

NEMESIS

V3 State Data Set

ET3 Project

Version Date: 09/30/2020

www.NEMESIS.org

Overview

ET3 Project has provided the following state-specific configuration information.

# of Entries	Section
3	Custom Data Elements
140	State Collected Elements
0	State Certification/Licensure Levels
0	Procedures Permitted by the State
0	Medications Permitted by the State
0	Protocols Permitted by the State
0	EMS Agencies
0	Facilities

Custom Data Elements

Configuration for custom data elements created to collect information that is not defined formally in NEMESIS Version 3.

Legend	Usage:	M = Mandatory, R = Required, E = Recommended, or O = Optional
	Attributes:	N = Not Values, P = Pertinent Negatives, L = Nillable, and/or C = Correlation ID

eCustomConfiguration

1 : 1	eDisposition.12 - Incident/Patient Disposition	M	L, C
1 : 1	eDisposition.21 - Type of Destination	R	L, C
1 : 1	et3Disposition.01 - ET3 Alternative Disposition Offer and Result	R	N, L, C

Custom Data Elements

eDisposition.12

eDisposition.12 - Incident/Patient Disposition

Definition

Type of disposition treatment and/or transport of the patient by this EMS Unit.

National Element		Pertinent Negatives (PN)	No
State Element	Yes	Not Values (NV)	No
Version 2 Element		Is Nillable	Yes
Usage	Mandatory	Recurrence	1 : 1

Extends NEMIS Element

eDisposition.12 - Incident/Patient Disposition

Code List

Code	NEMIS Code	Description
4212901	4212031	Patient Treated, Transferred Care to Another Provider on Scene (non-EMS)
4212902	4212031	Patient Treated, Transferred Care to Telehealth Provider

Custom Data Elements

eDisposition.21

eDisposition.21 - Type of Destination

Definition

The type of destination the patient was delivered or transferred to

National Element		Pertinent Negatives (PN)	No
State Element	Yes	Not Values (NV)	No
Version 2 Element		Is Nillable	Yes
Usage	Required	Recurrence	1 : 1

Extends NEMESIS Element

eDisposition.21 - Type of Destination

Code List

Code	NEMESIS Code	Description
4221031	4221013	Mental Health Facility
4221039	4221013	Drug and/or Alcohol Rehabilitation Facility
4221901	4221007	Federally Qualified Health Center
4221902	4221013	Qualified Health Care Partner
4221903	4221007	Rural Health Clinic

Custom Data Elements

et3Disposition.01

et3Disposition.01 - ET3 Alternative Disposition Offer and Result

Definition

An indication of whether EMS offered an ET3 alternative disposition to the patient and whether the patient accepted the alternative. If the patient refused one alternative but accepted another, record that the patient accepted.

National Element		Pertinent Negatives (PN)	No
State Element	Yes	Not Values (NV)	Yes
Version 2 Element		Is Nillable	Yes
Usage	Required	Recurrence	1 : 1

Attributes

Not Values (NV)

7701001 - Not Applicable 7701003 - Not Recorded

Code List

Code	NEMESIS Code	Description
et3Disposition.01.01		Alternative Disposition Not Offered
et3Disposition.01.02		Alternative Disposition Offered, Accepted by Patient
et3Disposition.01.03		Alternative Disposition Offered, Refused by Patient

State Collected Elements

The data elements that the state collects or requires.

DEMDataSet EMSDataSet

Show Non-state-required Data Elements

N	S	Element Number	Element Name
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eRecord.01	Patient Care Report Number
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eRecord.02	Software Creator
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eRecord.03	Software Name
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eRecord.04	Software Version
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eResponse.01	EMS Agency Number
	<input checked="" type="checkbox"/>	eResponse.02	EMS Agency Name
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eResponse.03	Incident Number
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eResponse.05	Type of Service Requested
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eResponse.07	Primary Role of the Unit
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eResponse.10	Type of Scene Delay
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eResponse.11	Type of Transport Delay
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eResponse.12	Type of Turn-Around Delay
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eResponse.13	EMS Vehicle (Unit) Number
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eResponse.14	EMS Unit Call Sign
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eResponse.15	Level of Care of This Unit
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eResponse.23	Response Mode to Scene
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eDispatch.01	Complaint Reported by Dispatch
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eDispatch.02	EMD Performed
	<input checked="" type="checkbox"/>	eDispatch.05	Dispatch Priority (Patient Acuity)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eTimes.01	PSAP Call Date/Time
	<input checked="" type="checkbox"/>	eTimes.02	Dispatch Notified Date/Time
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eTimes.03	Unit Notified by Dispatch Date/Time
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eTimes.05	Unit En Route Date/Time
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eTimes.06	Unit Arrived on Scene Date/Time
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eTimes.07	Arrived at Patient Date/Time
	<input checked="" type="checkbox"/>	eTimes.08	Transfer of EMS Patient Care Date/Time
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eTimes.09	Unit Left Scene Date/Time

N	S	Element Number	Element Name
N	S	eTimes.11	Patient Arrived at Destination Date/Time
N	S	eTimes.12	Destination Patient Transfer of Care Date/Time
N	S	eTimes.13	Unit Back in Service Date/Time
	S	ePatient.02	Last Name
	S	ePatient.03	First Name
	S	ePatient.04	Middle Initial/Name
	S	ePatient.05	Patient's Home Address
	S	ePatient.06	Patient's Home City
N	S	ePatient.07	Patient's Home County
N	S	ePatient.08	Patient's Home State
N	S	ePatient.09	Patient's Home ZIP Code
	S	ePatient.12	Social Security Number
N	S	ePatient.13	Gender
N	S	ePatient.14	Race
N	S	ePatient.15	Age
N	S	ePatient.16	Age Units
	S	ePatient.17	Date of Birth
	S	ePatient.20	State Issuing Driver's License
	S	ePatient.21	Driver's License Number
N	S	ePayment.01	Primary Method of Payment
N	S	ePayment.50	CMS Service Level
N	S	eScene.01	First EMS Unit on Scene
	S	eScene.02	Other EMS or Public Safety Agencies at Scene
	S	eScene.03	Other EMS or Public Safety Agency ID Number
	S	eScene.04	Type of Other Service at Scene
	S	eScene.05	Date/Time Initial Responder Arrived on Scene
N	S	eScene.06	Number of Patients at Scene
N	S	eScene.07	Mass Casualty Incident
N	S	eScene.08	Triage Classification for MCI Patient
N	S	eScene.09	Incident Location Type
	S	eScene.10	Incident Facility Code
	S	eScene.13	Incident Facility or Location Name
	S	eScene.15	Incident Street Address
	S	eScene.16	Incident Apartment, Suite, or Room

N	S	Element Number	Element Name
	S	eScene.17	Incident City
N	S	eScene.18	Incident State
N	S	eScene.19	Incident ZIP Code
N	S	eScene.21	Incident County
N	S	eSituation.01	Date/Time of Symptom Onset
N	S	eSituation.02	Possible Injury
N	S	eSituation.07	Chief Complaint Anatomic Location
N	S	eSituation.08	Chief Complaint Organ System
N	S	eSituation.09	Primary Symptom
N	S	eSituation.10	Other Associated Symptoms
N	S	eSituation.11	Provider's Primary Impression
N	S	eSituation.12	Provider's Secondary Impressions
N	S	eSituation.13	Initial Patient Acuity
N	S	eInjury.03	Trauma Center Criteria
N	S	eInjury.04	Vehicular, Pedestrian, or Other Injury Risk Factor
N	S	eArrest.01	Cardiac Arrest
	S	eHistory.05	Advance Directives
N	S	eHistory.17	Alcohol/Drug Use Indicators
N	S	eVitals.01	Date/Time Vital Signs Taken
N	S	eVitals.02	Obtained Prior to this Unit's EMS Care
N	S	eVitals.03	Cardiac Rhythm / Electrocardiography (ECG)
N	S	eVitals.04	ECG Type
N	S	eVitals.05	Method of ECG Interpretation
N	S	eVitals.06	SBP (Systolic Blood Pressure)
	S	eVitals.07	DBP (Diastolic Blood Pressure)
N	S	eVitals.08	Method of Blood Pressure Measurement
N	S	eVitals.10	Heart Rate
N	S	eVitals.12	Pulse Oximetry
N	S	eVitals.14	Respiratory Rate
N	S	eVitals.16	End Tidal Carbon Dioxide (ETCO2)
N	S	eVitals.18	Blood Glucose Level
N	S	eVitals.19	Glasgow Coma Score-Eye
N	S	eVitals.20	Glasgow Coma Score-Verbal
N	S	eVitals.21	Glasgow Coma Score-Motor

N	S	Element Number	Element Name
N	S	eVitals.22	Glasgow Coma Score-Qualifier
	S	eVitals.23	Total Glasgow Coma Score
	S	eVitals.24	Temperature
N	S	eVitals.26	Level of Responsiveness (AVPU)
N	S	eVitals.27	Pain Scale Score
	S	eVitals.28	Pain Scale Type
N	S	eVitals.29	Stroke Scale Score
N	S	eVitals.30	Stroke Scale Type
N	S	eVitals.31	Reperfusion Checklist
N	S	eProtocols.01	Protocols Used
N	S	eMedications.01	Date/Time Medication Administered
N	S	eMedications.02	Medication Administered Prior to this Unit's EMS Care
N	S	eMedications.03	Medication Given
N	S	eMedications.05	Medication Dosage
N	S	eMedications.06	Medication Dosage Units
N	S	eMedications.07	Response to Medication
N	S	eMedications.08	Medication Complication
N	S	eMedications.10	Role/Type of Person Administering Medication
N	S	eProcedures.01	Date/Time Procedure Performed
N	S	eProcedures.02	Procedure Performed Prior to this Unit's EMS Care
N	S	eProcedures.03	Procedure
N	S	eProcedures.05	Number of Procedure Attempts
N	S	eProcedures.06	Procedure Successful
N	S	eProcedures.07	Procedure Complication
N	S	eProcedures.08	Response to Procedure
N	S	eProcedures.10	Role/Type of Person Performing the Procedure
	S	eDisposition.01	Destination/Transferred To, Name
	S	eDisposition.02	Destination/Transferred To, Code
N	S	eDisposition.05	Destination State
N	S	eDisposition.06	Destination County
N	S	eDisposition.07	Destination ZIP Code
N	S	eDisposition.12	Incident/Patient Disposition
N	S	eDisposition.17	Transport Mode from Scene
N	S	eDisposition.19	Final Patient Acuity

N	S	Element Number	Element Name
N	S	eDisposition.20	Reason for Choosing Destination
N	S	eDisposition.21	Type of Destination
N	S	eDisposition.23	Hospital Capability
N	S	eOutcome.01	Emergency Department Disposition
N	S	eOutcome.02	Hospital Disposition
	S	eOutcome.09	Emergency Department Procedures
	S	eOutcome.10	Emergency Department Diagnosis
	S	eOutcome.11	Date/Time of Hospital Admission
	S	eOutcome.12	Hospital Procedures
	S	eOutcome.13	Hospital Diagnosis
	S	eOutcome.16	Date/Time of Hospital Discharge