AZ-PIERS 2014 Data Dictionary Summary Element Table v1.3

Effective 1-1-2014

Data Element Name	Page	Data Element Code	Required	Single vs. Multiple Entry	Multiple Configuration	Change from 2013
AGENCY GENERAL INFORMATION (D)	2	D01				
EMS AGENCY STATE	5	D01_03	Required	Multiple	Yes	
LEVEL OF SERVICE	8	D01_07	Required	Single		
ORGANIZATION STATUS	10	D01_09	Required	Single		
AGENCY CONTACT INFORMATION	14	D02				
BILLING STATUS	25	D04_10	Required	Single		X
COMMON NULL VALUES	31	E00				
COMMON NULL VALUES	32	E00	Required	N/A		
UNIT/AGENCY INFORMATION	38	E02				
INCIDENT NUMBER	40	E02_02	Required	Single		
PRIMARY ROLE OF THE UNIT	42	E02_05	Required	Single		
TYPE OF DISPATCH DELAY	43	E02_06	Optional	Multiple	Yes	
TYPE OF RESPONSE DELAY	44	E02_07	Required	Multiple	Yes	
TYPE OF SCENE DELAY	45	E02_08	Required	Multiple	Yes	
TYPE OF TRANSPORT DELAY	46	E02_09	Required	Multiple	Yes	
TYPE OF TURN-AROUND DELAY	47	E02_10	Required	Multiple	Yes	
RESPONSE MODE TO SCENE	50	E02_20	Required	Single		
UNIT/CALL INFORMATION	51	E03				
COMPLAINT REPORTED BY DISPATCH	52	E03_01	Required	Single		X
UNIT/PERSONNEL INFORMATION	53	E04				
CREW MEMBER ROLE	54	E04_02	Optional	Multiple	Yes, via structure	
CREW MEMBER LEVEL	55	E04_03	Required	Multiple	Yes, via structure	
PATIENT	71	E06				
GENDER	81	E06_11	Required	Single		
RACE	82	E06_12	Required	Single		
ETHNICITY	83	E06_13	Required	Single		
BILLING	89	E07				
PRIMARY METHOD OF PAYMENT	90	E07_01	Required for billing agencies only	Single		X

CONDITION CODE NUMBER	91	E07_35	Required	Multiple	Yes, via structure	
ICD-9 CODE FOR THE CONDITION CODE NUMBER	93	E07 36	Optional	Multiple	Yes, via structure	X
CONDITION CODE MODIFIER	94	E07_37	Required	Multiple	Yes	
SCENE	95	E08				
INCIDENT STATE	102	E08_14	Required	Single		
SITUATION	105	E09				
PRIOR AID	106	E09_01	Optional (Required for Cardiac)	Multiple	Yes	
PRIOR AID PERFORMED BY	110	E09 02 _	Optional (Required for Cardiac)	Multiple	Yes	
POSSIBLE INJURY	111	E09_04	Required	Single		
PRIMARY SYMPTOM	112	E09_13	Required	Single		
OTHER ASSOCIATED SYMPTOMS	114	E09_14	Required	Multiple	Yes	
PROVIDERS PRIMARY IMPRESSION	116	E09_15	Required	Single		
PROVIDER'S SECONDARY IMPRESSION	118	E09_16	Required	Single		
SITUATION/TRAUMA	120	E10				
CAUSE OF INJURY	121	E10_01	Required	Single		
INTENT OF THE INJURY	124	E10_02	Required	Single		
MECHANISM OF INJURY	125	E10_03	Required	Multiple	Yes	
VEHICULAR INJURY INDICATORS	126	E10_04	Required	Multiple	Yes	
AREA OF THE VEHICLE IMPACTED BY THE COLLISION	127	E10_05	Required	Multiple	Yes	
SEAT ROW LOCATION OF PATIENT IN VEHICLE	128	E10_06	Required	Single		
POSITION OF PATIENT IN THE SEAT OF THE VEHICLE	129	E10_07	Required	Single		
USE OF OCCUPANT SAFETY EQUIPMENT	130	E10_08	Required	Multiple	Yes	
AIRBAG DEPLOYMENT	131	E10_09	Required	Multiple	Yes	
HEIGHT OF FALL	132	E10_10	Required	Single		

Motor Vehicle Type	133	IT5_6	Optional	Single		
Trauma Triage Criteria	134	IT11_1	Optional	Multiple	Yes	
SITUATION/CPR	135	E11				
CARDIAC ARREST	136	E11_01	Required	Single		
CARDIAC ARREST ETIOLOGY	137	E11_02	Required	Single		
RESUSCITATION ATTEMPTED	138	E11_03	Required	Multiple	Yes	
ARREST WITNESSED BY	139	E11_04	Required	Single		
FIRST MONITORED RHYTHM OF THE PATIENT	140	E11_05	Required	Single		
ANY RETURN OF SPONTANEOUS CIRCULATION	141	E11_06	Required	Single		
ESTIMATED TIME OF ARREST PRIOR TO EMS ARRIVAL	142	E11_08	Required	Single		X
REASON CPR DISCONTINUED	144	E11_10	Required	Single		
Stemi Triage Criteria	145	IT12_1	Required	Single		
Stemi 12 Lead Used	146	IT12_2	Required	Single		
MEDICAL HISTORY	147	E12				
BARRIERS TO PATIENT CARE	148	E12_01	Required	Multiple	Yes	
MEDICATION ALLERGIES	149	E12_08	Required	Multiple	Yes	
ENVIRONMENTAL/FOOD ALLERGIES	150	E12_09	Required	Multiple	Yes	
MEDICAL/SURGICAL HISTORY	151	E12_10	Required	Multiple	Yes	
MEDICAL HISTORY OBTAINED FROM	152	E12_11	Optional	Single		X
CURRENT MEDICATIONS	153	E12_14	Required	Multiple	Yes, via structure	
ALCOHOL/DRUG USE INDICATORS	154	E12_19	Required	Multiple	Yes	
ASSESSMENT/VITAL SIGNS	157	E14				
OBTAINED PRIOR TO THIS UNITS EMS CARE	159	E14_02	Required	Multiple	Yes, via structure	
CARDIAC RHYTHM	160	E14_03	Required	Multiple	Yes, via structure. Yes for each E14_01 Date/Time	
SBP (SYSTOLIC BLOOD PRESSURE)	161	E14_04	Required	Multiple	Yes, via structure	
DBP (DIASTOLIC BLOOD PRESSURE)	162	E14_05	Required	Multiple	Yes, via structure	
PULSE RATE	163	E14_07	Required	Multiple	Yes, via structure	
PULSE OXIMETRY	164	E14_09	Required	Multiple	Yes, via structure	
RESPIRATORY RATE	165	E14_11	Required	Multiple	Yes, via structure	

RESPIRATORY EFFORT	166	E14_12	Required	Multiple	Yes, via structure	
End-tidal or Other CO2 Level	167	E14_13	Required	Multiple	Yes, via structure	
BLOOD GLUCOSE LEVEL	168	E14_14	Required	Multiple	Yes, via structure	
GLASGOW COMA SCORE-EYE	169	E14_15	Required	Multiple	Yes, via structure	
GLASGOW COMA SCORE-VERBAL	170	E14_16	Required	Multiple	Yes, via structure	
GLASGOW COMA SCORE-MOTOR	171	E14_17	Required	Multiple	Yes, via structure	
GLASGOW COMA SCORE-QUALIFIER	172	E14_18	Required	Multiple	Yes, via structure	
TOTAL GLASGOW COMA SCORE	173	E14_19	Required	Multiple	Yes, via structure	
TEMPERATURE	174	E14_20	Required	Multiple	Yes, via structure	
LEVEL OF RESPONSIVENESS	175	E14_22	Required	Multiple	Yes, via structure	
PAIN SCALE	176	E14_23	Required	Multiple	Yes, via structure	
STROKE SCALE	177	E14_24	Required	Multiple	Yes, via structure	
Stroke Scale Speech	178	IT13_11	Optional	Single		
Stroke Scale Facial Droop	179	IT13_12	Optional	Single		
Stroke Scale Arm Drift	180	IT13_13	Optional	Single		
APGAR	181	E14_26	Required	Multiple	Yes, via structure	
REVISED TRAUMA SCORE	182	E14_27	Optional	Multiple	Yes, via structure	
ASSESSMENT/INJURY	183	E15				
NHTSA INJURY MATRIX EXTERNAL/SKIN	184	E15_01	Required	Multiple	Yes	
NHTSA INJURY MATRIX HEAD	185	E15_02	Required	Multiple	Yes	
NHTSA INJURY MATRIX FACE	186	E15_03	Required	Multiple	Yes	
NHTSA INJURY MATRIX NECK	187	E15_04	Required	Multiple	Yes	
NHTSA INJURY MATRIX THORAX	188	E15_05	Required	Multiple	Yes	
NHTSA INJURY MATRIX ABDOMEN	189	E15_06	Required	Multiple	Yes	
NHTSA INJURY MATRIX SPINE	190	E15_07	Required	Multiple	Yes	
NHTSA INJURY MATRIX UPPER EXTREMITIES	191	E15_08	Required	Multiple	Yes	
NHTSA INJURY MATRIX PELVIS	192	E15_09	Required	Multiple	Yes	
NHTSA INJURY MATRIX LOWER EXTREMITIES	193	E15_10	Required	Multiple	Yes	
NHTSA INJURY MATRIX UNSPECIFIED	194	E15_11	Required	Multiple	Yes	
ASSESSMENT/EXAM	195	E16				

ESTIMATED BODY WEIGHT	196	E16_01	Required	Single		
SKIN ASSESSMENT	198	E16_04	Optional	Multiple	Yes, via structure	
HEAD/FACE ASSESSMENT	199	E16_05	Optional	Multiple	Yes, via structure	
NECK ASSESSMENT	200	E16_06	Optional	Multiple	Yes, via structure	
CHEST/LUNGS ASSESSMENT	201	E16_07	Optional	Multiple	Yes, via structure	
HEART ASSESSMENT	202	E16_08	Optional	Multiple	Yes, via structure	
ABDOMEN LEFT UPPER ASSESSMENT	203	E16_09	Optional	Multiple	Yes, via structure	
ABDOMEN LEFT LOWER ASSESSMENT	204	E16_10	Optional	Multiple	Yes, via structure	
ABDOMEN RIGHT UPPER ASSESSMENT	205	E16_11	Optional	Multiple	Yes, via structure	
ABDOMEN RIGHT LOWER ASSESSMENT	206	E16_12	Optional	Multiple	Yes, via structure	
GU ASSESSMENT	207	E16_13	Optional	Multiple	Yes, via structure	
BACK CERVICAL ASSESSMENT	208	E16_14	Optional	Multiple	Yes, via structure	
BACK THORACIC ASSESSMENT	209	E16_15	Optional	Multiple	Yes, via structure	
BACK LUMBAR/SACRAL ASSESSMENT	210	E16_16	Optional	Multiple	Yes, via structure	
EXTREMITIES-RIGHT UPPER ASSESSMENT	211	E16_17	Optional	Multiple	Yes, via structure	
EXTREMITIES-RIGHT LOWER ASSESSMENT	212	E16_18	Optional	Multiple	Yes, via structure	
EXTREMITIES-LEFT UPPER ASSESSMENT	213	E16_19	Optional	Multiple	Yes, via structure	
EXTREMITIES-LEFT LOWER ASSESSMENT	214	E16_20	Optional	Multiple	Yes, via structure	
EYES-LEFT ASSESSMENT	215	E16_21	Optional	Multiple	Yes, via structure	
EYES-RIGHT ASSESSMENT	216	E16_22	Optional	Multiple	Yes, via structure	
MENTAL STATUS ASSESSMENT	217	E16_23	Required	Multiple	Yes, via structure	
NEUROLOGICAL ASSESSMENT	218	E16_24	Required	Multiple	Yes, via structure	
INTERVENTION	219	E17				
PROTOCOLS USED	220	E17_01	Optional	Multiple	Yes	
INTERVENTION/MEDICATION	221	E18				
MEDICATION ADMINISTERED PRIOR TO THIS UNITS EMS CARE	223	E18_02	Required	Multiple	Yes, via structure	
MEDICATION GIVEN	224	E18_03	Required	Multiple	Yes, via structure	
MEDICATION ADMINISTERED ROUTE	227	E18_04	Required	Multiple	Yes, via structure	
MEDICATION DOSAGE	228	E18_05	Required	Multiple	Yes, via structure	
MEDICATION DOSAGE UNITS	229	E18_06	Required	Multiple	Yes, via structure	
RESPONSE TO MEDICATION	230	E18_07	Required	Multiple	Yes, via structure	
INTERVENTION/PROCEDURE	231	E19				
PROCEDURE PERFORMED PRIOR TO THIS UNITS EMS CARE	233	E19_02	Required	Multiple	Yes, via structure	

PROCEDURE	234	E19_03	Required	Multiple	Yes, via structure	
NUMBER OF PROCEDURE ATTEMPTS	238	E19_05	Required	Multiple	Yes, via structure	
PROCEDURE SUCCESSFUL	239	E19_06	Required	Multiple	Yes, via structure	
RESPONSE TO PROCEDURE	240	E19_08	Required	Multiple	Yes, via structure	
TUBE CONFIRMATION	241	E19_13	Required	Multiple	Yes	
DESTINATION CONFIRMATION OF TUBE PLACEMENT	242	E19_14	Required	Multiple	Yes	
DISPOSITION	243	E20				
INCIDENT/PATIENT DISPOSITION	253	E20_10	Required	Single		
POSITION OF PATIENT DURING TRANSPORT	254	E20_12	Optional	Single		X
TRANSPORT MODE FROM SCENE	255	E20_14	Required	Single		
REASON FOR CHOOSING DESTINATION	256	E20_16	Required	Single		
TYPE OF DESTINATION	257	E20_17	Required	Single		
MEDICAL DEVICE DATA	258	E21				
WAVEFORM GRAPHIC TYPE	261	E21_03	Optional	Multiple	Yes, as associated with E21_01 Date/Time	
WAVEFORM GRAPHIC	262	E21_04	Optional	Multiple	Yes, as associated with E21_01 Date/Time	
AED, PACING, OR CO2 MODE	263	E21_05	Optional	Multiple	Yes, via structure	
ECG LEAD	264	E21_06	Optional	Multiple	Yes, via structure	
ECG INTERPRETATION	265	E21_07	Optional	Multiple	Yes, via structure	
TYPE OF SHOCK	266	E21_08	Optional	Multiple	Yes, via structure	
SHOCK OR PACING ENERGY	267	E21_09	Optional	Multiple	Yes, via structure	
TOTAL NUMBER OF SHOCKS DELIVERED	268	E21_10	Optional	Multiple	Yes, via structure	
PACING RATE	269	E21_11	Optional	Multiple	Yes, via structure	
DEVICE HEART RATE	270	E21_12	Optional	Multiple	Yes, via structure	
DEVICE PULSE RATE	271	E21_13	Optional	Multiple	Yes, via structure	
DEVICE SYSTOLIC BLOOD PRESSURE	272	E21_14	Optional	Multiple	Yes, via structure	
DEVICE DIASTOLIC BLOOD PRESSURE	273	E21_15	Optional	Multiple	Yes, via structure	
DEVICE RESPIRATORY RATE	274	E21_16	Optional	Multiple	Yes, via structure	
DEVICE PULSE OXIMETRY	275	E21_17	Optional	Multiple	Yes, via structure	
DEVICE CO2 OR ETCO2	276	E21_18	Optional	Multiple	Yes, via structure	
DEVICE CO2, ETCO2, OR INVASIVE PRESSURE MONITOR UNITS	277	E21_19	Optional	Multiple	Yes, via structure	

Notes	Required Only with Trigger	Trigger	Nise Code
- Ne			
Changed from Optional to Required			
Required only for billing agencies	Yes	Billing Status (D04_10) is Yes	

Changed from Required to Optional			
	Yes	Cardiac related Yes	
	Yes	Cardiac related Yes	
	Yes	Possible Injury (E09_04) Yes	
	Yes	Possible Injury (E09_04) Yes	
	Yes	Possible Injury (E09_04) Yes	
	Yes	Cause of Injury (E10_01) Motor Vehicle	
	Yes	Cause of Injury (E10_01) Motor Vehicle	
	Yes	Cause of Injury (E10_01) Motor Vehicle	
	Yes	Cause of Injury (E10_01) Motor Vehicle	
	Yes	Cause of Injury (E10_01) filled	
	Yes	Cause of Injury (E10_01) Motor Vehicle	
	Yes	Cause of Injury (E10_01) Fall	

			960
			310
	Yes	Cardiac related Yes	
	Yes	Cardiac related Yes	
	Yes	Cardiac related Yes	
	Yes	Cardiac related Yes	
	Yes	Cardiac related Yes	
New - Required	Yes	Cardiac related Yes	
	Yes	Resuscitation Attempted (E11_3) filled with non-Null value	
			320
		Yes Stemi Triage (IT12_1) Yes	321
Changed from Required to Optional			

X Changed from Required to Optional		Stroke	
X Changed from Required to Optional		Stroke	
X Changed from Required to Optional		Stroke	
	Yes	Infant	

Changed from Required to Optional			