

**Allegheny R & D  
EMMA Version 6.0**

Data Element Number	Data Element Name	Compliant Data Elements
D01_01	EMS Agency Number	X
D01_02	EMS Agency Name	X
D01_03	EMS Agency State	X
D01_04	EMS Agency County	X
D01_07	Level of Service	X
D01_08	Organizational Type	X
D01_09	Organization Status	X
D01_10	Statistical Year	X
D01_12	Total Service Size Area	X
D01_13	Total Service Area Population	X
D01_14	911 Call Volume per Year	X
D01_15	EMS Dispatch Volume per Year	X
D01_16	EMS Transport Volume per Year	X
D01_17	EMS Patient Contact Volume per Year	X
D01_21	National Provider Identifier	X
D02_07	Agency Contact Zip Code	X
D04_02	EMS Unit Call Sign	X
D06_01	Unit/Vehicle Number	X
D06_03	Vehicle Type	X
D07_02	State/Licensure ID Number	X
D07_05	Personnel's Level of Certification/Licensure for Agency	X
D08_01	EMS Personnel's Last Name	X
D08_02	EMS Personnel's Middle Name/Initial	X
D08_03	EMS Personnel's First Name	X
E01_01	Patient Care Report Number	X
E01_02	Software Creator	X
E01_03	Software Name	X
E01_04	Software Version	X
E02_01	EMS Agency Number	X
E02_02	Incident Number	X
E02_04	Type of Service Requested	X
E02_05	Primary Role of the Unit	X
E02_06	Type of Dispatch Delay	X
E02_07	Type of Response Delay	X
E02_08	Type of Scene Delay	X
E02_09	Type of Transport Delay	X
E02_10	Type of Turn-Around Delay	X

Data Element Number	Data Element Name	Compliant Data Elements
E02_11	EMS Unit/Vehicle Number	X
E02_12	EMS Unit Call Sign (Radio Number)	X
E02_16	Beginning Odometer Reading of Responding Vehicle	X
E02_17	On-Scene Odometer Reading of Responding Vehicle	X
E02_18	Patient Destination Odometer Reading of Responding Vehicle	X
E02_19	Ending Odometer Reading of Responding Vehicle	X
E02_20	Response Mode to Scene	X
E03_01	Complaint Reported by Dispatch	X
E03_02	EMD Performed	X
E03_03	EMD Card Number	X
E04_01	Crew Member ID	X
E04_02	Crew Member Role	X
E04_03	Crew Member Level	X
E05_02	PSAP Call Date/Time	X
E05_04	Unit Notified by Dispatch Date/Time	X
E05_05	Unit En Route Date/Time	X
E05_06	Unit Arrived on Scene Date/Time	X
E05_07	Arrived at Patient Date/Time	X
E05_08	Transfer of Patient Care Date/Time	X
E05_09	Unit Left Scene Date/Time	X
E05_10	Patient Arrived at Destination Date/Time	X
E05_11	Unit Back in Service Date/Time	X
E05_12	Unit Cancelled Date/Time	X
E05_13	Unit Back at Home Location Date/Time	X
E06_01	Last Name	X
E06_02	First Name	X
E06_03	Middle Initial/Name	X
E06_04	Patient's Home Address	X
E06_05	Patient's Home City	X
E06_07	Patient's Home State	X
E06_08	Patient's Home Zip Code	X
E06_10	Social Security Number	X
E06_11	Gender	X
E06_12	Race	X
E06_13	Ethnicity	X
E06_14	Age	X
E06_15	Age Units	X
E06_16	Date of Birth	X
E06_17	Primary or Home Telephone Number	X

Data Element Number	Data Element Name	Compliant Data Elements
E06_18	State Issuing Driver's License	X
E06_19	Driver's License Number	X
E07_01	Primary Method of Payment	X
E07_02	Certificate of Medical Necessity	X
E07_03	Insurance Company ID/Name	X
E07_04	Insurance Company Billing Priority	X
E07_05	Insurance Company Address	X
E07_06	Insurance Company City	X
E07_07	Insurance Company State	X
E07_08	Insurance Company Zip Code	X
E07_09	Insurance Group ID/Name	X
E07_10	Insurance Policy ID Number	X
E07_11	Last Name of the Insured	X
E07_12	First Name of the Insured	X
E07_13	Middle Initial/Name of the Insured	X
E07_14	Relationship to the Insured	X
E07_15	Work-Related	X
E07_26	Closest Relative/ Guardian Relationship	X
E07_27	Patient's Employer	X
E07_34	CMS Service Level	X
E07_35	Condition Code Number	X
E07_36	ICD-9 Code for the Condition Code Number	X
E08_01	Other EMS Agencies at Scene	X
E08_02	Other Services at Scene	X
E08_04	Date/Time Initial Responder Arrived on Scene	X
E08_05	Number of Patients at Scene	X
E08_06	Mass Casualty Incident	X
E08_07	Incident Location Type	X
E08_08	Incident Facility Code	X
E08_11	Incident Address	X
E08_12	Incident City	X
E08_14	Incident State	X
E08_15	Incident ZIP Code	X
E09_01	Prior Aid	X
E09_02	Prior Aid Performed by	X
E09_03	Outcome of the Prior Aid	X
E09_04	Possible Injury	X
E09_05	Chief Complaint	X
E09_06	Duration of Chief Complaint	X

Data Element Number	Data Element Name	Compliant Data Elements
E09_07	Time Units of Duration of Chief Complaint	X
E09_08	Secondary Complaint Narrative	X
E09_09	Duration of Secondary Complaint	X
E09_10	Time Units of Duration of Secondary Complaint	X
E09_11	Chief Complaint Anatomic Location	X
E09_12	Chief Complaint Organ System	X
E09_13	Primary Symptom	X
E09_14	Other Associated Symptoms	X
E09_15	Providers Primary Impression	X
E09_16	Provider's Secondary Impression	X
E10_01	Cause of Injury	X
E10_04	Vehicular Injury Indicators	X
E10_06	Seat Row Location of Patient in Vehicle	X
E10_07	Position of Patient in the Seat of the Vehicle	X
E10_08	Use of Occupant Safety Equipment	X
E10_09	Airbag Deployment	X
E10_10	Height of Fall	X
E11_01	Cardiac Arrest	X
E11_02	Cardiac Arrest Etiology	X
E11_03	Resuscitation Attempted	X
E11_04	Arrest Witnessed by	X
E11_05	First Monitored Rhythm of the Patient	X
E11_06	Any Return of Spontaneous Circulation	X
E11_08	Estimated Time of Arrest Prior to EMS Arrival	X
E11_09	Date/Time Resuscitation Discontinued	X
E11_10	Reason CPR Discontinued	X
E11_11	Cardiac Rhythm on Arrival at Destination	X
E12_01	Barriers to Patient Care	X
E12_04	First Name of Patient's Primary Practitioner	X
E12_05	Middle Name of Patient's Primary Practitioner	X
E12_06	Last Name of Patient's Primary Practitioner	X
E12_07	Advanced Directives	X
E12_08	Medication Allergies	X
E12_10	Medical/Surgical History	X
E12_11	Medical History Obtained From	X
E12_14	Current Medications	X
E12_15	Current Medication Dose	X
E12_16	Current Medication Dosage Unit	X
E12_17	Current Medication Administration Route	X

Data Element Number	Data Element Name	Compliant Data Elements
E12_19	Alcohol/Drug Use Indicators	X
E12_20	Pregnancy	X
E13_01	Run Report Narrative	X
E14_01	Date/Time Vital Signs Taken	X
E14_03	Cardiac Rhythm	X
E14_04	SBP (Systolic Blood Pressure)	X
E14_05	DBP (Diastolic Blood Pressure)	X
E14_06	Method of Blood Pressure Measurement	X
E14_07	Pulse Rate	X
E14_09	Pulse Oximetry	X
E14_10	Pulse Rhythm	X
E14_11	Respiratory Rate	X
E14_12	Respiratory Effort	X
E14_13	Carbon Dioxide	X
E14_14	Blood Glucose Level	X
E14_15	Glasgow Coma Score-Eye	X
E14_16	Glasgow Coma Score-Verbal	X
E14_17	Glasgow Coma Score-Motor	X
E14_18	Glasgow Coma Score-Qualifier	X
E14_19	Total Glasgow Coma Score	X
E14_20	Temperature	X
E14_21	Temperature Method	X
E14_22	Level of Responsiveness	X
E14_23	Pain Scale	X
E14_26	APGAR	X
E14_27	Revised Trauma Score	X
E14_28	Pediatric Trauma Score	X
E15_01	NHTSA Injury Matrix External/Skin	X
E15_02	NHTSA Injury Matrix Head	X
E15_03	NHTSA Injury Matrix Face	X
E15_04	NHTSA Injury Matrix Neck	X
E15_05	NHTSA Injury Matrix Thorax	X
E15_06	NHTSA Injury Matrix Abdomen	X
E15_07	NHTSA Injury Matrix Spine	X
E15_08	NHTSA Injury Matrix Upper Extremities	X
E15_09	NHTSA Injury Matrix Pelvis	X
E15_10	NHTSA Injury Matrix Lower Extremities	X
E16_01	Estimated Body Weight	X
E16_02	Broselow/Luten Color	

Data Element Number	Data Element Name	Compliant Data Elements
E16_03	Date/Time of Assessment	X
E16_04	Skin Assessment	X
E16_06	Neck Assessment	X
E16_07	Chest/Lungs Assessment	X
E16_08	Heart Assessment	X
E16_09	Abdomen Left Upper Assessment	X
E16_10	Abdomen Left Lower Assessment	X
E16_11	Abdomen Right Upper Assessment	X
E16_12	Abdomen Right Lower Assessment	X
E16_13	GU Assessment	X
E16_14	Back Cervical Assessment	X
E16_15	Back Thoracic Assessment	X
E16_16	Back Lumbar/Sacral Assessment	X
E16_17	Extremities-Right Upper Assessment	X
E16_18	Extremities-Right Lower Assessment	X
E16_19	Extremities-Left Upper Assessment	X
E16_20	Extremities-Left Lower Assessment	X
E16_21	Eyes-Left Assessment	X
E16_22	Eyes-Right Assessment	X
E16_23	Mental Status Assessment	X
E16_24	Neurological Assessment	X
E17_01	Protocols Used	
E18_01	Date/Time Medication Administered	X
E18_03	Medication Given	X
E18_04	Medication Administered Route	X
E18_05	Medication Dosage	X
E18_06	Medication Dosage Units	X
E18_07	Response to Medication	X
E18_08	Medication Complication	X
E18_09	Medication Crew Member ID	X
E19_01	Date/Time Procedure Performed Successfully	X
E19_03	Procedure	X
E19_05	Number of Procedure Attempts	X
E19_06	Procedure Successful	X
E19_07	Procedure Complication	X
E19_08	Response to Procedure	X
E19_09	Procedure Crew Members ID	X
E19_12	Successful IV Site	X
E19_13	Tube Confirmation	X

Data Element Number	Data Element Name	Compliant Data Elements
E20_01	Destination/Transferred To, Name	X
E20_02	Destination/Transferred To, Code	X
E20_03	Destination Street Address	X
E20_04	Destination City	X
E20_05	Destination State	X
E20_10	Incident/Patient Disposition	X
E20_11	How Patient Was Moved to Ambulance	X
E20_12	Position of Patient During Transport	X
E20_13	How Patient Was Transported From Ambulance	X
E20_14	Transport Mode from Scene	X
E20_15	Condition of Patient at Destination	X
E20_16	Reason for Choosing Destination	X
E20_17	Type of Destination	X
E21_01	Event Date/Time	X
E21_02	Medical Device Event Name	X
E21_09	Shock or Pacing Energy	X
E21_10	Total Number of Shocks Delivered	X
E21_11	Pacing Rate	X
E22_01	Emergency Department Disposition	X
E22_02	Hospital Disposition	X
E23_09	Research Survey Field	X
E23_10	Who Generated this Report?	X