

ESO Solutions
ESO Pro Version 1.2

Element Code	Data Element	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_05	Primary Type of Service	X
D01_06	Other Types of Service	X
D01_07	Level of Service	X
D01_08	Organizational Type	X
D01_09	Organization Status	X
D01_10	Statistical Year	X
D01_11	Other Agencies In Area	
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_18	EMS Billable Calls per Year	X
D01_19	EMS Agency Time Zone	X
D01_20	EMS Agency Daylight Savings Time Use	X
D01_21	National Provider Identifier	X
D02_01	Agency Contact Last Name	X
D02_02	Agency Contact Middle Name/Initial	X
D02_03	Agency Contact First Name	X
D02_04	Agency Contact Address	X
D02_05	Agency Contact City	X
D02_06	Agency Contact State	X
D02_07	Agency Contact Zip Code	X
D02_08	Agency Contact Telephone Number	X
D02_09	Agency Contact Fax Number	X
D02_10	Agency Contact Email Address	X
D02_11	Agency Contact Web Address	X
D03_01	Agency Medical Director Last Name	X
D03_02	Agency Medical Director Middle Name/Initial	X
D03_03	Agency Medical Director First Name	X
D03_04	Agency Medical Director Address	X
D03_05	Agency Medical Director City	X
D03_06	Agency Medical Director State	X

D03_07	Agency Medical Director Zip Code	X
D03_08	Agency Medical Director Telephone Number	X
D03_09	Agency Medical Director Fax Number	X
D03_10	Agency Medical Director's Medical Specialty	X
D03_11	Agency Medical Director Email Address	X
D04_01	State Certification Licensure Levels	X
D04_02	EMS Unit Call Sign	X
D04_03	Zones	X
D04_05	Personnel Level Permitted to Use the Procedure	X
D04_06	Medications Given	X
D04_07	Personnel Level Permitted to Use the Medication	X
D04_08	Protocol	
D04_09	Personnel Level Permitted to Use the Protocol	
D04_10	Billing Status	
D04_11	Hospitals Served	X
D04_12	Hospital Facility Number	X
D04_13	Other Destinations	
D04_14	Destination Facility Number	
D04_15	Destination Type	
D04_16	Insurance Companies Used	
D04_17	EMD Vendor	X
D05_01	Station Name	X
D05_02	Station Number	
D05_03	Station Zone	X
D05_04	Station GPS	
D05_05	Station Address	X
D05_06	Station City	X
D05_07	Station State	X
D05_08	Station Zip	X
D05_09	Station Telephone Number	X
D06_01	Unit/Vehicle Number	X
D06_03	Vehicle Type	X
D06_04	State Certification/Licensure Levels	X
D06_05	Number Of Each Personnel Level on the Vehicle Crew	
D06_06	Vehicle Initial Cost	X
D06_07	Vehicle Model Year	X
D06_08	Year Miles/Hours Accrued	X
D06_09	Annual Vehicle Hours	X
D06_10	Annual Vehicle Miles	X
D07_01	Personnel's Agency ID Number	
D07_02	State/Licensure ID Number	X
D07_03	Personnel's Employment Status	X
D07_04	Employment Status Date	X
D07_05	Personnel's Level of Certification/Licensure for Agency	X
D07_06	Date of Personnel's Certification or 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
D08_04	EMS Personnel's Mailing Address	X
D08_05	EMS Personnel's City of Residence	X
D08_06	EMS Personnel's State	X
D08_07	EMS Personnel's Zip Code	X
D08_08	EMS Personnel's Work Telephone	X
D08_09	EMS Personnel's Home Telephone	X
D08_10	EMS Personnel's Email Address	X
D08_11	EMS Personnel's Date Of Birth	X
D08_12	EMS Personnel's Gender	X
D08_13	EMS Personnel's Race	X
D08_14	EMS Personnel's Ethnicity	X
D08_15	State EMS Certification Licensure Level	X
D08_16	National Registry Credentialed	X
D08_17	State EMS Current Certification Date	X
D08_18	Initial State Certification Date	X
D08_19	Total Length of Service	
D08_20	Date Length of Service Documented	
D09_01	Device Serial Number	X
D09_02	Device Name or ID	X
D09_03	Device Manufacturer	X
D09_04	Model Number	X
D09_05	Device Purchase Date	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_03	EMS Unit (Vehicle) Response 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
E02_11	EMS Unit/Vehicle Number	X
E02_12	EMS Unit Call Sign (Radio Number)	X
E02_13	Vehicle Dispatch Location	X
E02_14	Vehicle Dispatch Zone	X
E02_15	Vehicle Dispatch GPS Location	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	
E04_01	Crew Member ID	X
E04_02	Crew Member Role	X
E04_03	Crew Member Level	X
E05_01	Incident or Onset Date/Time	X
E05_02	PSAP Call Date/Time	X
E05_03	Dispatch Notified 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	
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_06	Patient's Home County	X
E06_07	Patient's Home State	X
E06_08	Patient's Home Zip Code	X
E06_09	Patient's Home Country	
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
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	

E07_03	Insurance Company ID/Name	X
E07_04	Insurance Company Billing Priority	
E07_05	Insurance Company Address	
E07_06	Insurance Company City	
E07_07	Insurance Company State	
E07_08	Insurance Company Zip Code	
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_16	Patient's Occupational Industry	
E07_17	Patient's Occupation	
E07_18	Closest Relative/Guardian Last Name	X
E07_19	First Name of the Closest Relative/ Guardian	X
E07_20	Middle Initial/Name of the Closest Relative/ Guardian	X
E07_21	Closest Relative/ Guardian Street Address	X
E07_22	Closest Relative/ Guardian City	X
E07_23	Closest Relative/ Guardian State	X
E07_24	Closest Relative/ Guardian Zip Code	X
E07_25	Closest Relative/ Guardian Phone Number	X
E07_26	Closest Relative/ Guardian Relationship	X
E07_27	Patient's Employer	X
E07_28	Patient's Employer's Address	
E07_29	Patient's Employer's City	
E07_30	Patient's Employer's State	
E07_31	Patient's Employer's Zip Code	
E07_32	Patient's Work Telephone Number	X
E07_33	Response Urgency	
E07_34	CMS Service Level	X
E07_35	Condition Code Number	X
E07_36	ICD-9 Code for the Condition Code Number	
E07_37	Condition Code Modifier	
E08_01	Other EMS Agencies at Scene	
E08_02	Other Services at Scene	
E08_03	Estimated Date/Time Initial Responder Arrived on Scene	
E08_04	Date/Time Initial Responder Arrived on Scene	
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	
E08_09	Scene Zone Number	X
E08_10	Scene GPS Location	X

E08_11	Incident Address	X
E08_12	Incident City	X
E08_13	Incident County	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	
E09_07	Time Units of Duration of Chief Complaint	
E09_08	Secondary Complaint Narrative	
E09_09	Duration of Secondary Complaint	
E09_10	Time Units of Duration of Secondary Complaint	
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_02	Intent of the Injury	
E10_03	Mechanism of Injury	X
E10_04	Vehicular Injury Indicators	X
E10_05	Area of the Vehicle impacted by the collision	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	
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_07	Neurological Outcome at Hospital Discharge	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_02	Sending Facility Medical Record Number	
E12_03	Destination Medical Record Number	X

E12_04	First Name of Patient's Primary Practitioner	
E12_05	Middle Name of Patient's Primary Practitioner	
E12_06	Last Name of Patient's Primary Practitioner	
E12_07	Advanced Directives	X
E12_08	Medication Allergies	X
E12_09	Environmental/Food Allergies	X
E12_10	Medical/Surgical History	X
E12_11	Medical History Obtained From	
E12_12	Immunization History	
E12_13	Immunization Date	
E12_14	Current Medications	X
E12_15	Current Medication Dose	
E12_16	Current Medication Dosage Unit	
E12_17	Current Medication Administration Route	
E12_18	Presence of Emergency Information Form	
E12_19	Alcohol/Drug Use Indicators	X
E12_20	Pregnancy	
E13_01	Run Report Narrative	X
E14_01	Date/Time Vital Signs Taken	X
E14_02	Obtained Prior to this Units EMS Care	
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_08	Electronic Monitor Rate	
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	
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_24	Stroke Scale	
E14_25	Thrombolytic Screen	
E14_26	APGAR	X
E14_27	Revised Trauma Score	X

E14_28	Pediatric Trauma Score	
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
E15_11	NHTSA Injury Matrix Unspecified	
E16_01	Estimated Body Weight	X
E16_02	Broselow/Luten Color	
E16_03	Date/Time of Assessment	
E16_04	Skin Assessment	X
E16_05	Head/Face 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_02	Medication Administered Prior to this Units EMS Care	
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	
E18_10	Medication Authorization	
E18_11	Medication Authorizing Physician	
E19_01	Date/Time Procedure Performed Successfully	
E19_02	Procedure Performed Prior to this Units EMS Care	
E19_03	Procedure	X
E19_04	Size of Procedure Equipment	
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	
E19_10	Procedure Authorization	
E19_11	Procedure Authorizing Physician	
E19_12	Successful IV Site	X
E19_13	Tube Confirmation	X
E19_14	Destination Confirmation of Tube Placement	
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_06	Destination County	X
E20_07	Destination Zip Code	X
E20_08	Destination GPS Location	
E20_09	Destination Zone Number	
E20_10	Incident/Patient Disposition	X
E20_11	How Patient Was Moved to Ambulance	
E20_12	Position of Patient During Transport	
E20_13	How Patient Was Transported From Ambulance	
E20_14	Transport Mode from Scene	X
E20_15	Condition of Patient at Destination	
E20_16	Reason for Choosing Destination	X
E20_17	Type of Destination	X
E21_01	Event Date/Time	
E21_02	Medical Device Event Name	
E21_03	Waveform Graphic Type	
E21_04	Waveform Graphic	
E21_05	AED, Pacing, or CO2 Mode	
E21_06	ECG Lead	
E21_07	ECG Interpretation	
E21_08	Type of Shock	
E21_09	Shock or Pacing Energy	
E21_10	Total Number of Shocks Delivered	
E21_11	Pacing Rate	

E21_12	Device Heart Rate	
E21_13	Device Pulse Rate	
E21_14	Device Systolic Blood Pressure	
E21_15	Device Diastolic Blood Pressure	
E21_16	Device Respiratory Rate	
E21_17	Device Pulse Oximetry	
E21_18	Device CO2 or etCO2	
E21_19	Device CO2, etCO2, or Invasive Pressure Monitor Units	
E21_20	Device Invasive Pressure Mean	
E22_01	Emergency Department Disposition	X
E22_02	Hospital Disposition	X
E22_03	Law Enforcement/Crash Report Number	
E22_04	Trauma Registry ID	
E22_05	Fire Incident Report Number	
E22_06	Patient ID Band/Tag Number	
E23_01	Review Requested	
E23_02	Potential Registry Candidate	
E23_03	Personal Protective Equipment Used	
E23_04	Suspected Intentional, or Unintentional Disaster	
E23_05	Suspected Contact with Blood/Body Fluids of EMS Injury or Death	
E23_06	Type of Suspected Blood/Body Fluid Exposure, Injury, or Death	
E23_07	Personnel Exposed	
E23_08	Required Reportable Conditions	
E23_09	Research Survey Field	
E23_10	Who Generated this Report?	
E23_11	Research Survey Field Title	