

NEMSIS Version 3 (Draft 2) Associated Performance Measures

Data Element ID	Data Element	National Element	State Element	Airway	Cardiac Arrest	Pediatric	Response Time	STEMI	Stroke	Trauma
D01_01	EMS Agency Number	Yes	Yes	X	X	X	X	X	X	X
D01_02	EMS Agency Name	Yes	Yes	X	X	X	X	X	X	X
D01_03	EMS Agency State	Yes	Yes	X	X	X	X	X	X	X
D01_N04-New	EMS Agency Service Area States	Yes	Yes							
D01_04	EMS Agency Service Area County(s)	Yes	Yes	X	X	X	X	X	X	X
D01_N01-New	EMS Agency Census Tracts	No	No							
D01_N03-New	EMS Agency Service Area Zip Codes	Yes	Yes	X	X	X	X	X	X	X
D01_05	Primary Type of Service	Yes	Yes	X	X	X	X	X	X	X
D01_06	Other Types of Service	No	Yes	X	X	X	X	X	X	X
D01_07	Level of Service	Yes	Yes	X	X	X	X	X	X	X
D01_08	Organizational Type	Yes	Yes	X	X	X	X	X	X	X
D01_09	Organization Status	Yes	Yes	X	X	X	X	X	X	X
D01_N02-New	EMS Agency Organizational Tax Status	Yes	Yes	X	X	X	X	X	X	X
D01_10	Statistical Calendar Year	Yes	Yes							
D01_11-Retired	Other Agencies In Area-Retired	No	No							
D01_12	Total Service Size Area	Yes	Yes	X	X	X	X	X	X	X
D01_13	Total Service Area Population	Yes	Yes	X	X	X	X	X	X	X
D01_14	911 Call Volume per Year	Yes	Yes	X	X	X	X	X	X	X
D01_15	EMS Dispatch Volume per Year	Yes	Yes	X	X	X	X	X	X	X
D01_16	EMS Transport Volume per Year	Yes	Yes	X	X	X	X	X	X	X
D01_17	EMS Patient Contact Volume per Year	Yes	Yes	X	X	X	X	X	X	X
D01_18	EMS Billable Calls per Year	No	No							
D01_19	EMS Agency Time Zone	Yes	Yes							
D01_20	EMS Agency Daylight Savings Time Use	Yes	Yes							
D01_21	National Provider Identifier	Yes	Yes							
D01_N05-New	Fire Department ID Number	Yes	Yes							
D02_N01-New	Agency Contact Type	No	Yes							
D02_01	Agency Contact Last Name	No	Yes							
D02_02	Agency Contact Middle Name/Initial	No	No							
D02_03	Agency Contact First Name	No	Yes							
D02_04	Agency Contact Address	No	Yes							
D02_05	Agency Contact City	No	Yes							
D02_06	Agency Contact State	No	Yes							
D02_07	Agency Contact Zip Code	No	Yes							
D02_N02-New	Agency Contact Country	No	No							
D02_08	Agency Contact Telephone Number	No	Yes							
D02_09	Agency Contact Fax Number	No	No							
D02_10	Agency Contact Email Address	No	Yes							
D02_11	EMS Agency Contact Web Address	No	Yes							

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D03_01-Retired	Agency Medical Director Last Name	No	No							
D03_02-Retired	Agency Medical Director Middle Name/Initial	No	No							
D03_03-Retired	Agency Medical Director First Name	No	No							
D03_04-Retired	Agency Medical Director Address	No	No							
D03_05-Retired	Agency Medical Director City	No	No							
D03_06-Retired	Agency Medical Director State	No	No							
D03_07-Retired	Agency Medical Director Zip Code	No	No							
D03_08-Retired	Agency Medical Director Telephone Number	No	No							
D03_09-Retired	Agency Medical Director Fax Number	No	No							
D03_N01-New	Agency Medical Director Degree	No	Yes							
D03_N02-New	Agency Medical Director Board Certification Type	No	Yes							
D03_10-Retired	Agency Medical Director's Medical Specialty	No	No							
D03_11-Retired	Agency Medical Director Email Address	No	No							
D04_N01-New	State Associated with the Certification/Licensure Levels	Yes	Yes							
D04_01	State Certification Licensure Levels	Yes	Yes							
D04_02-Retired	EMS Unit Call Sign	No	No							
D04_03-Retired	Zones	No	No							
D04_N02-New	Procedures Permitted by the State	Yes	Yes	X	X	X	X	X	X	X
D04_N03-New	Medications Permitted by the State	Yes	Yes	X	X	X	X	X	X	X
D04_04	EMS Agency Procedures	Yes	Yes	X	X	X	X	X	X	X
D04_05	EMS Professional Level Permitted to Perform the Procedure	Yes	Yes	X	X	X	X	X	X	X
D04_06	EMS Agency Medications	Yes	Yes	X	X	X	X	X	X	X
D04_07	Personnel Level Permitted to Administer the Medication	Yes	Yes	X	X	X	X	X	X	X
D04_08	EMS Agency Protocols	Yes	Yes	X	X	X	X	X	X	X
D04_09-Retired	Personnel Level Permitted to Use the Protocol	No	No							
D04_N04-New	EMS Agency Specialty Service Capability	Yes	Yes							
D04_10	Billing Status	No	No							
D04_11-Retired	Healthcare Facility Name	No	No							
D04_12-Retired	Healthcare Facility Number	No	No							
D04_13-Retired	Other Destinations	No	No							
D04_14-Retired	Destination Facility Number	No	No							
D04_15-Retired	Healthcare Facility Destination Type	No	No							
D04_16-Retired	Insurance Companies Used	No	No							

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D04_N05-New	Emergency Medical Dispatch (EMD) Provided to EMS Agency Service Area	Yes	Yes	X	X	X	X	X	X	X
D04_17	EMD Vendor	No	Yes							
D04_N06-New	Patient Monitoring Capability(s) available to every relevant patient scenario	Yes	Yes	X	X	X	X	X	X	X
D05_N01-New	EMS Location Type	No	No							
D05_01	EMS Location Name	No	No							
D05_02	EMS Location Number	No	No							
D05_03-Retired	Station Zone	No	No							
D05_04	EMS Location GPS	No	No							
D05_N03-New	EMS Location US National Grid Coordinates	No	No							
D05_05	EMS Location Address	No	No							
D05_06	EMS Location City	No	No							
D05_07	EMS Location State	No	No							
D05_08	EMS Station or Location Zip Code	No	No							
D05_N02-New	EMS Location Country	No	No							
D05_09	EMS Location Telephone Number	No	No							
D06_01	Unit/Vehicle Number	No	Yes							
D06_N01-New	Vehicle Identification Number	No	No							
D06_03	Vehicle Type	No	Yes							
D06_04	Crew State Certification/Licensure Levels	No	No							
D06_05	Number Of Each EMS Professional Level on Normal 911 Ambulance Response	No	No							
D06_N02-New	Number Of Each EMS Professional Level on Normal 911 Response (Non-Transport) Vehicle	No	No							
D06_N03-New	Number Of Each EMS Professional Level on Normal Medical (Non-911) Transport Ambulance	No	No							
D06_06	Vehicle Initial Cost	No	No							
D06_07	Vehicle Model Year	No	Yes							
D06_08	Year Miles/Hours Accrued	No	No							
D06_09	Annual Vehicle Hours	No	No							
D06_10	Annual Vehicle Miles	No	No							
D07_01	Professional's Agency ID Number	No	No							
D07_N01-New	State of Licensure	No	Yes							
D07_02	EMS Professional's State/Licensure ID Number	No	Yes							
D07_03	EMS Professional's Employment Status	No	Yes							
D07_04	Employment Status Date	No	Yes							
D07_N02-New	Hire Date	No	No							

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D07_N03-New	Main EMS Job Role	No	Yes							
D07_N04-New	Other Job Responsibilities	No	Yes							
D07_05	EMS Professional's Practice Level	No	No							
D07_06	Date of Professional's Certification or Licensure for Agency	No	No							
D08_01	EMS Professional's Last Name	No	No							
D08_02	EMS Professional's Middle Name/Initial	No	No							
D08_03	EMS Professional's First Name	No	No							
D08_04	EMS Professional's Mailing Address	No	No							
D08_05	EMS Professional's City of Residence	No	No							
D08_06	EMS Professional's State	No	No							
D08_07	EMS Professional's Zip Code	No	No							
D08_N01-New	EMS Professional's Country	No	No							
D08_08	EMS Professional's Work Telephone	No	No							
D08_09	EMS Professional's Home Telephone	No	No							
D08_10	EMS Professional's Email Address	No	No							
D08_11	EMS Professional's Date Of Birth	No	Yes							
D08_12	EMS Professional's Gender	No	Yes							
D08_13	EMS Professional's Race	No	Yes							
D08_14-Retired	EMS Professional's Ethnicity	No	No							
D08_N02-New	EMS Professional's Citizenship	No	No							
D08_N03-New	EMS Professional's Highest Educational Degree	No	No							
D08_N04-New	EMS Professional's Degree Subject/Field of Study	No	No							
D08_N05-New	EMS Professional's Motor Vehicle License Type	No	No							
D08_N07-New	EMS Professional's Immunization Status	No	No							
D08_N08-New	EMS Professional's Foreign Language Ability	No	No							
D08_15	State EMS Certification Licensure Level	No	Yes							
D08_17	State EMS Current Certification Date	No	No							
D08_18	EMS Professional's Initial State/Licensure Issue Date	No	No							
D08_N09-New	EMS Professional's Current State/Licensure Expiration Date	No	No							
D08_16	National Registry Credentialed	No	No							
D08_N10-New	National Registry Certification Level	No	No							
D08_N11-New	National Registry Certification Date	No	No							
D08_19	Total Length of Service in years.	No	No							
D08_20	Date Length of Service Documented	No	No							
D09_01	Medical Device Serial Number	No	No							

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Data Element ID	Data Element	National Element	State Element	Airway	Cardiac Arrest	Pediatric	Response Time	STEMI	Stroke	Trauma
D09_02	Device Name or ID	No	No							
D09_N01-New	Medical Device Type	No	No							
D09_03	Device Manufacturer	No	No							
D09_04	Model Number	No	No							
D09_05	Device Purchase Date	No	No							
DN10_N01-New	Demographic Custom Data Element Title	No	No							
DN10_N02-New	Demographic Custom Data Element Potential Values	No	No							
DN10_N03-New	Demographic Custom Data Element Multiplicity	No	No							
DN10_N04-New	Demographic Custom Data Element Usage	No	No							
DN10_N05-New	Demographic Custom Data Element Values	No	No							
DN10_N06-New	Demographic Custom Data Element Result	No	No							
E00-Retired	Common Null Values	No	No							
E01_01	Patient Care Report Number	Yes	Yes	X	X	X	X	X	X	X
E01_02	Software Creator	Yes	Yes							
E01_03	Software Name	Yes	Yes							
E01_04	Software Version	Yes	Yes							
E02_01	EMS Agency Number	Yes	Yes	X	X	X	X	X	X	X
E02_N01-New	EMS Agency Name	No	Yes							
E02_02	Incident Number	No	No							
E02_03	EMS Vehicle (Unit) Response Number	No	No							
E02_04	Type of Service Requested	Yes	Yes	X	X	X	X	X	X	X
E02_N02-New	Standby Purpose	No	No							
E02_05	Primary Role of the Unit	Yes	Yes	X	X	X	X	X	X	X
E02_06	Type of Dispatch Delay	Yes	Yes	X	X	X	X	X	X	X
E02_07	Type of Response Delay	Yes	Yes	X	X	X	X	X	X	X
E02_08	Type of Scene Delay	Yes	Yes	X	X	X	X	X	X	X
E02_09	Type of Transport Delay	Yes	Yes	X	X	X	X	X	X	X
E02_10	Type of Turn-Around Delay	Yes	Yes				X			
E02_11	EMS Vehicle (Unit) Number	Yes	Yes							
E02_12-Retired	EMS Unit Call Sign (Radio Number)	No	No							
E02_13	Vehicle Dispatch Location	No	No							
E02_14-Retired	Vehicle Dispatch Zone	No	No							
E02_15	Vehicle Dispatch GPS Location	No	No				X			
E02_N03-New	Vehicle Dispatch US National Grid Location	No	No							
E02_16	Beginning Odometer Reading of Responding Vehicle	No	No							
E02_17	On-Scene Odometer Reading of Responding Vehicle	No	No							

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E02_18	Patient Destination Odometer Reading of Responding Vehicle	No	No							
E02_19	Ending Odometer Reading of Responding Vehicle	No	No							
E02_20	Response Mode to Scene	Yes	Yes	X	X	X	X	X	X	X
E03_01	Complaint Reported by Dispatch	Yes	Yes	X	X	X	X	X	X	X
E03_02	EMD Performed	Yes	Yes	X	X	X	X	X	X	X
E03_03	EMD Card Number	No	No	X	X	X	X	X	X	X
E04_01	Crew Member ID	No	Yes	X	X	X	X	X	X	X
E04_02	Crew Member Role	No	Yes	X	X	X	X	X	X	X
E04_03	Crew Member Level	No	Yes	X	X	X	X	X	X	X
E05_01-Retired	Incident or Onset Date/Time	No	No				X			
E05_02	PSAP Call Date/Time	Yes	Yes	X	X	X	X	X	X	X
E05_03	Dispatch Notified Date/Time	No	No							
E05_04	Unit Notified by Dispatch Date/Time	Yes	Yes	X	X	X	X	X	X	X
E05_N04-New	Dispatch Received Date/Time	No	No							
E05_05	Unit En Route Date/Time	Yes	Yes	X	X	X	X	X	X	X
E05_06	Unit Arrived on Scene Date/Time	Yes	Yes	X	X	X	X	X	X	X
E05_07	Arrived at Patient Date/Time	Yes	Yes	X	X	X	X	X	X	X
E05_08	Transfer of EMS Patient Care Date/Time	No	Yes	X	X	X		X	X	X
E05_09	Unit Left Scene Date/Time	Yes	Yes	X	X	X	X	X	X	X
E05_N01-New	Arrival at Destination Landing Area	No	No							
E05_10	Patient Arrived at Destination Date/Time	Yes	Yes	X	X	X	X	X	X	X
E05_N02-New	Destination Patient Transfer of Care Date/Time	Yes	Yes	X	X	X	X	X	X	X
E05_11	Unit Back in Service Date/Time	Yes	Yes				X			
E05_12	Unit Cancelled Date/Time	No	No				X			
E05_13	Unit Back at Home Location Date/Time	No	No				X			
E05_N03-New	EMS Call Completed Date/Time	Yes	Yes				X			
E06_N01-New	EMS Patient ID	No	No							
E06_01	Last Name	No	No							
E06_02	First Name	No	No							
E06_03	Middle Initial/Name	No	No							
E06_04	Patient's Home Address	No	No							
E06_05	Patient's Home City	No	No							
E06_06	Patient's Home County	Yes	Yes	X	X	X	X	X	X	X
E06_07	Patient's Home State	Yes	Yes	X	X	X	X	X	X	X
E06_08	Patient's Home Zip Code	Yes	Yes	X	X	X	X	X	X	X
E06_09	Patient's Home Country	No	No							
E06_N02-New	Patient Home Census Tract	No	No	X	X	X	X	X	X	X

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Data Element ID	Data Element	National Element	State Element	Airway	Cardiac Arrest	Pediatric	Response Time	STEMI	Stroke	Trauma
E06_10	Social Security Number	No	No							
E06_11	Gender	Yes	Yes	X	X	X	X	X	X	X
E06_12	Race	Yes	Yes	X	X	X	X	X	X	X
E06_13-Retired	Ethnicity	No	No							
E06_14	Age	Yes	Yes	X	X	X	X	X	X	X
E06_15	Age Units	Yes	Yes	X	X	X	X	X	X	X
E06_16	Date of Birth	No	No							
E06_17	Primary or Home Telephone Number	No	No							
E06_N03-New	Patient's Email Address	No	No							
E06_18	State Issuing Driver's License	No	No							
E06_19	Driver's License Number	No	No							
E07_01	Primary Method of Payment	Yes	Yes	X	X	X	X	X	X	X
E07_02	Physician Certification Statement	No	No							
E07_N01-New	Date Physician Certification Statement Signed	No	No							
E07_N02-New	Reason for Physician Certification Statement	No	No							
E07_N03-New	Healthcare Provider Type Signing Physician Certification Statement	No	No							
E07_N04-New	First Name of Individual Signing Physician Certification Statement	No	No							
E07_N05-New	Last Name of Individual Signing Physician Certification Statement	No	No							
E07_N06-New	Residency Status of the Patient	No	No							
E07_03	Insurance Company ID/Name	No	No							
E07_04	Insurance Company Billing Priority	No	No							
E07_05	Insurance Company Address	No	No							
E07_06	Insurance Company City	No	No							
E07_07	Insurance Company State	No	No							
E07_08	Insurance Company Zip Code	No	No							
E07_N07-New	Insurance Company Country	No	No							
E07_09	Insurance Group ID/Name	No	No							
E07_10	Insurance Policy ID Number	No	No							
E07_11	Last Name of the Insured	No	No							
E07_12	First Name of the Insured	No	No							
E07_13	Middle Initial/Name of the Insured	No	No							
E07_14	Relationship to the Insured	No	No							
E07_18	Closest Relative/Guardian Last Name	No	No							
E07_19	Closest Relative/ Guardian First Name	No	No							
E07_20	Closest Relative/ Guardian Middle Initial/Name	No	No							
E07_21	Closest Relative/ Guardian Street Address	No	No							

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E07_22	Closest Relative/ Guardian City	No	No							
E07_23	Closest Relative/ Guardian State	No	No							
E07_24	Closest Relative/ Guardian Zip Code	No	No							
E07_N08-New	Closest Relative/ Guardian Country	No	No							
E07_25	Closest Relative/ Guardian Phone Number	No	No							
E07_26	Closest Relative/ Guardian Relationship	No	No							
E07_27	Patient's Employer	No	No							
E07_28	Patient's Employer's Address	No	No							
E07_29	Patient's Employer's City	No	No							
E07_30	Patient's Employer's State	No	No							
E07_31	Patient's Employer's Zip Code	No	No							
E07_N09-New	Patient's Employer's Country	No	No							
E07_32	Patient's Work Telephone Number	No	No							
E07_33	Response Urgency	No	No							
E07_N10-New	Patient Transport Assessment	No	No							
E07_N11-New	Specialty Care Transport Care Provider	No	No							
E07_N12-New	Ambulance Transport Code	No	No							
E07_N13-New	Ambulance Transport Reason Code	No	No							
E07_N14-New	Round Trip Purpose Description	No	No							
E07_N15-New	Stretcher Purpose Description	No	No							
E07_N16-New	Ambulance Conditions Indicator	No	No							
E07_N17-New	Mileage to Closest Hospital Facility	No	No							
E07_N18-New	ALS Assessment Performed and Warranted	No	No							
E07_34	CMS Service Level	Yes	Yes	X		X		X	X	X
E07_35	EMS Condition Code	Yes	Yes	X	X	X		X	X	X
E07_36-Retired	ICD-9 Code for the Condition Code Number	No	No							
E07_37	CMS Transportation Indicator	No	No							
E07_N19-New	Transport Authorization Code	No	No							
E07_N20-New	Prior Authorization Code Payor	No	No							
E07_N21-New	Supply Item Used Name	No	No							
E07_N22-New	Number of Supply Item(s) Used	No	No							
E08_N01-New	First EMS Unit on Scene	Yes	Yes							
E08_01	Other EMS or Public Safety Agencies at Scene	No	No							
E08_N02-New	Other Public Safety or EMS Agency ID Number	No	No							
E08_02	Type of Other Service at Scene	No	No							
E08_03-Retired	Estimated Date/Time Initial Responder Arrived on Scene	No	No							
E08_04	Date/Time Initial Responder Arrived on Scene	No	No	X	X			X		X
E08_05	Number of Patients at Scene	Yes	Yes							

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E08_06	Mass Casualty Incident	Yes	Yes							X
E08_07	Incident Location Type	Yes	Yes	X	X	X	X	X	X	X
E08_08	Incident Facility Code	No	Yes							
E08_09-Retired	Scene Zone Number	No	No							
E08_10	Scene GPS Location	No	No	X	X	X	X	X	X	X
E08_N06-New	Scene US National Grid Coordinates	No	No							
E08_11	Incident Address	No	No							
E08_12	Incident City	No	Yes							
E08_13	Incident County	Yes	Yes	X	X	X	X	X	X	X
E08_14	Incident State	Yes	Yes	X	X	X	X	X	X	X
E08_15	Incident ZIP Code	Yes	Yes	X	X	X	X	X	X	X
E08_N04-New	Incident Census Tract	No	No	X	X	X	X	X	X	X
E08_N05-New	Incident Country	No	No							
E09_N01-New	Date/Time of Symptom Onset	Yes	Yes	X	X	X	X	X	X	X
E09_01-Retired	Prior Aid	No	No							
E09_02-Retired	Prior Aid Performed by	No	No							
E09_03-Retired	Outcome of the Prior Aid	No	No							
E09_04	Possible Injury	Yes	Yes	X	X	X	X	X	X	X
E09_N02-New	Complaint Type	No	Yes	X	X	X	X	X	X	X
E09_05	Complaint	No	Yes	X	X	X	X	X	X	X
E09_06	Duration of Complaint	No	Yes	X	X	X		X	X	X
E09_07	Time Units of Duration of Complaint	No	Yes	X	X	X		X	X	X
E09_08-Retired	Secondary Complaint	No	No							
E09_09-Retired	Duration of Secondary Complaint	No	No							
E09_10-Retired	Time Units of Duration of Secondary Complaint	No	No							
E09_11	Chief Complaint Anatomic Location	Yes	Yes	X	X	X		X	X	X
E09_12	Chief Complaint Organ System	Yes	Yes	X	X	X		X	X	X
E09_13	Primary Symptom	Yes	Yes	X	X	X		X	X	X
E09_14	Other Associated Symptoms	Yes	Yes	X	X	X		X	X	X
E09_15	Providers Primary Impression	Yes	Yes	X	X	X		X	X	X
E09_16	Provider's Secondary Impressions	Yes	Yes	X	X	X		X	X	X
E09_N03-New	Patient's Initial Condition at Scene	Yes	Yes	X	X	X		X	X	X
E09_N04-New	Work-Related Illness/Injury	No	Yes							
E09_N05-New	Patient's Occupational Industry	No	No							
E09_N06-New	Patient's Occupation	No	No							
E10_01	Cause of Injury	Yes	Yes							X
E10_02	Intent of the Injury	No	Yes							X
E10_03	Mechanism of Injury	No	Yes							X

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E10_04	Vehicular, Pedestrian, or Other Injury Risk Factor	Yes	Yes							X
E10_05	Main Area of the Vehicle impacted by the collision	No	No							
E10_06	Location of Patient in Vehicle	No	No							
E10_07-Retired	Position of Patient in the Seat of the Vehicle	No	No							
E10_08	Use of Occupant Safety Equipment	No	No							X
E10_09	Airbag Deployment	No	No							
E10_10	Height of Fall (feet)	No	No							
E10_N01-New	OSHA Personal Protective Equipment Used	No	No							
E10_N02-New	ACN System/Company Providing ACN Data	No	No							
E10_N03-New	ACN Incident ID	No	No							
E10_N04-New	ACN Call Back Phone Number	No	No							
E10_N05-New	ACN Incident Date/Time	No	No							
E10_N06-New	ACN Incident Location	No	No							
E10_N07-New	ACN Incident Vehicle Body Type	No	No							
E10_N08-New	ACN Incident Vehicle Manufacturer	No	No							
E10_N09-New	ACN Incident Vehicle Make	No	No							
E10_N10-New	ACN Incident Vehicle Model	No	No							
E10_N11-New	ACN Incident Vehicle Model Year	No	No							
E10_N12-New	ACN Incident Multiple Impacts	No	No							
E10_N13-New	ACN Incident Delta Velocity	No	No							
E10_N14-New	ACN High Probability of Injury	No	No							X
E10_N15-New	ACN Incident PDOF	No	No							
E10_N16-New	ACN Incident Rollover	No	No							
E10_N17-New	ACN Vehicle Seat Location	No	No							
E10_N18-New	Seat Occupied	No	No							
E10_N19-New	ACN Incident Seatbelt Use	No	No							
E10_N20-New	Trauma Center Criteria	Yes	Yes							X
E10_N20-New	ACN Incident Airbag Deployed	No	No							
E11_01	Cardiac Arrest	Yes	Yes		X					
E11_02	Cardiac Arrest Etiology	Yes	Yes		X					
E11_03	Resuscitation Attempted By EMS	Yes	Yes		X					
E11_04	Arrest Witnessed by	No	Yes		X					
E11_N01-New	CPR Care Provided Prior to EMS Arrival	No	Yes		X					
E11_N02-New	Who Provided CPR Prior to EMS Arrival	No	No		X					
E11_N03-New	AED Use Prior to EMS Arrival	No	Yes		X					
E11_N04-New	Who Used AED Prior to EMS Arrival	No	No		X					
E11_N05-New	Type of CPR Provided	No	Yes		X					

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Data Element ID	Data Element	National Element	State Element	Airway	Cardiac Arrest	Pediatric	Response Time	STEMI	Stroke	Trauma
E11_N06-New	Therapeutic Hypothermia Initiated	No	Yes		X					
E11_05	First Monitored Arrest Rhythm of the Patient	No	Yes		X					
E11_06	Any Return of Spontaneous Circulation	No	Yes		X					
E11_07	Neurological Outcome at Hospital Discharge	No	No		X					
E11_08	Time of Cardiac Arrest	No	Yes		X					
E11_09	Date/Time Resuscitation Discontinued	No	Yes		X					
E11_10	Reason CPR/Resuscitation Discontinued	No	Yes		X					
E11_11	Cardiac Rhythm on Arrival at Destination	No	Yes		X					
E12_01	Barriers to Patient Care	Yes	Yes							
E12_02	Sending Facility Medical Record Number	No	No							
E12_03	Destination Medical Record Number	No	No							
E12_04	First Name of Patient's Primary Practitioner	No	No							
E12_05	Middle Name of Patient's Primary Practitioner	No	No							
E12_06	Last Name of Patient's Primary Practitioner	No	No							
E12_07	Advanced Directives	No	Yes	X	X	X		X	X	X
E12_08	Medication Allergies	No	No							
E12_09	Environmental/Food Allergies	No	No							
E12_10	Medical/Surgical History	No	No							
E12_11	Medical History Obtained From	No	No							
E12_12	Immunization History	No	No							
E12_13	Immunization Date	No	No							
E12_14	Current Medications	No	No							
E12_15	Current Medication Dose	No	No							
E12_16	Current Medication Dosage Unit	No	No							
E12_17	Current Medication Administration Route	No	No							
E12_18	Presence of Emergency Information Form	No	No							
E12_19	Alcohol/Drug Use Indicators	Yes	Yes							X
E12_20	Pregnancy	No	No							
E13_01	Patient Care Report Narrative	No	Yes							
E14_01	Date/Time Vital Signs Taken	Yes	Yes	X	X	X		X	X	X
E14_02	Obtained Prior to this Units EMS Care	Yes	Yes	X	X	X		X	X	X
E14_03	Cardiac Rhythm and Electrocardiography	Yes	Yes		X			X		
E14_N01-New	ECG Type	No	Yes					X		
E14_N02-New	Method of ECG Interpretation	Yes	Yes					X		
E14_04	SBP (Systolic Blood Pressure)	Yes	Yes	X	X	X		X	X	X
E14_05	DBP (Diastolic Blood Pressure)	No	Yes							
E14_06	Method of Blood Pressure Measurement	No	No							
E14_N03-New	Mean Arterial Pressure	No	No							
E14_07	Heart Rate	Yes	Yes	X	X	X		X	X	X

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Data Element ID	Data Element	National Element	State Element	Airway	Cardiac Arrest	Pediatric	Response Time	STEMI	Stroke	Trauma
E14_08-Retired	Electronic Monitor Rate	No	No							
E14_N04-New	Method of Heart Rate Measurement	No	No							
E14_09	Pulse Oximetry	Yes	Yes	X	X	X		X	X	X
E14_10	Pulse Rhythm	No	No							
E14_11	Respiratory Rate	Yes	Yes	X	X	X		X	X	X
E14_12	Respiratory Effort	No	No							
E14_13	Carbon Dioxide (CO2)	Yes	Yes	X	X	X		X	X	X
E14_N05-New	Carbon Monoxide (CO)	No	No							
E14_14	Blood Glucose Level	Yes	Yes			X			X	
E14_15	Glasgow Coma Score-Eye	No	Yes	X	X	X		X	X	X
E14_16	Glasgow Coma Score-Verbal	No	Yes	X	X	X		X	X	X
E14_17	Glasgow Coma Score-Motor	No	Yes	X	X	X		X	X	X
E14_18	Glasgow Coma Score-Qualifier	No	Yes	X	X	X		X	X	X
E14_19	Total Glasgow Coma Score	Yes	Yes	X	X	X		X	X	X
E14_20	Temperature	No	Yes			X				
E14_21	Temperature Method	No	No							
E14_22	Level of Responsiveness (APVU)	Yes	Yes	X	X	X		X	X	X
E14_23	Pain Score	Yes	Yes			X		X		X
E14_N06-New	Pain Scale Type	No	No							
E14_24	Stroke Scale Score	Yes	Yes						X	
E14_N07-New	Stroke Scale Type	No	Yes						X	
E14_25	Reperfusion Checklist	Yes	Yes					X	X	
E14_26	APGAR	No	No							
E14_27	Revised Trauma Score	No	No							X
E14_28	Pediatric Trauma Score	No	No			X				X
E15_01-Retired	NHTSA Injury Matrix External/Skin	No	No							
E15_02-Retired	NHTSA Injury Matrix Head	No	No							
E15_03-Retired	NHTSA Injury Matrix Face	No	No							
E15_04-Retired	NHTSA Injury Matrix Neck	No	No							
E15_05-Retired	NHTSA Injury Matrix Thorax	No	No							
E15_06-Retired	NHTSA Injury Matrix Abdomen	No	No							
E15_07-Retired	NHTSA Injury Matrix Spine	No	No							
E15_08-Retired	NHTSA Injury Matrix Upper Extremities	No	No							
E15_09-Retired	NHTSA Injury Matrix Pelvis	No	No							
E15_10-Retired	NHTSA Injury Matrix Lower Extremities	No	No							
E15_11-Retired	NHTSA Injury Matrix Unspecified	No	No							
E16_01	Estimated Body Weight	No	No			X				
E16_02	Length Based Tape Measure	No	Yes			X				
E16_03	Date/Time of Assessment	No	No	X	X				X	

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Data Element ID	Data Element	National Element	State Element	Airway	Cardiac Arrest	Pediatric	Response Time	STEMI	Stroke	Trauma
E16_04	Skin Assessment	No	No							
E16_05	Head Assessment	No	No							
E16_N01-New	Face Assessment	No	No							
E16_06	Neck Assessment	No	No							
E16_07	Chest/Lungs Assessment	No	No	X		X				
E16_08	Heart Assessment	No	No							
E16_09	Abdomen Assessment	No	No							
E16_10-Retired	Abdomen Left Lower Assessment	No	No							
E16_11-Retired	Abdomen Right Upper Assessment	No	No							
E16_12-Retired	Abdomen Right Lower Assessment	No	No							
E16_N02-New	Abdominal Exam Finding Location	No	No							
E16_13	Pelvis/Genitourinary Assessment	No	No							
E16_14	Back and Spine Assessment	No	No							
E16_15-Retired	Back Thoracic Assessment	No	No							
E16_16-Retired	Back Lumbar/Sacral Assessment	No	No							
E16_N03-New	Back and Spine Assessment Finding Location	No	No							
E16_17	Extremities Assessment	No	No							
E16_18-Retired	Extremities-Right Lower Assessment	No	No							
E16_19-Retired	Extremities-Left Upper Assessment	No	No							
E16_20-Retired	Extremities-Left Lower Assessment	No	No							
E16_N04-New	Extremity Assessment Finding Location	No	No							
E16_21	Eye Assessment	No	No							
E16_22-Retired	Eyes-Right Assessment	No	No							
E16_N05-New	Eye Assessment Finding Location	No	No							
E16_23	Mental Status Assessment	No	No		X				X	
E16_24	Neurological Assessment	No	No		X				X	
E17_01	Protocols Used	Yes	Yes	X	X	X	X	X	X	X
E17_N01-New	Protocol Age Category	Yes	Yes	X	X	X	X	X	X	X
E18_01	Date/Time Medication Administered	No	Yes	X	X	X		X	X	X
E18_02	Medication Administered Prior to this Units EMS Care	No	Yes	X	X	X		X	X	X
E18_03	Medication Given	Yes	Yes	X	X	X		X	X	X
E18_04	Medication Administered Route	No	No							
E18_05	Medication Dosage	No	No							
E18_06	Medication Dosage Units	No	No							
E18_07	Response to Medication	Yes	Yes							
E18_08	Medication Complication	Yes	Yes							
E18_09	Medication Crew (Healthcare Professionals) ID	No	Yes	X	X	X		X	X	X

NEMESIS Version 3 (Draft 2) Associated Performance Measures

Data Element ID	Data Element	National Element	State Element	Airway	Cardiac Arrest	Pediatric	Response Time	STEMI	Stroke	Trauma
E18_N01-New	EMS or Healthcare Professional Type Administering Medication	Yes	Yes							
E18_10	Medication Authorization	No	No							
E18_11	Medication Authorizing Physician	No	No							
E19_01	Date/Time Procedure Performed	No	Yes	X	X	X		X	X	X
E19_02	Procedure Performed Prior to this Units EMS Care	Yes	Yes	X	X	X		X	X	X
E19_03	Procedure	Yes	Yes	X	X	X		X	X	X
E19_04	Size of Procedure Equipment	No	No							
E19_05	Number of Procedure Attempts	Yes	Yes	X	X	X		X	X	X
E19_06	Procedure Successful	Yes	Yes	X	X	X		X	X	X
E19_07	Procedure Complication	Yes	Yes	X		X				X
E19_08	Response to Procedure	Yes	Yes							
E19_09	Procedure Crew Members ID	No	Yes	X	X	X		X	X	X
E19_N01-New	EMS or Healthcare Professional Type Performing the Procedure	Yes	Yes	X	X	X		X	X	X
E19_10	Procedure Authorization	No	No							
E19_11	Procedure Authorizing Physician	No	No							
E19_12	IV Site Location	No	Yes							
E19_13-Retired	Tube Confirmation	No	No							
E19_14-Retired	Destination Confirmation of Tube Placement	No	No							
E20_01	Destination/Transferred To, Name	No	Yes	X	X	X		X	X	X
E20_02	Destination/Transferred To, Code	No	Yes	X	X	X		X	X	X
E20_03	Destination Street Address	No	No							
E20_04	Destination City	No	No							
E20_05	Destination State	Yes	Yes	X	X	X	X	X	X	X
E20_06	Destination County	Yes	Yes	X	X	X	X	X	X	X
E20_07	Destination Zip Code	Yes	Yes	X	X	X	X	X	X	X
E20_N01-New	Destination Country	No	No							
E20_08	Destination GPS Location	No	No							
E20_N07	Disposition Location US National Grid Coordinates	No	No							
E20_09-Retired	Destination Zone Number	No	No							
E20_N02-New	Number of Patients Transported in this EMS Unit	No	Yes							
E20_10	Incident/Patient Disposition	Yes	Yes	X	X	X	X	X	X	X
E20_11	How Patient Was Moved to Ambulance	No	No							
E20_12	Position of Patient During Transport	No	No							
E20_13	How Patient Was Transported From Ambulance	No	No							
E20_N03-New	EMS Transport Method	Yes	Yes	X	X	X	X	X	X	X

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Data Element ID	Data Element	National Element	State Element	Airway	Cardiac Arrest	Pediatric	Response Time	STEMI	Stroke	Trauma
E20_14	Transport Mode from Scene	Yes	Yes	X	X	X	X	X	X	X
E20_15	Condition of Patient at Destination	Yes	Yes	X	X	X				X
E20_16	Reason for Choosing Destination	Yes	Yes		X	X		X	X	X
E20_17	Type of Destination	Yes	Yes	X	X	X	X	X	X	X
E20_N04-New	Destination Prearrival Activation	Yes	Yes		X			X	X	X
E20_N05-New	Destination Prearrival Activation Date/Time	No	Yes	X	X	X		X	X	X
E20_N06-New	Disposition Instructions Provided	No	No							
E21_01	Event Date/Time	No	No	X	X			X		
E21_02	Medical Device Event Name	No	No	X	X			X		
E21_03	Waveform Graphic Type	No	No	X	X			X		
E21_04	Waveform Graphic	No	No	X	X			X		
E21_05-Retired	AED, Pacing, or CO2 Mode	No	No							
E21_06	ECG Lead	No	No	X	X			X		
E21_07	ECG Interpretation	No	No	X	X			X		
E21_08	Type of Shock	No	No		X					
E21_09	Shock or Pacing Energy	No	No		X					
E21_10	Total Number of Shocks Delivered	No	No		X					
E21_11	Pacing Rate	No	No							
E21_12-Retired	Device Heart Rate	No	No							
E21_13-Retired	Device Pulse Rate	No	No							
E21_14-Retired	Device Systolic Blood Pressure	No	No							
E21_15-Retired	Device Diastolic Blood Pressure	No	No							
E21_16-Retired	Device Respiratory Rate	No	No							
E21_17-Retired	Device Pulse Oximetry	No	No							
E21_18-Retired	Device CO2 or etCO2	No	No							
E21_19-Retired	Device CO2, etCO2, or Invasive Pressure Monitor Units	No	No							
E21_20-Retired	Device Invasive Pressure Mean	No	No							
E22_01	Emergency Department Disposition	Yes	Yes	X	X	X		X	X	X
E22_02	Hospital Disposition	Yes	Yes	X	X	X		X	X	X
E22_N01-New	External Report ID/Number Type	No	No							
E22_N02-New	External Report ID/Number	No	No							
E22_03-Retired	Law Enforcement/Crash Report Number	No	No							
E22_04-Retired	Trauma Registry ID	No	No							
E22_05-Retired	Fire Incident Report Number	No	No							
E22_06-Retired	Patient ID Band/Tag Number	No	No							
E23_01	Review Requested	No	No							
E23_02	Potential System of Care/Specialty/Registry Patient	No	Yes	X	X	X		X	X	X

NEMESIS Version 3 (Draft 2) Associated Performance Measures

Data Element ID	Data Element	National Element	State Element	Airway	Cardiac Arrest	Pediatric	Response Time	STEMI	Stroke	Trauma
E23_03	Personal Protective Equipment Used	No	No							
E23_N01-New	EMS Professional (Crew Member) ID	No	No							
E23_04	Suspected Intentional, or Unintentional Disaster	Yes	Yes							X
E23_05	Suspected Work Related Exposure, Injury, or Death	Yes	Yes							
E23_06	Type of Suspected Blood/Body Fluid Exposure, Injury, or Death	No	Yes							
E23_07-Retired	Personnel Exposed	No	No							
E23_08-Retired	Required Reportable Conditions	No	No							
E23_09-Retired	Research Survey Field	No	No							
E23_10	Who Generated this Report?	No	Yes							
E23_11-Retired	Research Survey Field Title	No	No							
E23_N02-New	External Electronic Documents	No	No							
E23_N03-New	File Attachment Type	No	No							
E23_N04-New	File Attachment Image	No	No							
E23_N05-New	Signature Type	No	No							
E23_N06-New	Relationship to the Patient of the Patient Representative, caregiver, or administrator signature.	No	No							
E23_N07-New	Signature Status	No	No							
E23_N08-New	Signature Graphic	No	No							
E23_N09-New	Date/Time of Signature	No	No							
E23_N10-New	Signature Last Name	No	No							
E23_N11-New	Signature First Name	No	No							
EN24_N01-New	Indications for Invasive Airway	No	Yes	X						
EN24_N02-New	Date/Time Airway Device Placement Confirmation	No	Yes	X						
EN24_N03-New	Airway Device Being Confirmed	No	Yes	X						
EN24_N04-New	Airway Device Placement Confirmed Method(s)	No	Yes	X						
EN24_N05-New	Individual Determining Airway Device Placement	No	Yes	X						
EN24_N06-New	Airway Complications Encountered	No	Yes	X						
EN24_N07-New	Suspected Reasons for Failed Airway Procedure	No	No	X						
EN24_N08-New	Decision to Manage the Patient with an Invasive Airway Date/Time	No	No	X						
EN24_N09-New	Date/Time Successful Invasive Airway in Place	No	Yes	X						
EN24_N10-New	Date/Time Invasive Airway Placement Attempts Abandoned	No	No	X						
EN25_N01-New	EMS Custom Data Element Title	No	No							

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Data Element ID	Data Element	National Element	State Element	Airway	Cardiac Arrest	Pediatric	Response Time	STEMI	Stroke	Trauma
EN25_N02-New	EMS Custom Data Element Potential Values	No	No							
EN25_N03-New	EMS Custom Data Element Multiplicity	No	No							
EN25_N04-New	EMS Custom Data Element Usage	No	No							
EN25_N05-New	EMS Custom Data Element Values	No	No							
EN25_N06-New	EMS Custom Data Element Result	No	No							
	Total-Demographic	34	61	26	26	26	26	26	26	26
	Total-EMS	102	158	115	127	104	58	108	103	112
	Grand Total	136	219	141	153	130	84	134	129	138