# North Carolina College of Emergency Physicians

## Standards for EMS Data Collection**

**B.** The baseline data that must be collected in all EMS systems (including Model EMS Systems and Specialty Care Transport Programs). Baseline EMS systems are not required to transmit this data electronically to the North Carolina Office of EMS.

**M.** The data that must be collected in all Model EMS Systems and Specialty Care Transport Programs. This data must be transmitted to the North Carolina Office of EMS.

**S.** The data that must be collected in all Model EMS Systems and Specialty Care Transport Programs. This data must be transmitted to the North Carolina Office of EMS.

**O.** The data that is recommended for a complete record of an EMS patient encounter, but is considered optional from a data collection perspective.

| | Requirement | Data Point | Description |
|---|---|---|---|
| **A.** | **PreMIS** | | |
| 1. | M, S, O | **PreMIS Number** | The preprinted sequential PreMIS number, taken from the PreMIS wristband. |
| **B.** | **Unit: System** | | |
| 2. | B, M, S | **911 Call Date** | The date of the call to 911 by the patient or other person. |
| 3. | B, M, S | **EMS Agency Number** | The state-assigned provider number for the agency. |
| 4. | M, S, O | **911 CAD System Incident Number** | The number generated by the 911 CAD system or the dispatch center tracking number. |
| 5. | B, M, S | **EMS System Incident Number** | The local EMS incident number for this report. |
| 6. | B, M, S | **Category of Service** | The type of service (First Responder, Primary 911, Critical Care/Interfacility Transfer, Convalescent, Rescue, Supervisor) for the specific patient encounter. |
| 7. | B, M, S | **Type of Response Delay** | The delay(s) (Weather, Traffic/Crowd, Safety, Vehicle Failure, Vehicle Crash, Diversion, Extrication >20 min., Language Barrier, Distance, Directions, HazMat, None) associated with responding to a patient encounter. |

| 8. | B, M, S | Type of Scene Delay | The delay(s) (Weather, Traffic/Crowd, Safety, Vehicle Failure, Vehicle Crash, Diversion, Extrication >20 min., Language Barrier, Distance, Directions, HazMat, None) while on scene with a patient encounter. |
|---|---|---|---|
| 9. | B, M, S | Type of Transport Delay | The delay(s) (Weather, Traffic/Crowd, Safety, Vehicle Failure, Vehicle Crash, Diversion, Extrication >20 min., Language Barrier, Distance, Directions, HazMat, None) associated with transporting a patient. |
| 10. | B, M, S | EMS Unit | The local vehicle number associated with the responding unit (vehicle). |
| 11. | B, M, S | Vehicle Dispatch Location | The number or station name associated with the vehicle dispatch location. |
| 12. | M, S, O | Vehicle Dispatch Grid Number | The dispatched vehicle's starting grid (local system specific) number from the local system's map. |
| 13. | M, S, O | Vehicle Type Responding to Call | The type of vehicle responding to a patient encounter (Ambulance, QRV, Rotor Craft, Fixed Wing, Rescue, Other, None). |
| 14. | B, M, S | Response Level to Scene | The initial response level (Hot or Cold). |
| 15. | B, M, S | Response Level Change to Scene | Documentation of a change in the Response Level enroute to the scene of a patient encounter (Upgraded, Downgraded, Canceled, None). |

## C.  Unit: Call

| 16. | B, M, S | Complaint Reported by Dispatch | The complaint, in free text, provided by dispatch. |
|---|---|---|---|
| 17. | B, M, S | EMD Card Number | The EMD card number reported by dispatch. |

## D.  Unit: Personnel

| 18. | B, M, S | Crew Member ID | The local ID number of each crew member on the unit. |
|---|---|---|---|
| 19. | B, M, S | Crew Member Role | The role of each crew member (Driver, Primary Caregiver, Other). |
| 20. | B, M, S | Crew Member Technician Level | Each crew member's acting technician level for the patient encounter (First Responder, Medical Responder, EMT Basic, EMT-D, EMT-I, EMT-P, RN, Physician, Student, Other). |

## E.  Times

| 21. | M, S, O | Date of Incident or Onset | The date of the injury or incident. |
|---|---|---|---|
| 22. | M, S, O | Time of Incident or Onset | The (military) time of the injury or incident, estimated if necessary, in hours and minutes. |
| 23. | B, M, S | 911 Call Time | The (military) time of the call to 911 by patient or other person, in hours and minutes. |
| 24. | M, S, O | Time Dispatch Notified | The (military) time dispatch was notified by 911 call taker, in hours and minutes. |
| 25. | M, S, O | Date Unit Notified by Dispatch | The date the responding unit was notified by dispatch. |

| 26. | B, M, S | **Time Unit Notified by Dispatch** | The (military) time the responding unit was notified by dispatch, in hours and minutes. |
|---|---|---|---|
| 27. | B, M, S | **Time Unit En Route** | The (military) time the unit started moving to respond to call, in hours and minutes. |
| 28. | B, M, S | **Time Unit Arrived on Scene** | The (military) time the unit arrived at the scene, in hours and minutes. |
| 29. | B, M, S | **Time Arrived at Patient** | The (military) time the unit arrived at the patient, in hours and minutes. |
| 30. | B, M, S | **Time Unit Left Scene** | The (military) time the unit left the scene, in hours and minutes. |
| 31. | B, M, S | **Time Patient Arrived at Destination** | The (military) time the unit arrived at the destination with a patient, in hours and minutes. |
| 32. | B, M, S | **Time Unit Back in Service** | The (military) time the unit is back in service (not necessarily back in service area), in hours and minutes. |
| 33. | M, S, O | **Time Unit Cancelled** | The (military) time the call was canceled for the unit, if applicable, in hours and minutes. |
| 34. | M, S, O | **Time Unit Back at Home Location** | The (military) time the responding unit was back in their service area, in hours and minutes. |

## F. Patient

| | | | |
|---|---|---|---|
| 35. | B, M, S | **Last Name** | The patient's last name. |
| 36. | B, M, S | **First Name** | The patient's first name. |
| 37. | B, M, S | **Middle Initial/Name** | The patient's middle initial or name, if there is one. |
| 38. | B, M, S | **Patient's Home Address** | The street/mailing address of patient. |
| 39. | B, M, S | **Patient's Home City** | The patient's home city. |
| 40. | M, S, O | **Patient's Home County** | The patient's home county. |
| 41. | B, M, S | **Patient's Home State** | The patient's state of residence. |
| 42. | B, M, S | **Patient's Home ZIP** | The patient's home ZIP code. |
| 43. | B, M, S | **Social Security Number** | The patient's social security number. |
| 44. | B, M, S | **Gender** | The patient's gender (Male, Female, Unknown). |
| 45. | B, M, S | **Race/Ethnicity** | The patient's race/ethnicity (White, Black, Hispanic (Black or White), Native American, Asian, Other, Unknown). |
| 46. | B, M, S | **Age** | The patient's age or estimated age. |
| 47. | M, S, O | **Gestational Age** | The gestational age of premature baby in weeks. |
| 48. | B, M, S | **Date of Birth** | The patient's date of birth. |
| 49. | B, M, S | **Primary or Home Telephone Number** | The patient's home or other primary telephone number. |
| 50. | M, S, O | **State Issuing Driver's License** | The state from which the driver's license is from. |

| 51. | M, S, O | Driver's License Number | The driver's license number. |
|---|---|---|---|

## G. Scene

| 52. | B, M, S | Other Agencies at Scene | A list of other agencies at the scene (Law, Fire, HazMat, Utilities, Rescue, Mutual Aid, EMS, None). |
|---|---|---|---|
| 53. | M, S, O | Time First Responder Arrived on Scene | The approximate amount of time it took first responder's to arrive on scene (>15 minutes, 5-15 minutes, <5 minutes, after EMS, unknown, Not Applicable, None). |
| 54. | B, M, S | Number of Patients at Scene | The number of patients at the scene (Single, Multiple, Mass). |
| 55. | B, M, S | Incident Location Type | The incident location type (Home, Farm, Mine & Quarry, Industrial Places & Premises, Place for Recreation & Sport, Street & Highway, Public Building, Residential Institution, Other, Unknown). |
| 56. | B, M, S | Scene Grid Number | The local grid number or GPS coordinates of the scene. |
| 57. | B, M, S | Incident Address Same as Patient Address? | Documentation if the scene is the same as the patient's address. |
| 58. | B, M, S | Incident Address | The street address of the incident location. |
| 59. | B, M, S | Incident City | The city of incident location. |
| 60. | B, M, S | Incident County | The county of the incident location. |
| 61. | B, M, S | Incident State | The state of the incident location |
| 62. | B, M, S | Incident ZIP | The ZIP code of the incident location. |

## H. Situation

| 63. | B, M, S | Injury Present | Is this encounter due to an injury (Yes, No, Unknown)? |
|---|---|---|---|
| 64. | B, M, S | Reported Alcohol/Drug Use | History or reported use of drugs/alcohol by patient (Yes, No). |
| 65. | B, M, S | Chief Complaint Narrative | The free-text narrative of the patient's chief complaint, as close as possible to a quote from the patient. |
| 66. | M, S, O | Severity of Chief Complaint | The level of severity of the chief complaint (1-10). |
| 67. | M, S, O | Duration of Chief Complaint | The duration (number part only) of the patient's chief complaint. |
| 68. | M, S, O | Time Units of Duration of Chief Complaint | The value indicating the units of the duration of the patient's chief complaint (Minutes, Hours, Days, Weeks, Months, Years). |
| 69. | B, M, S | Secondary Complaint | The free-text narrative of the patient's secondary complaint(s), as close as possible to a quote from the patient. |

| 70. | M, S, O | Severity of Secondary Complaint | The level of severity of the patient's secondary complaint (1-10). |
|---|---|---|---|
| 71. | M, S, O | Duration of Secondary Complaint | The duration (number part only) of the patient's secondary complaint. |
| 72. | M, S, O | Time Units of Duration of Secondary Complaint | The value indicating the units of the duration of the patient's chief complaint (Minutes, Hours, Days, Weeks, Months, Years). |
| 73. | O | Reason for Encounter Code | The EMS "Reason for Encounter" code. |
| 74. | B, M, S | System | The system(s) of the patient that is injured or affected (Cardiovascular, CNS, Endocrine, GI, Musculoskeletal/Skin, OB/Gyn, Pulmonary, Renal). |
| 75. | B, M, S | Mechanism | The mechanism of the patient's injury or situation (Animal, Burn, Environmental, Falls/Sports, Firearms/Cutting/Piercing, Poison, Transportation, Other). |
| 76. | B, M, S | Associated Symptoms | Any associated signs & symptoms present in the patient (None Detected, Bleeding, Breathing, Diarrhea, Fever, Headache, Mental/Psych, Mental Status Change, Pain, Rash, Vomiting, Wound).  Useful as a tool for Biological Weapons Surveillance. |

## I.    Situation: Trauma

| 77. | M, S, O | Cause of Injury | The e-code for the cause of injury. |
|---|---|---|---|
| 78. | M, S, O | Mechanism of Injury | The mechanism of injury (Blunt, Burn, Penetrating, Other, Not Applicable). |
| 79. | M, S, O | Risk Factors | Associated risk factors with respect to a motor vehicle crash (Steering Wheel Deformity, Windshield Spider, Dash Deformity, Side Post Deformity, Ejection, DOA Same Vehicle, Rollover, Space Invasion >1 Foot, Not Applicable). |
| 80. | M, S, O | Position of Patient in Vehicle | The position of patient in a motor vehicle crash (Driver, Middle Front, Right Front, Left Middle, Middle Middle, Right Middle, Left Rear, Middle Rear, Right Rear, Truck Bed). |
| 81. | M, S, O | Use of Safety Equipment | The safety equipment used associated with a motor vehicle crash (Lap Belt, Shoulder Harness, Airbag Deployed, Child Restraint, Helmet Worn, Not Applicable). |
| 82. | M, S, O | Height of Fall | The number of feet the patient fell, if applicable. |
| 83. | M, S, O | Surface of Fall | The surface the patient fell onto (Hard, Medium, Soft). |

## J.    Situation: CPR

| 84. | B, M, S | AED Used Before Arrival of EMS | Documentation of AED use before EMS arrival (Yes, No). |
|---|---|---|---|
| 85. | M, S, O | Estimated Patient Downtime Prior to EMS Arrival | The estimated number of minutes the patient was down (>15 minutes, 10-15 minutes, 5-10 minutes, <5 minutes, unknown). |

| 86. | M, S, O | Arrest Classification (Cardiac/Noncardiac) | Documentation as to the nature of the cardiac arrest (Cardiac, Non-cardiac). |
|---|---|---|---|
| 87. | M, S, O | Arrest After Arrival of EMS? | Documentation if the cardiac arrest occurred after EMS arrival (Yes, No). |
| 88. | M, S, O | Type of Person Who Witnessed Pre-EMS Cardiac Arrest | Documentation of the first cardiac arrest witness (Fire, First Responder, Health Care Worker, Bystander/Other, Police, Family, Other). |
| 89. | M, S, O | Time of First Pre-EMS CPR | The estimated time CPR was started prior to EMS arrival (>15 minutes, 10-15 minutes, 5-10 minutes, <5 minutes, Unknown, Not Applicable). |
| 90. | M, S, O | Provider of First Pre-EMS CPR | The type of initial CPR provider (Fire, First Responder, Health Care Worker, Bystander/Other, Police, Family, Bystander by EMD (911-Assisted), Not Applicable). |
| 91. | B, M, S | Return of Spontaneous Circulation (ROSC)? | Documentation of return of spontaneous circulation (Yes, No). |
| 92. | M, S, O | Time of Return of Spontaneous Circulation | The (military) time of ROSC, in hours and minutes. |
| 93. | B, M, S | Return of Spontaneous Ventilation (ROSV)? | Documentation of return of spontaneous ventilation (Yes, No). |
| 94. | M, S, O | Time of Return of Spontaneous Ventilation | The (military) time of ROSV, in hours and minutes. |
| 95. | M, S, O | Time of First Pre-EMS Defibrillatory Shock | The (military) time (estimated if pre-EMS) of the first defibrillation, in hours and minutes. |
| 96. | M, S, O | Time CPR/Resuscitation Discontinued | The (military) time (estimated if pre-EMS) CPR was discontinued, in hours and minutes. |
| 97. | B, M, S | Cardiac Rhythm On Arrival to Destination | The cardiac rhythm on arrival to the transport destination (typically ED). |

## K.    Medical History

| 98. | M, S, O | Valuables on Patient at Scene | Documentation of valuables present on the patient (Yes, No). |
|---|---|---|---|
| 99. | M, S, O | Communication or Learning Barriers to Patient | Documentation of any communication or learning barriers associated with the patient encounter (Language, Hearing Impaired, Developmentally Impaired, Speech Impaired, None). |
| 100. | M, S, O | Full Name of Patient's Primary Practitioner | The full name of patient's primary practitioner. |

| 101. | B, M, S | **Do Not Resuscitate in Place?** | Documentation of any DNR form associated with the patient encounter (NC State Form, Living Will, Other, None). |
|---|---|---|---|
| 102. | B, M, S | **Allergies** | The patient's medication based allergies (Penicillin, Sulfa, Aspirin/NSAIDS, None, Other). |
| 103. | B, M, S | **Medical History** | The medical/surgical history of the patient (Appendectomy, Asthma, CABG, Cancer, Congestive Heart Failure, COPD, Diabetes, Gall Bladder Removed, Heart Attack/MI, Hypertension, Hysterectomy, Renal Disease, Seizures, Stomach Ulcers, Stroke (CVA), Other) |
| 104. | M, S, O | **Medical History Obtained From** | The type of person who provided medical history regarding the patient (Patient, Family, Bystander/Other, Health Care Personnel). |
| 105. | M, S, O | **Date of Last Tetanus Immunization** | The date of the last tetanus immunization. |
| 106. | B, M, S | **Current Therapeutic Medication** | Current medications prescribed/taken by the patient. |

## L.  Narrative

| 107. | B, M, S | **Run Report Narrative** | The narrative of the patient care report. |
|---|---|---|---|

## M.  Assessment: Vital Signs

| 108. | B, M, S | **Time Vital Signs Taken at Scene** | The (military) time vital signs were taken on patient, in hours and minutes. |
|---|---|---|---|
| 109. | B, M, S | **Cardiac Rhythm** | The patient's cardiac rhythm. |
| 110. | B, M, S | **SBP** | The patient's Systolic Blood Pressure. |
| 111. | B, M, S | **DBP** | The patient's Diastolic Blood Pressure. |
| 112. | M, S, O | **Method of Blood Pressure** | The method of blood pressure measurement (Manual, Auto, Palpated). |
| 113. | B, M, S | **Pulse Rate** | The patient's pulse rate. |
| 114. | M, S, O | **Pulse Oximetry** | The patient's SaO2 at scene. |
| 115. | B, M, S | **Respiratory Rate** | The patient's respiratory rate. |
| 116. | B, M, S | **Blood Glucose Level** | The patient's blood glucose level. |
| 117. | B, M, S | **Initial GCS Eye** | The patient's GCS Eye (Spontaneous, To Voice, To Pain, None). |
| 118. | B, M, S | **Initial GCS Verbal** | The patient's GCS Verbal (Oriented, Confused, Inappropriate Words, Incomprehensible Words, None). |
| 119. | B, M, S | **Initial GCS Motor** | The patient's GCS Motor (Obeys Commands, Localizes Pain, Withdraws (Pain), Flexion (Pain), Extension (Pain), None). |
| 120. | B, M, S | **Total Initial GCS** | The numeric GCS based on the eye, verbal, and motor components. |

| 121. | **B, M, S** | **Broselow Color** | The Broselow Color associated with pediatric patients (Pink, Red, Purple, Yellow, White, Blue, Orange, Green). |
|------|------------|--------------------|-----------------------------------------------------------------------------------------------------------|
| 122. | **M, S, O** | **Temperature** | The patient's body temperature. |

## N. Assessment: Injury

| 123. | **B, M, S** | **Injury Assessment Skin** | The patient's skin injury (Laceration/Lesion, Deformity, Discoloration, Tenderness, None). |
|------|------------|----------------------------|---------------------------------------------------------------------------------------------|
| 124. | **B, M, S** | **Injury Assessment Eyes** | The patient's eyes injury (Laceration/Lesion, Deformity, Discoloration, Tenderness, None). |
| 125. | **B, M, S** | **Injury Assessment Head/Neck** | The patient's head/neck injury (Laceration/Lesion, Deformity, Discoloration, Tenderness, None). |
| 126. | **B, M, S** | **Injury Assessment Chest/Lungs** | The patient's chest/lungs injury (Laceration/Lesion, Deformity, Discoloration, Tenderness, None). |
| 127. | **B, M, S** | **Injury Assessment Abdomen** | The patient's abdomen injury (Laceration/Lesion, Deformity, Discoloration, Tenderness, None). |
| 128. | **B, M, S** | **Injury Assessment Pelvic/Gyn** | The patient's pelvic/gyn injury (Laceration/Lesion, Deformity, Discoloration, Tenderness, None). |
| 129. | **B, M, S** | **Injury Assessment Extremities** | The patient's extremities injury (Laceration/Lesion, Deformity, Discoloration, Tenderness, None). |
| 130. | **B, M, S** | **Injury Assessment Back** | The patient's back injury (Laceration/Lesion, Deformity, Discoloration, Tenderness, None). |

## O. Assessment: Exam

| 131. | **B, M, S** | **Skin Assessment** | The patient's skin assessment (Normal, Pale, Cyanotic, Clammy, Jaundiced, Cold, Warm, Not Done). |
|------|------------|---------------------|--------------------------------------------------------------------------------------------------|
| 132. | **B, M, S** | **Head/Neck Assessment** | The patient's head/neck assessment (Normal, JVD, Tracheal Dev, SubQ Air, Stridor, Not Done). |
| 133. | **B, M, S** | **Chest/Lungs Assessment** | The patient's chest/lungs assessment (Normal BS, Decreased BS, Tenderness, Accessory Muscles, Flail Segment, Rhonci/Wheezing, Rales, Increased Effort, Not Done). |
| 134. | **B, M, S** | **Heart Assessment** | The patient's heart assessment (Normal, Decreased Sounds, Murmur, Not Done). |
| 135. | **B, M, S** | **Abdomen Left Upper Assessment** | The patient's left upper abdomen assessment (Normal, Distention, Tenderness, Guarding, Mass, Not Done). |
| 136. | **B, M, S** | **Abdomen Left Lower Assessment** | The patient's left lower abdomen assessment (Normal, Distention, Tenderness, Guarding, Mass, Not Done). |
| 137. | **B, M, S** | **Abdomen Right Upper Assessment** | The patient's right upper abdomen assessment (Normal, Distention, Tenderness, Guarding, Mass, Not Done). |

| 138. | B, M, S | Abdomen Right Lower Assessment | The patient's right lower abdomen assessment (Normal, Distention, Tenderness, Guarding, Mass, Not Done). |
|---|---|---|---|
| 139. | B, M, S | Pelvic/Gyn Assessment | The patient's pelvic/gyn assessment (Normal, Tenderness, Unstable, Genital Injury, Crowning, Not Done). |
| 140. | B, M, S | Back Cervical Assessment | The patient's back-cervical area assessment (Normal, Tender Sp Process, Tender Paraspinous, Pain to ROM, Not Done). |
| 141. | B, M, S | Back Thoracic Assessment | The patient's back-thoracic area assessment (Normal, Tender Sp Process, Tender Paraspinous, Pain to ROM, Not Done). |
| 142. | B, M, S | Back Lumbar/Sacral Assessment | The patient's back-lumbar/sacral area assessment (Normal, Tender Sp Process, Tender Paraspinous, Pain to ROM, Not Done). |
| 143. | B, M, S | Extremities-Right Upper Assessment | The patient's right upper extremity assessment (Normal, Tenderness, Abnormal Pulse, Abnormal Sensation, Edema, Not Done). |
| 144. | B, M, S | Extremities-Right Lower Assessment | The patient's right lower extremity assessment (Normal, Tenderness, Abnormal Pulse, Abnormal Sensation, Edema, Not Done |
| 145. | B, M, S | Extremities-Left Upper Assessment | The patient's left upper extremity assessment (Normal, Tenderness, Abnormal Pulse, Abnormal Sensation, Edema, Not Done). |
| 146. | B, M, S | Extremities-Left Lower Assessment | The patient's left lower extremity assessment (Normal, Tenderness, Abnormal Pulse, Abnormal Sensation, Edema, Not Done). |
| 147. | B, M, S | Eyes-Left Assessment | The patient's left eye assessment (Constricted, Dilated, Nonreactive, Blind, Not Done). |
| 148. | B, M, S | Eyes-Right Assessment | The patient's right eye assessment (Constricted, Dilated, Nonreactive, Blind, Not Done). |
| 149. | B, M, S | Mental Status/Neuro Assessment | The patient's mental/neurologic assessment (Normal, Confused, Combative, Unresponsive, Hallucinations, Seizures, Lethargic, Tremors, Not Done). |
| 150. | B, M, S | Neuro Deficits | The patient's focal neurologic deficits (Dysphagia, Hemiplegia-Right, Hemiplegia-Left, Not Done). |

## P.　Intervention

| 151. | B, M, S | Protocols Used | The protocol(s) used. |
|---|---|---|---|
| 152. | B, M, S | Level of Care Provided | The type of EMS care provided (ALS, BLS). |

## Q.　Intervention: Treatment

| 153. | B, M, S | Time Treatment Administered | The time the treatment was administered. |
|---|---|---|---|
| 154. | B, M, S | Treatment Given | Treament (medications) given. |

| 155. | B, M, S | Treatment Administered Route | The administration route of the treatment (PO, IM, SQ, etc.). |
|---|---|---|---|
| 156. | B, M, S | Treatment Dosage | The dose of the treatment (without units) given to patient. |
| 157. | B, M, S | Treatment Dosage Units | The units of the treatment dosage given to patient. |
| 158. | B, M, S | Number Times Treatment Given | The number of times the treatment was given to the patient during the patient encounter. |
| 159. | B, M, S | Treatment Results in Improvement | Documentation that treatment was successful or improved the patient's condition. |
| 160. | B, M, S | Treatment Technician's Number | The technician's local ID number giving the treatment. |

## R.  Intervention: Procedure

| 161. | B, M, S | Where was IV Site? | Location of successful IV sites (Left Hand, Right Hand, Left Forearm, Right Forearm, Left Antecubital, Right Antecubital, Left External Jugular, Right External Jugular, Left Lower Extremity, Right Lower Extremity, Left Other, Right |
|---|---|---|---|
| 162. | B, M, S | Time Procedure Performed | The (military) time the procedure was performed, in hours and minutes. |
| 163. | B, M, S | Procedure | The procedure (skill) performed on patient. |
| 164. | B, M, S | Size of Procedure Equipment | The size of procedure equipment used. |
| 165. | M, S, O | Initial Tube Confirmation | The type of tube confirmation used. |
| 166. | B, M, S | Procedure Successful | Documentation of the procedures successful completion on the patient. |
| 167. | B, M, S | Procedure Technician's Number | The technician's local ID number performing the procedure. |

## S.  Disposition

| 168. | B, M, S | Destination/Transferred To | The name of the destination. |
|---|---|---|---|
| 169. | O | Destination/Transferred To, Code | The hospital code of the destination. |
| 170. | M, S, O | Destination Street Address | The street address of the destination. |
| 171. | M, S, O | Destination City | The name of destination city. |
| 172. | M, S, O | Destination Grid Number | The grid number of destination. |

| 173. | B, M, S | Type of Disposition Treatment | The treatment provided during the patient encounter (Treated, Not Treated, Refused, Dead, Canceled, No Patient Found). |
|------|---------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| 174. | B, M, S | Type of Disposition Transport | The method of patient transport (EMS, Private Vehicle, Law Enforcement, Other, None). |
| 175. | M, S, O | How Patient Was Moved to Ambulance | The method of patient movement to the transport vehicle (Assisted/Walk, Stretcher, Carry, Stairchair, Other). |
| 176. | M, S, O | Position of Patient During Transport | The position of the patient during transport (Sitting, Prone, Supine, Car Seat, Other). |
| 177. | M, S, O | How Patient Was Transported From Ambulance | The method of patient movement from transport vehicle (Assisted/Walk, Stretcher, Carry, Stairchair, Other). |
| 178. | B, M, S | Transport Level from Scene | The transport level from scene (Hot, Cold). |
| 179. | B, M, S | Transport Level Change from Scene | Documentation of transport level change (Upgraded, Downgraded, Canceled, None). |
| 180. | B, M, S | Condition of Patient after EMS Care | The condition of patient after EMS provided care (Better, Worse, No Change). |
| 181. | B, M, S | Reason for Choosing Destination | The reason for choosing the transport destination (Diversion, EMS Choice, MD Choice, Patient Choice, Specialty Center, Other, Not Applicable). |
| 182. | B, M, S | Type of Destination | The type of transport destination (EMS, Home, Hospital, Morgue, Office/Clinic, Other, Not Applicable). |
| 183. | O | Reason Form Was Not Signed | The reason the patient care report form was not signed by the patient (Not Able, Not Willing, Not Present, Not Applicable). |
| 184. | O | Patient's or Guardian's Signature | The signature of the patient or guardian. |
| 185. | B, M, S | Crew Member Signature | The signatures of the EMS crew. |
| 186. | O | Witness Signature | The signature(s) of any witness. |
| 187. | M, S, O | Review Requested | Documentation that the patient care report should be flagged for review. |

**\*\*The data points listed in this document describe all of the data collection that an EMS system must maintain, based on the system type. Each patient encounter will dictate many of the data points and the collection of a specific data point is required only if the specific data point pertains to the patient encounter. If a system is not able to provide a skill or service which has a data point in this document, that data point is not required for that particular system (i.e. documentation of the EMD card number when the system does not provide EMD services).**