Wisconsin Required Data Elements

ELEMENT	Element Description (EMS Dataset)
E1.1	Patient Care Report Number
E1.2	Software Creator
E1.3	Software Name
E1.4	Software Version
E2.1	EMS Agency Number
E2.2	Incident Number
E2.3	Response Number
E2.4	Type of Service Requested
E2.5	Primary Roll of the Unit
E2.6	Type of Dispatch Delay
E2.7	Type of Response Delay
E2.8	Type of Scene Delay
E2.9	Type of Transport Delay
E2.10	Type of Turn-Around Delay
E2.11	EMS Unit/Vehicle Number
E2.12	EMS Unit Call Sign (Radio Number)
E2.13	Vehicle Dispatch Location
E2.14	Vehicle Dispatch Zone
E2.15	Vehicle Dispatch GPS Location
E2.16	Beginning Odometer Reading of Responding Vehicle
E2.17	On-Scene Odometer Reading of Response Vehicle
E2.18	Patient Destination Odometer Reading of Responding Vehicle
E2.19	Ending Odometer Reading of Responding Vehicle
E2.20	Response Mode to Scene
E3.1	Complaint Reported by Dispatch
E3.2	EMD Performed
E3.3	EMD Card Number
E4.1	Crem Member ID
E4.2	Crew Member Role
E4.3	Crew Member Level
E5.1	Incident Onset Date/Time
E5.2	PSAP Call Date/Time
E5.3	Dispatch Notified Date/Time
E5.4	Unit Notified Dispatch Date/Time
E5.5	Unit En Route Date Time
E5.6	Unit Arrived on Scene Date
E5.7	Arrived at Patient
E5.8	Transfer of Patient Care Date/Time
E5.9	Unit Left Scene Date/Time
E5.10	Patient Arrived at Destination Date/Time
E5.11	Unit Back in Service Date/Time
E5.12	Unit Cancelled Date/Time
E5.13	Unit Back at Home Location Date/Time
E6.1	Last Name
E6.2	First Name
E6.3	Middle Initial/Name
E6.4	Address
E6.5	Patient's Home City
E6.6	Patient's Home County
E6.7	Patient's Home State

Mandatory

Requested

Optional

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Wisconsin Required Data Elements

ELEMENT	Element Description (EMS Dataset)
E6.8	Patient's Home Zip
E6.9	Patient's Home Country
E6.10	SSN
E6.11	Gender
E6.12	Race
E6.13	Ethnicity
E6.14	Age
E6.15	Age Units
E6.16	Date of Birth
E6.17	Primary or Home Telephone Number
E6.18	State Issuing Driver's License
E6.19	Driver's License number
E7.1	Primary Method of Payment
E7.2	Certificate of Medical Necessity
E7.3	Insurance Company ID/Name
E7.4	Insurance Company Billing Priority
E7.5	Insurance Company Address
E7.6	Insurance Company City
E7.7	Insurance Company State
E7.8	Insurance Company Zip Code
E7.9	Insurance Group ID/Name
E7.10	Insurance Policy ID Number
E7.11	Last Name of the Insured
E7.12	First Name of the Insured
E7.13	Middle Initial/Name of the insured
E7.14	Relationship to the Insured
E7.15	Work-Related
E7.16	Patient's Occupational Industry
E7.17	Patient's Occupation
E7.18	Closest Relative/Guardian Last Name
E7.19	First Name of the Closest Relative/Guardian
E7.20	Middle Initial of the Closest Relative/Guardian
E7.21	Closest Relative/Guardian Street Address
E7.22	Closest Relative/Guardian City
E7.23	Closest Relative/Guardian State
E7.24	Closest Relative/Guardian Zip Code
E7.25	Closest Relative/Guardian Phone Number
E7.26	Closest Relative/Guardian Relationship
E7.27	Patient's Employer
E7.28	Patient's Employer's Address
E7.29	Patient's Employer's City
E7.30	Patient's Employer's State
E7.31	Patient's Employer's Zip Code
E7.32	Patient's Work Telephone Number
E7.33	Response Urgency
E7.34	CMS Service Level
E7.35	Condition Code Number
E7.36	ICD-9 Code for the Condition Code Number
E7.37	Air Ambulance Modifier for Condition Code Number
E8.1	Other EMS Agencies at Scene
E8.2	Other Services at Scene

Mandatory

Requested

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Wisconsin Required Data Elements

ELEMENT	Element Description (EMS Dataset)
E8.3	Estimated Date/Time Initial Responder Arrived on Scene
E8.4	Date/Time/Initial Responder Arrived on Scene
E8.5	Number of Patients at Scene
E8.6	Mass Casualty Incident
E8.7	Incident Location Type
E8.8	Incident Facility Code
E8.9	Scene Zone Number
E8.10	Scene GPS Location
E8.11	Incident Address
E8.12	Incident City
E8.13	Incident County
E8.14	Incident State
E8.15	Incident Zip Code
E9.1	Prior Aid
E9.2	Prior Aid Performed by
E9.3	Outcome of the Prior Aid
E9.4	Injury Present
E9.5	Chief Complaint Narrative
E9.6	Duration of Chief Complaint
E9.7	Time Units of Duration of Chief Complaint
E9.8	Secondary Complaint Narrative
E9.9	Duration of Secondary Complaint
E9.10	Time Units of Duration of Secondary Complaint
E9.11	Complaint Anatomic Location
E9.12	Complaint Organ Agency
E9.13	Primary Symptom
E9.14	Other Associated Symptoms
E9.15	Providers Primary Impression
E9.16	Provider's Secondary Impression
E10.1	Cause of Injury
E10.2	Intent of the Injury
E10.3	Mechanism of Injury
E10.4	Vehicular Injury Indicators
E10.5	Area of the Vehicle impacted by the collision
E10.6	Seat Row Location of Patient in Vehicle
E10.7	Position of Patient in the Seat of the Vehicle
E10.8	Use of Occupant Safety Equipment
E10.9	Airbag Deployment
E10.10	Height of Fall
E11.1	Cardiac Arrest
E11.2	Cardiac Arrest Etiology
E11.3	Resuscitation Attempted
E11.4	Arrest Witnessed by
E11.5	First Monitored Rhythm of the Patient
E11.6	Any Return of Spontaneous Circulation
E11.7	Neurological Outcome at Hospital Discharge
E11.8	Estimated Time of Arrest Prior to EMS Arrival
E11.9	Date/Time Resuscitation Discontinued
E11.10	Reason CPR Discontinued
E11.11	Cardiac Rhythm on Arrival at Destination
E12.1	Barriers to Patient Care

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Wisconsin Required Data Elements

ELEMENT	Element Description (EMS Dataset)
E12.2	Sending Facility Medical Record Number
E12.3	Destination Medical Record Number
E12.4	First Name of Patient's Primary Practitioner
E12.5	Middle Name of Patient's Primary Practitioner
E12.6	Last Name of Patient's Primary Practitioner
E12.7	Advanced Directives
E12.8	Medication Allergies
E12.9	Environmental/Food Allergies
E12.10	Medical/Surgical History
E12.11	Medical History Obtained From
E12.12	Immunization History
E12.13	Immunization Date
E12.14	Current Medications
E12.15	Current Medication Dose
E12.16	Current Medication Dosage unit
E12.17	Current Medication Administration Route
E12.18	Presence of Emergency Information Form
E12.19	Alcohol Drug Use Indicators
E12.20	Pregnancy
E13.1	Run Report Narrative
E14.1	Date/Time Vital Signs Taken
E14.2	Obtained Prior to this Units EMS Care
E14.3	Cardiac Rhythm
E14.4	SBP
E14.5	DBP
E14.6	Method of Blood Pressure Measurement
E14.7	Pulse Rate
E14.8	Electronic Monitor Rate
E14.9	Pulse Oximetry
E14.10	Pulse Rhythm
E14.11	Respiratory Rate
E14.12	Respiratory Effort
E14.13	CO2
E14.14	Blood Glucose Level
E14.15	GCS Eye
E14.16	GCS Verbal
E14.16.0	GCS Verbal Patient 0 - 23 months
E14.16.2	GCS Verbal Patient 2- 5 Years
E14.16.5	GCS Verbal Patient > 5 Years
E14.17	GCS Motor
E14.17.0	GCS Verbal Patient up to Years
E14.17.5	GCS Motor Patient > 5 Years
E14.18	GCS Qualifier
E14.19	Total GCS
E14.20	Temperature
E14.21	Temperature Method
E14.22	Level of Responsiveness
E14.23	Pain Scale
E14.24	Stroke Scale
E14.25	Thrombolytic Screen
E14.26	APGAR

Mandatory

Requested

Optional

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Wisconsin Required Data Elements

ELEMENT	Element Description (EMS Dataset)
E14.27	RTS
E14.28	Pediatric Trauma Score
E15.1	NHTSA Injury Matrix External Skin
E15.2	NHTSA Injury Matrix Head
E15.3	NHTSA Injury Matrix Face
E15.4	NHTSA Injury Matrix Neck
E15.5	NHTSA Injury Matrix Thorax
E15.6	NHTSA Injury Matrix Abdomen
E15.7	NHTSA Injury Matrix Spine
E15.8	NHTSA Injury Matrix Upper Extremities
E15.9	NHTSA Injury Matrix Pelvis
E15.10	NHTSA Injury Matrix Lower Extremities
E15.11	NHTSA Injury Matrix Unspecified
E16.1	Estimated Body Weight
E16.2	Broselow/Luten Color
E16.3	Date/Time of Assessment
E16.4	Skin Assessment
E16.5	Head/Face Assessment
E16.6	Neck Assessment
E16.7	Chest/Lungs Assessment
E16.8	Heart Assessment
E16.9	Abdomen Left Upper Assessment
E16.10	Abdomen Left Lower Assessment
E16.11	Abdomen Right Upper Assessment
E16.12	Abdomen Right Lower Assessment
E16.13	GU Assessment
E16.14	Back Cervical Assessment
E16.15	Back Thoracic Assessment
E16.16	Back Lumbar/Sacral Assessment
E16.17	Extremities-Right Upper Assessment
E16.18	Extremities-Right Lower Assessment
E16.19	Extremities-Left Upper Assessment
E16.20	Extremities-Left Lower Assessment
E16.21	Eyes-Left Assessment
E16.22	Eyes-Right Assessment
E16.23	Mental Status Assessment
E16.24	Neurological Assessment
E17.1	Protocols Used
E18.1	Date/Time Medication Administered
E18.2	Medication Administered Prior to this Units EMS Care
E18.3	Medication Given
E18.4	Medication Administered Route
E18.5	Medication Dosage
E18.6	Medication Dosage Units
E18.7	Response to Medication
E18.8	Medication Complication
E18.9	Medication Crew Member ID
E18.10	Medication Authorization
E18.11	Medication Authorizing Physician
E19.1	Date/Time Procedure Performerd
E19.2	Procedure Performed Prior to this Units EMS Care

Mandatory

Requested

Optional

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Wisconsin Required Data Elements

ELEMENT	Element Description (EMS Dataset)
E19.3	Procedure
E19.4	Size of Procedure Equipment
E19.5	Number of Procedure Attempts
E19.6	Procedure Successful
E19.7	Procedure Complication
E19.8	Response to Procedure
E19.9	Procedure Crew Members ID
E19.10	Procedure Authorization
E19.11	Procedure Authorizing Physician
E19.12	Successful IV Site
E19.13	Tube Confirmation
E19.14	Destination Confirmation of Tube Placement
E20.1	Destination Transferred To, Name
E20.2	Destination Transferred To, Code
E20.3	Destination Street Address
E20.4	Destination City
E20.5	Destination State
E20.6	Destination County
E20.7	Destination Zip Code
E20.8	Destination GPS Location
E20.9	Destination Zone Number
E20.10	Incident/Patient Disposition
E20.11	How Patient Was Moved to Ambulance
E20.12	Position of Patient During Transport
E20.13	How Patient Was Transported From Ambulance
E20.14	Transport Mode from Scene
E20.15	Condition of Patient at Destination
E20.16	Reason for Choosing Destination
E20.17	Type of Destination
E21.1	Event Date/Time
E21.2	Medical Device Event Name
E21.3	Waveform Graphic Type
E21.4	Waveform Graphic
E21.5	AED, Pacing, or CO2 Mode
E21.6	ECG Lead
E21.7	ECG Interpretation
E21.8	Type of Shock
E21.9	Shock or Pacing Energy
E21.10	Total Number of Shocks Delivered
E21.11	Pacing Rate
E21.12	Device Heart Rate
E21.13	Device Pulse Rate
E21.14	Device Systolic Blood Pressure
E21.15	Device Diastolic Blood Pressure
E21.16	Device Respiratory Rate
E21.17	Device Pulse Oximetry
E21.18	Device C02 or etC02
E21.19	Device CO2, etCO2, or Invasive Pressure Monitor Units
E21.20	Device Invasive Pressure Mean
E22.1	Emergency Department Disposition
E22.2	Hospital Disposition

Mandatory

Requested

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Wisconsin Required Data Elements

ELEMENT	Element Description (EMS Dataset)
E22.3	Law Enforcement/Crash Report Number
E22.4	Trauma Registry ID
E22.5	Fire Incident Report Number
E22.6	Patient ID Band/Tag Number
E23.1	Review Requested
E23.2	Potential Registry Candidate
E23.3	Personal Protective Equipment Used
E23.4	Suspected Intentional, or Unintentional Disaster
E23.5	Suspected Contact with Blood/Body Fluids of EMS Injury or Death
E23.6	Type of Suspected Blood/Body Fluid Exposure, Injury, or Death
E23.7	Personnel Exposed
E23.8	Required Reportable Conditions
E23.9	Research Survey Field
E23.10	Who Generated this Report
E23.11	Research Survey Field Title
D1.1	EMS Agency Number
D1.2	EMS Agency Name
D1.3	EMS Agency State
D1.4	EMS Agency County
D1.5	Primary Type of Service
D1.6	Other Types of Service
D1.7	Level of Service
D1.8	Organizational Type
D1.9	Organization Status
D1.10	Statistical Year
D1.11	Other Agencies in Area
D1.12	Total Service Area Size
D1.13	Total Service Area Population
D1.14	911 Call Volume/Year
D1.15	EMS Dispatch Volume/Year
D1.16	EMS Transport Volume/Year
D1.17	EMS Patient Contact Volume/Year
D1.18	EMS Billable Calls/Year
D1.19	EMS Agency Time Zone
D1.20	EMS Agency Daylight Savings Time Use
D2.1	Agency Contact Last Name
D2.2	Agency Contact Middle Name/Initial
D2.3	Agency Contact First Name
D2.4	Agency Contact Address
D2.5	Agency Contact City
D2.6	Agency Contact State
D2.7	Agency Contact Zip Code
D2.8	Agency Contact Phone Number
D2.9	Agency Contact Fax Number
D2.10	Agency Contact Email Address
D2.11	Website Address
D3.1	Agency Medical Director Last Name
D3.2	Agency Medical Director Middle Name/Initial
D3.3	Agency Medical Director First Name
D3.4	Agency Medical Director Address
D3.5	Agency Medical Director City

Mandatory

Requested

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Wisconsin Required Data Elements

ELEMENT	Element Description (EMS Dataset)
D3.6	Agency Medical Director State
D3.7	Agency Medical Director Zip Code
D3.8	Agency Medical Director Phone Number
D3.9	Agency Medical Director's Medical Specialty
D3.10	Agency Medical Director's Medical Specialty
D3.11	Agency Medical Director Email Address
D4.1	State Certification Licensure Levels
D4.2	Date of Certification
D4.3	Zones
D4.4	Procedures
D4.5	Date Procedure Added
D4.6	Medications
D4.7	Date Medication Added
D4.8	Protocols
D4.9	Date Protocol Added
D4.10	Billing Status
D4.11	Hospitals Served
D4.12	Hospital Facility Number
D4.13	Other Destinations
D4.14	Destination Facility Number
D4.15	Destination Type
D4.16	Insurance Comapnies Used
D4.17	EMD Vendor
D5.1	Station Name
D5.2	Station Number
D5.3	Station Zone
D5.4	Station GPS
D5.5	Station Address
D5.6	Station City
D5.7	Station State
D5.8	Station Zip Code
D5.9	Station Phone Number
D6.1	Unit/Vehicle Number
D6.2	Unit Call Sign
D6.3	Vehicle Type
D6.4	Personnel Level of the Vehicle Crew
D6.5	Number of Each Personnel Level on the Vehicle Crew
D6.6	Vehicle Initial Cost
D6.7	Vehicle Model Year
D6.8	Year Miles/Hours Accrued
D6.9	Annual Vehicle Hours
D6.10	Annual Vehicle Miles
D7.1	Personnel's Agency ID Number
D7.2	State/Licensure ID Number
D7.3	Personnel's Employment Status
D7.4	Employment Status Date
D7.5	Personnel's Highest Level of Certification /Licensure for Agency
D7.6	Date of Certification or Licensure
D8.1	EMS Personnel's Last Name
D8.2	EMS Personnel's Middle Initial/Name
D8.3	EMS Personnel's First Name

Mandatory

Requested

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Wisconsin Required Data Elements

ELEMENT	Element Description (EMS Dataset)
D8.4	EMS Personnel's Mailing Address
D8.5	EMS Personnel's City of Residence
D8.6	EMS Personnel's State
D8.7	EMS Personnel's Zip Code
D8.8	EMS Personnel's Work Phone
D8.9	EMS Personnel's Home Phone
D8.10	EMS Personnel's Email Address
D8.11	Date of Birth
D8.12	Gender
D8.13	Race
D8.14	Ethinicity
D8.15	State EMS Certification/Licensure Level
D8.16	National Registry Credentialed
D8.17	State EMS Current Certification Date
D8.18	The Initial State Certification Date
D8.19	Total Length of Service
D8.20	Date Length of Service Documented
D9.1	Device Serial Number
D9.2	Device Name or ID
D9.3	Device Manufacturer
D9.4	Model Number
D9.5	Device Purchase Date

Mandatory

Requested

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429 Total Data Elements Collected by WARDS

***Services are obligated to submit only*:**

246 Required Data Elements

55 Mandated by WI

67 Mandated by NEMSIS

122 Total Mandated Elements

*124 "Requested" Elements (**53 are one time input**)*