

Wisconsin EMS

NEMESIS v3 Data Elements

DatasetName	ElementNumber	ElementName	V2Number	National	State	Usage	MinOccurs	MaxOccurs	IsNillable	NV	PN
DEMDataset	dState.01	State Required Element				Optional	0	M			
DEMDataset	dCustomConfiguration.01	Custom Data Element Title				Mandatory	1	1			
DEMDataset	dCustomConfiguration.02	Custom Definition				Mandatory	1	1			
DEMDataset	dCustomConfiguration.03	Custom Data Type				Mandatory	1	1			
DEMDataset	dCustomConfiguration.04	Custom Data Element Recurrence				Mandatory	1	1			
DEMDataset	dCustomConfiguration.05	Custom Data Element Usage				Mandatory	1	1			
DEMDataset	dCustomConfiguration.06	Custom Data Element Potential Values				Optional	0	M			
DEMDataset	dCustomConfiguration.07	Custom Data Element Potential NOT Values (NV)				Optional	0	M			
DEMDataset	dCustomConfiguration.08	Custom Data Element Potential Pertinent Negative Values (PN)				Optional	0	M			
DEMDataset	dAgency.01	EMS Agency Unique State ID		National	State	Mandatory	1	1			
DEMDataset	dAgency.02	EMS Agency Number	D01_01	National	State	Mandatory	1	1			
DEMDataset	dAgency.03	EMS Agency Name	D01_02		State	Recommended	0	1	Nillable	NV	
DEMDataset	dAgency.04	EMS Agency State	D01_03	National	State	Mandatory	1	1			
DEMDataset	dAgency.05	EMS Agency Service Area States		National	State	Mandatory	1	1			
DEMDataset	dAgency.06	EMS Agency Service Area County(s)	D01_04	National	State	Mandatory	1	M			
DEMDataset	dAgency.07	EMS Agency Census Tracts		National	State	Required	1	M	Nillable	NV	
DEMDataset	dAgency.08	EMS Agency Service Area ZIP Codes		National	State	Required	1	M	Nillable	NV	
DEMDataset	dAgency.09	Primary Type of Service	D01_05	National	State	Mandatory	1	1			
DEMDataset	dAgency.10	Other Types of Service	D01_06		State	Recommended	0	M	Nillable	NV	
DEMDataset	dAgency.11	Level of Service	D01_07	National	State	Mandatory	1	1			
DEMDataset	dAgency.12	Organization Status	D01_09	National	State	Mandatory	1	1			
DEMDataset	dAgency.13	Organizational Type	D01_08	National	State	Mandatory	1	1			
DEMDataset	dAgency.14	EMS Agency Organizational Tax Status		National	State	Mandatory	1	1			
DEMDataset	dAgency.15	Statistical Calendar Year	D01_10	National	State	Mandatory	1	1			
DEMDataset	dAgency.16	Total Primary Service Area Size	D01_12	National	State	Required	1	1	Nillable	NV	
DEMDataset	dAgency.17	Total Service Area Population	D01_13	National	State	Required	1	1	Nillable	NV	
DEMDataset	dAgency.18	911 EMS Call Center Volume per Year	D01_14	National	State	Required	1	1	Nillable	NV	
DEMDataset	dAgency.19	EMS Dispatch Volume per Year	D01_15	National	State	Required	1	1	Nillable	NV	
DEMDataset	dAgency.20	EMS Patient Transport Volume per Year	D01_16	National	State	Required	1	1	Nillable	NV	
DEMDataset	dAgency.21	EMS Patient Contact Volume per Year	D01_17	National	State	Required	1	1	Nillable	NV	
DEMDataset	dAgency.22	EMS Billable Calls per Year	D01_18		State	Recommended	0	1	Nillable	NV	
DEMDataset	dAgency.23	EMS Agency Time Zone	D01_19			Optional	0	1			
DEMDataset	dAgency.24	EMS Agency Daylight Savings Time Use	D01_20			Optional	0	1			
DEMDataset	dAgency.25	National Provider Identifier	D01_21	National	State	Required	1	M	Nillable	NV	
DEMDataset	dAgency.26	Fire Department ID Number		National	State	Required	1	M	Nillable	NV	
DEMDataset	dContact.01	Agency Contact Type			State	Recommended	0	1	Nillable	NV	
DEMDataset	dContact.02	Agency Contact Last Name	D02_01		State	Recommended	0	1	Nillable	NV	
DEMDataset	dContact.03	Agency Contact First Name	D02_03		State	Recommended	0	1	Nillable	NV	
DEMDataset	dContact.04	Agency Contact Middle Name/Initial	D02_02			Optional	0	1			
DEMDataset	dContact.05	Agency Contact Address	D02_04		State	Recommended	0	1	Nillable	NV	

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DEMDataset	dContact.06	Agency Contact City	D02_05		State	Recommended	0	1	Nillable	NV	
DEMDataset	dContact.07	Agency Contact State	D02_06		State	Recommended	0	1	Nillable	NV	
DEMDataset	dContact.08	Agency Contact ZIP Code	D02_07		State	Recommended	0	1	Nillable	NV	
DEMDataset	dContact.09	Agency Contact Country				Optional	0	1			
DEMDataset	dContact.10	Agency Contact Phone Number	D02_08		State	Recommended	0	M	Nillable	NV	
DEMDataset	dContact.11	Agency Contact Email Address	D02_10		State	Recommended	0	M	Nillable	NV	
DEMDataset	dContact.12	EMS Agency Contact Web Address	D02_11		State	Recommended	0	1	Nillable	NV	
DEMDataset	dContact.13	Agency Medical Director Degree			State	Recommended	0	1	Nillable	NV	
DEMDataset	dContact.14	Agency Medical Director Board Certification Type			State	Recommended	0	M	Nillable	NV	
DEMDataset	dContact.15	Medical Director Compensation				Optional	0	1			
DEMDataset	dContact.16	EMS Medical Director Fellowship Trained Status				Optional	0	1			
DEMDataset	dConfiguration.01	State Associated with the Certification/Licensure Levels		National	State	Mandatory	1	1			
DEMDataset	dConfiguration.02	State Certification Licensure Levels	D04_01	National	State	Mandatory	1	M			
DEMDataset	dConfiguration.03	Procedures Permitted by the State		National	State	Required	1	M	Nillable	NV	
DEMDataset	dConfiguration.04	Medications Permitted by the State		National	State	Required	1	M	Nillable	NV	
DEMDataset	dConfiguration.05	Protocols Permitted by the State		National	State	Required	1	M	Nillable	NV	
DEMDataset	dConfiguration.06	EMS Certification Levels Permitted to Perform Each Procedure	D04_05	National	State	Mandatory	1	1			
DEMDataset	dConfiguration.07	EMS Agency Procedures	D04_04	National	State	Mandatory	1	M			
DEMDataset	dConfiguration.08	EMS Certification Level Permitted to Administer Each Medication	D04_07	National	State	Mandatory	1	1			
DEMDataset	dConfiguration.09	EMS Agency Medications	D04_06	National	State	Mandatory	1	M			
DEMDataset	dConfiguration.10	EMS Agency Protocols	D04_08	National	State	Mandatory	1	M			
DEMDataset	dConfiguration.11	EMS Agency Specialty Service Capability		National	State	Mandatory	1	M			
DEMDataset	dConfiguration.12	Billing Status	D04_10			Optional	0	1			
DEMDataset	dConfiguration.13	Emergency Medical Dispatch (EMD) Provided to EMS Agency Service Area		National	State	Mandatory	1	1			
DEMDataset	dConfiguration.14	EMD Vendor	D04_17		State	Recommended	0	M	Nillable	NV	
DEMDataset	dConfiguration.15	Patient Monitoring Capability(s)		National	State	Mandatory	1	M			
DEMDataset	dConfiguration.16	Crew Call Sign	D04_02	National	State	Mandatory	1	M			
DEMDataset	dConfiguration.17	Dispatch Center (CAD) Name or ID				Optional	0	M			
DEMDataset	dLocation.01	EMS Location Type				Optional	0	1			
DEMDataset	dLocation.02	EMS Location Name	D05_01			Optional	0	1			
DEMDataset	dLocation.03	EMS Location Number	D05_02			Optional	0	1			
DEMDataset	dLocation.04	EMS Location GPS	D05_04			Optional	0	1			
DEMDataset	dLocation.05	EMS Location US National Grid Coordinates				Optional	0	1			
DEMDataset	dLocation.06	EMS Location Address	D05_05			Optional	0	1			
DEMDataset	dLocation.07	EMS Location City	D05_06			Optional	0	1			
DEMDataset	dLocation.08	EMS Location State	D05_07			Optional	0	1			
DEMDataset	dLocation.09	EMS Station or Location ZIP Code	D05_08			Optional	0	1			
DEMDataset	dLocation.10	EMS Location County				Optional	0	1			

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DataSetName	ElementNumber	ElementName	V2Number	National	State	Usage	MinOccurs	MaxOccurs	IsNillable	NV	PN
DEMDDataSet	dLocation.11	EMS Location Country				Optional	0	1			
DEMDDataSet	dLocation.12	EMS Location Phone Number	D05_09			Optional	0	M			
DEMDDataSet	dVehicle.01	Unit/Vehicle Number	D06_01		State	Recommended	0	1	Nillable	NV	
DEMDDataSet	dVehicle.02	Vehicle Identification Number				Optional	0	1			
DEMDDataSet	dVehicle.03	EMS Unit Call Sign				Optional	0	1			
DEMDDataSet	dVehicle.04	Vehicle Type	D06_03		State	Recommended	0	1	Nillable	NV	
DEMDDataSet	dVehicle.05	Crew State Certification/Licensure Levels	D06_04			Optional	0	1			
DEMDDataSet	dVehicle.06	Number of Each EMS Personnel Level on Normal 911 Ambulance Response	D06_05			Optional	0	1			
DEMDDataSet	dVehicle.07	Number of Each EMS Personnel Level on Normal 911 Response (Non-Transport) Vehicle				Optional	0	1			
DEMDDataSet	dVehicle.08	Number of Each EMS Personnel Level on Normal Medical (Non-911) Transport Ambulance				Optional	0	1			
DEMDDataSet	dVehicle.09	Vehicle Initial Cost	D06_06			Optional	0	1			
DEMDDataSet	dVehicle.10	Vehicle Model Year	D06_07		State	Recommended	0	1	Nillable	NV	
DEMDDataSet	dVehicle.11	Year Miles/Kilometers Hours Accrued	D06_08			Optional	0	1			
DEMDDataSet	dVehicle.12	Annual Vehicle Hours	D06_09			Optional	0	1			
DEMDDataSet	dVehicle.13	Annual Vehicle Miles/Kilometers	D06_10			Optional	0	1			
DEMDDataSet	dPersonnel.01	EMS Personnel's Last Name	D08_01		State	Recommended	0	1	Nillable	NV	
DEMDDataSet	dPersonnel.02	EMS Personnel's First Name	D08_03		State	Recommended	0	1	Nillable	NV	
DEMDDataSet	dPersonnel.03	EMS Personnel's Middle Name/Initial	D08_02		State	Recommended	0	1	Nillable	NV	
DEMDDataSet	dPersonnel.04	EMS Personnel's Mailing Address	D08_04			Optional	0	1			
DEMDDataSet	dPersonnel.05	EMS Personnel's City of Residence	D08_05			Optional	0	1			
DEMDDataSet	dPersonnel.06	EMS Personnel's State	D08_06			Optional	0	1			
DEMDDataSet	dPersonnel.07	EMS Personnel's ZIP Code	D08_07			Optional	0	1			
DEMDDataSet	dPersonnel.08	EMS Personnel's Country				Optional	0	1			
DEMDDataSet	dPersonnel.09	EMS Personnel's Phone Number	D08_08			Optional	0	M			
DEMDDataSet	dPersonnel.10	EMS Personnel's Email Address	D08_10			Optional	0	M			
DEMDDataSet	dPersonnel.11	EMS Personnel's Date of Birth	D08_11		State	Recommended	0	1	Nillable	NV	
DEMDDataSet	dPersonnel.12	EMS Personnel's Gender	D08_12		State	Recommended	0	1	Nillable	NV	
DEMDDataSet	dPersonnel.13	EMS Personnel's Race	D08_13		State	Recommended	0	M	Nillable	NV	
DEMDDataSet	dPersonnel.14	EMS Personnel's Citizenship				Optional	0	1			
DEMDDataSet	dPersonnel.15	EMS Personnel's Highest Educational Degree				Optional	0	1			
DEMDDataSet	dPersonnel.16	EMS Personnel's Degree Subject/Field of Study				Optional	0	M			
DEMDDataSet	dPersonnel.17	EMS Personnel's Motor Vehicle License Type				Optional	0	M			
DEMDDataSet	dPersonnel.18	EMS Personnel's Immunization Status				Optional	0	1			
DEMDDataSet	dPersonnel.19	EMS Personnel's Immunization Year				Optional	0	1			
DEMDDataSet	dPersonnel.20	EMS Personnel's Foreign Language Ability				Optional	0	M			
DEMDDataSet	dPersonnel.21	EMS Personnel's Agency ID Number	D07_01			Optional	0	1			
DEMDDataSet	dPersonnel.22	EMS Personnel's State of Licensure			State	Recommended	0	1	Nillable	NV	
DEMDDataSet	dPersonnel.23	EMS Personnel's State's Licensure ID Number	D07_02		State	Recommended	0	1	Nillable	NV	

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DatasetName	ElementNumber	ElementName	V2Number	National	State	Usage	MinOccurs	MaxOccurs	IsNillable	NV	PN
DEMDataset	dPersonnel.24	EMS Personnel's State EMS Certification Licensure Level	D08_15		State	Recommended	0	1	Nillable	NV	
DEMDataset	dPersonnel.25	EMS Personnel's State EMS Current Certification Date	D08_17			Optional	0	1			
DEMDataset	dPersonnel.26	EMS Personnel's Initial State's Licensure Issue Date	D08_18			Optional	0	1			
DEMDataset	dPersonnel.27	EMS Personnel's Current State's Licensure Expiration Date				Optional	0	1			
DEMDataset	dPersonnel.28	EMS Personnel's National Registry Number				Optional	0	1			
DEMDataset	dPersonnel.29	EMS Personnel's National Registry Certification Level				Optional	0	1			
DEMDataset	dPersonnel.30	EMS Personnel's Current National Registry Expiration Date				Optional	0	1			
DEMDataset	dPersonnel.31	EMS Personnel's Employment Status	D07_03		State	Recommended	0	1	Nillable	NV	
DEMDataset	dPersonnel.32	EMS Personnel's Employment Status Date	D07_04		State	Recommended	0	1	Nillable	NV	
DEMDataset	dPersonnel.33	EMS Personnel's Hire Date				Optional	0	1			
DEMDataset	dPersonnel.34	EMS Personnel's Primary EMS Job Role			State	Recommended	0	1	Nillable	NV	
DEMDataset	dPersonnel.35	EMS Personnel's Other Job Responsibilities			State	Recommended	0	M	Nillable	NV	
DEMDataset	dPersonnel.36	EMS Personnel's Total Length of Service in Years	D08_19			Optional	0	1			
DEMDataset	dPersonnel.37	EMS Personnel's Date Length of Service Documented	D08_20			Optional	0	1			
DEMDataset	dPersonnel.38	EMS Professional's Practice Level	D07_05			Optional	0	1			
DEMDataset	dPersonnel.39	Date of Professional's Certification or Licensure for Agency	D07_06			Optional	0	1			
DEMDataset	dDevice.01	Medical Device Serial Number	D09_01			Optional	0	1			
DEMDataset	dDevice.02	Medical Device Name or ID	D09_02			Optional	0	1			
DEMDataset	dDevice.03	Medical Device Type				Optional	0	M			
DEMDataset	dDevice.04	Medical Device Manufacturer	D09_03			Optional	0	1			
DEMDataset	dDevice.05	Medical Device Model Number	D09_04			Optional	0	1			
DEMDataset	dDevice.06	Medical Device Purchase Date	D09_05			Optional	0	1			
DEMDataset	dFacility.01	Type of Facility	D04_15			Optional	0	1			
DEMDataset	dFacility.02	Facility Name	D04_11			Optional	0	1			
DEMDataset	dFacility.03	Facility Location Code	D04_12			Optional	0	1			
DEMDataset	dFacility.04	Hospital Designations				Optional	0	M			
DEMDataset	dFacility.05	Facility National Provider Identifier				Optional	0	1			
DEMDataset	dFacility.06	Facility Room, Suite, or Apartment				Optional	0	1			
DEMDataset	dFacility.07	Facility Street Address				Optional	0	1			
DEMDataset	dFacility.08	Facility City				Optional	0	1			
DEMDataset	dFacility.09	Facility State				Optional	0	1			
DEMDataset	dFacility.10	Facility ZIP Code				Optional	0	1			
DEMDataset	dFacility.11	Facility County				Optional	0	1			
DEMDataset	dFacility.12	Facility Country				Optional	0	1			
DEMDataset	dFacility.13	Facility GPS Location				Optional	0	1			
DEMDataset	dFacility.14	Facility US National Grid Coordinates				Optional	0	1			
DEMDataset	dCustomResults.01	Custom Data Element Result				Mandatory	1	M	Nillable	NV	PN
DEMDataset	dCustomResults.02	Custom Element ID Referenced				Mandatory	1	1			

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DatasetName	ElementNumber	ElementName	V2Number	National	State	Usage	MinOccurs	MaxOccurs	IsNillable	NV	PN
DEMDataSet	dCustomResults.03	CorrelationID of DemographicReport Element or Group				Optional	0	1			
EMSDataSet	eState.01	State Required Element				Optional	0	M			
EMSDataSet	eCustomConfiguration.01	Custom Data Element Title				Mandatory	1	1			
EMSDataSet	eCustomConfiguration.02	Custom Definition				Mandatory	1	1			
EMSDataSet	eCustomConfiguration.03	Custom Data Type				Mandatory	1	1			
EMSDataSet	eCustomConfiguration.04	Custom Data Element Recurrence				Mandatory	1	1			
EMSDataSet	eCustomConfiguration.05	Custom Data Element Usage				Mandatory	1	1			
EMSDataSet	eCustomConfiguration.06	Custom Data Element Potential Values				Optional	0	M			
EMSDataSet	eCustomConfiguration.07	Custom Data Element Potential NOT Values (NV)				Optional	0	M			
EMSDataSet	eCustomConfiguration.08	Custom Data Element Potential Pertinent Negative Values (PN)				Optional	0	M			
EMSDataSet	eRecord.01	Patient Care Report Number	E01_01	National	State	Mandatory	1	1			
EMSDataSet	eRecord.02	Software Creator	E01_02	National	State	Mandatory	1	1			
EMSDataSet	eRecord.03	Software Name	E01_03	National	State	Mandatory	1	1			
EMSDataSet	eRecord.04	Software Version	E01_04	National	State	Mandatory	1	1			
EMSDataSet	eResponse.01	EMS Agency Number	E02_01	National	State	Mandatory	1	1			
EMSDataSet	eResponse.02	EMS Agency Name			State	Recommended	0	1	Nillable	NV	
EMSDataSet	eResponse.03	Incident Number	E02_02	National	State	Required	1	1	Nillable	NV	
EMSDataSet	eResponse.04	EMS Response Number	E02_03	National	State	Required	1	1	Nillable	NV	
EMSDataSet	eResponse.05	Type of Service Requested	E02_04	National	State	Mandatory	1	1			
EMSDataSet	eResponse.06	Standby Purpose				Optional	0	1			
EMSDataSet	eResponse.07	Primary Role of the Unit	E02_05	National	State	Mandatory	1	1			
EMSDataSet	eResponse.08	Type of Dispatch Delay	E02_06	National	State	Required	1	M	Nillable	NV	
EMSDataSet	eResponse.09	Type of Response Delay	E02_07	National	State	Required	1	M	Nillable	NV	
EMSDataSet	eResponse.10	Type of Scene Delay	E02_08	National	State	Required	1	M	Nillable	NV	
EMSDataSet	eResponse.11	Type of Transport Delay	E02_09	National	State	Required	1	M	Nillable	NV	
EMSDataSet	eResponse.12	Type of Turn-Around Delay	E02_10	National	State	Required	1	M	Nillable	NV	
EMSDataSet	eResponse.13	EMS Vehicle (Unit) Number	E02_11	National	State	Mandatory	1	1			
EMSDataSet	eResponse.14	EMS Unit Call Sign	E02_12	National	State	Mandatory	1	1			
EMSDataSet	eResponse.15	Level of Care of This Unit		National	State	Mandatory	1	1			
EMSDataSet	eResponse.16	Vehicle Dispatch Location	E02_13			Optional	0	1			
EMSDataSet	eResponse.17	Vehicle Dispatch GPS Location	E02_15			Optional	0	1			
EMSDataSet	eResponse.18	Vehicle Dispatch US National Grid Location				Optional	0	1			
EMSDataSet	eResponse.19	Beginning Odometer Reading of Responding Vehicle	E02_16		State	Optional	0	1			
EMSDataSet	eResponse.20	On-Scene Odometer Reading of Responding Vehicle	E02_17		State	Optional	0	1			
EMSDataSet	eResponse.21	Patient Destination Odometer Reading of Responding Vehicle	E02_18		State	Optional	0	1			
EMSDataSet	eResponse.22	Ending Odometer Reading of Responding Vehicle	E02_19		State	Optional	0	1			
EMSDataSet	eResponse.23	Response Mode to Scene	E02_20	National	State	Mandatory	1	1			
EMSDataSet	eResponse.24	Additional Response Mode Descriptors		National	State	Required	1	M	Nillable	NV	
EMSDataSet	eDispatch.01	Complaint Reported by Dispatch	E03_01	National	State	Mandatory	1	1			

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DatasetName	ElementNumber	ElementName	V2Number	National	State	Usage	MinOccurs	MaxOccurs	IsNillable	NV	PN
EMSDataset	eDispatch.02	EMD Performed	E03_02	National	State	Required	1	1	Nillable	NV	
EMSDataset	eDispatch.03	EMD Card Number	E03_03			Optional	0	1			
EMSDataset	eDispatch.04	Dispatch Center Name or ID				Optional	0	1			
EMSDataset	eDispatch.05	Dispatch Priority (Patient Acuity)				Optional	0	1			
EMSDataset	eCrew.01	Crew Member ID	E04_01		State	Recommended	0	1	Nillable	NV	
EMSDataset	eCrew.02	Crew Member Level	E04_03		State	Recommended	0	1	Nillable	NV	
EMSDataset	eCrew.03	Crew Member Response Role	E04_02		State	Recommended	0	M	Nillable	NV	
EMSDataset	eTimes.01	PSAP Call Date/Time	E05_02	National	State	Required	1	1	Nillable	NV	
EMSDataset	eTimes.02	Dispatch Notified Date/Time	E05_03			Optional	0	1			
EMSDataset	eTimes.03	Unit Notified by Dispatch Date/Time	E05_04	National	State	Mandatory	1	1			
EMSDataset	eTimes.04	Dispatch Acknowledged Date/Time				Optional	0	1			
EMSDataset	eTimes.05	Unit En Route Date/Time	E05_05	National	State	Required	1	1	Nillable	NV	
EMSDataset	eTimes.06	Unit Arrived on Scene Date/Time	E05_06	National	State	Required	1	1	Nillable	NV	
EMSDataset	eTimes.07	Arrived at Patient Date/Time	E05_07	National	State	Required	1	1	Nillable	NV	
EMSDataset	eTimes.08	Transfer of EMS Patient Care Date/Time	E05_08		State	Recommended	0	1	Nillable	NV	
EMSDataset	eTimes.09	Unit Left Scene Date/Time	E05_09	National	State	Required	1	1	Nillable	NV	
EMSDataset	eTimes.10	Arrival at Destination Landing Area Date/Time				Optional	0	1			
EMSDataset	eTimes.11	Patient Arrived at Destination Date/Time	E05_10	National	State	Required	1	1	Nillable	NV	
EMSDataset	eTimes.12	Destination Patient Transfer of Care Date/Time		National	State	Required	1	1	Nillable	NV	
EMSDataset	eTimes.13	Unit Back in Service Date/Time	E05_11	National	State	Mandatory	1	1			
EMSDataset	eTimes.14	Unit Canceled Date/Time	E05_12		State	Optional	0	1			
EMSDataset	eTimes.15	Unit Back at Home Location Date/Time	E05_13			Optional	0	1			
EMSDataset	eTimes.16	EMS Call Completed Date/Time				Optional	0	1			
EMSDataset	ePatient.01	EMS Patient ID				Optional	0	1			
EMSDataset	ePatient.02	Last Name	E06_01		State	Recommended	0	1	Nillable	NV	PN
EMSDataset	ePatient.03	First Name	E06_02		State	Recommended	0	1	Nillable	NV	PN
EMSDataset	ePatient.04	Middle Initial/Name	E06_03			Optional	0	1			
EMSDataset	ePatient.05	Patient's Home Address	E06_04		State	Optional	0	1			
EMSDataset	ePatient.06	Patient's Home City	E06_05		State	Optional	0	1			
EMSDataset	ePatient.07	Patient's Home County	E06_06	National	State	Required	1	1	Nillable	NV	
EMSDataset	ePatient.08	Patient's Home State	E06_07	National	State	Required	1	1	Nillable	NV	
EMSDataset	ePatient.09	Patient's Home ZIP Code	E06_08	National	State	Required	1	1	Nillable	NV	
EMSDataset	ePatient.10	Patient's Home Country	E06_09		State	Optional	0	1			
EMSDataset	ePatient.11	Patient Home Census Tract				Optional	0	1			
EMSDataset	ePatient.12	Social Security Number	E06_10			Optional	0	1			
EMSDataset	ePatient.13	Gender	E06_11	National	State	Required	1	1	Nillable	NV	
EMSDataset	ePatient.14	Race	E06_12	National	State	Required	1	M	Nillable	NV	
EMSDataset	ePatient.15	Age	E06_14	National	State	Required	1	1	Nillable	NV	
EMSDataset	ePatient.16	Age Units	E06_15	National	State	Required	1	1	Nillable	NV	
EMSDataset	ePatient.17	Date of Birth	E06_16		State	Recommended	0	1	Nillable	NV	PN
EMSDataset	ePatient.18	Patient's Phone Number	E06_17			Optional	0	M			

Wisconsin EMS

NEMESIS v3 Data Elements

DatasetName	ElementNumber	ElementName	V2Number	National	State	Usage	MinOccurs	MaxOccurs	IsNullable	NV	PN
EMSDataset	ePatient.19	Patient's Email Address				Optional	0	M			
EMSDataset	ePatient.20	State Issuing Driver's License	E06_18			Optional	0	1			
EMSDataset	ePatient.21	Driver's License Number	E06_19			Optional	0	1			
EMSDataset	ePayment.01	Primary Method of Payment	E07_01	National	State	Required	1	1	Nullable	NV	
EMSDataset	ePayment.02	Physician Certification Statement	E07_02			Optional	0	1			
EMSDataset	ePayment.03	Date Physician Certification Statement Signed				Optional	0	1			
EMSDataset	ePayment.04	Reason for Physician Certification Statement				Optional	0	M			
EMSDataset	ePayment.05	Healthcare Provider Type Signing Physician Certification Statement				Optional	0	1			
EMSDataset	ePayment.06	Last Name of Individual Signing Physician Certification Statement				Optional	0	1			
EMSDataset	ePayment.07	First Name of Individual Signing Physician Certification Statement				Optional	0	1			
EMSDataset	ePayment.08	Patient Resides in Service Area				Optional	0	1			
EMSDataset	ePayment.09	Insurance Company ID	E07_03			Optional	0	1			
EMSDataset	ePayment.10	Insurance Company Name				Optional	0	1			
EMSDataset	ePayment.11	Insurance Company Billing Priority	E07_04			Optional	0	1			
EMSDataset	ePayment.12	Insurance Company Address	E07_05			Optional	0	1			
EMSDataset	ePayment.13	Insurance Company City	E07_06			Optional	0	1			
EMSDataset	ePayment.14	Insurance Company State	E07_07			Optional	0	1			
EMSDataset	ePayment.15	Insurance Company ZIP Code	E07_08			Optional	0	1			
EMSDataset	ePayment.16	Insurance Company Country				Optional	0	1			
EMSDataset	ePayment.17	Insurance Group ID/Name	E07_09			Optional	0	1			
EMSDataset	ePayment.18	Insurance Policy ID Number	E07_10			Optional	0	1			
EMSDataset	ePayment.19	Last Name of the Insured	E07_11			Optional	0	1			
EMSDataset	ePayment.20	First Name of the Insured	E07_12			Optional	0	1			
EMSDataset	ePayment.21	Middle Initial/Name of the Insured	E07_13			Optional	0	1			
EMSDataset	ePayment.22	Relationship to the Insured	E07_14			Optional	0	1			
EMSDataset	ePayment.23	Closest Relative/Guardian Last Name	E07_18			Optional	0	1			
EMSDataset	ePayment.24	Closest Relative/ Guardian First Name	E07_19			Optional	0	1			
EMSDataset	ePayment.25	Closest Relative/ Guardian Middle Initial/Name	E07_20			Optional	0	1			
EMSDataset	ePayment.26	Closest Relative/ Guardian Street Address	E07_21			Optional	0	1			
EMSDataset	ePayment.27	Closest Relative/ Guardian City	E07_22			Optional	0	1			
EMSDataset	ePayment.28	Closest Relative/ Guardian State	E07_23			Optional	0	1			
EMSDataset	ePayment.29	Closest Relative/ Guardian ZIP Code	E07_24			Optional	0	1			
EMSDataset	ePayment.30	Closest Relative/ Guardian Country				Optional	0	1			
EMSDataset	ePayment.31	Closest Relative/ Guardian Phone Number	E07_25			Optional	0	M			
EMSDataset	ePayment.32	Closest Relative/ Guardian Relationship	E07_26			Optional	0	1			
EMSDataset	ePayment.33	Patient's Employer	E07_27			Optional	0	1			
EMSDataset	ePayment.34	Patient's Employer's Address	E07_28			Optional	0	1			
EMSDataset	ePayment.35	Patient's Employer's City	E07_29			Optional	0	1			

Wisconsin EMS

NEMESIS v3 Data Elements

DatasetName	ElementNumber	ElementName	V2Number	National	State	Usage	MinOccurs	MaxOccurs	IsNillable	NV	PN
EMSDataset	ePayment.36	Patient's Employer's State	E07_30			Optional	0	1			
EMSDataset	ePayment.37	Patient's Employer's ZIP Code	E07_31			Optional	0	1			
EMSDataset	ePayment.38	Patient's Employer's Country				Optional	0	1			
EMSDataset	ePayment.39	Patient's Employer's Primary Phone Number	E07_32			Optional	0	1			
EMSDataset	ePayment.40	Response Urgency	E07_33			Optional	0	1			
EMSDataset	ePayment.41	Patient Transport Assessment				Optional	0	M			
EMSDataset	ePayment.42	Specialty Care Transport Care Provider				Optional	0	M			
EMSDataset	ePayment.43	Ambulance Transport Code				Optional	0	1			
EMSDataset	ePayment.44	Ambulance Transport Reason Code				Optional	0	M			
EMSDataset	ePayment.45	Round Trip Purpose Description				Optional	0	1			
EMSDataset	ePayment.46	Stretcher Purpose Description				Optional	0	1			
EMSDataset	ePayment.47	Ambulance Conditions Indicator				Optional	0	M			
EMSDataset	ePayment.48	Mileage to Closest Hospital Facility				Optional	0	1			
EMSDataset	ePayment.49	ALS Assessment Performed and Warranted				Optional	0	1			
EMSDataset	ePayment.50	CMS Service Level	E07_34	National	State	Required	1	1	Nillable	NV	
EMSDataset	ePayment.51	EMS Condition Code	E07_35			Optional	0	M			
EMSDataset	ePayment.52	CMS Transportation Indicator	E07_37			Optional	0	M			
EMSDataset	ePayment.53	Transport Authorization Code				Optional	0	1			
EMSDataset	ePayment.54	Prior Authorization Code Payer				Optional	0	1			
EMSDataset	ePayment.55	Supply Item Used Name				Optional	0	1			
EMSDataset	ePayment.56	Number of Supply Item(s) Used				Optional	0	1			
EMSDataset	eScene.01	First EMS Unit on Scene		National	State	Required	1	1	Nillable	NV	
EMSDataset	eScene.02	Other EMS or Public Safety Agencies at Scene	E08_01			Optional	0	1			
EMSDataset	eScene.03	Other EMS or Public Safety Agency ID Number				Optional	0	1			
EMSDataset	eScene.04	Type of Other Service at Scene	E08_02			Optional	0	1			
EMSDataset	eScene.05	Date/Time Initial Responder Arrived on Scene	E08_04			Optional	0	1			
EMSDataset	eScene.06	Number of Patients at Scene	E08_05	National	State	Required	1	1	Nillable	NV	
EMSDataset	eScene.07	Mass Casualty Incident	E08_06	National	State	Required	1	1	Nillable	NV	
EMSDataset	eScene.08	Triage Classification for MCI Patient		National	State	Required	1	1	Nillable	NV	
EMSDataset	eScene.09	Incident Location Type	E08_07	National	State	Required	1	1	Nillable	NV	
EMSDataset	eScene.10	Incident Facility Code	E08_08		State	Recommended	0	1	Nillable	NV	
EMSDataset	eScene.11	Scene GPS Location	E08_10		State	Optional	0	1			
EMSDataset	eScene.12	Scene US National Grid Coordinates			State	Optional	0	1			
EMSDataset	eScene.13	Incident Facility or Location Name			State	Optional	0	1			
EMSDataset	eScene.14	Mile Post or Major Roadway			State	Recommended	0	1	Nillable	NV	
EMSDataset	eScene.15	Incident Street Address	E08_11		State	Recommended	0	1	Nillable	NV	
EMSDataset	eScene.16	Incident Apartment, Suite, or Room			State	Recommended	0	1	Nillable	NV	
EMSDataset	eScene.17	Incident City	E08_12		State	Recommended	0	1	Nillable	NV	
EMSDataset	eScene.18	Incident State	E08_14	National	State	Required	1	1	Nillable	NV	
EMSDataset	eScene.19	Incident ZIP Code	E08_15	National	State	Required	1	1	Nillable	NV	
EMSDataset	eScene.20	Scene Cross Street or Directions			State	Recommended	0	1	Nillable	NV	

Wisconsin EMS NEMESIS v3 Data Elements

DatasetName	ElementNumber	ElementName	V2Number	National	State	Usage	MinOccurs	MaxOccurs	IsNillable	NV	PN
EMSDataset	eScene.21	Incident County	E08_13	National	State	Required	1	1	Nillable	NV	
EMSDataset	eScene.22	Incident Country				Optional	0	1			
EMSDataset	eScene.23	Incident Census Tract				Optional	0	1			
EMSDataset	eSituation.01	Date/Time of Symptom Onset/Last Normal	E05_01	National	State	Required	1	1	Nillable	NV	
EMSDataset	eSituation.02	Possible Injury	E09_04	National	State	Required	1	1	Nillable	NV	
EMSDataset	eSituation.03	Complaint Type			State	Recommended	0	1	Nillable	NV	
EMSDataset	eSituation.04	Complaint	E09_05		State	Recommended	0	1	Nillable	NV	
EMSDataset	eSituation.05	Duration of Complaint	E09_06		State	Recommended	0	1	Nillable	NV	
EMSDataset	eSituation.06	Time Units of Duration of Complaint	E09_07		State	Recommended	0	1	Nillable	NV	
EMSDataset	eSituation.07	Chief Complaint Anatomic Location	E09_11	National	State	Required	1	1	Nillable	NV	
EMSDataset	eSituation.08	Chief Complaint Organ System	E09_12	National	State	Required	1	1	Nillable	NV	
EMSDataset	eSituation.09	Primary Symptom	E09_13	National	State	Required	1	1	Nillable	NV	
EMSDataset	eSituation.10	Other Associated Symptoms	E09_14	National	State	Required	1	M	Nillable	NV	
EMSDataset	eSituation.11	Provider's Primary Impression	E09_15	National	State	Required	1	1	Nillable	NV	
EMSDataset	eSituation.12	Provider's Secondary Impressions	E09_16	National	State	Required	1	M	Nillable	NV	
EMSDataset	eSituation.13	Initial Patient Acuity		National	State	Required	1	1	Nillable	NV	
EMSDataset	eSituation.14	Work-Related Illness/Injury	E07_15		State	Recommended	0	1	Nillable	NV	
EMSDataset	eSituation.15	Patient's Occupational Industry	E07_16			Optional	0	1			
EMSDataset	eSituation.16	Patient's Occupation	E07_17			Optional	0	1			
EMSDataset	eSituation.17	Patient Activity			State	Recommended	0	M	Nillable	NV	
EMSDataset	eInjury.01	Cause of Injury	E10_01	National	State	Required	1	M	Nillable	NV	
EMSDataset	eInjury.02	Mechanism of Injury	E10_03		State	Recommended	0	M	Nillable	NV	
EMSDataset	eInjury.03	Trauma Center Criteria		National	State	Required	1	M	Nillable	NV	
EMSDataset	eInjury.04	Vehicular, Pedestrian, or Other Injury Risk Factor	E10_04	National	State	Required	1	M	Nillable	NV	PN
EMSDataset	eInjury.05	Main Area of the Vehicle Impacted by the Collision	E10_05		State	Optional	0	1			
EMSDataset	eInjury.06	Location of Patient in Vehicle	E10_06		State	Optional	0	1			
EMSDataset	eInjury.07	Use of Occupant Safety Equipment	E10_08		State	Recommended	0	M	Nillable	NV	
EMSDataset	eInjury.08	Airbag Deployment	E10_09		State	Optional	0	M			
EMSDataset	eInjury.09	Height of Fall (feet)	E10_10		State	Optional	0	1			
EMSDataset	eInjury.10	OSHA Personal Protective Equipment Used				Optional	0	M			
EMSDataset	eInjury.11	ACN System/Company Providing ACN Data				Optional	0	1			
EMSDataset	eInjury.12	ACN Incident ID				Optional	0	1			
EMSDataset	eInjury.13	ACN Call Back Phone Number				Optional	0	M			
EMSDataset	eInjury.14	Date/Time of ACN Incident				Optional	0	1			
EMSDataset	eInjury.15	ACN Incident Location				Optional	0	1			
EMSDataset	eInjury.16	ACN Incident Vehicle Body Type				Optional	0	1			
EMSDataset	eInjury.17	ACN Incident Vehicle Manufacturer				Optional	0	1			
EMSDataset	eInjury.18	ACN Incident Vehicle Make				Optional	0	1			
EMSDataset	eInjury.19	ACN Incident Vehicle Model				Optional	0	1			
EMSDataset	eInjury.20	ACN Incident Vehicle Model Year				Optional	0	1			
EMSDataset	eInjury.21	ACN Incident Multiple Impacts				Optional	0	1			

Wisconsin EMS NEMESIS v3 Data Elements

DataSetName	ElementNumber	ElementName	V2Number	National	State	Usage	MinOccurs	MaxOccurs	IsNillable	NV	PN
EMSDDataSet	eInjury.22	ACN Incident Delta Velocity				Optional	0	M			
EMSDDataSet	eInjury.23	ACN High Probability of Injury				Optional	0	1			
EMSDDataSet	eInjury.24	ACN Incident PDOF				Optional	0	1			
EMSDDataSet	eInjury.25	ACN Incident Rollover				Optional	0	1			
EMSDDataSet	eInjury.26	ACN Vehicle Seat Location				Optional	0	1			
EMSDDataSet	eInjury.27	Seat Occupied				Optional	0	1			
EMSDDataSet	eInjury.28	ACN Incident Seatbelt Use				Optional	0	1			
EMSDDataSet	eInjury.29	ACN Incident Airbag Deployed				Optional	0	1			
EMSDDataSet	eArrest.01	Cardiac Arrest	E11_01	National	State	Required	1	1	Nillable	NV	
EMSDDataSet	eArrest.02	Cardiac Arrest Etiology	E11_02	National	State	Required	1	1	Nillable	NV	
EMSDDataSet	eArrest.03	Resuscitation Attempted By EMS	E11_03	National	State	Required	1	M	Nillable	NV	
EMSDDataSet	eArrest.04	Arrest Witnessed By	E11_04	National	State	Required	1	M	Nillable	NV	
EMSDDataSet	eArrest.05	CPR Care Provided Prior to EMS Arrival		National	State	Required	1	1	Nillable	NV	
EMSDDataSet	eArrest.06	Who Provided CPR Prior to EMS Arrival			State	Optional	0	M			
EMSDDataSet	eArrest.07	AED Use Prior to EMS Arrival		National	State	Required	1	1	Nillable	NV	
EMSDDataSet	eArrest.08	Who Used AED Prior to EMS Arrival			State	Optional	0	M			
EMSDDataSet	eArrest.09	Type of CPR Provided		National	State	Required	1	M	Nillable	NV	
EMSDDataSet	eArrest.10	Therapeutic Hypothermia Initiated		National	State	Required	1	1	Nillable	NV	
EMSDDataSet	eArrest.11	First Monitored Arrest Rhythm of the Patient	E11_05	National	State	Required	1	1	Nillable	NV	
EMSDDataSet	eArrest.12	Any Return of Spontaneous Circulation	E11_06	National	State	Required	1	M	Nillable	NV	
EMSDDataSet	eArrest.13	Neurological Outcome at Hospital Discharge	E11_07			Optional	0	1			
EMSDDataSet	eArrest.14	Date/Time of Cardiac Arrest	E11_08	National	State	Required	1	1	Nillable	NV	
EMSDDataSet	eArrest.15	Date/Time Resuscitation Discontinued	E11_09		State	Recommended	0	1	Nillable	NV	
EMSDDataSet	eArrest.16	Reason CPR/Resuscitation Discontinued	E11_10	National	State	Required	1	1	Nillable	NV	
EMSDDataSet	eArrest.17	Cardiac Rhythm on Arrival at Destination	E11_11	National	State	Required	1	M	Nillable	NV	
EMSDDataSet	eArrest.18	End of EMS Cardiac Arrest Event		National	State	Required	1	1	Nillable	NV	
EMSDDataSet	eHistory.01	Barriers to Patient Care	E12_01	National	State	Required	1	M	Nillable	NV	
EMSDDataSet	eHistory.02	Last Name of Patient's Practitioner	E12_06			Optional	0	1			
EMSDDataSet	eHistory.03	First Name of Patient's Practitioner	E12_04			Optional	0	1			
EMSDDataSet	eHistory.04	Middle Name/Initial of Patient's Practitioner	E12_05			Optional	0	1			
EMSDDataSet	eHistory.05	Advance Directives	E12_07		State	Recommended	0	M	Nillable	NV	
EMSDDataSet	eHistory.06	Medication Allergies	E12_08		State	Recommended	0	M	Nillable	NV	PN
EMSDDataSet	eHistory.07	Environmental/Food Allergies	E12_09			Optional	0	M			
EMSDDataSet	eHistory.08	Medical/Surgical History	E12_10		State	Recommended	0	M	Nillable	NV	PN
EMSDDataSet	eHistory.09	Medical History Obtained From	E12_11			Optional	0	M			
EMSDDataSet	eHistory.10	The Patient's Type of Immunization	E12_12			Optional	0	1			
EMSDDataSet	eHistory.11	Immunization Date	E12_13			Optional	0	1			
EMSDDataSet	eHistory.12	Current Medications	E12_14		State	Recommended	0	1	Nillable	NV	PN
EMSDDataSet	eHistory.13	Current Medication Dose	E12_15			Optional	0	1			
EMSDDataSet	eHistory.14	Current Medication Dosage Unit	E12_16			Optional	0	1			
EMSDDataSet	eHistory.15	Current Medication Administration Route	E12_17			Optional	0	1			

Wisconsin EMS

NEMESIS v3 Data Elements

DatasetName	ElementNumber	ElementName	V2Number	National	State	Usage	MinOccurs	MaxOccurs	IsNillable	NV	PN
EMSDataset	eHistory.16	Presence of Emergency Information Form	E12_18			Optional	0	1			
EMSDataset	eHistory.17	Alcohol/Drug Use Indicators	E12_19	National	State	Required	1	M	Nillable	NV	PN
EMSDataset	eHistory.18	Pregnancy	E12_20			Optional	0	1	Nillable		PN
EMSDataset	eHistory.19	Last Oral Intake				Optional	0	1			
EMSDataset	eNarrative.01	Patient Care Report Narrative	E13_01		State	Recommended	0	1	Nillable	NV	
EMSDataset	eVitals.01	Date/Time Vital Signs Taken	E14_01	National	State	Required	1	1	Nillable	NV	
EMSDataset	eVitals.02	Obtained Prior to this Unit's EMS Care	E14_02	National	State	Required	1	1	Nillable	NV	
EMSDataset	eVitals.03	Cardiac Rhythm / Electrocardiography (ECG)	E14_03	National	State	Required	1	M	Nillable	NV	PN
EMSDataset	eVitals.04	ECG Type		National	State	Required	1	1	Nillable	NV	
EMSDataset	eVitals.05	Method of ECG Interpretation		National	State	Required	1	M	Nillable	NV	
EMSDataset	eVitals.06	SBP (Systolic Blood Pressure)	E14_04	National	State	Required	1	1	Nillable	NV	PN
EMSDataset	eVitals.07	DBP (Diastolic Blood Pressure)	E14_05		State	Recommended	0	1	Nillable	NV	PN
EMSDataset	eVitals.08	Method of Blood Pressure Measurement	E14_06	National	State	Required	1	1	Nillable	NV	
EMSDataset	eVitals.09	Mean Arterial Pressure				Optional	0	1			
EMSDataset	eVitals.10	Heart Rate	E14_07	National	State	Required	1	1	Nillable	NV	PN
EMSDataset	eVitals.11	Method of Heart Rate Measurement				Optional	0	1			
EMSDataset	eVitals.12	Pulse Oximetry	E14_09	National	State	Required	1	1	Nillable	NV	PN
EMSDataset	eVitals.13	Pulse Rhythm	E14_10			Optional	0	1			
EMSDataset	eVitals.14	Respiratory Rate	E14_11	National	State	Required	1	1	Nillable	NV	PN
EMSDataset	eVitals.15	Respiratory Effort	E14_12			Optional	0	1			
EMSDataset	eVitals.16	Carbon Dioxide (CO2)	E14_13	National	State	Required	1	1	Nillable	NV	PN
EMSDataset	eVitals.17	Carbon Monoxide (CO)			State	Recommended	0	1	Nillable	NV	PN
EMSDataset	eVitals.18	Blood Glucose Level	E14_14	National	State	Required	1	1	Nillable	NV	PN
EMSDataset	eVitals.19	Glasgow Coma Score-Eye	E14_15	National	State	Required	1	1	Nillable	NV	PN
EMSDataset	eVitals.20	Glasgow Coma Score-Verbal	E14_16	National	State	Required	1	1	Nillable	NV	PN
EMSDataset	eVitals.21	Glasgow Coma Score-Motor	E14_17	National	State	Required	1	1	Nillable	NV	PN
EMSDataset	eVitals.22	Glasgow Coma Score-Qualifier	E14_18	National	State	Required	1	M	Nillable	NV	
EMSDataset	eVitals.23	Total Glasgow Coma Score	E14_19		State	Recommended	0	1	Nillable	NV	PN
EMSDataset	eVitals.24	Temperature	E14_20		State	Recommended	0	1	Nillable	NV	PN
EMSDataset	eVitals.25	Temperature Method	E14_21			Optional	0	1			
EMSDataset	eVitals.26	Level of Responsiveness (AVPU)	E14_22	National	State	Required	1	1	Nillable	NV	
EMSDataset	eVitals.27	Pain Score	E14_23	National	State	Required	1	1	Nillable	NV	PN
EMSDataset	eVitals.28	Pain Scale Type			State	Recommended	0	1	Nillable	NV	
EMSDataset	eVitals.29	Stroke Scale Score	E14_24	National	State	Required	1	1	Nillable	NV	PN
EMSDataset	eVitals.30	Stroke Scale Type		National	State	Required	1	1	Nillable	NV	
EMSDataset	eVitals.31	Reperfusion Checklist	E14_25	National	State	Required	1	1	Nillable	NV	PN
EMSDataset	eVitals.32	APGAR	E14_26			Optional	0	1	Nillable		PN
EMSDataset	eVitals.33	Revised Trauma Score	E14_27			Optional	0	1	Nillable		PN
EMSDataset	eLabs.01	Date/Time of Laboratory or Imaging Result				Optional	0	1			
EMSDataset	eLabs.02	Study/Result Prior to this Unit's EMS Care				Optional	0	1			
EMSDataset	eLabs.03	Laboratory Result Type				Optional	0	1			

Wisconsin EMS NEMESIS v3 Data Elements

DatasetName	ElementNumber	ElementName	V2Number	National	State	Usage	MinOccurs	MaxOccurs	IsNillable	NV	PN
EMSDataset	eLabs.04	Laboratory Result				Optional	0	1			
EMSDataset	eLabs.05	Imaging Study Type				Optional	0	1			
EMSDataset	eLabs.06	Imaging Study Results				Optional	0	1			
EMSDataset	eLabs.07	Imaging Study File or Waveform Graphic Type				Optional	0	1			
EMSDataset	eLabs.08	Imaging Study File or Waveform Graphic				Optional	0	1			
EMSDataset	eExam.01	Estimated Body Weight in Kilograms	E16_01		State	Recommended	0	1	Nillable	NV	PN
EMSDataset	eExam.02	Length Based Tape Measure	E16_02		State	Recommended	0	1	Nillable	NV	PN
EMSDataset	eExam.03	Date/Time of Assessment	E16_03			Optional	0	1			
EMSDataset	eExam.04	Skin Assessment	E16_04			Optional	0	M			PN
EMSDataset	eExam.05	Head Assessment	E16_05			Optional	0	M			PN
EMSDataset	eExam.06	Face Assessment				Optional	0	M			PN
EMSDataset	eExam.07	Neck Assessment	E16_06			Optional	0	M			PN
EMSDataset	eExam.08	Chest/Lungs Assessment	E16_07			Optional	0	M			PN
EMSDataset	eExam.09	Heart Assessment	E16_08			Optional	0	M			PN
EMSDataset	eExam.10	Abdominal Assessment Finding Location				Optional	0	1			
EMSDataset	eExam.11	Abdomen Assessment	E16_09			Optional	0	M			PN
EMSDataset	eExam.12	Pelvis/Genitourinary Assessment	E16_13			Optional	0	M			PN
EMSDataset	eExam.13	Back and Spine Assessment Finding Location				Optional	0	1			
EMSDataset	eExam.14	Back and Spine Assessment	E16_14			Optional	0	M			PN
EMSDataset	eExam.15	Extremity Assessment Finding Location				Optional	0	1			
EMSDataset	eExam.16	Extremities Assessment	E16_17			Optional	0	M			PN
EMSDataset	eExam.17	Eye Assessment Finding Location				Optional	0	1			
EMSDataset	eExam.18	Eye Assessment	E16_21			Optional	0	M			PN
EMSDataset	eExam.19	Mental Status Assessment	E16_23			Optional	0	M			PN
EMSDataset	eExam.20	Neurological Assessment	E16_24			Optional	0	M			PN
EMSDataset	eProtocols.01	Protocols Used	E17_01	National	State	Required	1	1	Nillable	NV	
EMSDataset	eProtocols.02	Protocol Age Category		National	State	Required	1	1	Nillable	NV	
EMSDataset	eMedications.01	Date/Time Medication Administered	E18_01	National	State	Required	1	1	Nillable	NV	
EMSDataset	eMedications.02	Medication Administered Prior to this Unit's EMS Care	E18_02	National	State	Required	1	1	Nillable	NV	
EMSDataset	eMedications.03	Medication Given	E18_03	National	State	Required	1	1	Nillable	NV	PN
EMSDataset	eMedications.04	Medication Administered Route	E18_04		State	Optional	0	1			
EMSDataset	eMedications.05	Medication Dosage	E18_05	National	State	Required	1	1	Nillable	NV	
EMSDataset	eMedications.06	Medication Dosage Units	E18_06	National	State	Required	1	1	Nillable	NV	
EMSDataset	eMedications.07	Response to Medication	E18_07	National	State	Required	1	1	Nillable	NV	
EMSDataset	eMedications.08	Medication Complication	E18_08	National	State	Required	1	M	Nillable	NV	
EMSDataset	eMedications.09	Medication Crew (Healthcare Professionals) ID	E18_09		State	Recommended	0	1	Nillable	NV	
EMSDataset	eMedications.10	Role/Type of Person Administering Medication		National	State	Required	1	1	Nillable	NV	
EMSDataset	eMedications.11	Medication Authorization	E18_10			Optional	0	1			
EMSDataset	eMedications.12	Medication Authorizing Physician	E18_11			Optional	0	1			
EMSDataset	eProcedures.01	Date/Time Procedure Performed	E19_01	National	State	Required	1	1	Nillable	NV	
EMSDataset	eProcedures.02	Procedure Performed Prior to this Unit's EMS Care	E19_02	National	State	Required	1	1	Nillable	NV	

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DatasetName	ElementNumber	ElementName	V2Number	National	State	Usage	MinOccurs	MaxOccurs	IsNillable	NV	PN
EMSDataset	eProcedures.03	Procedure	E19_03	National	State	Required	1	1	Nillable	NV	PN
EMSDataset	eProcedures.04	Size of Procedure Equipment	E19_04			Optional	0	1			
EMSDataset	eProcedures.05	Number of Procedure Attempts	E19_05	National	State	Required	1	1	Nillable	NV	
EMSDataset	eProcedures.06	Procedure Successful	E19_06	National	State	Required	1	1	Nillable	NV	
EMSDataset	eProcedures.07	Procedure Complication	E19_07	National	State	Required	1	M	Nillable	NV	
EMSDataset	eProcedures.08	Response to Procedure	E19_08	National	State	Required	1	1	Nillable	NV	
EMSDataset	eProcedures.09	Procedure Crew Members ID	E19_09		State	Recommended	0	1	Nillable	NV	
EMSDataset	eProcedures.10	Role/Type of Person Performing the Procedure		National	State	Required	1	1	Nillable	NV	
EMSDataset	eProcedures.11	Procedure Authorization	E19_10			Optional	0	1			
EMSDataset	eProcedures.12	Procedure Authorizing Physician	E19_11			Optional	0	1			
EMSDataset	eProcedures.13	Vascular Access Location	E19_12		State	Recommended	0	1	Nillable	NV	
EMSDataset	eAirway.01	Indications for Invasive Airway			State	Recommended	0	M	Nillable	NV	
EMSDataset	eAirway.02	Date/Time Airway Device Placement Confirmation			State	Recommended	0	1	Nillable	NV	
EMSDataset	eAirway.03	Airway Device Being Confirmed			State	Recommended	0	1	Nillable	NV	
EMSDataset	eAirway.04	Airway Device Placement Confirmed Method			State	Recommended	0	M	Nillable	NV	
EMSDataset	eAirway.05	Tube Depth				Optional	0	1			
EMSDataset	eAirway.06	Type of Individual Confirming Airway Device Placement			State	Recommended	0	1	Nillable	NV	
EMSDataset	eAirway.07	Crew Member ID			State	Recommended	0	1	Nillable	NV	
EMSDataset	eAirway.08	Airway Complications Encountered			State	Recommended	0	M	Nillable	NV	
EMSDataset	eAirway.09	Suspected Reasons for Failed Airway Procedure			State	Optional	0	M			
EMSDataset	eAirway.10	Date/Time Decision to Manage the Patient with an Invasive Airway				Optional	0	1			
EMSDataset	eAirway.11	Date/Time Invasive Airway Placement Attempts Abandoned				Optional	0	1			
EMSDataset	eDevice.01	Medical Device Serial Number				Optional	0	1			
EMSDataset	eDevice.02	Date/Time of Event (per Medical Device)	E21_01			Optional	0	1			
EMSDataset	eDevice.03	Medical Device Event Type	E21_02			Optional	0	M			
EMSDataset	eDevice.04	Medical Device Waveform Graphic Type	E21_03			Optional	0	1			
EMSDataset	eDevice.05	Medical Device Waveform Graphic	E21_04			Optional	0	1			
EMSDataset	eDevice.06	Medical Device Mode (Manual, AED, Pacing, CO2, O2, etc)	E21_05			Optional	0	1			
EMSDataset	eDevice.07	Medical Device ECG Lead	E21_06			Optional	0	M			
EMSDataset	eDevice.08	Medical Device ECG Interpretation	E21_07			Optional	0	1			
EMSDataset	eDevice.09	Type of Shock	E21_08			Optional	0	1			
EMSDataset	eDevice.10	Shock or Pacing Energy	E21_09			Optional	0	1			
EMSDataset	eDevice.11	Total Number of Shocks Delivered	E21_10			Optional	0	1			
EMSDataset	eDevice.12	Pacing Rate	E21_11			Optional	0	1			
EMSDataset	eDisposition.01	Destination/Transferred To, Name	E20_01		State	Recommended	0	1	Nillable	NV	
EMSDataset	eDisposition.02	Destination/Transferred To, Code	E20_02		State	Recommended	0	1	Nillable	NV	
EMSDataset	eDisposition.03	Destination Street Address	E20_03		State	Optional	0	1			
EMSDataset	eDisposition.04	Destination City	E20_04		State	Optional	0	1			

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DatasetName	ElementNumber	ElementName	V2Number	National	State	Usage	MinOccurs	MaxOccurs	IsNillable	NV	PN
EMSDataset	eDisposition.05	Destination State	E20_05	National	State	Required	1	1	Nillable	NV	
EMSDataset	eDisposition.06	Destination County	E20_06	National	State	Required	1	1	Nillable	NV	
EMSDataset	eDisposition.07	Destination ZIP Code	E20_07	National	State	Required	1	1	Nillable	NV	
EMSDataset	eDisposition.08	Destination Country				Optional	0	1			
EMSDataset	eDisposition.09	Destination GPS Location	E20_08			Optional	0	1			
EMSDataset	eDisposition.10	Disposition Location US National Grid Coordinates				Optional	0	1			
EMSDataset	eDisposition.11	Number of Patients Transported in this EMS Unit			State	Recommended	0	1	Nillable	NV	
EMSDataset	eDisposition.12	Incident/Patient Disposition	E20_10	National	State	Mandatory	1	1			
EMSDataset	eDisposition.13	How Patient Was Moved to Ambulance	E20_11			Optional	0	M			
EMSDataset	eDisposition.14	Position of Patient During Transport	E20_12			Optional	0	M			
EMSDataset	eDisposition.15	How Patient Was Transported From Ambulance	E20_13			Optional	0	1			
EMSDataset	eDisposition.16	EMS Transport Method		National	State	Required	1	1	Nillable	NV	
EMSDataset	eDisposition.17	Transport Mode from Scene	E20_14	National	State	Required	1	1	Nillable	NV	
EMSDataset	eDisposition.18	Additional Transport Mode Descriptors		National	State	Required	1	M	Nillable	NV	
EMSDataset	eDisposition.19	Condition of Patient at Destination	E20_15	National	State	Required	1	1	Nillable	NV	
EMSDataset	eDisposition.20	Reason for Choosing Destination	E20_16	National	State	Required	1	M	Nillable	NV	
EMSDataset	eDisposition.21	Type of Destination	E20_17	National	State	Required	1	1	Nillable	NV	
EMSDataset	eDisposition.22	Hospital In-Patient Destination		National	State	Required	1	1	Nillable	NV	
EMSDataset	eDisposition.23	Hospital Designation		National	State	Required	1	1	Nillable	NV	
EMSDataset	eDisposition.24	Destination Team Pre-Arrival Activation		National	State	Required	1	1	Nillable	NV	
EMSDataset	eDisposition.25	Date/Time of Destination Prearrival Activation		National	State	Required	1	1	Nillable	NV	
EMSDataset	eDisposition.26	Disposition Instructions Provided				Optional	0	M			
EMSDataset	eOutcome.01	Emergency Department Disposition	E22_01	National	State	Required	1	1	Nillable	NV	
EMSDataset	eOutcome.02	Hospital Disposition	E22_02	National	State	Required	1	1	Nillable	NV	
EMSDataset	eOutcome.03	External Report ID/Number Type				Optional	0	1			
EMSDataset	eOutcome.04	External Report ID/Number				Optional	0	1			
EMSDataset	eOutcome.05	Other Report Registry Type				Optional	0	1			
EMSDataset	eOutcome.06	Emergency Department Chief Complaint				Optional	0	1			
EMSDataset	eOutcome.07	First ED Systolic Blood Pressure				Optional	0	1			
EMSDataset	eOutcome.08	Emergency Department Recorded Cause of Injury				Optional	0	1			
EMSDataset	eOutcome.09	Emergency Department Procedures				Optional	0	M			
EMSDataset	eOutcome.10	Emergency Department Diagnosis				Optional	0	M			
EMSDataset	eOutcome.11	Date/Time of Hospital Admission				Optional	0	1			
EMSDataset	eOutcome.12	Hospital Procedures				Optional	0	M			
EMSDataset	eOutcome.13	Hospital Diagnosis				Optional	0	M			
EMSDataset	eOutcome.14	Total ICU Length of Stay				Optional	0	1			
EMSDataset	eOutcome.15	Total Ventilator Days				Optional	0	1			
EMSDataset	eOutcome.16	Date/Time of Hospital Discharge				Optional	0	1			
EMSDataset	eOutcome.17	Outcome at Hospital Discharge				Optional	0	1			
EMSDataset	eCustomResults.01	Custom Data Element Result				Mandatory	1	M	Nillable	NV	PN
EMSDataset	eCustomResults.02	Custom Element ID Referenced				Mandatory	1	1			

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NEMESIS v3 Data Elements

DataSetName	ElementNumber	ElementName	V2Number	National	State	Usage	MinOccurs	MaxOccurs	IsNullable	NV	PN
EMSDataset	eCustomResults.03	CorrelationID of PatientCareReport Element or Group				Optional	0	1			
EMSDataset	eOther.01	Review Requested	E23_01			Optional	0	1			
EMSDataset	eOther.02	Potential System of Care/Specialty/Registry Patient	E23_02			Optional	0	M			
EMSDataset	eOther.03	Personal Protective Equipment Used	E23_03			Optional	0	M			
EMSDataset	eOther.04	EMS Professional (Crew Member) ID				Optional	0	1			
EMSDataset	eOther.05	Suspected EMS Work Related Exposure, Injury, or Death	E23_05	National	State	Required	1	1	Nullable	NV	
EMSDataset	eOther.06	The Type of Work-Related Injury, Death or Suspected Exposure	E23_06		State	Recommended	0	M	Nullable	NV	
EMSDataset	eOther.07	Natural, Suspected, Intentional, or Unintentional Disaster	E23_04			Optional	0	M			
EMSDataset	eOther.08	Crew Member Completing this Report	E23_10		State	Recommended	0	1	Nullable	NV	
EMSDataset	eOther.09	External Electronic Documents				Optional	0	1			
EMSDataset	eOther.10	File Attachment Type				Optional	0	1			
EMSDataset	eOther.11	File Attachment Image				Optional	0	1			
EMSDataset	eOther.12	Type of Person Signing				Optional	0	1			
EMSDataset	eOther.13	Signature Reason				Optional	0	1			
EMSDataset	eOther.14	Type Of Patient Representative				Optional	0	1			
EMSDataset	eOther.15	Signature Status				Optional	0	1			
EMSDataset	eOther.16	Signature File Name				Optional	0	1			
EMSDataset	eOther.17	Signature File Type				Optional	0	1			
EMSDataset	eOther.18	Signature Graphic				Optional	0	1			
EMSDataset	eOther.19	Date/Time of Signature				Optional	0	1			
EMSDataset	eOther.20	Signature Last Name				Optional	0	1			
EMSDataset	eOther.21	Signature First Name				Optional	0	1			