additional options.*
51. Incident State	**eScene.18**	The state, territory, or province where the patient was found or to which the unit responded (or best approximation).	*Can help to illustrate "hot spot" areas for EMS activity.*
52. Incident ZIP Code	**eScene.19**	The ZIP code of the incident location.	*Can help to illustrate "hot spot" areas for EMS activity.*
53. Incident County	**eScene.21**	The county or parish where the patient was found or to which the unit responded (or best approximation).	*Can help to illustrate "hot spot" areas for EMS activity.*
54. Date/Time of Symptom Onset/Last Normal	**eSituation.01**	The date and time the symptom began (or was discovered) as it relates to this EMS event. This is described or estimated by the patient, family, and/or healthcare professionals.	*Added to better define the EMS patient event. Can also aid in determining eligibility for thrombolytics in CVA patients.*
55. Possible Injury	**eSituation.02**	Indication whether or not there was an injury. eSituation.02 (Possible Injury), eSituation.09 (Primary Symptom), eSituation.07 (Chief Complaint Anatomic Location), and eSituation.08 (Chief Complaint Organ System) are grouped together to form the EMS Reason for Encounter.	*This data element provides documentation to classify the EMS Reason for Encounter as either injury or non-injury related based on mechanism and not on actual injury.*
56. Chief Complaint Anatomic Location	**eSituation.07**	The primary anatomic location of the chief complaint as identified by EMS personnel.	*eSituation.02 (Possible Injury), eSituation.09 (Primary Symptom), eSituation.07 (Chief Complaint Anatomic Location), and eSituation.08 (Chief Complaint Organ System) are grouped together to form the EMS Reason for Encounter.*

57. Chief Complaint Organ System	**eSituation.08**	The primary organ system of the patient injured or medically affected.	*eSituation.02 (Possible Injury), eSituation.09 (Primary Symptom), eSituation.07 (Chief Complaint Anatomic Location), and eSituation.08 (Chief Complaint Organ System) are grouped together to form the EMS Reason for Encounter.*
58. Primary Symptom	**eSituation.09**	The primary sign and symptom present in the patient or observed by EMS personnel.	*eSituation.02 (Possible Injury), eSituation.09 (Primary Symptom), eSituation.07 (Chief Complaint Anatomic Location), and eSituation.08 (Chief Complaint Organ System) are grouped together to form the EMS Reason for Encounter.*
59. Other Associated Symptoms	**eSituation.10**	Other symptoms identified by the patient or observed by EMS personnel.	*Important for proper care by the receiving facility staff and continuity of care for the patient.*
60. Provider's Primary Impression	**eSituation.11**	The EMS personnel's impression of the patient's primary problem or most significant condition which led to the management given to the patient (treatments, medications, or procedures).	*Important for proper care by the receiving facility staff and continuity of care for the patient.*
61. Provider's Secondary Impressions	**eSituation.12**	The EMS personnel's impression of the patient's secondary problem or most significant condition which led to the management given to the patient (treatments, medications, or procedures).	*Important for proper care by the receiving facility staff and continuity of care for the patient.*
62. Initial Patient Acuity	**eSituation.13**	The acuity of the patient's condition upon EMS arrival at the scene. Dead without Resuscitation Efforts would be appropriate if resuscitation was initiated by non-EMS personnel but discontinued immediately upon evaluation by first arriving EMS personnel.	*Definitions related to "Critical, Emergent, and Lower Acuity" can be found in the National EMS Core Content document from NHTSA EMS (DOT HS 809-898 July 2005).*
63. Work-Related Illness/Injury	**eSituation.14**	Indication of whether or not the illness or injury is work related.	*More complete documentation of work-related illness and injury.*

64. Cause of Injury	**eInjury.01**	The category of the reported/suspected external cause of the injury.	*Important for proper care by the receiving facility staff and continuity of care for the patient.*
65. Trauma Center Criteria	**eInjury.03**	Physiologic and Anatomic Field Trauma Triage Criteria (steps 1 and 2) as defined by the Centers for Disease Control and Prevention (CDC). For falls, one story is equal to 10 feet.	*Added to better evaluate the CDC-ACS 2011 Guidelines for the Field Triage of Injured Patients.*
66. Vehicular, Pedestrian, or Other Injury Risk Factor	**eInjury.04**	Mechanism and Special Considerations Field Trauma Triage Criteria (steps 3 and 4) as defined by the CDC.	*Assesses mechanism of injury and evidence of high-energy impact (Step 3) AND assesses special patient or system considerations (Step 4) based on CDC 2011 Guidelines for the Field Triage of Injured Patients.*
67. Location of Patient in Vehicle	**eInjury.06**	The seat row location of the vehicle at the time of the crash with the front seat numbered as 1.	*In the future, EMS prehospital data will be able to be linked with motor vehicle crash data – providing important links and information about preventable injury.*
68. Use of Occupant Safety Equipment	**eInjury.07**	Safety equipment in use by the patient at the time of the injury.	*In the future, EMS prehospital data will be able to be linked with motor vehicle crash data – providing important links and information about preventable injury.*
69. Airbag Deployment	**eInjury.08**	Indication of airbag deployment.	*In the future, IL EMS prehospital data will be able to be linked with motor vehicle crash data – providing important links and information about preventable injury.*
70. Cardiac Arrest	**eArrest.01**	Indication of the presence of a cardiac arrest at any time during this EMS event. If this EMS event is for an interfacility transfer of a patient with a recent history of a cardiac arrest with ROSC, and who does not experience another cardiac arrest during transport, then do not document Cardiac Arrest (eArrest.01) with "Yes, Prior to EMS Arrival".	*This element is a component of the Utstein Cardiac Arrest Criteria.*

71. Cardiac Arrest Etiology	**eArrest.02**	Indication of the etiology or cause of the cardiac arrest (classified as cardiac, non-cardiac, etc.).	*This element is a component of the Utstein Cardiac Arrest Criteria as identified in the American Heart Association journal "Resuscitation" from 2004 entitled "Cardiac Arrest and Cardiopulmonary Resuscitation Outcome Reports".*
72. Resuscitation Attempted by EMS	**eArrest.03**	Indication of an attempt to resuscitate the patient who is in cardiac arrest (attempted, not attempted due to DNR, etc.).	*This element is a component of the Utstein Cardiac Arrest Criteria as identified in the American Heart Association journal "Resuscitation" from 2004 entitled "Cardiac Arrest and Cardiopulmonary Resuscitation Outcome Reports".*
73. Arrest Witnessed By	**eArrest.04**	Indication of who the cardiac arrest was witnessed by.	*This element is a component of the Utstein Cardiac Arrest Criteria as identified in the American Heart Association journal "Resuscitation" from 2004 entitled "Cardiac Arrest and Cardiopulmonary Resuscitation Outcome Reports".*
74. CPR Care Provided Prior to EMS Arrival	**eArrest.05**	Documentation of the CPR provided prior to EMS arrival.	*This element is a component of the Utstein Cardiac Arrest Criteria as identified in the American Heart Association journal "Resuscitation" from 2004 entitled "Cardiac Arrest and Cardiopulmonary Resuscitation Outcome Reports".*
75. Who Provided CPR Prior to EMS Arrival	**eArrest.06**	Documentation of who performed CPR prior to this EMS unit's arrival. Associated with eArrest.05 (CPR Care Provided Prior to EMS Arrival) but only required if CPR was provided prior to EMS arrival.	*This element is a component of the Utstein Cardiac Arrest Criteria as identified in the American Heart Association journal "Resuscitation" from 2004 entitled "Cardiac Arrest and Cardiopulmonary Resuscitation Outcome Reports".*

76. AED Use Prior to EMS Arrival	**eArrest.07**	Documentation of AED use prior to EMS arrival.	*This element is a component of the Utstein Cardiac Arrest Criteria as identified in the American Heart Association journal "Resuscitation" from 2004 entitled "Cardiac Arrest and Cardiopulmonary Resuscitation Outcome Reports".*
77. Who Used AED Prior to EMS Arrival	**eArrest.08**	Documentation of who used the AED prior to this EMS unit's arrival. Associated with eArrest.07 (AED Use Prior to EMS Arrival).	*This element is a component of the Utstein Cardiac Arrest Criteria as identified in the American Heart Association journal "Resuscitation" from 2004 entitled "Cardiac Arrest and Cardiopulmonary Resuscitation Outcome Reports".*
78. Type of CPR Provided	**eArrest.09**	Documentation of the type/technique of CPR used by EMS.	*Captures special CPR techniques.*
79. First Monitored Arrest Rhythm of the Patient	**eArrest.11**	Documentation of what the first monitored arrest rhythm which was noted.	*This element is a component of the Utstein Cardiac Arrest Criteria as identified in the American Heart Association journal "Resuscitation" from 2004 entitled "Cardiac Arrest and Cardiopulmonary Resuscitation Outcome Reports".*
80. Any Return of Spontaneous Circulation	**eArrest.12**	Indication whether or not there was any return of spontaneous circulation. This element needs to be documented when the patient has been in cardiac arrest and transported to a healthcare facility to show the change in patient condition, if any. Any ROSC is defined as any brief (approximately >30 seconds) restoration of spontaneous circulation that provides evidence of more than an occasional gasp, occasional fleeting palpable pulse, or arterial waveform.	*This element is a component of the Utstein Cardiac Arrest Criteria as identified in the American Heart Association journal "Resuscitation" from 2004 entitled "Cardiac Arrest and Cardiopulmonary Resuscitation Outcome Reports".*

81. Date/Time of Cardiac Arrest	**eArrest.14**	The date/time of the cardiac arrest (if not known, please estimate). This could be the time of death.	*This element is a component of the Utstein Cardiac Arrest Criteria as identified in the American Heart Association journal "Resuscitation" from 2004 entitled "Cardiac Arrest and Cardiopulmonary Resuscitation Outcome Reports".*
82. Reason CPR/Resuscitation Discontinued	**eArrest.16**	The reason that CPR or the resuscitation efforts were discontinued.	*Important to document why lifesaving action was ceased.*
83. Cardiac Rhythm on Arrival at Destination	**eArrest.17**	The patient's cardiac rhythm upon delivery or transfer to the destination.	*This element needs to be documented when the patient has been in cardiac or respiratory arrest and transported to a healthcare facility to show the change in patient condition, if any.*
84. End of EMS Cardiac Arrest Event	**eArrest.18**	The patient's outcome at the end of the EMS event.	*Added to better identify the outcome of EMS cardiac arrest patients. This element is a component of the Utstein Cardiac Arrest Criteria as identified in the American Heart Association journal "Resuscitation" from 2004 entitled "Cardiac Arrest and Cardiopulmonary Resuscitation Outcome Reports".*
85. Barriers to Patient Care	**eHistory.01**	Indication of whether or not there were any patient specific barriers to serving the patient at the scene.	*This element helps to illustrate the context(s) in which the crews were responding and how that may impact provision of care and/or patient outcomes.*
86. Medical/Surgical History	**eHistory.08**	The patient's pre-existing medical and surgery history of the patient.	*This information is important for the facility receiving the patient(s) and continuity of care.*
87. Alcohol/Drug Use Indicators	**eHistory.17**	Indicators for the potential use of alcohol or drugs by the patient related to the patient's current illness or injury.	*This information is important for the facility receiving the patient(s) and continuity of care.*
88. Date/Time Vital Signs Taken	**eVitals.01**	The date/time vital signs were taken on the patient.	*Vitals need temporal elements associated in order to make timely and accurate patient care decisions.*

89. Obtained Prior to this Unit's EMS Care	**eVitals.02**	Indicates that the information which is documented was obtained prior to the documenting EMS Unit's care.	*This may shed light on the accuracy of the vitals obtained if documented prior to crew arrival.*
90. Cardiac Rhythm / Electrocardiography (ECG)	**eVitals.03**	The cardiac rhythm / ECG and other electrocardiography findings of the patient as interpreted by EMS personnel.	*Vital information for the receiving facility.*
91. ECG Type	**eVitals.04**	The type of ECG associated with the cardiac rhythm.	*Added to better document ECG results.*
92. Method of ECG Interpretation	**eVitals.05**	The method of ECG interpretation. "Transmission with no interpretation" may be used by EMS Agency Personnel that are not trained to interpret cardiac rhythms.	*Added to better document ECG results.*
93. SBP (Systolic Blood Pressure)	**eVitals.06**	The patient's systolic blood pressure.	*Required for ACS-Field Triage and other patient scoring systems.*
94. DBP (Diastolic Blood Pressure)	**eVitals.07**	The patient's diastolic blood pressure.	*Vital information for the receiving facility.*
95. Method of Blood Pressure Measurement	**eVitals.08**	Indication of method of blood pressure measurement.	*Mechanism to measure blood pressure can impact reading.*
96. Heart Rate	**eVitals.10**	The patient's heart rate expressed as a number per minute.	*Vital information for the receiving facility.*
97. Pulse Oximetry	**eVitals.12**	The patient's oxygen saturation.	*Vital information for the receiving facility.*
98. Respiratory Rate	**eVitals.14**	The patient's respiratory rate expressed as a number per minute.	*Vital information for the receiving facility.*
99. Carbon Dioxide (CO_2)	**eVitals.16**	The numeric value of the patient's exhaled end tidal carbon dioxide (ETCO2) level measured as a unit of pressure in millimeters of mercury (mmHg).	*Vital information for the receiving facility.*
100. Blood Glucose Level	**eVitals.18**	The patient's blood glucose level. For glucometers with "High" and "Low" readings, report "600" for "High" and "20" for "Low".	*Vital information for the receiving facility.*
101. Glasgow Coma Score – Eye	**eVitals.19**	The patient's Glasgow Coma Score Eye opening.	*Definitions based on the National Trauma Data Standard (NTDS).*
102. Glasgow Coma Score – Verbal	**eVitals.20**	The patient's Glasgow Coma Score Verbal.	*Definitions based on the National Trauma Data Standard (NTDS).*
103. Glasgow Coma Score – Motor	**eVitals.21**	The patient's Glasgow Coma Score Motor	*Definitions based on the National Trauma Data Standard (NTDS).*

104. Glasgow Coma Score – Qualifier	**eVitals.22**	Documentation of factors which make the GCS score more meaningful. "Initial GCS has legitimate values without interventions such as intubation and sedation" should be selected for GSC of 15.	*Definitions based on the National Trauma Data Standard (NTDS).*
105. Total Glasgow Coma Score	**eVitals.23**	The patient's total Glasgow Coma Score.	*The Glasgow Coma Scale (GCS) is a neurological scale that aims to give a reliable, objective way of recording the conscious state of a person for initial as well as subsequent assessment. Can be documented or calculated from eVitals.19 (GCS-Eye), eVitals.20 (GCS-Verbal), and eVitals.21 (GCS-Motor).*
106. Level of Responsiveness (AVPU)	**eVitals.26**	The patient's highest level of responsiveness.	*Straightforward scale that is useful to rapidly grade a patient's gross level of consciousness, responsiveness, or mental status.*
107. Pain Score	**eVitals.27**	The patient's indication of pain from a scale of 0-10. The pain scale type used should have a numeric value associated with each diagram as appropriate. If the pain scale type utilizes multiple indicators/categories the total should be calculated and entered for the pain score associated with the patient assessment.	*Vital information for receiving facility medical staff for future pain management.*
108. Stroke Scale Score	**eVitals.29**	The findings or results of the Stroke Scale Type (eVitals.30) used to assess the patient exhibiting stroke-like symptoms.	*Vital information for receiving facility medical staff for stroke treatment.*
109. Stroke Scale Type	**eVitals.30**	The type of stroke scale used.	*Added to include additional detail on the stroke scale used when evaluating the patient(s).*
110. Reperfusion Checklist	**eVitals.31**	The results of the patient's Reperfusion Checklist for potential Thrombolysis use.	*The type of screening used to rapidly evaluate a patient with suspected acute stroke, acute myocardial infarction, or acute pulmonary embolus, who may benefit from thrombolysis. Thrombolysis is the breakdown of blood clots by pharmacological means.*

111. Revised Trauma Score	**eVitals.33**	The patient's Revised Trauma Score.	*The Revised Trauma Score is a physiological scoring system that is based on the first set of vital signs obtained from the patient, and consists of Glasgow Coma Scale, Systolic Blood Pressure and Respiratory Rate.*
112. Estimated Body Weight in Kilograms	**eExam.01**	The patient's body weight in kilograms either measured or estimated.	*This information is important for tasks such as determining medication dosages, etc.*
113. Skin Assessment	**eExam.04**	The assessment findings associated with the patient's skin.	*Pale skin or unexplained sweating can indicate a compromise of the circulatory system*
114. Protocols Used	**eProtocols.01**	The protocol used by EMS personnel to direct the clinical care of the patient. Protocols are grouped into Airway, Environmental, Exposure, General, Injury, Medical, and OB/GYN.	*Helps to track if proper protocols were used given the situation/patient – ultimately impacting the quality of EMS care.*
115. Protocol Age Category	**eProtocols.02**	The age group the protocol is written to address.	*Added to better document protocol use with regard to age of patient.*
116. Date/Time Medication Administered	**eMedications.01**	The date/time medication administered to the patient.	*Important information for future administration and dosing of medication(s).*
117. Medication Administered Prior to this Unit's EMS Care	**eMedications.02**	Indicates that the medication administration which is documented was administered prior to this EMS Unit's care.	*Documenting what medication was given to/taken by the patient before EMS crew arrival.*
118. Medication Given	**eMedications.03**	The medication given to the patient.	*List of medications based on RxNorm (RXCUI) code.*
119. Medication Administered Route	**eMedications.04**	The route medication was administered to the patient.	*This medication route list represents a sub-group of values from the Data Elements for Emergency Department Systems (DEEDS), pertaining to prehospital care.*
120. Medication Dosage	**eMedications.05**	The dose or amount of the medication given to the patient.	*Important information for future administration and dosing of medication(s).*
121. Medication Dosage Units	**eMedications.06**	The unit of medication dosage given to patient.	*Important information for future administration and dosing of medication(s).*
122. Response to Medication	**eMedications.07**	The patient's response to the medication.	*Important information for future administration and dosing of medication(s).*

123. Medication Complication	**eMedications.08**	Any complication (abnormal effect on the patient) associated with the administration of the medication to the patient by EMS.	*Important information for future administration and dosing of medication(s).*
124. Role/Type of Person Administering Medication	**eMedications.10**	The type (level) of EMS or healthcare professional administering the medication. For medications administered prior to EMS arrival, this may be a non-EMS healthcare professional.	*Added to better document the type of healthcare professional who administered the medication. This could be auto-completed from the crew ID but is necessary to document medication administration prior to EMS arrival.*
125. Medication Authorization	**eMedications.11**	The type of treatment authorization obtained.	*Tracks how authorization was provided for medication, in case of future investigations.*
126. Date/Time Procedure Performed	**eProcedures.01**	The date/time the procedure was performed on the patient.	*Important information for future decision making at the receiving facility regarding patient care and procedure(s).*
127. Procedure Performed Prior to this Unit's EMS Care	**eProcedures.02**	Indicates that the procedure which was performed and documented was performed prior to this EMS Unit's care.	*Documenting what procedures were done to/by the patient before EMS crew arrival.*
128. Procedure	**eProcedures.03**	The procedure performed on the patient. Procedures which are recorded as a Vital Sign do not have to be documented in the Procedure section.	*Important information for future decision making at the receiving facility regarding patient care and procedure(s).*
129. Number of Procedure Attempts	**eProcedures.05**	The number of attempts taken to complete a procedure or intervention regardless of success.	*Important information for future decision making at the receiving facility regarding patient care and procedure(s).*
130. Procedure Successful	**eProcedures.06**	Indicates that this individual procedure attempt which was performed on the patient was successful.	*Important information for future decision making at the receiving facility regarding patient care and procedure(s).*
131. Procedure Complication	**eProcedures.07**	Any complication (abnormal effect on the patient) associated with the performance of the procedure on the patient.	*Important information for future decision making at the receiving facility regarding patient care and procedure(s).*
132. Response to Procedure	**eProcedures.08**	The patient's response to the procedure.	*Important information for future decision making at the receiving facility regarding patient care and procedure(s).*

133. Role/Type of Person Performing the Procedure	**eProcedures.10**	The type (level) of EMS or healthcare professional performing the procedure. For procedures performed prior to EMS arrival, this may be a non-EMS healthcare professional.	*Added to better document the type of healthcare professional performing the procedure. This could be auto-completed from the crew ID but is necessary to document medication administration prior to EMS arrival.*
134. Procedure Authorization	**eProcedures.11**	The type of treatment authorization obtained.	*Tracks how authorization was provided for procedure, in case of future investigations.*
135. Destination/Transferred to, Code	**eDisposition.02**	The code of the destination the patient was delivered or transferred to.	*Helps track the type of destination the patient was delivered to.*
136. Destination State	**eDisposition.05**	The state of the destination the patient was delivered or transferred to.	*Important to understand the extent or distance of the transport completed.*
137. Destination County	**eDisposition.06**	The destination county in which the patient was delivered or transferred to.	*Important to understand the extent or distance of the transport completed.*
138. Destination ZIP Code	**eDisposition.07**	The destination ZIP code in which the patient was delivered or transferred to.	*Important to understand the extent or distance of the transport completed.*
139. Incident/Patient Disposition	**eDisposition.12**	Type of disposition treatment and/or transport of the patient by this EMS unit.	*Key element to understand the overall outcome of the incident.*
140. EMS Transport Method	**eDisposition.16**	Transport method by this EMS unit.	*Added to better describe air and ground transport methods.*
141. Transport Mode from Scene	**eDisposition.17**	Indication whether the transport was emergent or non-emergent.	*Important distinction to track emergency runs.*
142. Additional Transport Mode Descriptors	**eDisposition.18**	The documentation of transport mode techniques for this EMS response.	*Added to document the use of lights and sirens or other descriptive information.*
143. Condition of Patient at Destination	**eDisposition.19**	The acuity of the patient's condition after EMS care. Definitions related to "Critical, Emergent, and Lower Acuity" can be found in the National EMS Core Content document from NHTSA EMS.	*Important to understand the condition of the patient when EMS crew reached destination.*
144. Reason for Choosing Destination	**eDisposition.20**	The reason the unit chose to deliver or transfer the patient to the destination.	*Helps to illustrate whether protocols and triage standards were followed.*
145. Type of Destination	**eDisposition.21**	The type of destination the patient was delivered or transferred to.	*Helps to illustrate whether protocols and triage standards were followed.*
146. Hospital In-Patient Destination	**eDisposition.22**	The location within the hospital that the patient was taken directly by EMS (e.g., Cath Lab, ICU, etc.).	*Added to identify the location within the hospital that the patient was directly taken to by EMS.*

147. Hospital Designation	**eDisposition.23**	The primary hospital capability associated with the patient's condition for this transport (e.g., Trauma, STEMI, Peds, etc.).	*Added to aid in determining if patients are transported to the appropriate hospital based on provider impression, assessment, and treatment.*
148. Destination Team Pre-Arrival Activation	**eDisposition.24**	Indication that an alert (or activation) was called by EMS to the appropriate destination healthcare facility team. The alert (or activation) should occur prior to the EMS Unit arrival at the destination with the patient.	*Added to better document performance measure for acute time dependent illness and injury systems of care.*