California Emergency Medical Services Authority
Data Use Agreement
Pre-Approved Data Element List

**dAgency**

dAgency.09 – Primary Type of Service
dAgency.10 – Other Types of Service (recommended)
dAgency.11 – Level of Service
dAgency.12 – Organization Status
dAgency.13 – Organization Type

**dFacility (Optional)**

dFacility.01 – Type of Facility
dFacility.02 – Facility Name
dFacility.03 – Facility Location Code
dFacility.04 – Hospital Designations
dFacility.10 – Facility Zip Code
dFacility.11 – Facility County

**eArrest**

eArrest.01 – Cardiac Arrest
eArrest.02 – Cardiac Arrest Etiology
eArrest.03 – Resuscitation Attempted by EMS
eArrest.04 – Arrest Witnessed By
eArrest.05 – CPR Care Provided Prior to EMS Arrival
eArrest.06 – Who Provided CPR Prior to EMS Arrival (optional)
eArrest.07 – AED Use Prior to EMS Arrival
eArrest.08 – Who Used AED Prior to EMS Arrival (optional)
eArrest.09 – Type of CPR Provided
eArrest.11 – First Monitored Arrest of Rhythm of the Patient
eArrest.12 – Any Return of Spontaneous Circulation
eArrest.13 – Neurological Outcome at Hospital Discharge (optional)
eArrest.15 – Date/Time Resuscitation Discontinued (recommended)
eArrest.16 – Reason CPR/Resuscitation Discontinued
eArrest.17 – Cardiac Rhythm on Arrival at Destination
eArrest.18 – End of EMS Cardiac Arrest Event

**eDispatch**
eDispatch.01 – Complaint Reported by Dispatch
eDispatch.02 – EMD Performed
eDispatch.04 – Dispatch Center Name of ID (optional)
eDispatch.05 – Dispatch Priority (Patient Acuity) (optional)

**eDisposition**
eDisposition.06 – Destination County
eDisposition.11 – Number of Patients Transported in this EMS Unit (recommended)
eDisposition.12 – Incident/Patient Disposition
eDisposition.13 – How Patient Was Moved to Ambulance (optional)
eDisposition.14 – Position of Patient During Transport (optional)
eDisposition.15 – How Patient Was Transported from Ambulance (optional)
eDisposition.16 – EMS Transport Method
eDisposition.17 – Transport Mode from Scene
eDisposition.18 – Additional Transport Mode Descriptors
eDisposition.19 – Final Patient Acuity
eDisposition.20 – Reason for Choosing Destination
eDisposition.21 – Type of Destination
eDisposition.22 – Hospital In-Patient Destination
eDisposition.23 – Hospital Capability
eDisposition.24 – Destination Team Pre-Arrival Alert or Activation
eDisposition.25 – Date/Time of Destination Prearrival Alert of Activation
eDisposition.26 – Disposition Instructions Provided (optional)
eHistory

eHistory.01 – Barriers to Patient Care
eHistory.17 – Alcohol/Drug Use Indicators
eHistory.18 – Pregnancy (optional)

eInjury

eInjury.01 – Cause of Injury
eInjury.02 – Mechanism of Injury (recommended)
eInjury.03 – Trauma Center Criteria
eInjury.04 – Vehicular, Pedestrian, or Other Injury Risk Factor
eInjury.05 – Main Area of the Vehicle Impacted by the Collision (optional)
eInjury.06 – Location of Patient in Vehicle (optional)
eInjury.07 – Use of Occupant Safety Equipment (recommended)
eInjury.08 – Airbag Deployment (optional)
eInjury.09 – Height of Fall (Feet) (optional)
eInjury.10 – OSHA Personal Protective Equipment Used (optional)

eMedications

eMedications.01 – Date/Time Medication Administered
eMedications.02 – Medication Administered Prior to this Unit’s EMS Care
eMedications.03 – Medication Given
eMedications.05 – Medication Dosage
eMedications.06 – Medication Dosage Units
eMedications.07 – Response to Medication
eMedications.08 – Medication Complication
eMedications.10 – Role/Type of Person Administering Medication

eOutcome

eOutcome.01 – Emergency Department Disposition
eOutcome.02 – Hospital Disposition

ePatient

ePatient.07 – Patients Home County
ePatient.13 – Gender
ePatient.14 – Race
ePatient.15 – Age
ePatient.16 – Age Units

**ePayment**

- ePayment.01 – Primary Method of Payment
- ePayment.40 – Response Urgency (optional)
- ePayment.41 – Patient Transport Assessment (optional)
- ePayment.42 – Specialty Care Transport Provider (optional)
- ePayment.44 – Ambulance Transport Reason Code (optional)
- ePayment.45 – Round Trip Purpose Description (optional)
- ePayment.49 – ALS Assessment Performed and Warranted (optional)
- ePayment.50 – CMS Service Level
- ePayment.51 – EMS Condition Code (optional)
- ePayment.52 – CMS Transportation Indicator (optional)

**eProcedures**

- eProcedures.01 – Date/Time Procedure Performed
- eProcedures.02 – Procedure Performed Prior to this Unit’s EMS Care
- eProcedures.03 – Procedure
- eProcedures.05 – Number of Procedure Attempts
- eProcedures.06 – Procedure Successful
- eProcedures.07 – Procedure Complication
- eProcedures.08 – Response to Procedure
- eProcedures.10 – Role/Type of Person Performing the Procedure

**eProtocols**

- eProtocols.01 – Protocols Used
- eProtocols.02 – Protocol Age Category

**eResponse**

- eResponse.05 – Type of Service Requested
eResponse.06 – Standby Purpose (optional)
eResponse.07 – Primary Role of the Unit
eResponse.08 – Type of Dispatch Delay
eResponse.09 – Type of Response Delay
eResponse.10 – Type of Scene Delay
eResponse.11 – Type of Transport Delay
eResponse.12 – Type of Turn Around Delay
eResponse.15 – Level of Care of This Unit
eResponse.23 – Response Mode to Scene
eResponse.24 – Additional Response Mode Descriptors

eScene

eScene.01 – First EMS Unit on Scene
eScene.05 – Date/Time Initial Responder Arrived on Scene (optional)
eScene.06 – Number of Patients at Scene
eScene.07 – Mass Casualty Scene
eScene.08 – Triage Classification for MCI Patient
eScene.09 – Incident Location Type
eScene.10 – Incident Facility Code (recommended)
eScene.21 – Incident County

eSituation

eSituation.01 – Date/Time of Symptom Onset
eSituation.02 – Possible Injury
eSituation.03 – Complaint Type (recommended)
eSituation.04 – Complaint (recommended)
eSituation.05 – Duration of Complaint (recommended)
eSituation.06 – Time Units of Duration of Complaint (recommended)
eSituation.07 – Chief Complaint Anatomic Location
eSituation.08 – Chief Complaint Organ System
eSituation.09 – Primary Symptom
eSituation.10 – Other Associated Symptoms
eSituation.11 – Providers Primary Impression
eSituation.12 – Providers Secondary Impressions
eSituation.13 – Initial Patient Acuity

**eTimes**

eTimes.01 – PSAP Call Date/Time
eTimes.02 – Dispatch Notified Date/Time (optional)
eTimes.03 – Unit Notified by Dispatch Date/Time
eTimes.05 – Unit En Route Date/Time
eTimes.06 – Unit Arrived on Scene Date/Time
eTimes.07 – Arrived at Patient Date/Time
eTimes.08 – Transfer of EMS Patient Care Date/Time (recommended)
eTimes.09 – Unit Left Scene Date/Time
eTimes.10 – Arrival at Destination Landing Area Date/Time (optional)
eTimes.11 Patient Arrived at Destination Date/Time
eTimes.12 – Destination patient Transfer of Care Date/Time
eTimes.13 – Unit Back In-Service Date/Time
eTimes.14 – Unit Canceled Date/Time (optional)
eTimes.15 – Unit Back at Home Location Date/Time (optional)
eTimes.16 – EMS Call Completed Date/Time (optional)

**eVitals**

eVitals.01 – Date/Time Vital Signs Taken
eVitals.02 – Obtained Prior to this Unit’s EMS Care
eVitals.03 – Cardiac Rhythm/Electrocardiography (ECG)
eVitals.04 – ECG Type
eVitals.05 – Method of ECG Interpretation
eVitals.06 – SBP (Systolic Blood Pressure)
eVitals.08 – Method of Blood Pressure Measurement
eVitals.10 – Heart Rate
eVitals.12 – Pulse Oximetry
eVitals.14 – Respiratory Rate
eVitals.16 – End Tidal Carbon Dioxide (ETCO2)
eVitals.18 – Blood Glucose Level
eVitals.19 – Glasgow Coma Score-Eye
eVitals.20 – Glasgow Coma Score-Verbal
eVitals.21 – Glasgow Coma Score-Motor
eVitals.22 – Glasgow Coma Score-Qualifier
eVitals.26 – Level of Responsiveness (AVPU)
eVitals.27 – Pain Scale Score
eVitals.29 – Stroke Scale Score
eVitals.30 – Stroke Scale Type