

NEMESIS Version 2.2.1 - Required National Elements

The NEMESIS Version 2.2.1 National Required Elements are listed below. Only the elements highlighted in green are shared in the National Public Database. In this manner NEMESIS assures that the data submitted are de-identified at the public level. All elements highlighted in yellow are only visible to the State that submitted the data, NEMESIS TAC personnel, and NHTSA.

NEMESIS Version 2.2.1 NHTSA Uniform Pre-Hospital EMS Dataset - Required National Elements -	Required in NEMESIS XML File	Nullable Value?
<p>NEMESIS National Elements highlighted in Green are aggregated in the NEMESIS public warehouse and can be queried by the public.</p> <p>NEMESIS National Elements highlighted in Yellow are not shared in the NEMESIS public warehouse and cannot be queried by the public.</p>		<p>No = submit a real value Yes = Common Values Blank = submit xsi:nil="true"</p>
Demographic (Agency) DataSet		
D1: AGENCY GENERAL INFORMATION		
D01_01 EMS Agency Number	Yes	No
D01_03 EMS Agency State	Yes	No
D01_04 EMS Agency County	Yes	No
D01_07 Level of Service	Yes	No
D01_08 Organizational Type	Yes	No
D01_09 Organization Status	Yes	No
D01_21 National Provider Identifier	Yes	Yes
D2: AGENCY CONTACT INFORMATION		
D02_07 Agency Contact Zip Code	Yes	No
EMS (Event) DataSet		
E1: RECORD INFORMATION		
E01_01 Patient Care Report Number	Yes	No
E01_02 Software Creator	Yes	No
E01_03 Software Name	Yes	No
E01_04 Software Version	Yes	No
E2: UNIT / AGENCY INFORMATION		
E02_01 EMS Agency Number	Yes	No
E02_04 Type of Service Requested	Yes	No
E02_05 Primary Role of the Unit	Yes	No
E02_06 Type of Dispatch Delay	Yes	Yes
E02_07 Type of Response Delay	Yes	Yes
E02_08 Type of Scene Delay	Yes	Yes
E02_09 Type of Transport Delay	Yes	Yes

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E02_10 Type of Turn-Around Delay	Yes	Yes
E02_12 EMS Unit Call Sign (Radio Number)	Yes	No
E02_20 Response Mode to Scene	Yes	No
E3: UNIT / CALL INFORMATION		
E03_01 Complaint Reported by Dispatch	Yes	Yes
E03_02 EMD Performed	Yes	Yes
E5: TIMES		
E05_02 PSAP Call date/time	Yes	Blank
E05_04 Unit Notified by Dispatch date/time	Yes	No
E05_05 Unit En Route date/time	Yes	Blank
E05_06 Unit Arrived on Scene date/time	Yes	Blank
E05_07 Arrived at Patient date/time	Yes	Blank
E05_09 Unit Left Scene date/time	Yes	Blank
E05_10 Patient Arrived at Destination date/time	Yes	Blank
E05_11 Unit Back in Service date/time	Yes	No
E05_13 Unit Back at Home Location date/time	Yes	Blank
E6: PATIENT		
E06_08 Patient's Home Zip Code	Yes	Yes
E06_11 Gender	Yes	Yes
E06_12 Race	Yes	Yes
E06_13 Ethnicity	Yes	Yes
E06_14 Age	Yes	Blank
E06_15 Age Units	Yes	Yes
E7: BILLING		
E07_01 Primary Method of Payment	Yes	Yes
E07_34 CMS Service Level	Yes	Yes
E07_35 Condition Code Number	Yes	Yes
E8: SCENE		
E08_05 Number of Patients at Scene	Yes	Yes
E08_06 Mass Casualty Incident	Yes	Yes
E08_07 Incident Location Type	Yes	Yes
E08_15 Incident Zip Code	Yes	Yes
E9: SITUATION		
E09_01 Prior Aid	Yes	Yes
E09_02 Prior Aid Performed By	Yes	Yes

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E09_03 Outcome of Prior Aid	Yes	Yes
E09_04 Possible Injury	Yes	Yes
E09_11 Chief Complaint Anatomic Location	Yes	Yes
E09_12 Chief Complaint Organ System	Yes	Yes
E09_13 Primary Symptom	Yes	Yes
E09_14 Other Associated Symptoms	Yes	Yes
E09_15 Provider's Primary Impression	Yes	Yes
E09_16 Provider's Secondary Impression	Yes	Yes
E10: SITUATION / TRAUMA		
E10_01 Cause of Injury	Yes	Yes
E11: SITUATION / CPR		
E11_01 Cardiac Arrest	Yes	Yes
E11_02 Cardiac Arrest Etiology	Yes	Yes
E11_03 Resuscitation Attempted	Yes	Yes
E12: MEDICAL HISTORY		
E12_01 Barriers to Patient Care	Yes	Yes
E12_19 Alcohol/Drug Use Indicators	Yes	Yes
E18: INTERVENTION / MEDICATION		
E18_03 Medication Given	Yes	Yes
E18_08 Medication Complication	Yes	Yes
E19: INTERVENTION / PROCEDURE		
E19_03 Procedure	Yes	Yes
E19_05 Number of Procedure Attempts	Yes	Yes
E19_06 Procedure Successful	Yes	Yes
E19_07 Procedure Complication	Yes	Yes
E20: DISPOSITION		
E20_07 Destination Zip Code	Yes	Yes
E20_10 Incident/Patient Disposition	Yes	No
E20_14 Transport Mode from Scene	Yes	Yes
E20_16 Reason for Choosing Destination	Yes	Yes
E20_17 Type of Destination	Yes	Yes
E22: OUTCOME AND LINKAGE		
E22_01 Emergency Department Disposition	Yes	Yes
E22_02 Hospital Disposition	Yes	Yes