

9.26.10	GEMSIS NEMSIS Dataset		
Data Element Number	Data Element Name	Notes	Codes that work
D01_01	EMS Agency Number	Agency PCR Number	
D01_03	EMS Agency State	FIPS Code	
D01_04	EMS Agency County	FIPS Code	
D01_07	Level of Service		
D01_08	Organizational Type		
D01_09	Organization Status		
D01_21	National Provider Identifier		
D02_07	Agency Contact Zip Code		
E00	Common Null Values		
E01_01	Patient Care Report Number		
E01_02	Software Creator		
E01_03	Software Name		
E01_04	Software Version		
E02_01	EMS Agency Number	Agency PCR Number	
E02_02	Incident Number	May also be identical to Call Number	
E02_03	EMS Unit (Vehicle) Response Number	Agency Vehicle Number	
E02_04	Type of Service Requested		
E02_05	Primary Role of the Unit		
E02_06	Type of Dispatch Delay		
E02_07	Type of Response Delay		
E02_08	Type of Scene Delay		
E02_09	Type of Transport Delay		
E02_10	Type of Turn-Around Delay		-25
E02_11	EMS Unit/Vehicle Number	State Assigned Vehicle VID Number	From sticker
E02_12	EMS Unit Call Sign (Radio Number)	Call Sign may also be Agency Vehicle Number	
E02_13	Vehicle Dispatch Location		
E02_14	Vehicle Dispatch Zone		
E02_15	Vehicle Dispatch GPS Location		
E02_16	Beginning Odometer Reading of Responding Vehicle		
E02_17	On-Scene Odometer Reading of Responding Vehicle		
E02_18	Patient Destination Odometer Reading of Responding Vehicle		
E02_19	Ending Odometer Reading of Responding Vehicle		
E02_20	Response Mode to Scene		
E03_01	Complaint Reported by Dispatch		-5
E03_02	EMD Performed		-5
E03_03	EMD Card Number		
E04_01	Crew Member ID	Medic State License Number	
E04_02	Crew Member Role		
E04_03	Crew Member Level		
E05_01	Incident or Onset Date/Time	TRUE	
E05_02	PSAP Call Date/Time	TRUE	
E05_03	Dispatch Notified Date/Time		
E05_04	Unit Notified by Dispatch Date/Time		
E05_05	Unit En Route Date/Time		
E05_06	Unit Arrived on Scene Date/Time		
E05_07	Arrived at Patient Date/Time		
E05_08	Transfer of Patient Care Date/Time		
E05_09	Unit Left Scene Date/Time		
E05_10	Patient Arrived at Destination Date/Time		
E05_11	Unit Back in Service Date/Time		
E05_12	Unit Cancelled Date/Time		
E05_13	Unit Back at Home Location Date/Time		

Data Element Number	Data Element Name	Notes	Codes that work
E06_01	Last Name		
E06_02	First Name		
E06_03	Middle Initial/Name		
E06_04	Patient's Home Address		
E06_05	Patient's Home City	FIPS Code	
E06_06	Patient's Home County	FIPS Code	
E06_07	Patient's Home State	FIPS Code	
E06_08	Patient's Home Zip Code		
E06_09	Patient's Home Country		
E06_10	Social Security Number		
E06_11	Gender		
E06_12	Race		
E06_13	Ethnicity		
E06_14	Age		
E06_15	Age Units		
E06_16	Date of Birth		
E06_17	Primary or Home Telephone Number		
E06_18	State Issuing Driver's License		
E06_19	Driver's License Number		
E07_01	Primary Method of Payment		
E07_02	Certificate of Medical Necessity		
E07_03	Insurance Company ID/Name		
E07_04	Insurance Company Billing Priority		
E07_05	Insurance Company Address		
E07_06	Insurance Company City	FIPS Code	
E07_07	Insurance Company State	FIPS Code	
E07_08	Insurance Company Zip Code		
E07_09	Insurance Group ID/Name		
E07_10	Insurance Policy ID Number		
E07_11	Last Name of the Insured		
E07_12	First Name of the Insured		
E07_13	Middle Initial/Name of the Insured		
E07_14	Relationship to the Insured		
E07_15	Work-Related		
E07_16	Patient's Occupational Industry		
E07_17	Patient's Occupation		
E07_18	Closest Relative/Guardian Last Name		
E07_19	First Name of the Closest Relative/ Guardian		
E07_20	Middle Initial/Name of the Closest Relative/ Guardian		
E07_21	Closest Relative/ Guardian Street Address		
E07_22	Closest Relative/ Guardian City	FIPS Code	
E07_23	Closest Relative/ Guardian State	FIPS Code	
E07_24	Closest Relative/ Guardian Zip Code		
E07_25	Closest Relative/ Guardian Phone Number		
E07_26	Closest Relative/ Guardian Relationship		
E07_27	Patient's Employer		
E07_28	Patient's Employer's Address		
E07_29	Patient's Employer's City	FIPS Code	
E07_30	Patient's Employer's State	FIPS Code	
E07_31	Patient's Employer's Zip Code		
E07_32	Patient's Work Telephone Number		
E07_33	Response Urgency		
E07_34	CMS Service Level		
E07_35	Condition Code Number	Medicare	-5
E07_36	ICD-9 Code for the Condition Code Number		

Data Element Number	Data Element Name	Notes	Codes that work
E07_37	Air Ambulance Modifier for Condition Code Number		
E08_01	Other EMS Agencies at Scene		
E08_02	Other Services at Scene		-25
E08_03	Estimated Date/Time Initial Responder Arrived on Scene		
E08_04	Date/Time Initial Responder Arrived on Scene		
E08_05	Number of Patients at Scene		
E08_06	Mass Casualty Incident	0 = No or None	0
E08_07	Incident Location Type		
E08_08	Incident Facility Code		
E08_09	Scene Zone Number		
E08_10	Scene GPS Location		
E08_11	Incident Address	0 = No or None	0
E08_11	Incident Address		
E08_12	Incident City	FIPS Code	
E08_13	Incident County	FIPS Code	
E08_14	Incident State	FIPS Code	
E08_15	Incident ZIP Code		
E09_01	Prior Aid		-25
E09_02	Prior Aid Performed by		-25
E09_03	Outcome of the Prior Aid		-25
E09_04	Possible Injury		
E09_05	Chief Complaint		
E09_06	Duration of Chief Complaint		
E09_07	Time Units of Duration of Chief Complaint		
E09_08	Secondary Complaint Narrative		
E09_09	Duration of Secondary Complaint		
E09_10	Time Units of Duration of Secondary Complaint		
E09_11	Chief Complaint Anatomic Location		
E09_12	Chief Complaint Organ System		
E09_13	Primary Symptom		
E09_14	Other Associated Symptoms		
E09_15	Providers Primary Impression		
E09_16	Provider's Secondary Impression		
E10_01	Cause of Injury		-25
E10_02	Intent of the Injury		-25
E10_03	Mechanism of Injury		-25
E10_04	Vehicular Injury Indicators	0 = No or None	0
E10_05	Area of the Vehicle impacted by the collision		
E10_06	Seat Row Location of Patient in Vehicle		
E10_07	Position of Patient in the Seat of the Vehicle		
E10_08	Use of Occupant Safety Equipment		-25
E10_09	Airbag Deployment		
E10_10	Height of Fall		
E11_01	Cardiac Arrest	0 = No or None	0
E11_02	Cardiac Arrest Etiology		-25
E11_03	Resuscitation Attempted		-25
E11_04	Arrest Witnessed by		-20
E11_05	First Monitored Rhythm of the Patient		-20
E11_06	Any Return of Spontaneous Circulation		-20
E11_07	Neurological Outcome at Hospital Discharge		-20
E11_08	Estimated Time of Arrest Prior to EMS Arrival		-20
E11_09	Date/Time Resuscitation Discontinued	TRUE	
E11_10	Reason CPR Discontinued		-20
E11_11	Cardiac Rhythm on Arrival at Destination		
E12_01	Barriers to Patient Care		-25

Data Element Number	Data Element Name	Notes	Codes that work
E12_02	Sending Facility Medical Record Number		-15
E12_03	Destination Medical Record Number		-15
E12_04	First Name of Patient's Primary Practitioner		
E12_05	Middle Name of Patient's Primary Practitioner		
E12_06	Last Name of Patient's Primary Practitioner		
E12_07	Advanced Directives		
E12_08	Medication Allergies		
E12_09	Environmental/Food Allergies		-10
E12_10	Medical/Surgical History	NISE Codes	
E12_11	Medical History Obtained From		-5
E12_12	Immunization History		
E12_13	Immunization Date		
E12_14	Current Medications	NISE Codes	
E12_15	Current Medication Dose	NISE Codes	
E12_16	Current Medication Dosage Unit	NISE Codes	
E12_17	Current Medication Administration Route	NISE Codes	
E12_18	Presence of Emergency Information Form		
E12_19	Alcohol/Drug Use Indicators		-25
E12_20	Pregnancy		-25
E13_01	Run Report Narrative		
E14_01	Date/Time Vital Signs Taken		
E14_02	Obtained Prior to this Units EMS Care	0 = No or None	0
E14_03	Cardiac Rhythm		
E14_04	SBP (Systolic Blood Pressure)		
E14_05	DBP (Diastolic Blood Pressure)		
E14_06	Method of Blood Pressure Measurement		
E14_07	Pulse Rate		
E14_08	Electronic Monitor Rate		
E14_09	Pulse Oximetry		
E14_10	Pulse Rhythm		
E14_11	Respiratory Rate		
E14_12	Respiratory Effort		
E14_13	Carbon Dioxide		
E14_14	Blood Glucose Level		
E14_15	Glasgow Coma Score-Eye		
E14_16	Glasgow Coma Score-Verbal		
E14_17	Glasgow Coma Score-Motor		
E14_18	Glasgow Coma Score-Qualifier		
E14_19	Total Glasgow Coma Score		
E14_20	Temperature		
E14_21	Temperature Method		
E14_22	Level of Responsiveness		
E14_23	Pain Scale		
E14_24	Stroke Scale		
E14_25	Thrombolytic Screen		
E14_26	APGAR		
E14_27	Revised Trauma Score		
E14_28	Pediatric Trauma Score		
E15_01	NHTSA Injury Matrix External/Skin		
E15_02	NHTSA Injury Matrix Head		
E15_03	NHTSA Injury Matrix Face		
E15_04	NHTSA Injury Matrix Neck		
E15_05	NHTSA Injury Matrix Thorax		
E15_06	NHTSA Injury Matrix Abdomen		
E15_07	NHTSA Injury Matrix Spine		

Data Element Number	Data Element Name	Notes	Codes that work
E15_08	NHTSA Injury Matrix Upper Extremities		
E15_09	NHTSA Injury Matrix Pelvis		
E15_10	NHTSA Injury Matrix Lower Extremities		
E15_11	NHTSA Injury Matrix Unspecified		
E16_01	Estimated Body Weight		
E16_02	Broselow/Luten Color		-5
E16_03	Date/Time of Assessment		
E16_04	Skin Assessment		
E16_05	Head/Face Assessment		
E16_06	Neck Assessment		
E16_07	Chest/Lungs Assessment		
E16_08	Heart Assessment		
E16_09	Abdomen Left Upper Assessment		
E16_10	Abdomen Left Lower Assessment		
E16_11	Abdomen Right Upper Assessment		
E16_12	Abdomen Right Lower Assessment		
E16_13	GU Assessment		
E16_14	Back Cervical Assessment		
E16_15	Back Thoracic Assessment		
E16_16	Back Lumbar/Sacral Assessment		
E16_17	Extremities-Right Upper Assessment		
E16_18	Extremities-Right Lower Assessment		
E16_19	Extremities-Left Upper Assessment		
E16_20	Extremities-Left Lower Assessment		
E16_21	Eyes-Left Assessment		
E16_22	Eyes-Right Assessment		
E16_23	Mental Status Assessment		
E16_24	Neurological Assessment		
E17_01	Protocols Used		
E18_01	Date/Time Medication Administered		
E18_02	Medication Administered Prior to this Units EMS Care	0 = No or None	0
E18_03	Medication Given	NISE Codes	
E18_04	Medication Administered Route	NISE Codes	
E18_05	Medication Dosage	NISE Codes	
E18_06	Medication Dosage Units	NISE Codes	
E18_07	Response to Medication		
E18_08	Medication Complication	0 = No or None	0
E18_09	Medication Crew Member ID		
E18_10	Medication Authorization		
E18_11	Medication Authorizing Physician		
E19_01	Date/Time Procedure Performed Successfully		
E19_02	Procedure Performed Prior to this Units EMS Care		-25
E19_03	Procedure	NEMSIS ICD-9 or NISE Codes	-25
E19_04	Size of Procedure Equipment		-25
E19_05	Number of Procedure Attempts		-25
E19_06	Procedure Successful		-25
E19_07	Procedure Complication		-15
E19_08	Response to Procedure		-25
E19_09	Procedure Crew Members ID		
E19_10	Procedure Authorization		
E19_11	Procedure Authorizing Physician		
E19_12	Successful IV Site		
E19_13	Tube Confirmation		
E19_14	Destination Confirmation of Tube Placement		
E20_01	Destination/Transferred To, Name		-25

Data Element Number	Data Element Name	Notes	Codes that work
E20_02	Destination/Transferred To, Code		-10
E20_03	Destination Street Address		
E20_04	Destination City	FIPS Code	
E20_05	Destination State	FIPS Code	
E20_06	Destination County	FIPS Code	
E20_07	Destination Zip Code		
E20_08	Destination GPS Location		
E20_09	Destination Zone Number		
E20_10	Incident/Patient Disposition		
E20_11	How Patient Was Moved to Ambulance		
E20_12	Position of Patient During Transport		
E20_13	How Patient Was Transported From Ambulance		
E20_14	Transport Mode from Scene		
E20_15	Condition of Patient at Destination		
E20_16	Reason for Choosing Destination		
E20_17	Type of Destination		-10
E21_01	Event Date/Time		
E21_02	Medical Device Event Name		
E21_03	Waveform Graphic Type		
E21_04	Waveform Graphic		
E21_05	AED, Pacing, or CO2 Mode		
E21_06	ECG Lead		
E21_07	ECG Interpretation		
E21_08	Type of Shock		
E21_09	Shock or Pacing Energy		
E21_10	Total Number of Shocks Delivered		
E21_11	Pacing Rate		
E21_12	Device Heart Rate		
E21_13	Device Pulse Rate		
E21_14	Device Systolic Blood Pressure		
E21_15	Device Diastolic Blood Pressure		
E21_16	Device Respiratory Rate		
E21_17	Device Pulse Oximetry		
E21_18	Device CO2 or etCO2		
E21_19	Device CO2, etCO2, or Invasive Pressure Monitor Units		
E21_20	Device Invasive Pressure Mean		
E22_01	Emergency Department Disposition		-5
E22_02	Hospital Disposition		-5
E22_03	Law Enforcement/Crash Report Number		
E22_04	Trauma Registry ID		
E22_05	Fire Incident Report Number		
E22_06	Patient ID Band/Tag Number		
E23_01	Review Requested		
E23_02	Potential Registry Candidate		
E23_03	Personal Protective Equipment Used		-5
E23_04	Suspected Intentional, or Unintentional Disaster		
E23_05	Suspected Contact with Blood/Body Fluids of EMS Inj	0 = No or None	0
E23_06	Type of Suspected Blood/Body Fluid Exposure, Injury, or Death		
E23_07	Personnel Exposed		
E23_08	Required Reportable Conditions	Clinical Area (Georgia)	
E23_09	Research Survey Field		-5
E23_10	Who Generated this Report?		
E23_11	Research Survey Field Title		-5