

Illinois Prehospital Transport Dataset, March 2010
Part I: EMS Dataset (EMS Event Information)

#	NEMESIS 2.2.1 Data Element	On form?	Purpose(s)
1	E00 Common Null Values (used when a data element is empty or contains a null value)	No	NEMESIS ¹
2	E01_01 Patient Care Report Number (<i>autofilled</i>)	No	NEMESIS
3	E01_02 Software Creator (<i>autofilled</i>)	No	NEMESIS
4	E01_03 Software Name (<i>autofilled</i>)	No	NEMESIS
5	E01_04 Software Version (<i>autofilled</i>)	No	NEMESIS
6	E02_01 EMS Agency Number	Yes	IAC ² , NEMESIS
7	E02_02 Incident Number	Yes	IAC
8	E02_04 Type of Service Requested	Yes	NEMESIS
9	E02_05 Primary Role of the Unit (<i>autofilled</i>)	No	IAC, NEMESIS
10	E02_06 Type of Dispatch Delay	Yes	NEMESIS
11	E02_07 Type of Response Delay	Yes	NEMESIS
12	E02_08 Type of Scene Delay	Yes	NEMESIS
13	E02_09 Type of Transport Delay	Yes	NEMESIS
14	E02_10 Type of Turn-Around Delay	Yes	NEMESIS
15	E02_11 EMS Unit/Vehicle Number	Yes	IAC
16	E02_12 EMS Unit Call Sign/Radio Number	No	NEMESIS
17	E02_20 Response Mode to Scene	Yes	NEMESIS
18	E03_01 Complaint Reported by Dispatch	Yes	NEMESIS
19	E03_02 EMD Performed	Yes	NEMESIS
20	E04_01 Crew Member ID	Yes	IAC
21	E05_01 Incident or Onset Date/Time	Yes	NTDS ³ , GLRSN ⁴
22	E05_02 PSAP Call Date/Time	Yes	IAC, NEMESIS
23	E05_04 Unit Notified by Dispatch Date/Time	Yes	IAC, NEMESIS, NTDS
24	E05_05 Unit En Route Date/Time	Yes	IAC, NEMESIS
25	E05_06 Unit Arrived on Scene Date/Time	Yes	IAC, NEMESIS, NTDS
26	E05_07 Arrived at Patient Date/Time	Yes	IAC, NEMESIS
27	E05_09 Unit Left Scene Date/Time	Yes	IAC, NEMESIS, NTDS
28	E05_10 Patient Arrived at Destination Date/Time	Yes	IAC, NEMESIS
29	E05_11 Unit Back in Service Date/Time	Yes	NEMESIS
30	E05_13 Unit Back at Home Location Date/Time	Yes	NEMESIS
31	E06_08 Patient's Home ZIP Code	Yes	IAC, NEMESIS, NTDS
32	E06_11 Gender	Yes	IAC, NEMESIS, NTDS
33	E06_12 Race	Yes	NEMESIS, NTDS
34	E06_13 Ethnicity	Yes	IAC, NEMESIS, NTDS
35	E06_14 Age	Yes	NEMESIS, NTDS
36	E06_15 Age Units	Yes	NEMESIS, NTDS
37	E06_16 Date of Birth	Yes	IAC, NTDS

¹ National Emergency Medical Services Information System.

² Emergency Medical Services and Trauma Center Code (77 IAC § 515.350).

³ National Trauma Data Standard.

⁴ Great Lakes Regional Stroke Network.

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38	E07_01 Primary Method of Payment	Yes	NEMESIS
39	E07_15 Work-related	Yes	Research, NTDS
40	E07_16 Patient's Occupational Industry	Yes	Research, NTDS
41	E07_34 CMS Service Level	Yes	NEMESIS
42	E07_35 Condition Code Number	Yes	IAC, NEMESIS
43	E08_05 Number of Patients at Scene	Yes	NEMESIS
44	E08_06 Mass Casualty Incident (<i>for form, autofilled based on response to E08_05</i>)	No	NEMESIS
45	E08_07 Incident Location Type	Yes	IAC, NEMESIS
46	E08_13 Incident County (<i>5-digit FIPS code</i>)	Yes	IAC , NTDS
47	E08_14 Incident State (<i>autofilled based on E08_13</i>)	No	NTDS
48	E08_15 Incident ZIP Code	Yes	IAC, NEMESIS, NTDS
49	E09_01 Prior Aid	Yes	IAC, NEMESIS
50	E09_02 Prior Aid Performed by	Yes	IAC, NEMESIS
51	E09_03 Outcome of the Prior Aid	Yes	NEMESIS
52	E09_04 Possible Injury	Yes	IAC, NEMESIS
53	E09_11 Chief Complaint Anatomic Location	Yes	IAC, NEMESIS
54	E09_12 Chief Complaint Organ System	Yes	NEMESIS
55	E09_13 Primary Symptom	Yes	IAC, NEMESIS
56	E09_14 Other Associated Symptoms	Yes	IAC, NEMESIS
57	E09_15 Provider's Primary Impression	Yes	IAC, NEMESIS
58	E09_16 Provider's Secondary Impression	Yes	NEMESIS
59	E10_01 Cause of Injury	Yes	NEMESIS
60	E10_04 Vehicular Injury Indicators	Yes	Multi-use
61	E10_06 Seat Row Location of Patient in Vehicle	Yes	IAC
62	E10_07 Position of Patient in the Seat of the Vehicle	Yes	IAC
63	E10_08 Use of Occupant Safety Equip.	Yes	IAC, NTDS, EMSC ⁵
64	E10_09 Airbag Deployment	Yes	IAC, NTDS, EMSC
65	E11_01 Cardiac Arrest	Yes	NEMESIS
66	E11_02 Cardiac Arrest Etiology	Yes	NEMESIS
67	E11_03 Resuscitation Attempted	Yes	IAC, NEMESIS
68	E11_04 Arrest Witnessed by	Yes	IAC, Cardiac arrest
69	E11_05 First Monitored Rhythm of the Patient	Yes	Cardiac arrest
70	E11_06 Any Return of Spontaneous Circulation	Yes	IAC, Cardiac arrest
71	E12_01 Barriers to Patient Care	Yes	NEMESIS
72	E12_11 Medical History Obtained From	Yes	IAC
73	E12_19 Alcohol/Drug Use Indicators	Yes	NEMESIS
74	E12_20 Pregnancy	Yes	Multi-use
75	E14_03 Cardiac Rhythm	Yes	IAC
76	E14_04 Systolic Blood Pressure	Yes	IAC, NTDS

⁵ Illinois Department of Public Health's Emergency Medical Services for Children program.

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77	E14_05 DBP (Diastolic Blood Pressure)	Yes	IAC
78	E14_07 Pulse Rate	Yes	IAC, NTDS
79	E14_09 Pulse Oximetry	Yes	NTDS
80	E14_11 Respiratory Rate	Yes	IAC, NTDS
81	E14_15 Glasgow Coma Score-Eye	Yes	IAC, NTDS
82	E14_16 Glasgow Coma Score-Verbal	Yes	IAC, NTDS
83	E14_17 Glasgow Coma Score-Motor	Yes	IAC, NTDS
84	E14_19 Glasgow Coma Score-Total <i>(autofilled by state system using component scores)</i>	No	IAC, NTDS
85	E14_24 Stroke Scale	Yes	GLRSN
86	E14_25 Thrombolytic Screen	Yes	GLRSN
87	E16_01 Estimated Body Weight <i>(for pediatric patients only)</i>	Yes	IAC, EMSC
88	E16_02 Broselow/Luten Color <i>(for pediatric patients only; for form autofilled based on response to E16_01)</i>	Yes	EMSC
89	E18_03 Medication Given	Yes	IAC, NEMESIS
90	E18_04 Medication Administered Route	Yes	EMSC
91	E18_05 Medication Dosage	No	IAC, EMSC
92	E18_06 Medication Dosage Units	No	IAC, EMSC
93	E18_08 Medication Complication	Yes	NEMESIS
94	E18_10 Medication Authorization	Yes	IAC, EMSC
95	E19_03 Procedure	Yes	IAC, NEMESIS
96	E19_05 Number of Procedure Attempts	Yes	IAC, NEMESIS
97	E19_06 Procedure Successful	Yes	NEMESIS
98	E19_07 Procedure Complication	Yes	NEMESIS
99	E19_10 Procedure Authorization	Yes	IAC, EMSC
100	E20_02 Destination/Transferred to, Code	Yes	IAC
101	E20_07 Destination Zip Code	Yes	NEMESIS
102	E20_10 Incident/Patient Disposition	Yes	NEMESIS
103	E20_14 Transport Mode from Scene	Yes	NEMESIS
104	E20_16 Reason for Choosing Destination	Yes	NEMESIS
105	E20_17 Type of Destination	Yes	NEMESIS
106	E22_01 Emergency Department Disposition	Yes	NEMESIS
107	E22_02 Hospital Disposition	No	NEMESIS
108	E22_03 Law Enforcement/Crash Report Number	Yes	IAC, IDOT/CODES ⁶
109	E23_03 Personal Protective Equipment Used	Yes	IAC
110	E23_09 Research Survey Field ⁷ <i>(used for recording the EMS System Number)</i>	Yes	IAC
	E23_11 Research Survey Field Title ⁸ <i>(used for EMS System Number data element label)</i>		

⁶ Illinois Department of Transportation/Crash Outcome Data Evaluation System

⁷ A customizable field for research, evaluation, or other temporary purposes; it is structured using a multiple entry configuration, meaning that multiple fields are allowed. The four-digit Illinois EMS System number will be a permanently configured as a Research Survey Field.

⁸ Like the Research Survey Field, this is also a multiple entry configuration field.