

NCCEP 2009

Standards for EMS Data Collection

Based on the
NHTSA
Uniform Pre-Hospital
Emergency Medical Services (EMS)
Dataset



Version 2.2.1 Dataset
Located at www.NEMESIS.org

North Carolina College of Emergency Physicians
Standards for EMS Data Collection
www.nccep.org

This list of data elements has been chosen from the National Highway Traffic Safety (NHTSA) Uniform Prehospital EMS Dataset often referred to as the NEMESIS Dataset. The data elements were chosen based on their importance for the documentation, evaluation, and management of EMS at the local and state level.

Every EMS System in North Carolina must electronically collect and submit these data elements to the North Carolina Office of EMS as defined in regulation. Please contact the North Carolina Office of EMS at www.ncems.org for implementation details.

This document contains a list of the required data elements including the NEMESIS data element reference number and title. For complete information on each data element, please download the NEMESIS Version 2.2.1 Dataset, located at www.NEMESIS.org.



NCCEP Required Dataset

NEMSIS Version 2.2.1 Data Element Data Dictionary located at www.NEMSIS.org (Red = National EMS Database Elements)		NEMSIS	NC
E01_01	Patient Care Report Number	✓	X
E01_02	Software Creator	✓	X
E01_03	Software Name	✓	X
E01_04	Software Version	✓	X
E02_01	EMS Agency Number	✓	X
E02_02	Incident Number		
E02_03	EMS Unit (Vehicle) Response Number		
E02_04	Type of Service Requested	✓	X
E02_05	Primary Role of the Unit	✓	X
E02_06	Type of Dispatch Delay	✓	X
E02_07	Type of Response Delay	✓	X
E02_08	Type of Scene Delay	✓	X
E02_09	Type of Transport Delay	✓	X
E02_10	Type of Turn-Around Delay	✓	X
E02_12	EMS Unit Call Sign (Radio Number)	✓	X
E02_16	Beginning Odometer of Responding Vehicle		X
E02_17	On-Scene Odometer of Responding Vehicle		X
E02_18	Patient Destination Odometer of Responding Vehicle		X
E02_20	Response Mode to Scene	✓	X
E03_01	Complaint Reported by Dispatch	✓	X
E03_02	EMD Performed	✓	X
E03_03	EMD Card Number		X
E04_01	Crew Member ID		X
E04_02	Crew Member Role		X
E04_03	Crew Member Level		X
E05_02	PSAP Call Date/Time	✓	X
E05_04	Unit Notified by Dispatch Date/Time	✓	X
E05_05	Unit En Route Date/Time	✓	X
E05_06	Unit Arrived on Scene Date/Time	✓	X
E05_07	Arrived at Patient Date/Time	✓	X
E05_09	Unit Left Scene Date/Time	✓	X
E05_10	Patient Arrived at Destination Date/Time	✓	X
E05_11	Unit Back in Service Date/Time	✓	X
E05_12	Unit Cancelled Date/Time		X
E05_13	Unit Back at Home Location Date/Time	✓	X



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E06_01	Last Name		X
E06_02	First Name		X
E06_03	Middle Initial/Name		X
E06_04	Patient's Home Address		X
E06_05	Patient's Home City		X
E06_06	Patient's Home County		X
E06_07	Patient's Home State		X
E06_08	Patient's Home Zip Code	✓	X
E06_09	Patient's Home Country		X
E06_10	Social Security Number		X
E06_11	Gender	✓	X
E06_12	Race	✓	X
E06_13	Ethnicity	✓	X
E06_14	Age	✓	X
E06_15	Age Units	✓	X
E06_16	Date of Birth		X
E06_17	Primary or Home Telephone Number		X
E07_01	Primary Method of Payment	✓	X
E07_15	Work-Related		X
E07_16	Patient's Occupational Industry		X
E07_17	Patient's Occupation		X
E07_34	CMS Service Level	✓	X
E07_35	Condition Code Number	✓	X
E07_37	Air Ambulance Modifier for Condition Code Number		X
E08_01	Other EMS Agencies at Scene		X
E08_03	Estimated Date/Time Initial Responder Arrived on Scene		X
E08_05	Number of Patients at Scene	✓	X
E08_06	Mass Casualty Incident	✓	X
E08_07	Incident Location Type	✓	X
E08_08	Incident Facility Code		X
E08_11	Incident Address		X
E08_12	Incident City		X
E08_13	Incident County		X
E08_14	Incident State		X
E08_15	Incident ZIP Code	✓	X



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E09_01	Prior Aid	✓	X
E09_02	Prior Aid Performed by	✓	X
E09_03	Outcome of the Prior Aid	✓	X
E09_04	Possible Injury	✓	X
E09_05	Chief Complaint		X
E09_06	Duration of Chief Complaint		X
E09_07	Time Units of Duration of Chief Complaint		X
E09_08	Secondary Complaint Narrative		X
E09_09	Duration of Secondary Complaint		X
E09_10	Time Units of Duration of Secondary Complaint		X
E09_11	Chief Complaint Anatomic Location	✓	X
E09_12	Chief Complaint Organ System	✓	X
E09_13	Primary Symptom	✓	X
E09_14	Other Associated Symptoms	✓	X
E09_15	Providers Primary Impression	✓	X
E09_16	Provider's Secondary Impression	✓	X
E10_01	Cause of Injury	✓	X
E10_02	Intent of the Injury		X
E10_03	Mechanism of Injury		X
E10_04	Vehicular Injury Indicators		X
E10_05	Area of the Vehicle impacted by the collision		X
E10_06	Seat Row Location of Patient in Vehicle		X
E10_07	Position of Patient in the Seat of the Vehicle		X
E10_08	Use of Occupant Safety Equipment		X
E10_09	Airbag Deployment		X
E10_10	Height of Fall		X
E11_01	Cardiac Arrest	✓	X
E11_02	Cardiac Arrest Etiology	✓	X
E11_03	Resuscitation Attempted	✓	X
E11_04	Arrest Witnessed by		X
E11_05	First Monitored Rhythm of the Patient		X
E11_06	Any Return of Spontaneous Circulation		X
E11_08	Estimated Time of Arrest Prior to EMS Arrival		X
E11_09	Date/Time Resuscitation Discontinued		X
E11_10	Reason CPR Discontinued		X
E11_11	Cardiac Rhythm on Arrival at Destination		X



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E12_01	Barriers to Patient Care	✓	X
E12_02	Sending Facility Medical Record Number		X
E12_03	Destination Medical Record Number		X
E12_07	Advanced Directives		X
E12_18	Presence of Emergency Information Form		X
E12_19	Alcohol/Drug Use Indicators	✓	X
E12_20	Pregnancy		X
E13_01	Run Report Narrative		X
E14_01	Date/Time Vital Signs Taken		X
E14_02	Obtained Prior to this Units EMS Care		X
E14_03	Cardiac Rhythm		X
E14_04	SBP (Systolic Blood Pressure)		X
E14_05	DBP (Diastolic Blood Pressure)		X
E14_06	Method of Blood Pressure Measurement		X
E14_07	Pulse Rate		X
E14_08	Electronic Monitor Rate		X
E14_09	Pulse Oximetry		X
E14_10	Pulse Rhythm		X
E14_11	Respiratory Rate		X
E14_12	Respiratory Effort		X
E14_13	Carbon Dioxide		X
E14_14	Blood Glucose Level		X
E14_15	Glasgow Coma Score-Eye		X
E14_16	Glasgow Coma Score-Verbal		X
E14_17	Glasgow Coma Score-Motor		X
E14_18	Glasgow Coma Score-Qualifier		X
E14_19	Total Glasgow Coma Score		X
E14_20	Temperature		X
E14_21	Temperature Method		X
E14_22	Level of Responsiveness		X
E14_23	Pain Scale		X
E14_24	Stroke Scale		X
E14_25	Thrombolytic Screen		X
E14_27	Revised Trauma Score		X
E14_28	Pediatric Trauma Score		X



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E15_01	NHTSA Injury Matrix External/Skin		X
E15_02	NHTSA Injury Matrix Head		X
E15_03	NHTSA Injury Matrix Face		X
E15_04	NHTSA Injury Matrix Neck		X
E15_05	NHTSA Injury Matrix Thorax		X
E15_06	NHTSA Injury Matrix Abdomen		X
E15_07	NHTSA Injury Matrix Spine		X
E15_08	NHTSA Injury Matrix Upper Extremities		X
E15_09	NHTSA Injury Matrix Pelvis		X
E15_10	NHTSA Injury Matrix Lower Extremities		X
E15_11	NHTSA Injury Matrix Unspecified		X
E16_01	Estimated Body Weight		X
E16_02	Broselow/Luten Color		X
E16_03	Date/Time of Assessment		X
E16_04	Skin Assessment		X
E16_05	Head/Face Assessment		X
E16_06	Neck Assessment		X
E16_07	Chest/Lungs Assessment		X
E16_08	Heart Assessment		X
E16_09	Abdomen Left Upper Assessment		X
E16_10	Abdomen Left Lower Assessment		X
E16_11	Abdomen Right Upper Assessment		X
E16_12	Abdomen Right Lower Assessment		X
E16_13	GU Assessment		X
E16_14	Back Cervical Assessment		X
E16_15	Back Thoracic Assessment		X
E16_16	Back Lumbar/Sacral Assessment		X
E16_17	Extremities-Right Upper Assessment		X
E16_18	Extremities-Right Lower Assessment		X
E16_19	Extremities-Left Upper Assessment		X
E16_20	Extremities-Left Lower Assessment		X
E16_21	Eyes-Left Assessment		X
E16_22	Eyes-Right Assessment		X
E16_23	Mental Status Assessment		X
E16_24	Neurological Assessment		X



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E17_01	Protocols Used		X
E18_01	Date/Time Medication Administered		X
E18_02	Medication Administered Prior to this Units EMS Care		X
E18_03	Medication Given	✓	X
E18_04	Medication Administered Route		X
E18_05	Medication Dosage		X
E18_06	Medication Dosage Units		X
E18_07	Response to Medication		X
E18_08	Medication Complication	✓	X
E18_09	Medication Crew Member ID		X
E18_10	Medication Authorization		X
E19_01	Date/Time Procedure Performed Successfully		X
E19_02	Procedure Performed Prior to this Units EMS Care		X
E19_03	Procedure	✓	X
E19_04	Size of Procedure Equipment		X
E19_05	Number of Procedure Attempts	✓	X
E19_06	Procedure Successful	✓	X
E19_07	Procedure Complication	✓	X
E19_08	Response to Procedure		X
E19_09	Procedure Crew Members ID		X
E19_10	Procedure Authorization		X
E19_12	Successful IV Site		X
E19_13	Tube Confirmation		X
E19_14	Destination Confirmation of Tube Placement		X
E20_01	Destination/Transferred To, Name		X
E20_02	Destination/Transferred To, Code		X
E20_03	Destination Street Address		X
E20_04	Destination City		X
E20_05	Destination State		X
E20_06	Destination County		X
E20_07	Destination Zip Code	✓	X
E20_08	Destination GPS Location		X
E20_10	Incident/Patient Disposition	✓	X
E20_14	Transport Mode from Scene	✓	X
E20_15	Condition of Patient at Destination		X
E20_16	Reason for Choosing Destination	✓	X
E20_17	Type of Destination	✓	X



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E22_01	Emergency Department Disposition	✓	X
E22_02	Hospital Disposition	✓	X
E22_03	Law Enforcement/Crash Report Number		X
E23_03	Personal Protective Equipment Used		X
E23_04	Suspected Intentional, or Unintentional Disaster		X
E23_05	Suspected Contact with Blood/Body Fluids, EMS Injury/Death		X
E23_07	Personnel Exposed		X
E23_10	Who Generated this Report?		X