

ILLINOIS NEMSIS VERSION 3.5 PREHOSPITAL DATASET

Element#	Element Name	V3.4?	Usage ¹
1. dAgency.01	EMS Agency Unique State ID	Yes	Mandatory
2. dAgency.02	EMS Agency Number	Yes	Mandatory
3. dAgency.04	EMS Agency State	Yes	Mandatory
4. eRecord.01	Patient Care Report Number	Yes	Mandatory
5. eRecord.02	Software Creator	Yes	Mandatory
6. eRecord.03	Software Name	Yes	Mandatory
7. eRecord.04	Software Version	Yes	Mandatory
8. eResponse.01	EMS Agency Number	Yes	Mandatory
9. eResponse.02	EMS Agency Name	No	Required
10. eResponse.03	Incident Number	Yes	Required
11. eResponse.04	EMS Response Number	Yes	Required
12. eResponse.05	Type of Service Requested	Yes	Mandatory
13. eResponse.07	Unit Transport and Equipment Capability	Yes	Mandatory
14. eResponse.08	Type of Dispatch Delay	Yes	Required
15. eResponse.09	Type of Response Delay	Yes	Required
16. eResponse.10	Type of Scene Delay	Yes	Required
17. eResponse.11	Type of Transport Delay	Yes	Required
18. eResponse.12	Type of Turn-Around Delay	Yes	Required
19. eResponse.13	EMS Vehicle (Unit) Number	Yes	Mandatory
20. eResponse.14	EMS Unit Call Sign	Yes	Mandatory
21. eResponse.23	Response Mode to Scene	Yes	Mandatory
22. eResponse.24	Additional Response Mode Descriptors	Yes	Required
23. eDispatch.01	Dispatch Reason	Yes	Mandatory
24. eDispatch.02	EMD Performed	Yes	Required
25. eCrew.01	Crew Member ID	Yes	Recommended
26. eTimes.01	PSAP Call Date/Time	Yes	Required
27. eTimes.03	Unit Notified by Dispatch Date/Time	Yes	Mandatory
28. eTimes.05	Unit En Route Date/Time	Yes	Required
29. eTimes.06	Unit Arrived on Scene Date/Time	Yes	Required
30. eTimes.07	Arrived at Patient Date/Time	Yes	Required
31. eTimes.09	Unit Left Scene Date/Time	Yes	Required
32. eTimes.11	Patient Arrived at Destination Date/Time	Yes	Required
33. eTimes.12	Destination Patient Transfer of Care Date/Time	Yes	Required
34. eTimes.13	Unit Back in Service Date/Time	Yes	Mandatory

¹**Mandatory** → Must be completed for every report and “Not Values” are disallowed by NEMSIS

Required → “Not Values” are allowed by NEMSIS but may be disallowed by the state

Recommended → “Not Values” are always allowed

Optional → May be omitted; “Not Values” are unavailable for these elements

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35. ePatient.02	Last Name	No	Required
36. ePatient.03	First Name	No	Required
37. ePatient.05	Patient's Home Address	Yes	Optional
38. ePatient.06	Patient's Home City	Yes	Optional
39. ePatient.07	Patient's Home County	Yes	Required
40. ePatient.08	Patient's Home State	Yes	Required
41. ePatient.09	Patient's Home ZIP Code	Yes	Required
42. ePatient.13	Gender	Yes	Required
43. ePatient.14	Race	Yes	Required
44. ePatient.15	Age	Yes	Required
45. ePatient.16	Age Units	Yes	Required
46. ePatient.17	Date of Birth	Yes	Recommended
47. ePayment.01	Primary Method of Payment	Yes	Required
48. ePayment.50	CMS Service Level	Yes	Required
49. eScene.01	First EMS Unit on Scene	Yes	Required
50. eScene.06	Number of Patients at Scene	Yes	Required
51. eScene.07	Mass Casualty Incident	Yes	Required
52. eScene.08	Triage Classification for MCI Patient	Yes	Required
53. eScene.09	Incident Location Type	Yes	Required
54. eScene.15	Incident Street Address	Yes	Recommended
55. eScene.17	Incident City	Yes	Recommended
56. eScene.18	Incident State	Yes	Required
57. eScene.19	Incident ZIP Code	Yes	Required
58. eScene.21	Incident County	Yes	Required
59. eSituation.01	Date/Time of Symptom Onset	Yes	Required
60. eSituation.02	Possible Injury	Yes	Required
61. eSituation.03	Complaint Type	No	Required
62. eSituation.04	Complaint	No	Required
63. eSituation.07	Chief Complaint Anatomic Location	Yes	Required
64. eSituation.08	Chief Complaint Organ System	Yes	Required
65. eSituation.09	Primary Symptom	Yes	Required
66. eSituation.10	Other Associated Symptoms	Yes	Required
67. eSituation.11	'Provider's Primary Impression'	Yes	Required
68. eSituation.12	'Provider's Secondary Impressions'	Yes	Required
69. eSituation.13	Initial Patient Acuity	Yes	Required
70. eSituation.14	Work-Related Illness/Injury	Yes	Recommended
71. eSituation.18	Date/Time Last Known Well	Yes	Required
72. eSituation.20	Reason for Interfacility Transfer/Medical Transport	No	Required
73. eInjury.01	Cause of Injury	Yes	Required
74. eInjury.03	Trauma Triage Criteria (Steps 1 and 2)	Yes	Required

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75. eInjury.04	Trauma Triage Criteria (Steps 3 and 4)	Yes	Required
76. eInjury.07	Use of Occupant Safety Equipment	Yes	Recommended
77. eArrest.01	Cardiac Arrest	Yes	Required
78. eArrest.02	Cardiac Arrest Etiology	Yes	Required
79. eArrest.03	Resuscitation Attempted By EMS	Yes	Required
80. eArrest.04	Arrest Witnessed By	Yes	Required
81. eArrest.07	AED Use Prior to EMS Arrival	Yes	Required
82. eArrest.09	Type of CPR Provided	Yes	Required
83. eArrest.11	First Monitored Arrest Rhythm of the Patient	Yes	Required
84. eArrest.12	Any Return of Spontaneous Circulation	Yes	Required
85. eArrest.14	Date/Time of Cardiac Arrest	Yes	Required
86. eArrest.16	Reason CPR/Resuscitation Discontinued	Yes	Required
87. eArrest.17	Cardiac Rhythm on Arrival at Destination	Yes	Required
88. eArrest.18	End of EMS Cardiac Arrest Event	Yes	Required
89. eArrest.20	Who First Initiated CPR	No	Required
90. eArrest.21	Who First Applied the AED	No	Required
91. eArrest.22	Who First Defibrillated the Patient	No	Required
92. eHistory.01	Barriers to Patient Care	Yes	Required
93. eHistory.05	Advance Directives	No	Required
94. eHistory.06	Medication Allergies	No	Required
95. eHistory.08	Medical/Surgical History	Yes	Required
96. eHistory.12	Current Medications	No	Required
97. eHistory.17	Alcohol/Drug Use Indicators	Yes	Required
98. eNarrative.01	Patient Care Report Narrative	No	Required
99. eVitals.01	Date/Time Vital Signs Taken	Yes	Required
100. eVitals.02	'Obtained Prior to this Unit's EMS Care'	Yes	Required
101. eVitals.03	Cardiac Rhythm / Electrocardiography (ECG)	Yes	Required
102. eVitals.04	ECG Type	Yes	Required
103. eVitals.05	Method of ECG Interpretation	Yes	Required
104. eVitals.06	SBP (Systolic Blood Pressure)	Yes	Required
105. eVitals.07	DBP (Diastolic Blood Pressure)	Yes	Recommended
106. eVitals.08	Method of Blood Pressure Measurement	Yes	Recommended
107. eVitals.10	Heart Rate	Yes	Required
108. eVitals.12	Pulse Oximetry	Yes	Required
109. eVitals.14	Respiratory Rate	Yes	Required
110. eVitals.16	End Tidal Carbon Dioxide (ETCO ₂)	Yes	Required
111. eVitals.18	Blood Glucose Level	Yes	Required
112. eVitals.19	Glasgow Coma Score-Eye	Yes	Required
113. eVitals.20	Glasgow Coma Score-Verbal	Yes	Required
114. eVitals.21	Glasgow Coma Score-Motor	Yes	Required
115. eVitals.22	Glasgow Coma Score-Qualifier	Yes	Required

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116. eVitals.23	Total Glasgow Coma Score	Yes	Recommended
117. eVitals.26	Level of Responsiveness (AVPU)	Yes	Required
118. eVitals.27	Pain Scale Score	Yes	Required
119. eVitals.29	Stroke Scale Score	Yes	Required
120. eVitals.30	Stroke Scale Type	Yes	Required
121. eVitals.31	Reperfusion Checklist	Yes	Required
122. eExam.01	Estimated Body Weight in Kilograms	Yes	Recommended
123. eProtocols.01	Protocols Used	Yes	Required
124. eMedications.01	Date/Time Medication Administered	Yes	Required
125. eMedications.02	'Medication Administered Prior to this Unit's EMS Care'	Yes	Required
126. eMedications.03	Medication Administered	Yes	Required
127. eMedications.04	Medication Administered Route	Yes	Required
128. eMedications.05	Medication Dosage	Yes	Required
129. eMedications.06	Medication Dosage Units	Yes	Required
130. eMedications.07	Response to Medication	Yes	Required
131. eMedications.08	Medication Complication	Yes	Required
132. eMedications.10	Role/Type of Person Administering Medication	Yes	Required
133. eMedications.11	Medication Authorization	Yes	Optional
134. eProcedures.01	Date/Time Procedure Performed	Yes	Required
135. eProcedures.02	'Procedure Performed Prior to this Unit's EMS Care'	Yes	Required
136. eProcedures.03	Procedure	Yes	Required
137. eProcedures.05	Number of Procedure Attempts	Yes	Required
138. eProcedures.06	Procedure Successful	Yes	Required
139. eProcedures.07	Procedure Complication	Yes	Required
140. eProcedures.08	Response to Procedure	Yes	Required
141. eProcedures.10	Role/Type of Person Performing the Procedure	Yes	Required
142. eProcedures.11	Procedure Authorization	Yes	Optional
143. eDisposition.01	Destination/Transferred To, Name	No	Recommended
144. eDisposition.02	Destination/Transferred To, Code	Yes	Recommended
145. eDisposition.05	Destination State	Yes	Required
146. eDisposition.06	Destination County	Yes	Required
147. eDisposition.07	Destination ZIP Code	Yes	Required
148. eDisposition.27	Unit Disposition	No	Mandatory
149. eDisposition.28	Patient Evaluation/Care	No	Required
150. eDisposition.29	Crew Disposition	No	Required
151. eDisposition.30	Transport Disposition	No	Required
152. eDisposition.16	EMS Transport Method	Yes	Required
153. eDisposition.17	Transport Mode from Scene	Yes	Required
154. eDisposition.18	Additional Transport Mode Descriptors	Yes	Required

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155. eDisposition.19	Final Patient Acuity	Yes	Required
156. eDisposition.20	Reason for Choosing Destination	Yes	Required
157. eDisposition.21	Type of Destination	Yes	Required
158. eDisposition.22	Hospital In-Patient Destination	Yes	Required
159. eDisposition.23	Hospital Capability	Yes	Required
160. eDisposition.24	Destination Team Pre-Arrival Alert or Activation	Yes	Required
161. eDisposition.25	Date/Time of Destination Prearrival Alert or Activation	Yes	Required
162. eDisposition.32	Level of Care Provided per Protocol		Required
163. eOutcome.01	Emergency Department Disposition	Yes	Required
164. eOutcome.02	Hospital Disposition	Yes	Required
165. eOutcome.03	External Report ID/Number Type	Yes	Optional
166. eOutcome.04	External Report ID/Number	Yes	Optional
167. eOutcome.09	Emergency Department Procedures	No	Required
168. eOutcome.19	Date/Time Emergency Department Procedure Performed	No	Required
169. eOutcome.10	Emergency Department Diagnosis	No	Required
170. eOutcome.11	Date/Time of Hospital Admission	No	Required
171. eOutcome.12	Hospital Procedures	No	Required
172. eOutcome.20	Date/Time Hospital Procedure Performed	No	Required
173. eOutcome.13	Hospital Diagnosis	No	Required
174. eOutcome.16	Date/Time of Hospital Discharge	No	Required
175. eOutcome.18	Date/Time of Emergency Department Admission	No	Required
176. eCustomConfiguration.01	Custom Data Element Title	Yes	Mandatory
177. eCustomResults.01	Custom Data Element Result	Yes	Mandatory