



Emergency Medical Services Incident Reporting System Version 2.2 (EMSIRS-2)

Data Element List



| Field # | Field Name |
|----------------|--|
| 01 | EMS Agency Number |
| 02 | Incident/PCR Number |
| 03 | Type of Service Requested |
| 04 | Unit Call Sign / ID |
| 05 | Primary Role of the Reporting Unit |
| 06 | Crew Certification/License Levels |
| 07 | Incident Address |
| 08 | Incident City/Village/Township |
| 09 | Incident ZIP Code |
| 10 | Incident County |
| 11 | Type of Dispatch Delay |
| 12 | Type of Response Delay |
| 13 | Type of Scene Delay |
| 14 | Type of Transport Delay |
| 15 | Type of Return to Service Delay |
| 16 | Response Mode to Scene |
| 17 | Complaint Reported by Dispatch |
| 18 | EMD Performed |
| 19 | Date/Time of Initial Call for Help |
| 20 | Unit Notified by Dispatch Date/Time |
| 21 | Unit En Route Date/Time |
| 22 | Unit Arrived on Scene Date/Time |
| 23 | Arrived at Patient Date/Time |
| 24 | Unit Left Scene for Hospital Date/Time |
| 25 | Patient Arrived at Destination Date/Time |
| 26 | Date/Time Incident Completed |
| 27 | Date/Time Unit Available for Next Incident |
| 28 | Patient's Home ZIP Code |
| 29 | Gender |
| 30 | Race |
| 31 | Ethnicity |
| 32 | Date of Birth |
| 33 | Primary Method of Payment |
| 34 | Level of Service Provided |
| 35 | Condition Code Number (pending) |
| 36 | Number of Patients at Scene |
| 37 | Mass Casualty Incident |
| 38 | Incident Location Type |
| 39 | Prior Aid |
| 40 | Prior Aid Performed By |
| 41 | Outcome of the Prior Aid |
| 42 | Injury Present |
| 43 | Complaint Anatomic Location |
| 44 | Complaint Organ System |
| 45 | Primary Symptom |
| 46 | Other Associated Symptoms |

| <u>Field #</u> | <u>Field Name</u> |
|-----------------------|---|
| 47 | Provider's Primary Impression |
| 48 | Provider's Secondary Impression |
| 49 | Cause of Injury |
| 50 | Injury Type |
| 51 | Protective Devices Used |
| 52 | Airbag Deployment |
| 53 | Cardiac Arrest |
| 54 | Cause of Cardiac Arrest |
| 55 | Resuscitation Attempted |
| 56 | Barriers to Patient Care |
| 57 | Alcohol/Drug Use Indicators |
| 58 | Initial Systolic Blood Pressure |
| 59 | Initial Diastolic Blood Pressure |
| 60 | Initial Pulse Rate |
| 61 | Initial Respiratory Rate |
| 62 | Initial Glasgow Coma Score – Eye |
| 63 | Initial Glasgow Coma Score – Motor |
| 64 | Initial Glasgow Coma Score – Verbal |
| 65 | Medication Given |
| 66 | Medication Complication |
| 67 | Intervention / Procedure |
| 68 | Date/Time Intervention / Procedure Successful |
| 69 | Number of Intervention / Procedure Attempts |
| 70 | Intervention / Procedure Successful |
| 71 | Intervention / Procedure Complication |
| 72 | Advanced Directives |
| 73 | Destination |
| 74 | Incident / Patient Disposition |
| 75 | Transport Mode from the Scene |
| 76 | Reason for Choosing Destination |
| 77 | Trauma Triage Criteria |
| 78 | Type of Destination |
| 79 | Emergency Department Disposition |
| 80 | Hospital Disposition |