



Element Number	Element Name	National / State	WV	Baseline	New Element	Canceled Call	No Patient Found	Standby Call	DOA	Trauma	Stroke	Cardiac Arrest	RACE-Steri	First Responder	Medical Transport	Critical Care	ALS	BLS	Community Paramedic Interfacility Transfer	WV DQ Score (L/M/H)	WV Action	WV Comments	
eCrew																							
eCrew Grouping																							
eCrew.01	Crew Member ID		X	B		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be on Agency Roster in CIS at time of Incident date Must be a West Virginia Certification ID Must be provided (no NV values accepted)
eCrew.02	Crew Member Level		X	B		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	L	Warn	Must be a valid WV certification level (excluding Miners) (no NV values accepted),
eCrew.03	Crew Member Response Role		X	B		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	L	Warn	Must provide Driver and Primary Caregiver Must be provided (no NV values accepted) on all reports
eTimes																							
eTimes Grouping																							
eTimes.01	PSAP Call Date/Time			O																	L	Warn*	If provided, must be < eTimes.03
eTimes.02	Dispatch Notified Date/Time			O																	L	Warn*	Must be > eTimes.01 (if provided) and < eTimes.03
eTimes.03	Unit Notified by Dispatch Date/Time		M	X	B		X	X	X	X	X	X	X	X	X	X	X	X	X	X		Warn	Value sent must be > eTimes.02 (if provided) and < eTimes.05
eTimes.04	Dispatch Acknowledged Date/Time					X																	
eTimes.05	Unit En Route Date/Time		X	B		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be > eTimes.03 and < eTimes.13, and is required on all reports
eTimes.06	Unit Arrived on Scene Date/Time		X	B		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be > eTimes.03 and < eTimes.13, and is required on all reports except canceled calls
eTimes.07	Arrived at Patient Date/Time		X	B				X	X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be > eTimes.03 and < eTimes.13 when there is PatientContact*
eTimes.08	Transfer of EMS Patient Care Date/Time																						
eTimes.09	Unit Left Scene Date/Time		X	B				X	X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be > eTimes.03 and < eTimes.13 when there is PatientContact*
eTimes.10	Arrival at Destination Landing Area Date/Time					X																	
eTimes.11	Patient Arrived at Destination Date/Time		X	B				X	X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be > eTimes.03 and < eTimes.13 when there is PatientContact*
eTimes.12	Destination Patient Transfer of Care Date/Time		X		X			X	X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be > eTimes.03 and < eTimes.13 when there is PatientContact*
eTimes.13	Unit Back in Service Date/Time		M	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	
eTimes.14	Unit Canceled Date/Time			O																		Warn*	If provided, must be > eTimes.03 and < eTimes.13
eTimes.15	Unit Back at Home Location Date/Time			O																		Warn*	If provided, must be > eTimes.03 and < eTimes.13
eTimes.16	EMS Call Completed Date/Time				X																	Warn*	If provided, must be > eTimes.03 and < eTimes.13
ePatient																							
ePatient Grouping																							
ePatient.01	EMS Patient ID				X																		
ePatient.02	Last Name		X					X	X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be provided (no NV values accepted) when there is patient contact
ePatient.03	First Name		X					X	X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be provided (no NV values accepted) when there is patient contact
ePatient.04	Middle Initial/Name			O																			
ePatient.05	Patient's Home Address		X					X	X	X	X	X	X	X	X	X	X	X	X	X	L	Warn	If PatientContact*, must be provided (no NV values accepted)
ePatient.06	Patient's Home City		X					X	X	X	X	X	X	X	X	X	X	X	X	X	M	Warn	If PatientContact*, must be provided (no NV values accepted)
ePatient.07	Patient's Home County		X	B				X	X	X	X	X	X	X	X	X	X	X	X	X	M	Warn	If PatientContact*, must be provided (no NV values accepted)
ePatient.08	Patient's Home State		X					X	X	X	X	X	X	X	X	X	X	X	X	X	L	Warn	If PatientContact*, must be provided (no NV values accepted)



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eScene																							
eScene Grouping																							
eScene.01	First EMS Unit on Scene			B	X				X	X	X	X	X	X	X	X	X	X	X	X			
eScene.02	Other EMS or Public Safety Agencies at Scene																						
eScene.03	Other EMS or Public Safety Agency ID Number				X																		
eScene.04	Type of Other Service at Scene		O	B					X	X	X	X	X	X	X	X	X	X	X	X			
eScene.05	Date/Time Initial Responder Arrived on Scene		O																				
eScene.06	Number of Patients at Scene		X	B					X	X	X	X	X	X	X	X	X	X	X	X	L	Warn	Must be provided (no NV values accepted) when PatientContact*
eScene.07	Mass Casualty Incident		X	B					X	X	X	X	X	X			X	X			L	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eScene.08	Triage Classification for MCI Patient		cX	B	X				X	X	X	X	X	X			X	X			L	Warn	If eScene.07 = Yes, must be provided (no NV values accepted) for valid call types when PatientContact*
eScene.09	Incident Location Type		X	B					X	X	X	X	X	X	X	X	X	X	X	X	L	Warn	Must be provided (no NV values accepted) when PatientContact*
eScene.10	Incident Facility Code		cX												X	X			X		H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact* (DQ Level drops for facilities outside WV)
eScene.11	Scene GPS Location		O																		H	Warn*	This element may be provided in place of eScene.15, eScene.17, eScene.19, eScene.21 (no NV values accepted)
eScene.12	Scene US National Grid Coordinates				X																		
eScene.13	Incident Facility or Location Name				X																		
eScene.14	Mile Post or Major Roadway				X																		
eScene.15	Incident Street Address		X	B					X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be provided (no NV values accepted) when PatientContact* (may be omitted if eScene.11 is provided)
eScene.16	Incident Apartment, Suite, or Room				X																		
eScene.17	Incident City		X	B					X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be provided (no NV values accepted) when PatientContact* (may be omitted if eScene.11 is provided)
eScene.18	Incident State		X	B					X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be provided (no NV values accepted) Must validate as a valid state FIPS code
eScene.19	Incident ZIP Code		X	B					X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be provided (no NV values accepted) when PatientContact* (may be omitted if eScene.11 is provided)
eScene.20	Scene Cross Street or Directions				X																		
eScene.21	Incident County		X						X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be provided (no NV values accepted) when PatientContact* (may be omitted if eScene.11 is provided)
eScene.22	Incident Country				X																		
eScene.23	Incident Census Tract				X																		
eSituation																							
eSituation Grouping																							
eSituation.01	Date/Time of Symptom Onset/Last Normal		cX							X	X	X	X	X			X				M	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eSituation.02	Possible Injury		cX							X	X			X			X				H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eSituation.03	Complaint Type		cX		X					X	X	X	X	X	X	X					H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eSituation.04	Complaint		cX							X	X	X	X	X	X	X					H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eSituation.05	Duration of Complaint		cX							X	X	X	X	X		X					M	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eSituation.06	Time Units of Duration of Complaint		cX							X	X	X	X	X		X					M	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eSituation.07	Chief Complaint Anatomic Location		cX							X	X	X	X	X	X	X					L	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eSituation.08	Chief Complaint Organ System		cX							X	X	X	X	X	X	X					L	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*



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eInjury.29	ACN Incident Airbag Deployed				X																		
eArrest																							
eArrest Grouping																							
eArrest.01	Cardiac Arrest		X									X		X						H	Warn	Required (no NV values accepted) if PatientContact*	
eArrest.02	Cardiac Arrest Etiology		cX									X								H	Warn	If eArrest.01 = '3001003', '3001005', must be provided (no NV values accepted)	
eArrest.03	Resuscitation Attempted By EMS		cX									X								H	Warn	If eArrest.01 = '3001003', '3001005', must be provided (no NV values accepted)	
eArrest.04	Arrest Witnessed By		cX																	H	Warn	If eArrest.01 = '3001003', '3001005', must be provided (no NV values accepted)	
eArrest.05	CPR Care Provided Prior to EMS Arrival		cX		X							X		X						H	Warn	If eArrest.01 = '3001003', '3001005', must be provided (no NV values accepted)	
eArrest.06	Who Provided CPR Prior to EMS Arrival		cX		X							X		X						H	Warn	If eArrest.01 = '3001003', '3001005', and eArrest.05 = '9923003', must be provided (no NV values accepted)	
eArrest.07	AED Use Prior to EMS Arrival		cX		X							X		X						H	Warn	If eArrest.01 = '3001003', '3001005', must be provided (no NV values accepted)	
eArrest.08	Who Used AED Prior to EMS Arrival		cX		X							X		X						H	Warn	If eArrest.01 = '3001003', '3001005', and eArrest.07 = '3007003', '3007005', must be provided (no NV values accepted)	
eArrest.09	Type of CPR Provided				X							X		X									
eArrest.10	Therapeutic Hypothermia Initiated		O		X							X											
eArrest.11	First Monitored Arrest Rhythm of the Patient		cX									X								H	Warn	If eArrest.01 = '3001003', '3001005', must be provided (no NV values accepted)	
eArrest.12	Any Return of Spontaneous Circulation		cX									X								H	Warn	If eArrest.01 = '3001003', '3001005', must be provided (no NV values accepted)	
eArrest.13	Neurological Outcome at Hospital Discharge																						
eArrest.14	Date/Time of Cardiac Arrest											X		X									
eArrest.15	Date/Time Resuscitation Discontinued		cX									X		X						H	Warn	If eArrest.01 = '3001003', '3001005', must be provided (no NV values accepted) If resuscitation NOT discontinued, provide NIL	
eArrest.16	Reason CPR/Resuscitation Discontinued		cX									X		X						H	Warn	If eArrest.01 = '3001003', '3001005', must be provided (no NV values accepted)	
eArrest.17	Cardiac Rhythm on Arrival at Destination		cX									X								H	Warn	If eArrest.01 = '3001003', '3001005', must be provided (no NV values accepted)	
eArrest.18	End of EMS Cardiac Arrest Event		O		X							X											
eHistory																							
eHistory Grouping																							
eHistory.01	Barriers to Patient Care		X	B						X	X	X	X	X	X	X	X	X	X	X	L	Warn	Required (no NV values accepted) if PatientContact*
eHistory.02	Last Name of Patient's Practitioner																						
eHistory.03	First Name of Patient's Practitioner																						
eHistory.04	Middle Name/Initial of Patient's Practitioner																						
eHistory.05	Advance Directives		O						X	X	X	X	X	X	X	X							
eHistory.06	Medication Allergies		X							X	X	X	X	X	X	X				H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*	
eHistory.07	Environmental/Food Allergies		X							X	X	X	X	X	X	X				M	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*	
eHistory.08	Medical/Surgical History		X							X	X	X	X	X	X	X				L	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*	
eHistory.09	Medical History Obtained From		cX							X	X	X	X	X	X	X				L	Warn	If eHistory.08 is complete, must be provided (no NV values accepted) for valid call types when PatientContact*	



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eHistory.10	The Patient's Type of Immunization																						
eHistory.11	Immunization Date																						
eHistory.12	Current Medications		X						X	X	X	X	X	X	X	X					L	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eHistory.13	Current Medication Dose		O																				
eHistory.14	Current Medication Dosage Unit		O																				
eHistory.15	Current Medication Administration Route		O																				
eHistory.16	Presence of Emergency Information Form																						
eHistory.17	Alcohol/Drug Use Indicators		X	B					X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eHistory.18	Pregnancy		X						X	X	X	X	X	X	X	X					M	Warn	If ePatient.13 = '9906001', must be provided (no NV values accepted) for valid call types when PatientContact*
eHistory.19	Last Oral Intake				X																		
eNarrative																							
eNarrative Grouping																							
eNarrative.01	Patient Care Report Narrative		X	B		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be provided on all calls (no NV values accepted)
eVitals																							
eVitals Grouping																							
eVitals.01	Date/Time Vital Signs Taken		X						X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be provided (no NV values accepted) when PatientContact* Must fall between eTimes.03 and eTimes.11, unless eVitals.02 = '9923003'
eVitals.02	Obtained Prior to this Unit's EMS Care		cX						X	X	X	X	X	X	X	X	X	X	X	X	L	Warn	Required (no NV values accepted) if PatientContact*
eVitals.03	Cardiac Rhythm / Electrocardiography (ECG)		cX									X	X		X	X	X	X	X		H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eVitals.04	ECG Type		cX		X							X	X		X	X	X	X	X		H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eVitals.05	Method of ECG Interpretation		cX		X							X	X		X	X	X	X	X		H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eVitals.06	SBP (Systolic Blood Pressure)		cX						X	X	X	X	X	X	X	X	X	X	X		H	Warn	Required (no NV values accepted) if PatientContact*
eVitals.07	DBP (Diastolic Blood Pressure)		cX						X	X	X	X	X	X	X	X	X	X	X		H	Warn	Required (no NV values accepted) if PatientContact*
eVitals.08	Method of Blood Pressure Measurement		cX						X	X	X	X	X	X	X	X	X	X	X		H	Warn	Required (no NV values accepted) if PatientContact*
eVitals.09	Mean Arterial Pressure		O		X												X	X	X				
eVitals.10	Heart Rate		cX						X	X	X	X	X	X	X	X	X	X	X		H	Warn	Required (no NV values accepted) if PatientContact*
eVitals.11	Method of Heart Rate Measurement		cX		X				X	X	X	X	X	X	X	X	X	X	X		H	Warn	Required (no NV values accepted) if PatientContact*
eVitals.12	Pulse Oximetry		cX						X	X	X	X	X	X	X	X	X	X	X		H	Warn	Required (no NV values accepted) if PatientContact*
eVitals.13	Pulse Rhythm		cX												X	X	X	X	X		H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eVitals.14	Respiratory Rate		cX						X	X	X	X	X	X	X	X	X	X	X		H	Warn	Required (no NV values accepted) if PatientContact*
eVitals.15	Respiratory Effort		cX						X	X	X	X	X	X	X	X	X	X	X		H	Warn	Required (no NV values accepted) if PatientContact*
eVitals.16	Carbon Dioxide (CO2)		O						X	X	X	X			X	X	X	X					
eVitals.17	Carbon Monoxide (CO)		O		X										X	X	X						
eVitals.18	Blood Glucose Level		cX								X										H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eVitals.19	Glasgow Coma Score-Eye		cX						X	X	X	X	X	X	X	X	X	X	X		H	Warn	Required (no NV values accepted) if PatientContact*
eVitals.20	Glasgow Coma Score-Verbal		cX						X	X	X	X	X	X	X	X	X	X	X		H	Warn	Required (no NV values accepted) if PatientContact*
eVitals.21	Glasgow Coma Score-Motor		cX						X	X	X	X	X	X	X	X	X	X	X		H	Warn	Required (no NV values accepted) if PatientContact*
eVitals.22	Glasgow Coma Score-Qualifier		cX						X	X					X	X	X	X	X		H	Warn	If eVitals = '3329005', must be provided (no NV values accepted)
eVitals.23	Total Glasgow Coma Score		O						X	X	X	X	X	X	X	X	X	X	X				
eVitals.24	Temperature		O												X	X	X						



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eVitals.25	Temperature Method		O														X	X	X				
eVitals.26	Level of Responsiveness (AVPU)		cX						X	X	X	X	X	X	X	X	X	X	X		H	Warn	Required (no NV values accepted) if PatientContact*
eVitals.27	Pain Score		O							X			X				X	X	X				
eVitals.28	Pain Scale Type		O	X						X			X				X	X	X				
eVitals.29	Stroke Scale Score		cX								X										H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eVitals.30	Stroke Scale Type		cX	X							X										H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eVitals.31	Reperfusion Checklist		O								X	X	X				X	X	X				
eVitals.32	APGAR		cX						X	X	X	X	X	X	X	X	X	X	X		H	Warn	If patient age < 1 day, must be provided (no NV values accepted) for valid call types
eVitals.33	Revised Trauma Score		O						X								X	X	X				
eLabs																							
eLabs Grouping																							
eLabs.01	Date/Time of Laboratory or Imaging Result				X																		
eLabs.02	Study/Result Prior to this Unit's EMS Care				X																		
eLabs.03	Laboratory Result Type				X																		
eLabs.04	Laboratory Result				X																		
eLabs.05	Imaging Study Type				X																		
eLabs.06	Imaging Study Results				X																		
eLabs.07	Imaging Study File or Waveform Graphic Type				X																		
eLabs.08	Imaging Study File or Waveform Graphic				X																		
eExam																							
eExam Grouping																							
eExam.01	Estimated Body Weight in Kilograms		X							X	X	X	X	X	X	X	X	X	X		M	Warn	Must be provided (no NV values accepted) when PatientContact*
eExam.02	Length Based Tape Measure		O							X	X		X	X	X								
eExam.03	Date/Time of Assessment		cX							X	X	X	X	X	X	X	X	X	X		H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eExam.04	Skin Assessment		cX							X	X	X	X	X	X	X	X	X	X		H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eExam.05	Head Assessment		cX							X	X	X	X	X	X	X	X	X	X		H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eExam.06	Face Assessment		cX	X					X	X	X	X	X	X	X	X	X	X	X		H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eExam.07	Neck Assessment		cX						X		X	X	X	X	X	X	X	X	X		H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eExam.08	Chest/Lungs Assessment		cX						X		X	X	X	X	X	X	X	X	X		H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eExam.09	Heart Assessment									X			X	X	X								
eExam.10	Abdominal Assessment Finding Location		cX	X					X			X	X	X	X	X	X	X	X		H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eExam.11	Abdomen Assessment		cX						X			X	X	X	X	X	X	X	X		H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eExam.12	Pelvis/Genitourinary Assessment		cX						X			X	X	X	X	X	X	X	X		H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eExam.13	Back and Spine Assessment Finding Location		cX	X					X			X	X	X	X	X	X	X	X		H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eExam.14	Back and Spine Assessment		cX						X			X	X	X	X	X	X	X	X		H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eExam.15	Extremity Assessment Finding Location		cX	X					X	X		X	X	X	X	X	X	X	X		H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eExam.16	Extremities Assessment		cX						X	X		X	X	X	X	X	X	X	X		H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eExam.17	Eye Assessment Finding Location		cX	X					X	X		X	X	X	X	X	X	X	X		H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eExam.18	Eye Assessment		cX						X	X		X	X	X	X	X	X	X	X		H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*



Item Number	Element Name	National / State	WV	Baseline	New Element	Cancelled Call	No Patient Found	Standby Call	DOA	Trauma	Stroke	Cardiac Arrest	RACE-Stemi	First Responder	Medical Transport	Critical Care	ALS	BLS	Interfacility Transfer	Community Paramedic	WV DQ Score (L/M/H)	WV Action	WV Comments	
eExam.19	Mental Status Assessment		cX							X	X		X	X	X	X	X	X	X	X	X	H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eExam.20	Neurological Assessment		cX							X	X			X			X	X	X	X	X	H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eProtocols																								
eProtocols Grouping																								
eProtocols.01	Protocols Used		X	B					X	X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be provided (no NV values accepted, Not Done ('9914153') not accepted) for valid call types
eProtocols.02	Protocol Age Category		E	B	X				X	X	X	X	X	X	X	X	X	X	X	X	X			There should be at least one valid protocol on every call with PatientContact*
eMedications																								
eMedications Grouping																								
eMedications.01	Date/Time Medication Administered		cX							X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be provided (no NV values accepted) if a medication is given
eMedications.02	Medication Administered Prior to this Unit's EMS Care		cX							X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be provided (no NV values accepted) if a medication is given
eMedications.03	Medication Given		cX							X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be provided (no NV values accepted) if a medication is given
eMedications.04	Medication Administered Route		cX							X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be provided (no NV values accepted) if a medication is given
eMedications.05	Medication Dosage		cX							X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be provided (no NV values accepted) if a medication is given
eMedications.06	Medication Dosage Units		cX							X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be provided (no NV values accepted) if a medication is given
eMedications.07	Response to Medication		cX							X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be provided (no NV values accepted) if a medication is given
eMedications.08	Medication Complication		cX							X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be provided (no NV values accepted) if a medication is given
eMedications.09	Medication Crew (Healthcare Professionals) ID		cX							X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be provided (no NV values accepted) if a medication is given Must match value provided in eCrew.01
eMedications.10	Role/Type of Person Administering Medication				X					X	X	X	X	X	X	X	X	X	X	X	X			
eMedications.11	Medication Authorization		cX							X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be provided (no NV values accepted) if a medication is given
eMedications.12	Medication Authorizing Physician		cX							X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be provided (no NV values accepted) if a medication is given if eMedications.11 != '9918005'
eProcedures																								
eProcedures Grouping																								
eProcedures.01	Date/Time Procedure Performed		X							X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eProcedures.02	Procedure Performed Prior to this Unit's EMS Care		X							X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eProcedures.03	Procedure		X							X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eProcedures.04	Size of Procedure Equipment		X							X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eProcedures.05	Number of Procedure Attempts		X							X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eProcedures.06	Procedure Successful		X							X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eProcedures.07	Procedure Complication		X							X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eProcedures.08	Response to Procedure		X							X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*
eProcedures.09	Procedure Crew Members ID		X							X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact* Must match value provided in eCrew.01
eProcedures.10	Role/Type of Person Performing the Procedure				X					X	X	X	X	X	X	X	X	X	X	X	X			
eProcedures.11	Procedure Authorization		X							X	X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be provided (no NV values accepted) for valid call types when PatientContact*



Element Number	Element Name	National / State	WV	Baseline	New Element	Cancelled Call	No Patient Found	Standby Call	DOA	Trauma	Stroke	Cardiac Arrest	RACE-Stemi	First Responder	Medical Transport	Critical Care	ALS	BLS	Community Paramedic Interfacility Transfer	WV DQ Score (L/M/H)	WV Action	WV Comments	
eOther.12	Type of Person Signing			X																			
eOther.13	Signature Reason			X																			
eOther.14	Type Of Patient Representative			X																			
eOther.15	Signature Status			X																			
eOther.16	Signature File Name			X																			
eOther.17	Signature File Type			X																			
eOther.18	Signature Graphic			X																			
eOther.19	Date/Time of Signature			X																			
eOther.20	Signature Last Name			X																			
eOther.21	Signature First Name			X																			
	Element Name	National / State	WV	Baseline	New Element	Cancelled Call	No Patient Found	Standby Call	DOA	Trauma	Stroke	Cardiac Arrest	RACE-Stemi	First Responder	Medical Transport	Critical Care	ALS	BLS	Community Paramedic Interfacility Transfer			Comments	
eCustomElements																							
eCustomElement.01	New PCR or updated PCR?		X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	H	Error	Required for all calls
eCustomElement.02	Was medication given?		X							X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be provided (no NV values accepted) when PatientContact*
eCustomElement.03	Was procedure performed?		X							X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be provided (no NV values accepted) when PatientContact*
eCustomElement.04	Was vital sign taken?		X							X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be provided (no NV values accepted) when PatientContact*
eCustomElement.05	Medical Command Center number		X							X	X	X	X	X	X	X	X	X	X	X	H	Warn	Must be provided (no NV values accepted) when PatientContact* when eDisposition.21 = '4221003', '4221005'

Custom Element Values
eProtocols.01

See WV State Protocol List