



EXTENDED DATA DEFINITIONS

May 2016

NEMSIS Version 3.4.0

This document represents an effort to continue the process of defining field values, which was started with NEMSIS v2.2.1. The NASEMSO Data Managers Council (DMC), with help from the NEMSIS Technical Assistance Center (TAC), built off the extended data definitions contained in the 2008 Extended Definition Document, NEMSIS 2.2, to create value definitions contained in the NEMSIS v3.4.0 dataset.

The DMC and NEMSIS TAC are confident that this document will continue to promote the development, standardization, and improvement of state and national EMS data systems.

ACKNOWLEDGEMENTS AND DISCLAIMER

This guide was produced with support from the US Department of Transportation, National Highway Traffic Safety Administration (NHTSA), Office of Emergency Medical Services (OEMS) through cooperative agreement DTNH22-11-H-00338/0001L, with supplemental funding from the Health Resources and Services Administration (HRSA) Emergency Medical Services for Children Program.

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ELEMENTS AND VALUE DEFINITIONS

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General Definitions

PATIENT:

Refer to your local definition or as defined by law

SERVICE:

Agency

TREATMENT:

Encompasses both evaluation and/or care

UNIT:

Depending on context of the Value, could be Vehicle or Service/Agency

eDisposition.12 – Incident/Patient Disposition

Definition: Type of disposition treatment and/or transport of the patient by this EMS Unit.

[To Code List](#)

Usage: Must complete
Select only one
Does not allow for NOT values

Additional NEMSIS definition information located [here](#).

DMC Comment: A few scenarios are not appropriately covered by the Values in Incident/Patient Disposition. The DMC recommends that the following Value be added to the Standard. Until that occurs, the DMC also recommends that a custom element be created.

VALUE TO ADD – PATIENT TREATED, TRANSPORTED WITH THIS EMS CREW IN ANOTHER AGENCY’S VEHICLE:

Patient was evaluated and/or treatment was provided with **this** EMS crew and patient was transported on another vehicle (e.g., ambulance, other non-traditional transport vehicle).

Pertinent Negatives (PN):

None

Code List (Values)

Code	Description
4212001	Assist, Agency
4212003	Assist, Public
4212005	Assist, Unit
4212007	Canceled (Prior to Arrival At Scene)
4212009	Canceled on Scene (No Patient Contact)
4212011	Canceled on Scene (No Patient Found)
4212013	Patient Dead at Scene-No Resuscitation Attempted (With Transport)
4212015	Patient Dead at Scene-No Resuscitation Attempted (Without Transport)
4212017	Patient Dead at Scene-Resuscitation Attempted (With Transport)
4212019	Patient Dead at Scene-Resuscitation Attempted (Without Transport)
4212021	Patient Evaluated, No Treatment/Transport Required
4212023	Patient Refused Evaluation/Care (With Transport)
4212025	Patient Refused Evaluation/Care (Without Transport)
4212027	Patient Treated, Released (AMA)
4212029	Patient Treated, Released (per protocol)
4212031	Patient Treated, Transferred Care to Another EMS Unit
4212033	Patient Treated, Transported by this EMS Unit
4212035	Patient Treated, Transported by Law Enforcement
4212037	Patient Treated, Transported by Private Vehicle
4212039	Standby-No Services or Support Provided
4212041	Standby-Public Safety, Fire, or EMS Operational Support Provided
4212043	Transport Non-Patient, Organs, etc.

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Extended Definitions

ASSIST, AGENCY:

This EMS unit only provided assistance (e.g., manpower, equipment) to another agency and did not provide treatment or primary patient care at any time during the incident.

ASSIST, PUBLIC:

This EMS unit only provided assistance (e.g., manpower, equipment) to a member of the public where no patient (as locally defined) was present (e.g., welfare check, home medical equipment assistance).

ASSIST, UNIT:

This EMS unit only provided additional assistance (e.g., manpower, equipment) to another EMS unit from the same agency and was not responsible for primary patient care at any time during the incident.

CANCELED (PRIOR TO ARRIVAL AT SCENE):

This EMS unit's response is terminated prior to this unit's arrival on scene by the communications center or other on-scene unit(s)/agency(s) (e.g., initially requested service is either no longer needed or being handled by another unit/agency).

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CANCELED ON SCENE (NO PATIENT CONTACT):

This unit arrived on scene but was canceled by other on-scene unit(s)/agency(s) prior to initiating any patient contact or rendering any other assistance.

CANCELED ON SCENE (NO PATIENT FOUND):

This unit arrived on scene, but no patient existed on scene (e.g., patient left the scene prior to arrival, result of a good intent call and no patient existed).

PATIENT DEAD AT SCENE-NO RESUSCITATION ATTEMPTED (WITH TRANSPORT):

Patient shows obvious signs of death or Do Not Resuscitate (DNR) order was presented, and no attempt was made to resuscitate the victim. However, the victim was transported off the scene by the EMS unit with primary transport responsibilities due to local policy or protocol (e.g., public venue arrest).

PATIENT DEAD AT SCENE-NO RESUSCITATION ATTEMPTED (WITHOUT TRANSPORT):

Patient shows obvious signs of death or Do Not Resuscitate (DNR) order was presented, no attempts were made to resuscitate the victim, and the victim was not transported off the scene by the EMS unit with primary transport responsibilities.

PATIENT DEAD AT SCENE-RESUSCITATION ATTEMPTED (WITH TRANSPORT):

Resuscitation efforts were attempted on the patient and terminated on scene either due to Do Not Resuscitate (DNR) order or further attempts were deemed futile. However, the victim was transported off the scene by the EMS unit with primary transport responsibilities due to local policy or protocol (e.g., public venue arrest).

PATIENT DEAD AT SCENE-RESUSCITATION ATTEMPTED (WITHOUT TRANSPORT):

Resuscitation efforts were attempted on the patient and terminated on scene either due to Do Not Resuscitate (DNR) order or further attempts were deemed futile, and the victim was not transported off the scene by the EMS unit with primary transport responsibilities.

PATIENT EVALUATED, NO TREATMENT/TRANSPORT REQUIRED:

Subject for whom the service was requested was evaluated and found to have no identifiable illness/injury/complaint and was not in need of treatment or transport to a definitive care facility.

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This disposition is most frequently associated with good intent or third-party requests where the subject in question did not actually initiate the request for EMS.

PATIENT REFUSED EVALUATION/CARE (WITH TRANSPORT):

Patient refused to give consent or withdrew consent for evaluation and/or treatment by EMS personnel but consented to transport to an appropriate definitive care facility.

PATIENT REFUSED EVALUATION/CARE (WITHOUT TRANSPORT):

Patient refused to give consent or withdrew consent for evaluation and/or treatment and refused to be transported to a definitive care facility by EMS personnel.

PATIENT TREATED, RELEASED (AMA):

Patient was evaluated and treatment was provided; however, the patient refused further treatment and/or transportation to a definitive care facility by EMS personnel.

This refusal generally occurs after consultation with on-line medical control.

AMA: Against Medical Advice

PATIENT TREATED, RELEASED (PER PROTOCOL):

Patient was evaluated and treatment was provided; further treatment and transportation to a definitive care facility by EMS personnel was not necessary. Patient meets predefined criteria for release (e.g., due to refusal or unit determination) and no further consultation or medical direction was required prior to releasing the patient.

PATIENT TREATED, TRANSFERRED CARE TO ANOTHER EMS UNIT:

Patient was evaluated and/or treatment was provided by this EMS unit; however, patient care was transferred to another EMS air or ground unit for final disposition while still on scene.

NOTE: For the lack of a better value, this value can apply to scenarios where you have not released care, but have transferred your crew to another unit.

This is the appropriate value for the following scenarios:

- When your agency assisted with treatment, even if your agency did not have primary care.

- Patient treated as ALS intercept, transported in another EMS transport vehicle (e.g., primary care provided by this EMS crew, transport provided by another unit).
- Patient treated by combined crew, transported in another EMS transport unit.

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PATIENT TREATED, TRANSPORTED BY THIS EMS UNIT:

Patient was evaluated and/or treatment was provided by this EMS unit, and this EMS unit initiated transport or transported to a definitive care facility.

This disposition is also the appropriate choice if this EMS unit is transporting the patient to another location other than the definitive care facility where the patient will be transferred to another EMS air or ground Unit for continuation of treatment/transport to a definitive care facility.

This is the appropriate value for the following scenarios:

- When your unit transported the patient, even if your agency did not provide patient care.
- Patient was treated by combined crew and transported in this unit.
- Patient was treated and transported by designated transport unit.
- Patient was treated and transported to an air medical landing zone, where patient was handed off to air medical for further care.

PATIENT TREATED, TRANSPORTED BY LAW ENFORCEMENT:

(DMC RECOMMENDS THAT THIS VALUE BE DEPRECATED)

If the patient is not under the custody of the law enforcement officer, one of the other treat/release dispositions should be used.

Patient was evaluated and/or treatment was provided by this EMS unit; however, the police assumed custody for transport to either a definitive care facility or to police/jail destination.

PATIENT TREATED, TRANSPORTED BY PRIVATE VEHICLE:

(DMC RECOMMENDS THAT THIS VALUE BE DEPRECATED)

There should be a high degree of certainty that patient will actually seek further evaluation/treatment, if this is not the case, one of the other treat/release dispositions should be used.

Patient was evaluated and/or treatment was provided by this EMS unit; however, patient refused transport in lieu of transportation to an appropriate definitive care facility by means other than EMS, fire, or law enforcement.

STANDBY-NO SERVICES OR SUPPORT PROVIDED:

Response was for purposes of being available in case of a medical/traumatic emergency (e.g., sporting event, fire, police action) and there was no patient contact or support provided.

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STANDBY-PUBLIC SAFETY, FIRE, OR EMS OPERATIONAL SUPPORT PROVIDED:

Response was for purposes of being available in case of a medical/traumatic emergency (e.g., sporting event, fire, police action) and operational support was provided but no patient existed (e.g., operating fire rehab sector, SWAT standby).

TRANSPORT NON-PATIENT, ORGANS, ETC.:

Response was for the purpose of transporting objects, personnel, or equipment not involving a patient (e.g., transportation of organs, organ procurement team, equipment, air medical crew).

eDisposition.18 – Additional Transport Mode Descriptors

Definition: The documentation of transport mode techniques for this EMS response.

Usage: Must complete
Select all applicable
Allows for NOT values

Additional NEMSIS definition information located [here](#).

Pertinent Negatives (PN):

None

Code List (Values)

Code	Description
4218001	Intersection Navigation-Against Normal Light Patterns
4218003	Intersection Navigation-With Automated Light Changing Technology
4218005	Intersection Navigation-With Normal Light Patterns
4218007	Speed-Enhanced per Local Policy
4218009	Speed-Normal Traffic
4218011	Lights and Sirens
4218013	Lights and No Sirens
4218015	No Lights or Sirens
4218017	Initial No Lights or Sirens, Upgraded to Lights and Sirens
4218019	Initial Lights and Sirens, Downgraded to No Lights or Sirens

Extended Definitions

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INTERSECTION NAVIGATION-AGAINST NORMAL LIGHT

PATTERNS:

Traveled through intersections controlled by traffic lights or stop signs against the right-of-way according to standard, non-emergency traffic laws with, or without, the use of emergency lights and sirens (e.g., approached a red traffic light and proceeded through the intersection while the light was still red with cross-road traffic traveling through the intersection on their own green light).

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INTERSECTION NAVIGATION-WITH AUTOMATED LIGHT CHANGING

TECHNOLOGY:

Intersection navigation with the use of technology for traffic signal preemption (also called traffic signal prioritization) to manipulate traffic signals in the path of an emergency vehicle, halting conflicting traffic and allowing the emergency vehicle right-of-way, to help reduce response times and enhance traffic safety. These types of systems allow the normal operation of traffic lights to be preempted or controlled using radio or strobe light based signaling systems and may be used on conjunction with emergency lights and sirens.

INTERSECTION NAVIGATION-WITH NORMAL LIGHT PATTERNS:

Traveling through intersections controlled traffic lights or stop signs according to standard, non-emergency state and federal traffic laws (e.g., approached a red traffic light and waited for the light to change to green before proceeding through the intersection).

SPEED-ENHANCED PER LOCAL POLICY:

When an emergency service vehicle exceeded posted speed limits, within the limits of state or local laws or agency policy during a patient transport (e.g., some laws allow emergency services vehicles to exceed posted speed limits by 10 mph when transporting an emergent patient provided the vehicle driver exercises due caution/regard).

SPEED-NORMAL TRAFFIC:

Adhered to posted speed limits while transporting a patient, regardless of patient priority or use of lights and sirens, to insure a safe and stable transport environment.

LIGHTS AND SIRENS:

Used flashing, blinking, or rotating lights (may be a combination of red, blue, white, and amber colors), and audible sirens mounted on an emergency services vehicle in

order to manage and alert traffic that they need to yield the right-of-way to the emergency vehicle during patient transport.

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LIGHTS AND NO SIRENS:

Use of only flashing, blinking, or rotating lights (may be a combination of red, blue, white, and amber colors), mounted on a responding emergency services vehicle in order to manage and alert traffic that they need to yield the right-of-way to the emergency vehicle.

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This traffic alert mode uses lights only without any use of audible sirens.

NO LIGHTS OR SIRENS:

Transported a patient by an emergency services vehicle without the use of any emergency traffic alert lights or sirens.

INITIAL NO LIGHTS OR SIRENS, UPGRADED TO LIGHTS AND SIRENS:

A transport where the crew initiated the transport without the use of lights or sirens, but either patient condition changed, increasing the transport priority, or traffic conditions changed requiring the use of lights and sirens for a safe and timely transport.

INITIAL LIGHTS AND SIRENS, DOWNGRADED TO NO LIGHTS OR SIRENS:

A transport where the responding vehicle initiated the response with the use of lights or sirens, but either patient condition changed, decreasing the response priority, or traffic conditions improved and the use of lights and sirens was no longer required for a safe and timely response.

This value is often used with a paramedic intercept, where a BLS crew used lights and sirens to make contact with a paramedic, who then stabilized the patient such that the transport priority was decreased.

eHistory.17 – Alcohol/Drug Use Indicators

Definition: Indicators for the potential use of alcohol or drugs by the patient related to the patient's current illness or injury.

[To Code List](#)

Usage: Must complete
Select all applicable
Allows for NOT values

Additional NEMSIS definition information located [here](#).

DMC Comment: Additional values need to be added and some tweaked to cover more scenarios (e.g., patient presents with an altered mental status with an unknown etiology, patient reported to have ingested an unknown substance).

Pertinent Negatives (PN):

Code	Description
8801015	None Reported
8801019	Refused
8801023	Unable to Complete

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Code List (Values)

Code	Description
3117001	Alcohol Containers/Paraphernalia at Scene
3117003	Drug Paraphernalia at Scene
3117005	Patient Admits to Alcohol Use
3117007	Patient Admits to Drug Use
3117009	Positive Level known from Law Enforcement or Hospital Record
3117011	Smell of Alcohol on Breath

Extended Definitions

NONE REPORTED (PN):

Situations where this option is applicable:

- The patient (or the EMS crew) identified that the use of alcohol or drugs were unrelated to the patient's condition;
- There was no apparent alcohol or drug use; or
- Patient denied the use/misuse of drugs or alcohol.

REFUSED (PN):

(DMC RECOMMENDS THAT THIS VALUE BE DEPRECATED – USE SPARINGLY)

Either by written, verbal, or motor action, patient refused to answer questions regarding whether they were under the influence of drugs or alcohol. This does not have to meet any legal definition of intoxication.

UNABLE TO COMPLETE (PN):

Patient was unable to confirm or deny drug or alcohol use for any reason (e.g., unconsciousness, language barrier, or other physical impairment/barrier).

This value would also be appropriate if there was not enough patient contact in order to determine.

ALCOHOL CONTAINERS/PARAPHERNALIA AT SCENE:

Refers to any material/object used in the intake of alcohol into the human body.

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DRUG PARAPHERNALIA AT SCENE:

Any material/object used in manufacturing, producing, processing, preparing, injecting, ingesting, inhaling, or otherwise introducing a controlled substance into the human body.

PATIENT ADMITS TO ALCOHOL USE:

By written, verbal, or motor action (e.g., head nod), patient admitted to being under the influence of alcohol. Patient does not have to meet any legal standard of intoxication for this purpose.

PATIENT ADMITS TO DRUG USE:

By written, verbal, or motor action (e.g., head nod), patient admitted to being under the influence of drugs. Patient does not have to meet any legal standard of intoxication for this purpose.

This value would also be appropriate if patient's condition improved after administration of an opioid antagonist.

POSITIVE LEVEL KNOWN FROM LAW ENFORCEMENT OR HOSPITAL RECORD:

Third-party report of drug or alcohol use based on a diagnostic source (e.g., breathalyzer, blood, urine, or field narcotic test).

This is not a legal record.

SMELL OF ALCOHOL ON BREATH:

(DMC RECOMMENDS THAT THIS VALUE CHANGE TO "PHYSICAL EXAM INDICATES SUSPECTED ALCOHOL/DRUG USE")

EMS care provider observation of an alcohol-like odor coming from the patient.

eMedication.07 – Response to Medication

Definition: The patient's response to the medication.

Usage: Must complete
Select only one
Allows for NOT values

Additional NEMSIS definition information located [here](#).

PERTINENT NEGATIVES ENTERED WITH *eMedication.03 – Medication Given*

When *eMedication.03 – Medication Given* has a medication entered with a Pertinent Negative ("Contraindication Noted," "Denied by Order," "Refused," "Unable to Complete," "Medication Already Taken," "Medication Allergy") a value for *eMedication.07 – Response to Medication* could be "Improved", "Unchanged," "Worse," or "Not Applicable," depending on any clinical changes by the patient or the situation as a response to receiving or not receiving the medication.

Pertinent Negatives (PN):

None

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Code List (Values)

Code	Description
9916001	Improved
9916003	Unchanged
9916005	Worse

Extended Definitions

IMPROVED:

The medication had its intended therapeutic effect and the patient's symptoms decreased or clinical condition improved or resolved. The word "effective" could be generally be substituted for "improved."

If a patient had the intended therapeutic response to the medication, but a side effect that caused a clinical deterioration in another body system, then "Improved" should be chosen and the side effects documented as a complication (e.g., nitroglycerin improved chest pain but dropped the blood pressure).

UNCHANGED:

The medication was ineffective and had no intended therapeutic effect or had a sub-therapeutic and unnoticeable effect, AND the patient condition did not deteriorate.

WORSE:

The patient condition deteriorated or continued to deteriorate because either the medication:

1. Was ineffective and had no intended therapeutic effect, or
2. Had a sub-therapeutic effect that was unable to stop or reverse the decline in patient condition, or

3. Was the wrong medication for the clinical situation and the therapeutic effect caused the condition to worsen (e.g. giving glucose to a patient with hyperglycemia/diabetic ketoacidosis).

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ePatient.14 – Race

Definition: The patient's race as defined by the OMB (US Office of Management and Budget).

Usage: Must complete
Select all applicable
Allows for NOT values

Additional NEMSIS definition information located [here](#).

Pertinent Negatives (PN):

None

If using a PN for this element, do not use any of the Values listed below.

Code List (Values)

Code	Description
2514001	American Indian or Alaska Native
2514003	Asian
2514005	Black or African American
2514007	Hispanic or Latino
2514009	Native Hawaiian or Other Pacific Islander
2514011	White

Extended Definitions

AMERICAN INDIAN OR ALASKA NATIVE:

A person having origins in any of the original peoples of North, Central, and South America and who maintains tribal affiliation or community attachment.

ASIAN:

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

BLACK OR AFRICAN AMERICAN:

A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

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HISPANIC OR LATINO:

When selecting this value, you should also select at least one additional value (e.g., "Hispanic," "Black," or "Hispanic" and "White.")

A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

WHITE:

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

ePayment.50 – CMS Service Level

Definition: The CMS service level for this EMS encounter.

Usage: Must complete
Select only one
Allows for NOT values

Additional NEMSIS definition information located [here](#).

Pertinent Negatives (PN):

None

Code List (Values)

Code	Description
2650001	ALS, Level 1
2650003	ALS, Level 1 Emergency
2650005	ALS, Level 2
2650007	BLS

2650009	BLS, Emergency
2650011	Fixed Wing (Airplane)
2650013	Paramedic Intercept
2650015	Specialty Care Transport
2650017	Rotary Wing (Helicopter)

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Extended Definitions

ALS, LEVEL 1:

Transportation by ground ambulance vehicle and the provision of medically necessary supplies and services including the provision of at least one ALS intervention by ALS personnel trained to the level of the EMT-Intermediate or paramedic.

***ALS Intervention:** An ALS intervention must be medically necessary to qualify as an intervention for payment for an ALS level of service. An ALS intervention applies only to ground transports.*

ALS, LEVEL 1 EMERGENCY:

When medically necessary, the provision of ALS1 services (ALS assessment or ALS intervention per state guidelines), are performed in the context of an emergency response and responds immediately. ALS personnel trained to the level of the EMT-Intermediate or paramedic.

***ALS Assessment:** An ALS assessment is an assessment performed by an ALS crew as part of an emergency response that was necessary because the patient's reported condition at the time of dispatch was such that only an ALS crew was qualified to perform the assessment.*

***ALS Intervention:** An ALS intervention must be medically necessary to qualify as an intervention for payment for an ALS level of service. An ALS intervention applies only to ground transports.*

ALS, LEVEL 2:

Transportation by ground ambulance vehicle staffed with ALS personnel and the provision of medically necessary supplies and services including:

1. At least three separate administrations of one or more medications by intravenous push/bolus or by continuous infusion (excluding crystalloid fluids),
OR
2. Ground ambulance transport, medically necessary supplies and services, and the provision of at least one of the following ALS2 procedures:
 - a. Manual defibrillation/cardioversion;

- b. Endotracheal intubation;
- c. Central venous line;
- d. Cardiac pacing;
- e. Chest decompression;
- f. Surgical airway; or
- g. Intraosseous line.

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***Application:** Crystalloid fluids include fluids such as 5 percent Dextrose in water, Saline and Lactated Ringer's. Medications that are administered by other means (e.g., intramuscular/subcutaneous injection, oral, sublingually, or nebulized) do not qualify to determine whether the ALS2 level rate is payable. The criterion of multiple administrations of the same drug requires a suitable quantity and amount of time between administrations that is in accordance with standard medical practice guidelines.*

BLS:

Transportation by ground ambulance vehicle as defined by the state. The ambulance must be staffed by an individual who is qualified as an EMT-Basic per state guidelines

BLS, EMERGENCY:

When the ambulance provider or supplier is called, it responds immediately. The ambulance must be staffed by an individual who is qualified as an EMT-Basic per state guidelines.

FIXED WING (AIRPLANE):

Furnished when the beneficiary's medical condition is such that transport by ground ambulance, in whole or in part, is not appropriate. Generally, transport by fixed wing air ambulance may be necessary because the beneficiary's condition requires rapid transport to a treatment facility, and either great distances or other obstacles (e.g., heavy traffic precludes rapid delivery to the nearest appropriate facility). Transport by fixed wing air ambulance may also be necessary because the beneficiary is inaccessible by a ground or water ambulance vehicle.

PARAMEDIC INTERCEPT:

ALS emergency services, provided by an entity that does not provide the ambulance transport to a BLS level of service, is dispatched to transport a patient.

Paramedic intercept services furnished on or after March 1, 1999, may be payable separate from the ambulance transport, subject to the requirements specified below.

The intercept service(s) is:

- Furnished in a rural area;
- Furnished under a contract with one or more volunteer ambulance services; and,
Medically necessary based on the condition of the beneficiary receiving the ambulance service.

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In addition, the volunteer ambulance service involved must:

- Furnish services only at the BLS level at the time of the intercept; and,
- Be prohibited by State law from billing anyone for any service.

Finally, the entity furnishing the ALS paramedic intercept service must:

- Bill all recipients who receive ALS paramedic intercept services from the entity, regardless of whether or not those recipients are Medicare beneficiaries.

For purposes of the paramedic intercept benefit, a rural area is an area that is designated as rural by a State law or regulation or any area outside of a Metropolitan Statistical Area or in New England, outside a New England County Metropolitan Area as defined by the Office of Management and Budget. The current list of these areas is periodically published in the Federal Register.

See the [Medicare Claims Processing Manual](#), Chapter 15, "Ambulance," §20.1.4 for payment of paramedic intercept services.

Services in a Rural Area: *Services that are furnished:*

1. *In an area outside a Metropolitan Statistical Area (MSA); or,*
2. *In New England, outside a New England County Metropolitan Area (NECMA);*
or,
3. *An area identified as rural using the Goldsmith modification even though the area is within an MSA.*

SPECIALTY CARE TRANSPORT:

The interfacility transportation of a critically injured or ill beneficiary by a ground ambulance vehicle at a level of service beyond the scope of the EMT-Paramedic. This transport is necessary when a beneficiary's condition requires ongoing care that must be furnished by one or more health professionals in an appropriate specialty area (e.g., emergency or critical care nursing, emergency medicine, respiratory care, cardiovascular care, or a paramedic with additional training).

Additional training: *the specific additional training that a state requires a paramedic to complete in order to qualify to furnish specialty care to a critically ill or injured patient during a specialty care transport.*

ROTARY WING (HELICOPTER):

Furnished when the beneficiary's medical condition is such that transport by ground ambulance, in whole or in part, is not appropriate. Generally, transport by rotary wing air ambulance may be necessary because the beneficiary's condition requires rapid transport to a treatment facility, and either great distances or other obstacles (e.g., heavy traffic precludes such rapid delivery to the nearest appropriate facility). Transport by rotary wing air ambulance may also be necessary because the beneficiary is inaccessible by a ground or water ambulance vehicle.

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eProcedure.08 – Response to Procedure

Definition: The patient's response to the procedure.

Usage: Must complete
Select only one
Allows for NOT values

Additional NEMSIS definition information located [here](#).

PERTINENT NEGATIVES ENTERED WITH ePROCEDURES.03 – PROCEDURE

When eProcedures.03 – Procedure has a Value entered with a Pertinent Negative ("Contraindication Noted," "Denied by Order," "Refused," "Unable to Complete") a Value for eProcedure.08 – Response to Procedure could be "Improved," "Unchanged," "Worse," or "Not Applicable," depending on any clinical changes by the patient or the situation as a response to receiving or not receiving the procedure.

Pertinent Negatives (PN):

None

NOT Value:

Code	Description
7701001	Not Applicable

Code List (Values)

Code	Description
9916001	Improved
9916003	Unchanged
9916005	Worse

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NOT APPLICABLE (NOT):

The nature of the procedure has no direct expected clinical response (e.g., patient assessment, 12-lead ECG acquisition).

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IMPROVED:

The procedure performed had the intended effective outcome and/or the patient's symptoms decreased or clinical condition improved or resolved (e.g., defibrillation resolved v-fib into a perfusing rhythm, intubation controlled the airway and allowed effective management of breathing).

An effective procedure that caused an improvement in the patient condition may also have resulted in a procedure complication and the complication should be documented (e.g. intubation caused minor airway trauma, but the intubation successfully secured the airway).

UNCHANGED:

The procedure performed did not have the clinical effect intended, but did not directly worsen the patient's symptoms or clinical condition (e.g., attempted defibrillation and the person **remained** in v-fib); OR

Had a sub-therapeutic effect and the symptoms continued (e.g., a bandage applied to a bleeding wound failed to stop the bleeding); OR

The nature of the procedure has no direct expected clinical response (e.g. patient assessment). "Not Applicable" would also be appropriate to choose for these cases.

WORSE:

The results of the procedure performed lead to a worsening of the patient's symptoms or condition (e.g. defibrillation converted v-fib into asystole, application of a splint caused **significant** increase in pain or loss of sensation and pulses).

In the case of worsening condition, documentation of procedure complications may also be appropriate.

Just because a patient got worse, doesn't necessarily mean the provider performed the procedure incorrectly.

eResponse.05 – Type of Service Requested

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Definition: The type of service or category of service requested of the EMS Agency responding for this specific EMS event.

Usage: Must complete
Select only one
Does not allow for NOT values

NEMSIS Comment: "Interfacility Transfer" has been changed to "Interfacility Transport." "Public Assistance/Other Not Listed" added for EMS expanded scope events such as elderly assistance, injury prevention, public education, immunization programs, etc.

Additional NEMSIS definition information located [here](#).

<p>DMC Comment: These values represent the service requested, not necessarily the service provided.</p>
--

Pertinent Negatives (PN):

None

Code List (Values)

Code	Description
2205001	911 Response (Scene)
2205003	Intercept
2205005	Interfacility Transport
2205007	Medical Transport
2205009	Mutual Aid
2205011	Public Assistance/Other Not Listed
2205013	Standby

Extended Definitions

911 RESPONSE (SCENE):

Emergent or immediate response to an incident location, regardless of method of notification (e.g., 9-1-1, direct dial, walk-in, flagging down, air ambulance scene flight).

INTERCEPT:

When one EMS provider meets a transporting EMS unit vehicle with the intent of receiving a patient or providing a higher level of care.

INTERFACILITY TRANSPORT:

Any transfer, after initial assessment and stabilization, from and to a healthcare facility, to include specialty hospitals, for the purpose of continuation of acute care, this would also include emergent transfer requests (e.g., hospital to hospital, clinic to hospital).

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MEDICAL TRANSPORT:

Transports that are not between hospitals or that do not require an immediate response; these are generally for the purpose of transportation to or from an appointment, performance of a procedure, or long-term care (e.g., hospital to home/hospice/rehabilitation/long-term care facility).

MUTUAL AID:

Unit responded to a request to assist another EMS service (e.g., previously established agreement (MOU), or a response outside the unit's jurisdiction/ coverage area, or disaster/strike team response).

PUBLIC ASSISTANCE/OTHER NOT LISTED:

The unit responded to provide non-traditional or EMS services not otherwise specified here (e.g., elderly or disabled patient assistance, public education, injury prevention, community paramedicine/mobile integrated healthcare, immunization programs).

STANDBY:

Initial request for service was for purposes of being available in case of a medical/traumatic emergency (e.g., sporting/public events, fires, police action).

eResponse.07 – Primary Role of the Unit

Definition: The primary role of the EMS Unit which responded to this specific EMS event.

Usage: Must complete
Select only one
Does not allow for NOT values

Additional NEMSIS definition information located [here](#).

DMC Comment: A few scenarios are not appropriately covered by the Values in Primary Role of the Unit. The DMC recommends that the following Value be added to the Standard. Until that occurs, the DMC also recommends that a custom element be created.

VALUE TO ADD – NON-TRANSPORT TREATMENT:

This unit's intended role in this incident at the time of response was to provide treatment until transport unit arrives; includes non-transporting ALS units.

Pertinent Negatives (PN):

None

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Code List (Values)

Code	Description
2207003	Ground Transport
2207005	Non-Transport Administrative (e.g., Supervisor)
2207007	Non-Transport Assistance
2207009	Non-Transport Rescue
2207011	Air Transport-Helicopter
2207013	Air Transport-Fixed Wing

Extended Definitions

GROUND TRANSPORT:

This unit's intended role in this incident at the time of response was to provide ground transportation of the patient even if no transport resulted.

NON-TRANSPORT ADMINISTRATIVE (E.G., SUPERVISOR):

This unit's intended role in this incident at the time of response was to provide EMS coordination, oversight and/or supervision of services.

NON-TRANSPORT ASSISTANCE:

This unit's intended role in this incident at the time of response was to provide EMS care and/or transportation support but was not to provide transport (e.g. fire apparatus, first response units, quick response vehicles, chase cars, etc.)

Examples: Assistance moving the patient to the transporting unit.

First Response unit providing treatment until transport unit arrives (to include non-transporting ALS units)

NON-TRANSPORT RESCUE:

This unit's intended role in this incident at the time of response was to provide specialized support to the EMS incident by providing fire suppression, extrication, technical rescue (e.g., confined space, rope, water).

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AIR TRANSPORT-HELICOPTER:

This unit's intended role in this incident at the time of response was to provide rotor-wing transportation of a patient, even if no transport resulted.

AIR TRANSPORT-FIXED WING:

This unit's intended role in this incident at the time of response was to provide fixed-wing transportation of a patient even if no transport resulted.

eResponse.08 – Type of Dispatch Delay

Definition: The dispatch delays, if any, associated with the dispatch of the EMS unit to the EMS event.

Usage: Must complete
Select all applicable
Allows for NOT values

NEMSIS Comment: A dispatch delay is any time delay that occurs from the time of PSAP call (eTimes.01) to the time the unit is notified by dispatch (eTimes.03).

Additional NEMSIS definition information located [here](#).

Pertinent Negatives (PN):

None

Code List (Values)

Code	Description
2208001	Caller (Uncooperative)
2208003	Diversion/Failure (of previous unit)
2208005	High Call Volume
2208007	Language Barrier
2208009	Location (Inability to Obtain)
2208011	No EMS Vehicles (Units) Available
2208013	None/No Delay

[2208015](#) Other

[2208017](#) Technical Failure (Computer, Phone etc.)

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CALLER (UNCOOPERATIVE):

PSAP/Secondary Dispatch ability to gather information and/or provide instructions was impeded by caller behavior (e.g., caller was unhelpful).

DIVERSION/FAILURE (OF PREVIOUS UNIT):

(DMC RECOMMENDS THAT THIS VALUE BE SEPARATED INTO TWO VALUES)

Unit initially dispatched was unable to complete the response resulting in a second unit dispatched; or call was re-directed to another unit after initial dispatch.

HIGH CALL VOLUME:

Capacity to receive and process calls in a timely manner was exceeded.

LANGUAGE BARRIER:

Ability of PSAP/Secondary Dispatch and caller to understand one another was limited (e.g., due to lack of a common language, regional dialect differences, caller speech impediments, distraught caller, etc.).

LOCATION (INABILITY TO OBTAIN):

PSAP/ Secondary Dispatch had difficulty determining an accurate location for the event/incident.

NO EMS VEHICLES (UNITS) AVAILABLE:

At the time requested, the PSAP/ Secondary Dispatch was unable to identify an appropriate EMS unit to assign.

NONE/NO DELAY:

At the time requested, the PSAP/ Secondary Dispatch was able to assign an EMS unit to the EMS event/incident without delay.

OTHER:

At the time requested, the PSAP/ Secondary Dispatch was delayed assigning an EMS unit for a reason not otherwise specified here.

TECHNICAL FAILURE (COMPUTER, PHONE ETC.):

The ability to receive calls and/or dispatch EMS units was impeded by issues with one or more physical communication channels (e.g., phones, radios, a local network, the internet, power/utility outage, etc.).

eResponse.09 – Type of Response Delay

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Definition: The response delays, if any, of the EMS unit associated with the EMS event.

Usage: Must complete
Select all applicable
Allows for NOT values

NEMSIS Comment: Rendezvous Transport Unavailable added for situations where there is a wait for an EMS Transport Unit, a Ferry, Air Medical, etc. to return to service.

A response delay is any time delay that occurs from the time the unit is notified by dispatch (eTimes.03) to the time the unit arrived on scene (eTimes.06)

Additional NEMSIS definition information located [here](#).

DMC Comment: Remember to review all and pick all applicable values.

Pertinent Negatives (PN):

None

Code List (Values)

Code	Description
2209001	Crowd
2209003	Directions/Unable to Locate
2209005	Distance
2209007	Diversion (Different Incident)
2209009	HazMat
2209011	None/No Delay
2209013	Other
2209015	Rendezvous Transport Unavailable
2209017	Route Obstruction (e.g., Train)
2209019	Scene Safety (Not Secure for EMS)
2209021	Staff Delay
2209023	Traffic
2209025	Vehicle Crash Involving this Unit
2209027	Vehicle Failure of this Unit
2209029	Weather
2209031	Mechanical Issue-Unit, Equipment, etc.
2209033	Flight Planning

Extended Definitions

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CROWD:

The combination of number, density, and location of people encountered en route to an EMS event/incident was sufficient enough to slow the unit's progress.

DIRECTIONS/UNABLE TO LOCATE:

Problems with directions and/or the ability to follow directions slowed or prevented the unit's progress to an EMS event/incident (e.g., dispatched to the wrong address, GPS issue).

DISTANCE:

An atypically long distance to an EMS event/incident resulted in a longer than normal response time for the unit.

DIVERSION (DIFFERENT INCIDENT):

While en route to an EMS event/incident, the unit was re-directed to a different EMS event/incident.

HAZMAT:

The actual or presumed presence of one or more dangerous substances slowed or prevented the unit's progress to an EMS event/incident.

NONE/NO DELAY:

The unit's progress to an EMS event/incident was completed without delay.

OTHER:

The unit's progress to an incident took longer than expected due to one or more factors not otherwise specified here.

RENDEZVOUS TRANSPORT UNAVAILABLE:

The unit's progress to an incident was slowed due to the delay or unavailability of an additional mode of transportation needed to achieve the shortest overall response time (e.g., ferry).

ROUTE OBSTRUCTION (E.G., TRAIN):

One or more obstacles encountered en route to an incident slowed the unit's progress (e.g., train, drawbridge, bridge or road washout, wildfire, mud/rock slide, parade, marathon).

SCENE SAFETY (NOT SECURE FOR EMS):

Arrival on scene was delayed due to actual or presumed unsafe conditions at the scene (e.g., observed or suspected criminal activity involving weapons).

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STAFF DELAY:

The response was slowed due to crewmember issues (e.g., full crew not present, illness, injury, family emergency).

TRAFFIC:

Vehicular congestion encountered en route to an incident was sufficient enough to slow the unit's progress.

VEHICLE CRASH INVOLVING THIS UNIT:

The unit's involvement in a crash slowed or prevented its progress to an incident.

VEHICLE FAILURE OF THIS UNIT:

Progress to an incident was slowed or prevented by vehicle issues (e.g., failure to start, a flat tire, a broken axle).

WEATHER:

Weather conditions slowed or prevented the unit's progress to an incident (e.g., flood, blizzard).

MECHANICAL ISSUE-UNIT, EQUIPMENT, ETC.:

Issues with one or more devices slowed or prevented the unit's ability to proceed to an EMS event/incident within the expected amount of time (e.g., garage door not rising, switching out O₂).

FLIGHT PLANNING

The aircraft's response to an incident was slowed by additional pre-flight preparations (e.g., re-routing due to weather conditions, loading specialized equipment).

eResponse.10 – Type of Scene Delay

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Definition: The scene delays, if any, of the EMS unit associated with the EMS event.

Usage: Must complete
Select all applicable
Allows for NOT values

Additional NEMSIS definition information located [here](#).

Pertinent Negatives (PN):

None

Code List (Values)

Code	Description
2210001	Awaiting Air Unit
2210003	Awaiting Ground Unit
2210005	Crowd
2210007	Directions/Unable to Locate
2210009	Distance
2210011	Extrication
2210013	HazMat
2210015	Language Barrier
2210017	None/No Delay
2210019	Other
2210021	Patient Access
2210023	Safety-Crew/Staging
2210025	Safety-Patient
2210027	Staff Delay
2210029	Traffic
2210031	Triage/Multiple Patients
2210033	Vehicle Crash Involving this Unit
2210035	Vehicle Failure of this Unit
2210037	Weather
2210039	Mechanical Issue-Unit, Equipment, etc.

Extended Definitions

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AWAITING AIR UNIT:

Waiting for aeromedical unit arrival at an EMS event/incident extended time on scene.

AWAITING GROUND UNIT:

Waiting for EMS ground unit arrival, transport or otherwise, at the EMS event/incident extended time on scene.

CROWD:

The combination of number, density, and location of people encountered at the EMS event/incident was sufficient enough to extend time on scene.

DIRECTIONS/UNABLE TO LOCATE:

Difficulty finding the patient after arrival at an EMS event/incident extended time on scene.

DISTANCE:

Separation between the EMS response vehicle and the patient at the EMS event/incident extended time on scene.

EXTRICATION:

EMS activities to remove the patient from the EMS event/incident extended time on scene (e.g., stair-chair, technical rescue or auto extrication to gain patient access).

HAZMAT:

The management (e.g., identification, decontamination, removal, mitigation) of actual or presumed presence of one or more dangerous substances at or near the EMS event/incident extended time on scene.

LANGUAGE BARRIER:

Limited ability of EMS crewmembers to communicate with the patient and/or bystanders at the EMS event/incident extended time on scene.

NONE/NO DELAY:

Nothing occurred at the EMS event/incident that extended the EMS unit's time on scene.

OTHER:

The EMS unit's time on scene was extended for one or more reasons not otherwise specified (e.g., extended patient care, securing pets/residence, waiting for guardian to arrive).

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PATIENT ACCESS:

Barriers to physical contact with the patient at the EMS event/incident extended time on scene (e.g., locked door, entrapment, patient resists access to care, animals).

Often used in combination with "Extrication" and/or "Safety-Patient."

SAFETY-CREW/STAGING:

Actual or presumed dangerous conditions at the EMS event/incident, or actions taken to protect EMS crewmembers (e.g., staging area and scene management) extended time on scene.

Select "Patient Access," "Crowd," "Weather," and/or "HazMat" if the danger is a direct result of any of those factors.

SAFETY-PATIENT:

Actual or presumed dangerous conditions at the EMS event/incident, or actions taken to protect the patient from harm, extended time on scene.

STAFF DELAY:

Crewmember issues (e.g., injury, illness, waiting for additional staff) at the EMS event/incident extended time on scene.

TRAFFIC:

Vehicular congestion or other roadway conditions (e.g., navigating a parking area, entrance/egress from a parade/concert, incident is on a busy roadway, other responding resource is obstructed from arrival) encountered at the EMS event/incident extended time on scene.

TRIAGE/MULTIPLE PATIENTS:

Activities associated with managing an EMS event/incident involving more than one patient (e.g., sorting, prioritizing, processing) extended time on scene.

VEHICLE CRASH INVOLVING THIS UNIT:

The unit's involvement in a crash (e.g., unit is struck by another vehicle while on scene, crash of associated rescue vehicle (ATV) while accessing patient, unit backs into something while navigating scene) extended time on scene.

VEHICLE FAILURE OF THIS UNIT:

EMS unit mechanical issue (e.g., failure to start, a flat tire, a broken axle) at the EMS event/incident extended time on scene.

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WEATHER:

Weather conditions, current or result of past event (e.g., standing water, ice, blizzard), extended time on scene.

MECHANICAL ISSUE-UNIT, EQUIPMENT, ETC.:

Functional issues with one or more devices needed by the EMS crew (e.g., stretcher or monitor failure, locked out of ambulance) extended time on scene.

eResponse.24 – Additional Response Mode Descriptors

Definition: The documentation of response mode techniques used for this EMS response.

Usage: Must complete
Select all that apply
Allows for NOT values

Additional NEMSIS definition information located [here](#).

Pertinent Negatives (PN):

None

Code List (Values)

Code	Description
2224001	Intersection Navigation-Against Normal Light Patterns
2224003	Intersection Navigation-With Automated Light Changing Technology
2224005	Intersection Navigation-With Normal Light Patterns
2224007	Scheduled
2224009	Speed-Enhanced per Local Policy
2224011	Speed-Normal Traffic
2224013	Unscheduled
2224015	Lights and Sirens
2224017	Lights and No Sirens
2224019	No Lights or Sirens
2224021	Initial No Lights or Sirens, Upgraded to Lights and Sirens
2224023	Initial Lights and Sirens, Downgraded to No Lights or Sirens

Extended Definitions

INTERSECTION NAVIGATION-AGAINST NORMAL LIGHT

PATTERNS:

Traveled through intersections controlled by traffic lights or stop signs against the right-of-way according to standard, non-emergency traffic laws with, or without, the use of emergency lights and sirens (e.g., approached a red traffic light and proceeded through the intersection, while the light was still red, when there was cross-road traffic traveling through the intersection on their own green light).

INTERSECTION NAVIGATION-WITH AUTOMATED LIGHT CHANGING

TECHNOLOGY:

Intersection navigated with the use of technology for traffic signal preemption (also called traffic signal prioritization) to manipulate traffic signals in the path of an emergency vehicle, halted conflicting traffic and allowed the emergency vehicle right-of-way, to help reduce response times and enhance traffic safety.

These types of systems allow the normal operation of traffic lights to be preempted or controlled using radio or strobe light based signaling systems and may be used on conjunction with emergency lights and sirens.

INTERSECTION NAVIGATION-WITH NORMAL LIGHT PATTERNS:

Traveled through intersection controlled traffic lights or stop signs according to standard, non-emergency state and federal traffic laws (e.g., approached a red traffic light and waited for the light to change to green before proceeding through the intersection).

SCHEDULED:

For use with *eResponse.05 – Type of Service Requested* Values of “Interfacility Transport,” “Medical Transport,” and “Public Assistance/Other Not Listed or Standby,” where the service or resources requested have been prescheduled prior to the “Unit En Route Date/Time” in order to meet a planned “Unit Arrived on Scene Date/Time.”

SPEED-ENHANCED PER LOCAL POLICY:

When an emergency service vehicle exceeded posted speed limits within the limits of state or local laws or agency policy when responding to an emergency (e.g., some laws allow emergency services vehicles to exceed posted speed limits by 10 mph when responding to an emergency event, provided the vehicle driver exercises due caution/regard).

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SPEED-NORMAL TRAFFIC:

Adhered to posted speed limits when responding to a request for service, regardless of dispatch priority and use of lights and sirens, in order to arrive in a safe and timely manner.

UNSCHEDULED:

For use *with eResponse.05 – Type of Service Requested* Values of “Interfacility Transport,” “Medical Transport,” or “Public Assistance/Other Not Listed,” where the service or resources requested have not been prescheduled prior to the request for service.

For Interfacility Transports, this may be an emergency transport, which can be further defined using *eResponse.23 – Response Mode to Scene*.

This Value is not intended to be used with eResponse.05 – Type of Service Requested values of “911Response (Scene),” “Intercept,” “Mutual Aid,” or “Standby.”

LIGHTS AND SIRENS:

Used flashing, blinking, or rotating lights (which may be a combination of red, blue, white and amber colors) and audible sirens mounted on a responding emergency services vehicle, in order to manage and alert traffic that they need to yield the right-of-way to the emergency vehicle.

LIGHTS AND NO SIRENS:

Used only flashing, blinking, or rotating lights (which may be a combination of red, blue, white and amber colors) mounted on a responding emergency services vehicle, in order to manage and alert traffic that they need to yield the right-of-way to the emergency vehicle.

This traffic alert mode uses lights only without any use of audible sirens.

NO LIGHTS OR SIRENS:

Responded in an emergency services vehicle without the use of any emergency traffic alert lights or sirens.

INITIAL NO LIGHTS OR SIRENS, UPGRADED TO LIGHTS AND SIRENS:

A response where the responding vehicle initiated the response without the use of lights or sirens, but either received new information from the incident increasing the response priority, or where traffic conditions changed requiring the use of lights and sirens for a safe and timely response.

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INITIAL LIGHTS AND SIRENS, DOWNGRADED TO NO LIGHTS OR SIRENS:

A response where the responding vehicle initiated the response with the use of lights or sirens, but either received new information from the incident decreasing the response priority, or where traffic conditions improved and the use of lights and sirens was no longer required for a safe and timely response.

eScene.06 – Number of Patients at Scene

Definition: Indicator of how many total patients were at the scene.

Usage: Must complete
Select only one
Allows for NOT values

Additional NEMSIS definition information located [here](#).

Pertinent Negatives (PN):

None

Code List (Values)

Code	Description
2707001	Multiple
2707003	None
2707005	Single

Extended Definitions

MULTIPLE:

There was more than one person at the scene of an emergency who was evaluated and/or treated and transported by responding EMS resources.

NONE:

This ambulance and crew was unable to locate anyone at the scene (locally defined as a patient) who needed to be evaluated and/or treated and transported.

This value is associated with following eDisposition_12 – Incident/Patient Disposition values:

- Canceled (Prior to Arrival At Scene)
- Canceled on Scene (No Patient Contact)
- Canceled on Scene (No Patient Found)
- Standby-No Services or Support Provided
- Transport Non-Patient, Organs, etc.

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SINGLE:

There was one person (locally defined as a patient) at the scene of an emergency who was evaluated and/or treated and transported by responding EMS resources.

The value of “Single” does not reflect how many patients this unit evaluated, treated and/or transported, only that there was only one patient identified at the scene, regardless of the number of EMS units on scene and their dispositions.

eScene.07 – Mass Casualty Incident

Definition: Indicator if this event would be considered a mass casualty incident (overwhelmed existing EMS resources).

Usage: Must complete
Select only one
Allows for NOT values

Additional NEMSIS definition information located [here](#).

Pertinent Negatives (PN):

None

Code List (Values)

Code	Description
9923003	Yes

Extended Definitions

YES:

A local Mass Casualty Incident (MCI) plan was activated or where EMS resources, such as personnel and equipment, were overwhelmed by the number and severity of victims at an emergency scene.

eScene.08 – Triage Classification for MCI Patient

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Definition: The color associated with the initial triage assessment/classification of the MCI patient.

Usage: Must complete
Select only one
Allows for NOT values

Additional NEMSIS definition information located [here](#).

Pertinent Negatives (PN):

None

Code List (Values)

Code	Description
2708001	Red – Immediate
2708003	Yellow – Delayed
2708005	Green – Minimal (Minor)
2708007	Gray – Expectant
2708009	Black – Deceased

Extended Definitions

RED – IMMEDIATE:

Patient is critical, but has a chance of survival, and cannot survive without immediate treatment (e.g., head injuries, severe burns, severe bleeding, heart-attack, breathing-impaired, internal injuries).

YELLOW – DELAYED:

Patient condition is stable but serious and they are not in immediate danger of death (e.g., fractures). These patients should be able to follow a simple command (e.g., “Squeeze my hand”).

GREEN – MINIMAL (MINOR):

Patient is considered “walking wounded” (e.g., patient is ambulatory), and may need medical care at some point, after more critical injuries have been treated. Generally, these patients will have been escorted to a staging area out of the “hot zone” to await delayed evaluation and transportation.

GRAY – EXPECTANT:

Patient's injuries are so extensive that they may not be able to survive given the care currently available.

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It is important to note that victims of mass casualty incidents (MCI) who are still presenting some vital signs but may have life-threatening or potentially fatal injuries, may be classified as "unsalvageable" by the Triage officer. Although this is a very difficult decision, it is necessary when many casualties require more resources than may be available.

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In some systems, this may be the same as black.

BLACK – DECEASED:

Individual who has no clinical signs of life and/or obviously fatal injuries.

In some systems, this may be the same as gray.

eSituation.11 – Provider's Primary Impression

Definition: The EMS personnel's impression of the patient's primary problem or most significant condition which led to the management given to the patient (treatments, medications, or procedures).

Usage: Must complete
Select only one
Allows for NOT values

Additional NEMSIS definition information located [here](#).

NASEMSO DMC Statement:

The National Association of State EMS Officials Data Managers Council affirms the NEMSIS Primary Impression definition.

The primary impression is based on the clinical judgment of the provider and could be considered a field impression, or working/differential diagnosis. The value chosen should reflect the EMS professional's determination of the patient's primary condition needing treatment based on assessment. This treatment approach uses the providers training, experience and patient assessment knowledge/skills.

Primary refers to the highest acuity condition of the patient, not necessarily the first condition noticed. The majority of the treatment will be focused on addressing this issue.

This is the field provider's diagnosis, and may not necessarily reflect the hospital diagnosis. Additionally, this record is part of the patient's medical record, and must not get mistaken for a physician's diagnosis; these values should NOT be linked to the hospital's diagnosis fields or their longitudinal diagnosis record.

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eSituation.12 – Provider's Secondary Impression

Definition: The EMS personnel's impression of the patient's secondary problem or most significant condition which led to the management given to the patient (treatments, medications, or procedures).

Usage: Must complete
Select all applicable
Allows for NOT values

Additional NEMSIS definition information located [here](#).

NASEMSO Data Managers Council Statement:

The National Association of State EMS Officials Data Managers Council affirms the NEMSIS Primary Impression definition.

The secondary impression is based on the clinical judgment of the provider and could be considered a field impression, or working/differential diagnosis. The value chosen should reflect the EMS professional's determination of the patient's secondary condition needing treatment based on assessment. This treatment approach uses the providers training, experience and patient assessment knowledge/skills.

This is the field provider's diagnosis, and may not necessarily reflect the hospital diagnosis. Additionally, this record is part of the patient's medical record, and must not get mistaken for a physician's diagnosis; these values should NOT be linked to the hospital's diagnosis fields or their longitudinal diagnosis record.

eVitals.29 – Stroke Scale Score

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Definition: The findings or results of the Stroke Scale Type (eVitals.30) used to assess the patient exhibiting stroke-like symptoms.

Usage: Must complete
Select only one
Allows for NOT values

Additional NEMSIS definition information located [here](#).

Pertinent Negatives (PN):

Code	Description
8801019	Refused
8801023	Unable to Complete

Code List (Values)

Code	Description
3329001	Negative
3329003	Non-Conclusive
3329005	Positive

Extended Definitions

REFUSED (PN):

Used when a patient, who has a normal mental status, refuses to participate in the exam.

UNABLE TO COMPLETE (PN):

Used when conditions prevent the ability to perform or complete a stroke exam for some reason (e.g., unconscious patient, patient with an altered mental status or organic mental impairment such as dementia, patient with significant pre-existing stroke symptoms, patient with other injury or illness that would prevent a reliable exam, other barrier to patient care preventing the ability to perform the exam).

Any barrier to patient care should also be documented in *eHistory.01 – Barriers to Patient Care*.

NEGATIVE:

A negative stroke scale score does not mean a patient does not have a stroke, but simply that the stroke exam itself did not return any positive findings to indicate a stroke.

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In simplest terms, this is a normal test finding. This score means each of the stroke assessment criteria for the stroke scale exam used by the provider was negative or "normal/baseline" for the patient (e.g., using the Cincinnati Stroke Scale, the patient is "Negative" if they had NO facial droop, NO arm drift and NO slurred speech).

NON-CONCLUSIVE:

If a patient has a clear positive finding in any stroke exam criteria, it is conclusively a positive exam and this value should not be chosen.

This score indicates there may be very subtle finding in the stroke scale exam that can't be concluded to be positive or negative. This may be due a pre-existing condition that is normal for the patient, but which makes it difficult to determine if you are seeing new findings or baseline (e.g., a patient with a history of a previous stroke or arm or shoulder injury; an elderly patient with loose facial skin who has one side of the mouth slightly lower than the other whose face may just be that way).

Generally, these patients will have a complaint or symptom that could be associated with a stroke, such as syncope, weakness or altered sensation, but which does not combine with the subtle stroke scale findings to strongly indicate a stroke either way.

POSITIVE:

In simplest terms, this is an abnormal test finding. A positive score means a positive or "abnormal from baseline" finding in any ONE of the stroke assessment criteria for the stroke scale exam used by the provider and indicates that the patient may be experiencing a stroke (e.g., using the Cincinnati Stroke Scale, the patient is "Positive" if they have a positive or "abnormal from baseline" finding for Facial Droop, and/or Arm Drift and/or Slurred Speech).

A Positive /abnormal stroke scale score indicates a 72-85% probability of the patient having a stroke.