

# NEMESIS

## V3 State Data Set

# ET3 Project

NEMESIS Version 3.5  
Version Date: 10/01/2021

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# Custom Data Elements

Configuration for custom data elements created to collect information that is not defined formally in NEMSIS 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

## seCustomConfiguration

1 : 1	eDisposition.29 - Crew Disposition	R	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.29

## eDisposition.29 - Crew Disposition

### Definition

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

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.29 - Crew Disposition

### Code List

Code	NEMESIS Code	Description
4229901	4229003	Initiated Primary Care and Transferred to Another Provider on Scene (non-EMS)
4229902	4229003	Initiated Primary Care and Transferred 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
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	Unit Transport and Equipment Capability
<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.23	Response Mode to Scene
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eDispatch.01	Dispatch Reason
<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
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eTimes.11	Patient Arrived at Destination Date/Time
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eTimes.12	Destination Patient Transfer of Care Date/Time
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	eTimes.13	Unit Back in Service Date/Time

N	S	Element Number	Element Name
	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
	S	ePatient.22	Alternate Home Residence
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
	S	eScene.17	Incident City
N	S	eScene.18	Incident State
N	S	eScene.19	Incident ZIP Code

N	S	Element Number	Element Name
N	S	eScene.21	Incident County
	S	eScene.24	First Other EMS or Public Safety Agency at Scene to Provide Patient Care
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
	S	eSituation.19	Justification for Transfer or Encounter
N	S	eSituation.20	Reason for Interfacility Transfer/Medical Transport
N	S	eInjury.03	Trauma Triage Criteria (Steps 1 and 2)
N	S	eInjury.04	Trauma Triage Criteria (Steps 3 and 4)
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)
	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	eVitals.22	Glasgow Coma Score-Qualifier



N	S	Element Number	Element Name
	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 Administered
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.17	Transport Mode from Scene
N	S	eDisposition.19	Final Patient Acuity
N	S	eDisposition.20	Reason for Choosing Destination
N	S	eDisposition.21	Type of Destination
N	S	eDisposition.23	Hospital Capability

N	S	Element Number	Element Name
N	S	eDisposition.27	Unit Disposition
N	S	eDisposition.28	Patient Evaluation/Care
N	S	eDisposition.29	Crew Disposition
N	S	eDisposition.30	Transport Disposition
	S	eDisposition.31	Reason for Refusal/Release
N	S	eDisposition.32	Level of Care Provided per Protocol
N	S	eOutcome.01	Emergency Department Disposition
N	S	eOutcome.02	Hospital Disposition
N	S	eOutcome.09	Emergency Department Procedures
N	S	eOutcome.10	Emergency Department Diagnosis
N	S	eOutcome.11	Date/Time of Hospital Admission
N	S	eOutcome.12	Hospital Procedures
N	S	eOutcome.13	Hospital Diagnosis
N	S	eOutcome.16	Date/Time of Hospital Discharge
N	S	eOutcome.18	Date/Time of Emergency Department Admission
N	S	eOutcome.19	Date/Time Emergency Department Procedure Performed
N	S	eOutcome.20	Date/Time Hospital Procedure Performed