# eMEDS® Transition to

# NEMSIS v3.5

# Run Form

# &

# Data Element

# Changes

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|---|---|---|---|---|---|
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# Dataset: Demographic Sections

## dFacility

### Type of Facility [dFacility.01]

| Code | NEMSIS/IT Default Value | eMEDS Label |
|------|--------------------------|-------------|
| ~~it1701.007~~ | ~~Adult Family Home~~ | ~~Adult Family Home~~ |
| 1701001 | Assisted Living Facility | Assisted Living Facility |
| 1701003 | Clinic | Clinic |
| 1701017 | Dialysis Center | Dialysis Center |
| 1701033 | Drug and/or Alcohol Rehabilitation Facility | Drug and/or Alcohol Rehabilitation Facility |
| 1701021 | Free Standing Emergency Room | Free Standing Emergency Room |
| it1701.001 | Home | Home |
| 1701005 | Hospital | Hospital |
| ~~it1701.008~~ | ~~Independent Living Facility~~ | ~~Independent Living Facility~~ |
| it1701.011 | Landing Zone | Landing Zone |
| 1701015 | Mental Health Facility | Mental Health Facility |
| 1701023 | Morgue/Mortuary | Morgue |
| 1701007 | Nursing Home | Nursing Home |
| 1701009 | Other | Other |
| 1701027 | Other EMS Responder (air) | Other EMS Responder (air) |
| 1701029 | Other EMS Responder (ground) | Other EMS Responder (ground) |
| 1701031 | Other Recurring Care Center | Other Recurring Care Center |
| 1701031 | Other Recurring Care Center | Other Recurring Care Center |
| 1701019 | Diagnostic Services | Outpatient Lab/Radiology Facility |
| 1701013 | Physical Rehabilitation Facility | Physical Rehabilitation Facility |
| 1701025 | Police/Jail | Police/Jail |
| 1701035 | Skilled Nursing Facility | Skilled Nursing Facility |
| ~~it1701.016~~ | ~~Temporary Facility~~ | ~~Temporary Facility~~ |
| 1701011 | Urgent Care | Urgent Care |

## Hospital Designations [dFacility.04]

| Code | NEMSIS/IT Default Value | eMEDS Label |
|------|------------------------|-------------|
| 9908007 | Hospital (General) | Hospital (General) |
| 9908003 | Burn Center | Burn Center |
| 9908031 | Cardiac-STEMI/PCI Capable | Cardiac Interventional Center |
| it9908.009 | Trauma Rehabilitation Service Level 1 | MD SAFE Hospital |
| 9908009 | Neonatal Center | Perinatal Referral Center |
| 9908037 | Stroke-Acute Stroke Ready Hospital (ASRH) | Stroke - Acute Stroke Ready Hospital |
| 9908043 | Stroke-Comprehensive Stroke Center (CSC) | ~~Comprehensive Stroke~~ <br> Stroke Center - Comprehensive |
| 9908039 | Stroke-Primary Stroke Center (PSC) | ~~Primary Stroke~~ <br> Stroke Center – Primary |
| 9908041 | Stroke-Thrombectomy-Capable Stroke Center (TSC) | ~~Thrombectomy Stroke~~ <br> Stroke Center - Thrombectomy |
| it9908.021 | Primary Adult Resource Center | Trauma - Primary Adult Resource Center (PARC) |
| ~~it9908.012~~ | ~~Resource Hospital~~ | ~~Primary Adult Resource Center~~ |
| 9908021 | Trauma Center Level 1 | ~~Level I Trauma Center~~ <br> Trauma - Level I Center |
| 9908023 | Trauma Center Level 2 | ~~Level II Trauma Center~~ <br> Trauma - Level II Center |
| 9908025 | Trauma Center Level 3 | ~~Level III Trauma Center~~ <br> Trauma - Level III Center |
| it9908.002 | Pediatric Trauma Service Level 1 | ~~Pediatric Trauma~~ <br> Trauma - Pediatric |

# Dataset: EMS Sections

## eAirway

### Airway Device Placement Confirmed Method [eAirway.04]

| Code | NEMSIS/IT Default Value | eMEDS Label |
|---|---|---|
| 4004001 | Auscultation | Auscultation |
| 4004003 | Bulb/Syringe Aspiration | Bulb/Syringe Aspiration |
| 4004021 | Chest Rise | Chest Rise |
| 4004005 | Colorimetric ETCO2 | Colorimetric ETCO2 |
| 4004007 | Condensation in Tube | Condensation in Tube |
| 4004009 | Digital (Numeric) ETCO2 | Digital (Numeric) ETCO2 |
| 4004011 | Direct Re-Visualization of Tube in Place | Direct Re-Visualization of Tube in Place |
| 4004013 | Endotracheal Tube Whistle (BAAM, etc.) | Endotracheal Tube Whistle (BAAM, etc.) |
| 4004017 | Visualization of Vocal Cords | Visualization of Vocal Cords |
| 4004019 | Waveform ETCO2 | Waveform ETCO2 |
| 4004015 | Other | Other |

## eArrest

### Cardiac Arrest [eArrest.01]

| Code | NEMSIS/IT Default Value | eMEDS Label |
|---|---|---|
| 3001003 | ~~Yes, Prior to EMS Arrival~~<br>Yes, Prior to Any EMS Arrival (includes Transport EMS & Medical First Responders) | Yes, PRIOR EMS Arrival |
| 3001005 | ~~Yes, After EMS Arrival~~<br>Yes, After Any EMS Arrival (includes Transport EMS & Medical First Responders) | Yes, AFTER EMS Arrival |
| 3001001 | No | No |

### Cardiac Arrest Etiology [eArrest.02]

| Code | NEMSIS/IT Default Value | eMEDS Label |
|---|---|---|
| 3002001 | Cardiac (Presumed) | Cardiac (Presumed) |
| 3002003 | Drowning/Submersion | Drowning/Submersion |
| 3002005 | Drug Overdose | Drug Overdose |
| 3002007 | Electrocution | Electrocution |
| 3002009 | ~~Exsanguination~~<br>Exsanguination-Medical (Non-Traumatic) | ~~Exsanguination~~<br>Exsanguination-Medical (Non-Traumatic) |
| 3002013 | Respiratory/Asphyxia | Respiratory/Asphyxia |
| it3002.100 | SIDS (Suspected) | SIDS (Suspected) |
| 3002015 | ~~Trauma~~<br>Traumatic Cause | ~~Trauma~~<br>Traumatic Cause |
| 3002011 | Other | Other |

## Arrest Witnessed By [eArrest.04]

| Code | NEMSIS/IT Default Value | eMEDS Label |
|------|------------------------|-------------|
| 3004001 | Not Witnessed | Not Witnessed |
| 3004007 | ~~Witnessed by Layperson~~ <br> Witnessed by Bystander | ~~Witnessed by Lay Person~~ <br> Witnessed by Lay Person/Bystander |
| 3004003 | Witnessed by Family Member | Witnessed by Family Member |
| 3004005 | Witnessed by Healthcare Provider | Witnessed by Healthcare Provider |
| it3004.100 | Witnessed By EMS | Witnessed By EMS Provider |

## Type of CPR Provided [eArrest.09]

| Code | NEMSIS/IT Default Value | eMEDS Label |
|------|------------------------|-------------|
| 3009001 | ~~Compressions-Continuous~~ <br> Compressions-Manual | ~~Comp – Continuous~~ <br> Comp - Manual/Hands |
| 3009003 | Compressions-External Band Type Device | Comp - External Band Device |
| 3009005 | Compressions-External Plunger Type Device | Comp - External Plunger Device |
| 3009009 | Compressions-Intermittent with Ventilation | Comp - Intermittent with Vent |
| 3009013 | Ventilation-Bag Valve Mask | Vent - Bag Valve Mask |
| 3009017 | Ventilation-Mouth to Mouth | Vent - Mouth to Mouth |
| 3009019 | Ventilation-Pocket Mask | Vent - Pocket Mask |
| 3009027 | Ventilation-Passive Ventilation with Oxygen | Vent - Passive with Oxygen |
| 3009023 | Ventilation-with OPA/NPA | Vent - with OPA/NPA |
| 3009025 | Ventilation-Advanced Airway Device | Vent - Advanced Airway Device |

# eDisposition

## Type of Destination [eDisposition.21]

| Code | NEMSIS/IT Default Value | eMEDS Label |
|------|------------------------|-------------|
| 4221003 | Hospital-Emergency Department | Hospital - ER Dept |
| 4221005 | Hospital-Non-Emergency Department Bed | Hospital - Non-ER Dept |
| 4221023 | Freestanding Emergency Department | Freestanding ER Dept |
| 4221021 | Urgent Care | Urgent Care |
| 4221001 | Home | Home |
| 4221007 | ~~Medical Office/Clinic~~<br>Clinic | Medical Office/Clinic |
| ~~it4221.119~~ | ~~Nursing Home/Assisted Living Facility~~ | ~~Nursing Home/Assisted Living Facility~~ |
| 4221019 | Police/Jail | Police/Jail |
| 4221009 | Morgue/Mortuary | Morgue/Mortuary |
| 4221017 | Other EMS Responder (ground) | Other EMS Responder (ground) |
| 4221015 | Other EMS Responder (air) | Other EMS Responder (Air) - Landing Zone |
| 4221031 | Mental Health Facility | Mental Health Facility |
| 4221039 | Drug and/or Alcohol Rehabilitation Facility | Drug and/or Alcohol Rehabilitation Facility |
| 4221901 | Federally Qualified Health Center | Federally Qualified Health Center |
| 4221902 | Qualified Health Care Partner | Qualified Health Care Partner |
| 4221903 | Rural Health Clinic | Rural Health Clinic |
| 4221013 | Other | Other |
| 4221025 | Dialysis Center | Dialysis Center |
| 4221027 | Diagnostic Services | Diagnostic Services |
| 4221029 | Assisted Living Facility | Assisted Living Facility |
| 4221037 | Physical Rehabilitation Facility | Physical Rehabilitation Facility |
| 4221041 | Skilled Nursing Facility | Skilled Nursing Facility |

## Hospital Capability [eDisposition.23]

| Code | NEMSIS/IT Default Value | eMEDS Label |
|------|------------------------|-------------|
| 9908007 | Hospital (General) | Hospital (General) |
| 9908003 | Burn Center | Burn Center |
| 9908031 | Cardiac-STEMI/PCI Capable | Cardiac Interventional Center |
| It9908.102 | Resource Hospital | MD SAFE Hospital |
| 9908009 | Neonatal Center | Perinatal Referral Center |
| 9908037 | Stroke-Acute Stroke Ready Hospital (ASRH) | Stroke - Acute Ready Hospital |
| 9908043 | Stroke-Comprehensive Stroke Center (CSC) | ~~Comprehensive Stroke~~ <br> Stroke Center - Comprehensive |
| ~~It9908.113~~ | ~~Stroke Center~~ | ~~Primary Stroke~~ |
| 9908039 | Stroke-Primary Stroke Center (PSC) | Stroke Center – Primary |
| 9908041 | Stroke-Thrombectomy-Capable Stroke Center (TSC) | ~~Thrombectomy Stroke~~ <br> Stroke Center - Thrombectomy |
| it9908.021 | Primary Adult Resource Center | Trauma - Primary Adult Resource Center (PARC) |
| ~~it9908.012~~ | ~~Resource Hospital~~ | ~~Primary Adult Resource Center~~ |
| 9908021 | Trauma Center Level 1 | ~~Level I Trauma Center~~ <br> Trauma - Level I Center |
| 9908023 | Trauma Center Level 2 | ~~Level II Trauma Center~~ <br> Trauma - Level II Center |
| 9908025 | Trauma Center Level 3 | ~~Level III Trauma Center~~ <br> Trauma - Level III Center |
| it9908.002 | Pediatric Trauma Service Level 1 | ~~Pediatric Trauma~~ <br> Trauma - Pediatric |

## Unit Disposition [eDisposition.27]

NEMSIS Definition: The patient disposition for an EMS event identifying whether patient contact was made.

| Code | NEMSIS/IT Default Value | eMEDS Label |
|------|-------------------------|-------------|
| 4227001 | Patient Contact Made | Patient Contact Made |
| 4227007 | No Patient Contact | No Patient Contact |
| 4227009 | No Patient Found | No Patient Found |
| 4227003 | Cancelled on Scene | Cancelled on Scene |
| 4227005 | Cancelled Prior to Arrival at Scene | Cancelled Prior to Arrival at Scene |

Definition:

- **Patient Contact Made**: Arrived & made contact with an individual needing assistance.
- **No Patient Contact**: Arrived but did not make contact with an individual needing assistance. May stay on scene to assist another unit with an individual needing assistance by providing Support Services[1].
- **No Patient Found**: Arrived and no individual needing assistance was found.
- **Cancelled on Scene**: Arrived and cancelled by another unit, on scene, with patient care and no support services were provided.
- **Cancelled Prior to Arrival at Scene**: Never arrived on scene and no contact with any other unit or individual needing assistance was made.

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[1] Support Services: Examples include extrication, carrying bags, or helping to move a patient.

## Patient/Evaluation/Care [eDisposition.28]

NEMSIS Definition: The patient disposition for an EMS event identifying whether a patient was evaluated and care or services were provided.

| Code | NEMSIS/IT Default Value | eMEDS Label |
|------|-------------------------|-------------|
| 4228001 | Patient Evaluated and Care Provided | Patient Evaluated and Care Provided |
| 4228003 | Patient Evaluated and Refused Care | Patient Evaluated and Refused Care |
| 4227005 | Patient Evaluated, No Care Required | Patient Evaluated, No Care Required |
| 4228007 | Patient Refused Evaluation/Care | Patient Refused Evaluation/Care |
| 4228009 | Patient Support Services Provided | Patient Support Services Provided |
| 7701001 | NV - Not Applicable | NV - Not Applicable |

Definition:

- **Patient Evaluated and Care Provided**: "Standard" EMS Event with care provided by EMS without ANY refusal of evaluation[2] or treatment/care[3]
- **Patient Evaluated and Refused Care**: Unit performed evaluation, yet patient refused treatment/care
- **Patient Evaluated, No Care Required**: Unit performed evaluation, yet no treatment/care was necessary or performed per MD Protocol.
- **Patient Refused Evaluation/Care**: Patient refused evaluation AND treatment/care
- **Patient Support Services Provided**: Unit only provided support services.
- **Not Applicable (Not Value)**: No patient was found, or contacted based off Unit Disposition.

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[2] Evaluation: Examples include obtaining vitals, performing an assessment.
[3] Treatment/Care: Actions performed found in MD Medical Protocols including performing procedures, administrating medications, and/or providing transport to a facility.

## Crew Disposition [eDisposition.29]

NEMSIS Definition: The crew disposition for this EMS event identifying which crew provided primary patient care or whether support services were required.

| Code | NEMSIS/IT Default Value | eMEDS Label |
|------|------------------------|-------------|
| 4229001 | Initiated and Continued Primary Care | Initiated and Continued Primary Care |
| 4229003 | Initiated Primary Care and Transferred to Another EMS Crew | Initiated Primary Care and Transferred to Another EMS Crew |
| 4229005 | Provided Care Supporting Primary EMS Crew | Provided Care Supporting Primary EMS Crew |
| 4229007 | Assumed Primary Care from Another EMS Crew | Assumed Primary Care from Another EMS Crew |
| 4229009 | Incident Support Services Provided (Including Standby) | Incident Support Services Provided (Including Standby) |
| 4229011 | Back in Service, No Care/Support Services Required | Back in Service, No Care/Support Services Required |
| 4229013 | Back in Service, Care/Support Services Refused | Back in Service, Care/Support Services Refused |
| 7701001 | NV - Not Applicable | NV - Not Applicable |

Definition:

- **Initiated and Continued Primary Care**: This crew started, and continued being the primary treatment/care personnel for the patient. No transfer of the patient to or from another unit was performed.
- **Initiated Primary Care and Transferred to Another EMS Crew**: This crew started patient treatment/care, and then transferred patient to another EMS unit where treatment/care was continued.
- **Provided Care Supporting Primary EMS Crew**: Crew assisted another unit who was already performing primary treatment/care. Crew was not the primary clinicians in charge of patient care.
- **Assumed Primary Care from Another EMS Crew**: Upon arrival on scene, a patient was transferred to this crew, from another crew who started treatment/care.
- **Incident Support Services Provided (Including Standby)**: Crew provided Support Services or performed Standby functions.
- **Back in Service, No Care/Support Services Required**: Crew was back in service with no treatment/care performed or support services provided. Typically when no patient is found, or if unit is cancelled on scene with no additional action taken.
- **Back in Service, Care/Support Services Refused**: Crew was back in service with treatment/care being refused by the patient despite being offered.
- **Not Applicable (Not Value)**: The crew responding was cancelled prior to arrival and performed no care or support services.

## Transport Disposition [eDisposition.30]

NEMSIS Definition: The transport disposition for an EMS event identifying whether a transport occurred and by which unit.

| Code | NEMSIS/IT Default Value | eMEDS Label |
|------|-------------------------|-------------|
| 4230001 | Transport by This EMS Unit (This Crew Only) | Transport by This EMS Unit (This Crew Only) |
| 4230003 | Transport by This EMS Unit, with a Member of Another Crew | Transport by This EMS Unit, with a Member of Another Crew |
| 4230005 | Transport by Another EMS Unit | Transport by Another EMS Unit |
| 4230007 | Transport by Another EMS Unit, with a Member of This Crew | Transport by Another EMS Unit, with a Member of This Crew |
| 4230009 | Patient Refused Transport | Patient Refused Transport |
| 4230013 | No Transport | No Transport |
| 7701001 | NV - Not Applicable | NV - Not Applicable |

Definition:

- **Transport by This EMS Unit (This Crew Only)**: Patient transported in this unit, by this unit's crew. May be considered "Standard" EMS response for an event. Includes when patient is transported to Landing Zone (LZ).
- **Transport by This EMS Unit, with a Member of Another Crew**: Patient transported in this unit, by this unit's crew with another member(s) onboard from another unit/crew.
- **Transport by Another EMS Unit**: Patient was transported by another EMS Unit on scene. Also includes an EMS Supervisor/non-transport unit who did not transport the patient.
- **Transport by Another EMS Unit, with a Member of This Crew:** Patient was transported by another unit on scene with a member of this unit/crew.
- **Patient Refused Transport**: The patient refused to be transported per MD Protocol.
- **No Transport**: No transport of a patient occurred during this EMS event.
- **Not Applicable (Not Value)**: No patient was found, or contacted based off Unit Disposition.

## Reason for Refusal/Release [eDisposition.31]

NEMSIS Definition: Describes reason(s) for the patient's refusal of care/transport OR the EMS clinician's decision to release the patient.

| Code | NEMSIS/IT Default Value | eMEDS Label |
|---|---|---|
| 4231001 | Against Medical Advice | Against Medical Advice |
| 4231003 | Patient/Guardian Indicates Ambulance Transport is Not Necessary | Patient/Guardian Indicates Ambulance Transport is Not Necessary |
| 4231005 | Released Following Protocol Guidelines | Released Following Protocol Guidelines |
| 4231007 | Released to Law Enforcement | Released to Law Enforcement |
| 4231009 | Patient/Guardian States Intent to Transport by Other Means | Patient/Guardian States Intent to Transport by Other Means |
| 4231013 | Medical/Physician Orders for Life Sustaining Treatment | ~~Medical/Physician Orders for Life Sustaining Treatment~~ MOLST/DNR |
| 4231015 | Other, Not Listed | Other, Not Listed |


Options (Multi-Select)

- **Against Medical Advice**: Clinicians and/or Physician after medical consult feel patient should receive treatment/care (including transport) to a facility for further evaluation.
- **Patient/Guardian Indicates Ambulance Transport is Not Necessary:** The patient indicates that transport via ambulance isn't necessary for the situation.
- **Released Following Protocol Guidelines:** The patient is released in accordance with MD Medical Protocol.
- **Released to Law Enforcement:** The patient is released to police agency on location.
- **Patient/Guardian States Intent to Transport by Other Means:** The patient indicates that they intend to be taken to a facility for treatment/evaluation by other means.
- **MOLST/DNR:** The patient refuses treatment/care due to a valid MOLST/DNR order being presented.
- **Other, Not Listed:** The patient refuses treatment/care due to any other reason not listed above.

## eExam

## Extremity Assessment Finding Location [eExam.15]

| Code | NEMSIS/IT Default Value | eMEDS Label |
|------|------------------------|-------------|
| 3515001 | Ankle-Left | Ankle-Left |
| 3515003 | Ankle-Right | Ankle-Right |
| 3515005 | Arm-Upper-Left | Arm-Upper-Left |
| 3515007 | Arm-Upper-Right | Arm-Upper-Right |
| 3515009 | Elbow-Left | Elbow-Left |
| 3515011 | Elbow-Right | Elbow-Right |
| 3515013 | Finger-2nd (Index)-Left | Finger-2nd (Index)-Left |
| 3515015 | Finger-2nd (Index)-Right | Finger-2nd (Index)-Right |
| 3515017 | Finger-3rd (Middle)-Left | Finger-3rd (Middle)-Left |
| 3515019 | Finger-3rd (Middle)-Right | Finger-3rd (Middle)-Right |
| 3515021 | Finger-4th (Ring)-Left | Finger-4th (Ring)-Left |
| 3515023 | Finger-4th (Ring)-Right | Finger-4th (Ring)-Right |
| 3515025 | Finger-5th (Smallest)-Left | Finger-5th (Smallest)-Left |
| 3515027 | Finger-5th (Smallest)-Right | Finger-5th (Smallest)-Right |
| 3515029 | Foot-Dorsal-Left | Foot-Dorsal-Left |
| 3515031 | Foot-Dorsal-Right | Foot-Dorsal-Right |
| 3515033 | Foot-Plantar-Left | Foot-Plantar-Left |
| 3515035 | Foot-Plantar-Right | Foot-Plantar-Right |
| 3515037 | ~~Arm-Lower-Left~~ <br> Arm-Lower-Left | ~~Forearm-Left~~ <br> Arm-Lower-Left |
| 3515039 | ~~Arm-Lower-Right~~ <br> Arm-Lower-Right | ~~Forearm-Right~~ <br> Arm-Lower-Right |
| 3515041 | Hand-Dorsal-Left | Hand-Dorsal-Left |
| 3515043 | Hand-Dorsal-Right | Hand-Dorsal-Right |
| 3515045 | Hand-Palm-Left | Hand-Palm-Left |
| 3515047 | Hand-Palm-Right | Hand-Palm-Right |
| 3515049 | Hip-Left | Hip-Left |
| 3515051 | Hip-Right | Hip-Right |
| 3515053 | Knee-Left | Knee-Left |
| 3515055 | Knee-Right | Knee-Right |
| 3515057 | Leg-Lower-Left | Leg-Lower-Left |
| 3515059 | Leg-Lower-Right | Leg-Lower-Right |
| 3515061 | Leg-Upper-Left | Leg-Upper-Left |
| 3515063 | Leg-Upper-Right | Leg-Upper-Right |
| 3515065 | Shoulder-Left | Shoulder-Left |
| 3515067 | Shoulder-Right | Shoulder-Right |
| 3515069 | Thumb-Left | Thumb-Left |
| 3515071 | Thumb-Right | Thumb-Right |
| 3515073 | Toe-1st (Big)-Left | Toe-1st (Big)-Left |
| 3515075 | Toe-1st (Big)-Right | Toe-1st (Big)-Right |
| 3515077 | Toe-2nd-Left | Toe-2nd-Left |
| 3515079 | Toe-2nd-Right | Toe-2nd-Right |

| | | |
|---|---|---|
| 3515081 | Toe-3rd-Left | Toe-3rd-Left |
| 3515083 | Toe-3rd-Right | Toe-3rd-Right |
| 3515085 | Toe-4th-Left | Toe-4th-Left |
| 3515087 | Toe-4th-Right | Toe-4th-Right |
| 3515089 | Toe-5th (Smallest)-Left | Toe-5th (Smallest)-Left |
| 3515091 | Toe-5th (Smallest)-Right | Toe-5th (Smallest)-Right |
| 3515093 | Wrist-Left | Wrist-Left |
| 3515095 | Wrist-Right | Wrist-Right |
| 3515097 | Arm-Whole Arm and Hand-Left | Arm-Whole Arm and Hand-Left |
| 3515099 | Arm-Whole Arm and Hand-Right | Arm-Whole Arm and Hand-Right |
| 3515101 | Hand-Whole Hand-Left | Hand-Whole Hand-Left |
| 3515103 | Hand-Whole Hand-Right | Hand-Whole Hand-Right |
| 3515105 | Leg-Whole Leg-Left | Leg-Whole Leg-Left |
| 3515107 | Leg-Whole Leg-Right | Leg-Whole Leg-Right |
| 3515109 | Foot-Whole Foot-Left | Foot-Whole Foot-Left |
| 3515111 | Foot-Whole Foot-Right | Foot-Whole Foot-Right |

## Eye Assessment [eExam.18]

| Code | NEMSIS/IT Default Value | eMEDS Label |
|---|---|---|
| 3518001 | 1-mm | 1-mm |
| 3518003 | 2-mm | 2-mm |
| 3518005 | 3-mm | 3-mm |
| 3518007 | 4-mm | 4-mm |
| 3518009 | 5-mm | 5-mm |
| 3518011 | 6-mm | 6-mm |
| 3518013 | 7-mm | 7-mm |
| 3518015 | 8-mm or > | 8-mm or > |
| 3518041 | Non-Reactive Prosthetic | Artificial Eye (Non-Reactive Prosthetic) |
| 3518017 | Blind | Blind |
| 3518019 | Cataract Present | Cataract Present |
| 3518021 | Clouded | Clouded |
| 3518057 | Contusion | Contusion |
| 3518023 | Deformity | Deformity |
| 3518025 | Dysconjugate Gaze | Dysconjugate Gaze |
| 3518027 | Foreign Body | Foreign Body |
| 3518029 | Glaucoma Present | Glaucoma Present |
| 3518031 | Hyphema | Hyphema |
| 3518033 | Jaundiced Sclera | Jaundiced Sclera |
| 3518035 | Missing | Missing |
| 3518037 | Non-Reactive | Non-Reactive |
| 3518039 | Not Done | Not Done |
| 3518043 | Nystagmus Noted | Nystagmus Noted |
| 3518045 | Open Globe | Open Globe |
| 3518047 | PERRL | PERRL |
| 3518059 | Puncture/Stab Wound | Puncture/Stab Wound |
| 3518049 | Pupil-Irregular/Teardrop | Pupil-Irregular/Teardrop |
| 3518051 | Reactive | Reactive |
| 3518053 | Sluggish | Sluggish |
| 3518055 | Swelling | Swelling |
| 3518061 | Dilated | Dilated |
| 3518063 | Pin Point | Pin Point |

## Mental Status Assessment [eExam.19]

| Code | NEMSIS/IT Default Value | eMEDS Label |
|------|------------------------|-------------|
| 3519001 | Combative | Combative |
| 3519003 | Confused | Confused |
| 3519005 | Hallucinations | Hallucinations |
| 3519007 | Normal Baseline for Patient | Normal Baseline for Patient |
| 3519009 | Not Done | Not Done |
| 3519015 | Oriented-Event | Oriented-Event |
| 3519011 | Oriented-Person | Oriented-Person |
| 3519013 | Oriented-Place | Oriented-Place |
| 3519017 | Oriented-Time | Oriented-Time |
| 3519021 | Unresponsive | Unresponsive |
| 3519023 | Agitation | Agitation |
| 3519025 | Somnolent | Somnolent |
| 3519027 | Stupor | Stupor |
| 3519047 | Uncooperative | Uncooperative |
| 3519029 | Altered mental status, unspecified | Altered mental status, unspecified |
| 3519031 | Developmentally Impaired | Developmentally Impaired |
| ~~it3519.108~~ | ~~Pharmacologically Sedated/Paralyzed~~ | ~~Pharmacologically Sedated/Paralyzed~~ |
| 3519035 | Pharmacologically Paralyzed | Pharmacologically Paralyzed |
| 3519037 | Pharmacologically Sedated | Pharmacologically Sedated |
| 3519041 | Slowness and poor responsiveness | Slowness and poor responsiveness |
| 3519043 | State of emotional shock and stress, unspecified | State of emotional shock and stress, unspecified |

## Neurological Assessment [eExam.20]

| Code | NEMSIS/IT Default Value | eMEDS Label |
|---|---|---|
| 3520021 | Normal Baseline for Patient | Normal Baseline for Patient |
| 3520001 | Aphagia | Aphagia |
| 3520003 | Aphasia | Aphasia |
| 3520005 | Cerebellar Function-Abnormal | Cerebellar Function-Abnormal |
| 3520007 | Cerebellar Function-Normal | Cerebellar Function-Normal |
| 3520009 | Decerebrate Posturing | Decerebrate Posturing |
| 3520011 | Decorticate Posturing | Decorticate Posturing |
| 3520013 | Gait-Abnormal | Gait-Abnormal |
| 3520015 | Gait-Normal | Gait-Normal |
| 3520017 | Hemiplegia-Left | Hemiplegia-Left |
| 3520019 | Hemiplegia-Right | Hemiplegia-Right |
| it3520.001 | Postictal | Postictal |
| ~~it3520.015~~ | ~~Seizures~~ | ~~Seizures~~ |
| 3520027 | Speech Normal | Speech Normal |
| 3520029 | Speech Slurring | Speech Slurring |
| 3520031 | Strength-Asymmetric | Strength-Asymmetric |
| 3520033 | Strength-Normal | Strength-Normal |
| 3520035 | Strength-Symmetric | Strength-Symmetric |
| 3520037 | Tremors | Tremors |
| 3520039 | Weakness-Facial Droop-Left | Weakness-Facial Droop-Left |
| 3520041 | Weakness-Facial Droop-Right | Weakness-Facial Droop-Right |
| 3520043 | Weakness-Left Sided | Weakness-Left Sided |
| 3520045 | Weakness-Right Sided | Weakness-Right Sided |
| 3520051 | Arm Drift-Left | Arm Drift-Left |
| 3520053 | Arm Drift-Right | Arm Drift-Right |
| 3520023 | Not Done | Not Done |
| 3520026 | Status Seizure | Seizure, Status |
| 3520055 | Other Seizures | Seizures, Other |

## eHistory

### Barriers to Patient Care [eHistory.01]

| Code | NEMSIS/IT Default Value | eMEDS Label |
|---|---|---|
| 3101009 | None Noted | None Noted |
| 3101001 | Cultural, Custom, Religious | Cultural, Custom, Religious |
| 3101003 | Developmentally Impaired | Developmentally Impaired |
| 3101005 | Hearing Impaired | Hearing Impaired |
| 3101007 | Language | Language |
| 3101011 | Obesity | Obesity |
| 3101013 | Physical Barrier (Unable to Access Patient) | Physical Barrier (Unable to Access Patient) |
| 3101015 | Physically Impaired | Physically Impaired |
| 3101017 | Physically Restrained | Physically Restrained |
| 3101019 | Psychologically Impaired | Psychologically Impaired |
| 3101021 | Sight Impaired | Sight Impaired |
| 3101023 | Speech Impaired | Speech Impaired |
| 3101025 | Unattended or Unsupervised (including minors) | Unattended or Unsupervised (including minors) |
| 3101027 | Unconscious | Unconscious |
| 3101029 | Uncooperative | Uncooperative |
| 3101031 | State of Emotional Distress | State of Emotional Distress |
| 3101033 | Alcohol Use, Suspected | Alcohol Use, Suspected |
| 3101035 | Drug Use, Suspected | Drug Use, Suspected |

## The Patient's Type of Immunization [eHistory.10]

| Code | NEMSIS/IT Default Value | eMEDS Label |
|------|------------------------|-------------|
| it9910.101 | COVID-19 | COVID-19 |
| it9910.102 | COVID-19 Booster | COVID-19 Booster |
| 9910053 | None | None |
| 9910001 | Anthrax | Anthrax |
| 9910003 | Cholera | Cholera |
| 9910005 | DPT / TDaP (Diphtheria, Pertussis, Tetanus) | DPT / TDaP (Diphtheria, Pertussis, Tetanus) |
| 9910007 | Hemophilus Influenza B | Hemophilus Influenza B |
| 9910009 | Hepatitis A | Hepatitis A |
| 9910011 | Hepatitis B | Hepatitis B |
| 9910013 | Human Papilloma Virus (HPV) | Human Papilloma Virus (HPV) |
| 9910015 | Influenza-H1N1 | Influenza-H1N1 |
| 9910017 | Influenza-Other | Influenza-Other |
| 9910019 | Influenza-Seasonal (In past 12 months) | Influenza-Seasonal (In past 12 months) |
| 9910021 | Lyme Disease | Lyme Disease |
| 9910023 | Meningococcus | Meningococcus |
| 9910025 | MMR (Measles, Mumps, Rubella) | MMR (Measles, Mumps, Rubella) |
| 9910027 | Other-Not Listed | Other-Not Listed |
| 9910029 | Plague | Plague |
| 9910031 | Pneumococcal (Pneumonia) | Pneumococcal (Pneumonia) |
| 9910033 | Polio | Polio |
| 9910035 | Rabies | Rabies |
| 9910037 | Rotavirus | Rotavirus |
| it9910.100 | RSV (Synagis) | RSV (Synagis) |
| 9910039 | Shingles | Shingles |
| 9910041 | Small Pox | Small Pox |
| 9910043 | Tetanus | Tetanus |
| 9910045 | Tuberculosis | Tuberculosis |
| 9910047 | Typhoid | Typhoid |
| 9910049 | Varicella (Chickenpox) | Varicella (Chickenpox) |
| 9910051 | Yellow Fever | Yellow Fever |
| 8801025 | PN - Not Immunized | PN - Not Immunized |

## Alcohol/Drug Use Indicators [eHistory.17]

| Code | NEMSIS/IT Default Value | eMEDS Label |
|------|------------------------|-------------|
| 3117001 | Alcohol Containers/Paraphernalia at Scene | Alcohol Containers/Paraphernalia at Scene |
| 3117003 | Drug Paraphernalia at Scene | Drug Paraphernalia at Scene |
| 3117005 | Patient Admits to Alcohol Use | Admits to Alcohol Use |
| 3117007 | Patient Admits to Drug Use | Admits to Drug Use |
| 3117009 | Positive Level known from Law Enforcement or Hospital Record | Positive Level known from Law Enforcement or Hospital Record |
| ~~it3117.008~~ | ~~Smell of Alcohol on Breath~~ | ~~Smell of Alcohol on Breath / About Person~~ |
| 3117013 | Physical Exam Indicates Suspected Alcohol Or Drug Use | Physical Exam Indicates Suspected Alcohol Or Drug Use |
| 8801015 | PN - None Reported | |
| 8801023 | PN - Unable to Complete | |

# eMedications

## Medication Dosage Units [eMedications.06]

| Code | NEMSIS/IT Default Value | eMEDS Label |
|------|------------------------|-------------|
| 3706031 | Centimeters (cm) | Centimeters (cm) |
| 3706033 | Drops (gtts) | Drops (gtts) |
| 3706001 | Grams (gms) | GM |
| 3706003 | Inches (in) | IN |
| 3706007 | Keep Vein Open (kvo) | KVO |
| 3706009 | Liters (l) | L |
| ~~it9727.008~~ | ~~Liters Per Minute (l/min [fluid])~~ | ~~LPM - Fluid~~ |
| 3706035 | Liters Per Minute (LPM [gas]) | LPM - Gas |
| 3706015 | Micrograms (mcg) | MCG |
| 3706047 | Micrograms per Kilogram (mcg/kg) | MCG/KG |
| 3706017 | Micrograms per Kilogram per Minute (mcg/kg/min) | MCG/KG/MIN |
| 3706037 | Micrograms per Minute (mcg/min) | MCG/MIN |
| 3706019 | Milliequivalents (mEq) | MEQ |
| 3706021 | Milligrams (mg) | MG |
| 3706055 | Milligrams per Hour (mg/hr) | MG/HR |
| 3706039 | Milligrams per Kilogram (mg/kg) | MG/KG |
| 3706023 | Milligrams per Kilogram Per Minute (mg/kg/min) | MG/KG/MIN |
| 3706041 | Milligrams per Minute (mg/min) | MG/MIN |
| 3706025 | Milliliters (ml) | ML |
| 3706027 | Milliliters per Hour (ml/hr) | ML/HR |
| it3706.110 | Milliliters per Minute (ml/min) | ML/MIN |
| 3706029 | Other | Other |
| 3706043 | Puffs | Puffs |
| 3706049 | Units | Units |
| 3706045 | Units per Hour (units/hr) | Units/HR |
| 3706053 | Units per Kilogram (units/kg) | Units/KG |
| 3706051 | Units per Kilogram per Hour (units/kg/hr) | Units/KG/HR |

## Role/Type of Person Administering Medication [eMedications.10]

| Code | NEMSIS/IT Default Value | eMEDS Label |
|------|------------------------|-------------|
| it9905.251 | First Responder | First Responder |
| 9905003 | Emergency Medical Responder (EMR) | EMR - Emergency Medical Responder |
| 9905005 | Emergency Medical Technician (EMT) | EMT - Emergency Medical Technician |
| 9905002 | Emergency Medical Technician - Intermediate | CRT - Cardiac Rescue Technician |
| 9905007 | Paramedic | Paramedic |
| 9905031 | Critical Care Paramedic | SCT-Paramedic (Service Licensed) |
| 9905029 | Student | Student |
| 9905039 | Licensed Practical Nurse (LPN) | Licensed Practical Nurse (LPN) |
| 9905035 | Nurse Practitioner | Nurse Practitioner |
| 9905041 | Registered Nurse | Registered Nurse |
| 9905027 | Respiratory Therapist | Respiratory Therapist |
| 9905037 | Physician Assistant | Physician Assistant (PA) |
| 9905025 | Physician | Physician |
| 9905019 | Other Healthcare Professional | Other Healthcare Professional |
| 9905021 | Other Non-Healthcare Professional | Other Non-Healthcare Professional |
| it9905.173 | Law Enforcement Responder | Law Enforcement Responder |
| 9905051 | Fire Personnel (non EMS) | Fire Personnel (Non-EMS) |
| 9905049 | Family Member | Family Member |
| 9905047 | Law Enforcement | Law Enforcement |
| 9905045 | Lay Person | Lay Person |
| 9905043 | Patient | Patient |
| 9905023 | Patient/LayPerson | Patient/LayPerson |

# eProcedures

## Role/Type of Person Administering Procedure [eProcedures.10]

| Code | NEMSIS/IT Default Value | eMEDS Label |
|---|---|---|
| it9905.251 | First Responder | First Responder |
| 9905003 | Emergency Medical Responder (EMR) | EMR - Emergency Medical Responder |
| 9905005 | Emergency Medical Technician (EMT) | EMT - Emergency Medical Technician |
| 9905002 | Emergency Medical Technician - Intermediate | CRT - Cardiac Rescue Technician |
| 9905007 | Paramedic | Paramedic |
| 9905031 | Critical Care Paramedic | SCT-Paramedic (Service Licensed) |
| 9905029 | Student | Student |
| 9905039 | Licensed Practical Nurse (LPN) | Licensed Practical Nurse (LPN) |
| 9905035 | Nurse Practitioner | Nurse Practitioner |
| 9905041 | Registered Nurse | Registered Nurse |
| 9905027 | Respiratory Therapist | Respiratory Therapist |
| 9905037 | Physician Assistant | Physician Assistant (PA) |
| 9905025 | Physician | Physician |
| 9905019 | Other Healthcare Professional | Other Healthcare Professional |
| 9905021 | Other Non-Healthcare Professional | Other Non-Healthcare Professional |
| it9905.173 | Law Enforcement Responder | Law Enforcement Responder |
| 9905051 | Fire Personnel (non EMS) | Fire Personnel (Non-EMS) |
| 9905049 | Family Member | Family Member |
| 9905047 | Law Enforcement | Law Enforcement |
| 9905045 | Lay Person | Lay Person |
| 9905043 | Patient | Patient |
| 9905023 | Patient/LayPerson | Patient/LayPerson |

## eOther

### External Electronic Document Type [eOther.09]

| Code | NEMSIS/IT Default Value | eMEDS Label |
|------|------------------------|-------------|
| it4509.107 | PCS (Physician Certification Statement) Form | PCS (Physician Certification Statement) Form |
| 4509003 | Billing Information | Billing Information |
| it4509.110 | Billing Signature Form | Billing Signature Form |
| 4509005 | Diagnostic Image (CT, X-ray, US, etc.) | Diagnostic Image (CT, X-ray, US, etc.) |
| it4509.120 | DNR/Living Will | DNR/Living Will |
| 4509009 | ECG/Lab Results | ECG/Lab Results |
| 4509011 | Guardianship/Power of Attorney | Guardianship/Power of Attorney |
| it4509.104 | Hospital Face Sheet | Hospital Face Sheet |
| it4509.111 | Abbreviated Prehospital Care Report | MIEMSS Approved Short Form |
| 4509017 | Patient Identification | Patient Identification |
| 4509019 | Patient Refusal Sheet | Patient Refusal Sheet |
| it4509.100 | Prehospital Care Print Report | Prehospital Care Print Report |
| it4509.102 | Receiving Facility Facesheet | Receiving Facility Face Sheet |
| it4509.108 | Records Request | Records Request |
| 4509001 | Other Audio Recording | Other Audio Recording |
| 4509013 | Other Healthcare Record | Other Healthcare Record |
| 4509021 | Other Picture/Graphic | Other Picture/Graphic |
| 4509025 | Other Video/Movie | Other Video/Movie |
| 4509015 | Other | Other |
| 4509006 | DNR | DNR |
| 4509008 | Living Will | Living Will |

## Signature Status [eOther.15]

| Code | NEMSIS/IT Default Value | eMEDS Label |
|---|---|---|
| 4515031 | Signed | Signed |
| 4515033 | Signed-Not Patient | Signed-Not Patient |
| ~~eOther.15.111~~ | ~~Refused~~ | ~~Refused~~ |
| 4515027 | Physical Signature/Paper Copy Obtained | Physical Signature/Paper Copy Obtained |
| 4515001 | Not Signed - Crew Called out to another call | Not Signed - Crew Called out to another call |
| 4515003 | Not Signed - Deceased | Not Signed - Deceased |
| 4515005 | Not Signed - Due to Distress Level | Not Signed - Due to Distress Level |
| 4515007 | Not Signed - Equipment Failure | Not Signed - Equipment Failure |
| 4515009 | Not Signed - In Law Enforcement Custody | Not Signed - In Law Enforcement Custody |
| 4515011 | Not Signed - Language Barrier | Not Signed - Language Barrier |
| 4515013 | Not Signed - Mental Status/Impaired | Not Signed - Mental Status/Impaired |
| 4515015 | Not Signed - Minor/Child | Not Signed - Minor/Child |
| eOther.15.100 | Not Signed - Patient Contamination | Not Signed - Patient Contamination Concern |
| 4515017 | Not Signed - Physical Impairment of Extremities | Not Signed - Physical Impairment of Extremities |
| 4515019 | Not Signed - Refused | Not Signed - Refused |
| 4515021 | Not Signed - Transferred Care/No Access to Obtain Signature | Not Signed - Transferred Care/No Access to Obtain Signature |
| 4515023 | Not Signed - Unconscious | Not Signed - Unconscious |
| 4515025 | Not Signed -Visually Impaired | Not Signed -Visually Impaired |
| 4515035 | Not Signed-Illiterate (Unable to Read) | Not Signed - Illiterate (Unable to Read) |
| 4515037 | Not Signed-Restrained | Not Signed - Restrained |
| 4515039 | Not Signed-Combative or Uncooperative | Not Signed - Combative or Uncooperative |

## ePatient

### Patient's Home Address [ePatient.05]

| Code | NEMSIS/IT Default Value | eMEDS Label |
|------|-------------------------|-------------|
| 8801023 | PN - Unable to Complete | PN - Unable to Complete |

### Patient's Home City [ePatient.06]

| Code | NEMSIS/IT Default Value | eMEDS Label |
|------|-------------------------|-------------|
| 8801023 | PN - Unable to Complete | PN - Unable to Complete |

### Social Security Number [ePatient.12]

| Code | NEMSIS/IT Default Value | eMEDS Label |
|------|-------------------------|-------------|
| 8801023 | PN - Unable to Complete | PN - Unable to Complete |

### Patient's Phone Number [ePatient.18]

| Code | NEMSIS/IT Default Value | eMEDS Label |
|------|-------------------------|-------------|
| 8801023 | PN - Unable to Complete | PN - Unable to Complete |

## ePayment

### Healthcare Provider Type Signing Physician Certification Statement [ePayment.05]

| Code | NEMSIS/IT Default Value | eMEDS Label |
|------|-------------------------|-------------|
| 2605001 | Clinical Nurse Specialist | Clinical Nurse Specialist |
| 2605003 | Discharge Planner | Discharge Planner |
| 2605005 | Physician (MD or DO) | Physician (MD or DO) |
| 2605007 | Physician Assistant | Physician Assistant |
| 2605009 | Registered Nurse | Registered Nurse |
| 2605011 | Registered Nurse Practitioner | Registered Nurse Practitioner |
| 2605013 | Licensed Practical Nurse (LPN) | Licensed Practical Nurse (LPN) |
| 2605015 | Case Manager | Case Manager |
| 2605017 | Social Worker | Social Worker |

## eProcedures

### Procedure [eProcedures.03]

| Code | NEMSIS/IT Default Value | eMEDS Label |
|------|------------------------|-------------|
| ~~112798008~~ | ~~Insertion of endotracheal tube (procedure)~~ | ~~Airway - Endotracheal Intubation (+Select Method)~~ |
| 232674004 | Orotracheal intubation (procedure) | Airway - Endotracheal Intubation, Direct |
| 870581009 | Video intubation endotracheal tube (physical object) | Airway - Endotracheal Intubation, Video |
| 8801023 | PN - Unable to Complete | PN - Unable to Complete |


### Vascular Access Location [ePrecedures.13]

| Code | NEMSIS/IT Default Value | eMEDS Label |
|------|------------------------|-------------|
| 3913001 | Antecubital-Left | Antecubital-Left |
| 3913003 | Antecubital-Right | Antecubital-Right |
| 3913005 | External Jugular-Left | External Jugular-Left |
| 3913007 | External Jugular-Right | External Jugular-Right |
| 3913009 | Femoral-Left IV | Femoral-Left IV |
| 3913011 | Femoral-Right IV | Femoral-Right IV |
| 3913015 | Foot-Left | Foot-Left |
| 3913013 | Foot-Right | Foot-Right |
| 3913017 | Forearm-Left | Forearm-Left |
| 3913019 | Forearm-Right | Forearm-Right |
| 3913021 | Hand-Left | Hand-Left |
| 3913023 | Hand-Right | Hand-Right |
| 3913025 | Internal Jugular-Left | Internal Jugular-Left |
| 3913027 | Internal Jugular-Right | Internal Jugular-Right |
| 3913033 | IO-Femoral-Left Distal | IO-Femoral-Left Distal |
| 3913035 | IO-Femoral-Right Distal | IO-Femoral-Right Distal |
| 3913037 | IO-Humeral-Left | IO-Humeral-Left |
| 3913039 | IO-Humeral-Right | IO-Humeral-Right |
| 3913029 | IO-Iliac Crest-Left | IO-Iliac Crest-Left |
| 3913031 | IO-Iliac Crest-Right | IO-Iliac Crest-Right |
| 3913043 | IO-Sternum | IO-Sternum |
| 3913041 | IO-Tibia-Left Distal | IO-Tibia-Left Distal |
| 3913047 | IO-Tibia-Left Proximal | IO-Tibia-Left Proximal |
| 3913045 | IO-Tibia-Right Distal | IO-Tibia-Right Distal |
| 3913049 | IO-Tibia-Right Proximal | IO-Tibia-Right Proximal |
| 3913051 | Lower Extremity-Left | Lower Extremity-Left |
| 3913053 | Lower Extremity-Right | Lower Extremity-Right |
| 3913057 | Other Central (PICC, Portacath, etc.) | Other Central (PICC, Portacath, etc.) |
| 3913055 | Other Peripheral | Other Peripheral |
| 3913075 | Radial-Left | Radial-Left |
| 3913077 | Radial-Right | Radial-Right |
| 3913059 | Scalp | Scalp |

| | | |
|---|---|---|
| 3913061 | Subclavian-Left | Subclavian-Left |
| 3913063 | Subclavian-Right | Subclavian-Right |
| 3913065 | Umbilical | Umbilical |
| 3913071 | Upper Arm-Left | Upper Arm-Left |
| 3913073 | Upper Arm-Right | Upper Arm-Right |
| 3913067 | Venous Cutdown-Left Lower Extremity | Venous Cutdown-Left Lower Extremity |
| 3913069 | Venous Cutdown-Right Lower Extremity | Venous Cutdown-Right Lower Extremity |
| 3913079 | Wrist-Left | Wrist-Left |
| 3913081 | Wrist-Right | Wrist-Right |

## eResponse

## Type of Service Requested [eResponse.05]

| Code | NEMSIS/IT Default Value | eMEDS Label |
|------|------------------------|-------------|
| 2205001 | ~~911 Response (Scene)~~<br>Emergency Response (Primary Response Area) | 911 Response (Scene) |
| 2205003 | ~~Intercept~~<br>Emergency Response (Intercept) | Intercept |
| 2205005 | ~~Interfacility Transport~~<br>Hospital-to-Hospital Transfer | Interfacility Transport |
| 2205007 | ~~Medical Transport~~<br>Other Routine Medical Transport | Medical Transport |
| 2205009 | ~~Mutual Aid~~<br>Emergency Response (Mutual Aid) | Mutual Aid |
| 2205013 | Standby | Standby |
| it2205.130 | Safe Station Drug Program | Safe Station |
| ~~it2205.121~~<br>2205031 | ~~Community Paramedicine~~<br>Mobile Integrated Health Care Encounter | Mobile Integrated Health (MIH) |
| 2205011 | ~~Public Assistance/Other Not Listed~~<br>Public Assistance | Public Assistance/Other Not Listed<br>Public Assistance |
| 2205015 | Hospital to Non-Hospital Facility Transfer | Hospital to Non-Hospital Facility Transfer |
| 2205017 | Non-Hospital Facility to Non-Hospital Facility Transfer | Non-Hospital Facility to Non-Hospital Facility Transfer |
| 2205019 | Non-Hospital Facility to Hospital Transfer | Non-Hospital Facility to Hospital Transfer |
| 2205021 | Support Services | Support Services |
| 2205033 | Evaluation for Special Referral/Intake Programs | Evaluation for Special Referral/Intake Programs |

## Unit Transport and Equipment Capability [eResponse.07]

| Code | NEMSIS/IT Default Value | eMEDS Label |
|------|------------------------|-------------|
| it2207.112 | Ground Transport | Ambulance Transport |
| 2207017 | Ground Transport (BLS Equipped) | Ground Transport (BLS Equipped) |
| it2207.115 | Non-Transport Rescue | Non-Transport - Rescue |
| 2207015 | Ground Transport (ALS Equipped) | Ground Transport (ALS Equipped) |
| it2207.113 | Non-Transport Administrative (e.g., Supervisor) | Non-Transport - Supervisor |
| it2207.114 | Non-Transport Assistance | Non-Transport - Other Reason |
| 2207019 | Ground Transport (Critical Care Equipped) | Ground Transport (Critical Care Equipped) |
| 2207013 | Air Transport-Fixed Wing | Air Transport-Fixed Wing |
| 2207011 | Air Transport-Helicopter | Air Transport-Helicopter |
| it2207.102 | Non-Transport - Delivered Personnel to Scene | Non-Transport - Delivered Personnel to Scene |
| 2207021 | Non-Transport-Medical Treatment (ALS Equipped) | Non-Transport-Medical Treatment (ALS Equipped) |
| 2207023 | Non-Transport-Medical Treatment (BLS Equipped) | Non-Transport-Medical Treatment (BLS Equipped) |
| 2207027 | Non-Transport-No Medical Equipment | No Medical Equipment |

## eSituation

### Date/Time of Symptom Onset [eSituation.01]

| Code | NEMSIS/IT Default Value | eMEDS Label |
|------|------------------------|-------------|
| 7701001 | Not Applicable | Not Applicable |
| 7701003 | Not Recorded | Not Recorded |
| 8801029 | PN - Approximate | PN - Approximate |
| 8801023 | PN - Unable to Complete | PN - Unable to Complete |

### Other Associated Symptoms [eSituation.10]

| Code | NEMSIS/IT Default Value | eMEDS Label |
|------|------------------------|-------------|
| 8801031 | PN - Symptom Not Present | PN - Symptom Not Present |

Updated 2023.05.18.01

## eVitals

## Cardiac Rhythm / Electrocardiography (ECG) [eVitals.03]

| Code | NEMSIS/IT Default Value | eMEDS Label |
|------|-------------------------|-------------|
| 9901001 | Agonal/Idioventricular | Agonal/Idioventricular |
| 9901005 | Artifact | Artifact |
| 9901003 | Asystole | Asystole |
| 9901007 | Atrial Fibrillation | Atrial Fibrillation (A-Fib) |
| 9901009 | Atrial Flutter | Atrial Flutter |
| 9901011 | AV Block-1st Degree | AV Block-1st Degree |
| 9901013 | AV Block-2nd Degree-Type 1 | AV Block-2nd Degree-Type 1 |
| 9901015 | AV Block-2nd Degree-Type 2 | AV Block-2nd Degree-Type 2 |
| 9901017 | AV Block-3rd Degree | AV Block-3rd Degree |
| 9901019 | Junctional | Junctional |
| 9901021 | Left Bundle Branch Block | Left Bundle Branch Block (LBBB) |
| 9901023 | Non-STEMI Anterior Ischemia | Non-STEMI Anterior Ischemia |
| 9901025 | Non-STEMI Inferior Ischemia | Non-STEMI Inferior Ischemia |
| 9901027 | Non-STEMI Lateral Ischemia | Non-STEMI Lateral Ischemia |
| 9901029 | Non-STEMI Posterior Ischemia | Non-STEMI Posterior Ischemia |
| 9901030 | Non-STEMI Septal Ischemia | Non-STEMI Septal Ischemia |
| 9901047 | Sinus Rhythm | Normal Sinus Rhythm (NSR) |
| 9901031 | Other | Other |
| 9901033 | Paced Rhythm | Paced Rhythm |
| 9901035 | PEA | PEA |
| 9901037 | Premature Atrial Contractions | Premature Atrial Contractions (PAC's) |
| it9901.102 | PJC - Premature Junctional Contractions | Premature Junctional Contractions (PJC) |
| 9901039 | Premature Ventricular Contractions | Premature Ventricular Contractions (PVC's) |
| 9901041 | Right Bundle Branch Block | Right Bundle Branch Block (RBBB) |
| 9901043 | Sinus Arrhythmia | Sinus Arrhythmia |
| 9901045 | Sinus Bradycardia | Sinus Bradycardia |
| 9901049 | Sinus Tachycardia | Sinus Tachycardia |
| 9901051 | STEMI Anterior Ischemia | STEMI Anterior Ischemia |
| 9901053 | STEMI Inferior Ischemia | STEMI Inferior Ischemia |
| 9901055 | STEMI Lateral Ischemia | STEMI Lateral Ischemia |
| 9901057 | STEMI Posterior Ischemia | STEMI Posterior Ischemia |
| 9901058 | STEMI Septal Ischemia | STEMI Septal Ischemia (12 Lead) |
| 9901059 | Supraventricular Tachycardia | Supraventricular Tachycardia (SVT) |
| 9901061 | Torsades De Points | Torsades de Pointes |
| 9901063 | Unknown AED Non-Shockable Rhythm | Unknown AED Non-Shockable Rhythm |
| 9901065 | Unknown AED Shockable Rhythm | Unknown AED Shockable Rhythm |
| 9901067 | Ventricular Fibrillation | Ventricular Fibrillation (V-Fib) |
| 9901071 | Ventricular Tachycardia (Pulseless) | Ventricular Tachycardia (Pulseless) |
| 9901069 | Ventricular Tachycardia (With Pulse) | Ventricular Tachycardia (With Pulse) |

## itResponse

### Unit Type [itResponse.002]

| Code | NEMSIS/IT Default Value | eMEDS Label |
|---|---|---|
| itResponse.002.100 | ALS | ALS |
| itResponse.002.101 | BLS | BLS |
| itResponse.002.103 | Helicopter | Helicopter |
| itResponse.002.105 | SCT (Specialty Care Transport) | SCT |
| itResponse.002.102 | PFR | PFR |

*PFR = Personal/Fire Response

### Level of Care of This Unit [itResponse.115]

| Code | NEMSIS/IT Default Value | eMEDS Label |
|---|---|---|
| 2215001 itResponse.115.101 | BLS-First Responder/EMR | BLS - First Responder/EMR |
| 2215003 itResponse.115.102 | BLS-Basic /EMT | BLS - EMT |
| it.2215.104 itResponse.115.117 | BLS - EMT-IV | BLS - EMT-IV |
| 2215011 itResponse.115.106 | ALS-Intermediate | ALS - CRT |
| 2215013 itResponse.115.107 | ALS-Paramedic | ALS - Paramedic |
| 2215015 | ALS-Community Paramedicine | ALS - Community Paramedicine |
| 2215017 itResponse.115.109 | ALS-Nurse | ALS - Nurse |
| 2215019 itResponse.115.110 | ALS-Physician | ALS - Physician |
| it.2215.100 itResponse.115.113 | ALS-Critical Care | ALS - SCT |
| 2215021 itResponse.115.111 | Specialty Critical Care | ALS - Neonate |

# General Notes / Trainings

## Response Levels of Crew, Unit, and Care Provided to Patient

**Overview:**

During the course of an EMS Event, it is important to know the following information:

1. Based on the crew/personnel responding, what was the highest level of care available,
2. Based on the physical unit responding, what is the highest level of care available, and
3. Based on the interventions performed, what level of care was provided to the patient.

In order to determine these 3 elements, the following questions are to be used.

## 1. Crew Member Level [eCrew.02]

**Purpose of Question:**

Based on the crew members listed on the report, you are able to determine the highest level clinician on the unit. If a crew consists of a Paramedic and EMT, the highest level of care available, based on personnel only, would be paramedic.

## 2. Unit Transport and Equipment Capability [eResponse.07]

Form Label: Unit Capability

| Code | NEMSIS/IT Default Value | eMEDS Label |
|------|------------------------|-------------|
| 2207017 | Ground Transport (BLS Equipped) | Ground Transport (BLS Equipped) |
| 2207015 | Ground Transport (ALS Equipped) | Ground Transport (ALS Equipped) |
| 2207019 | Ground Transport (Critical Care Equipped) | Ground Transport (Critical Care Equipped) |
| 2207013 | Air Transport-Fixed Wing | Air Transport-Fixed Wing |
| 2207011 | Air Transport-Helicopter | Air Transport-Helicopter |
| it2207.102 | Non-Transport - Delivered Personnel to Scene | Non-Transport - Delivered Personnel to Scene |
| 2207021 | Non-Transport-Medical Treatment (ALS Equipped) | Non-Transport-Medical Treatment (ALS Equipped) |
| 2207023 | Non-Transport-Medical Treatment (BLS Equipped) | Non-Transport-Medical Treatment (BLS Equipped) |
| 2207027 | Non-Transport-No Medical Equipment | No Medical Equipment |

**Purpose of Question:**

The purpose of this question is to determine the unit's capabilities based on the equipment on the unit. This does not include any personnel that may or may not be on the unit. This question only determines the type of unit based on the physical assets/equipment on the unit.

## 3. Level of Care provided per Protocol [eDisposition.32]

Form Label: Level of Care provided per Protocol

| Code | NEMSIS/IT Default Value | eMEDS Label |
|------|------------------------|-------------|
| 4232001 | BLS - All Levels | BLS - All Levels |
| 4232003 | ALS - AEMT/Intermediate | ALS - AEMT/Intermediate |
| 4232005 | ALS - Paramedic | ALS - Paramedic |
| 4232007 | EMS and Other Health-Care Staff | EMS and Other Health-Care Staff |
| 4232009 | Critical Care | Critical Care |
| 4232011 | Integrated Health Care | Integrated Health Care |
| 4232013 | No Care Provided | No Care Provided |

**Purpose of Question:**

The purpose of this question is to determine the level of care (ALS vs. BLS) that was provided to the patient.