AZ-PIERS V3 DEM Dataset (d)
Data Dictionary Order

ElementNumber	ElementName	Page	Single vs. Multiple Entry	AZ-PIERS Usage Status	Required only with indication of:	Notes	Previous Element Number
dAgency.01	EMS Agency Unique State ID	21	Single	Required		Mandatory	
dAgency.02	EMS Agency Number	22	Single	Required		Mandatory	D01_01
dAgency.03	EMS Agency Name	23	Single	Required			D01_02
dAgency.04	EMS Agency State	24	Single	Required		Mandatory	D01_03
dAgency.05	EMS Agency Service Area States	25	Single	Required		Mandatory	
dAgency.06	EMS Agency Service Area County(s)	26	Multiple	Required		Mandatory	D01_04
dAgency.07	EMS Agency Census Tracts	27	Multiple	Optional			
dAgency.08	EMS Agency Service Area ZIP Codes	28	Multiple	Required			
dAgency.09	Primary Type of Service	29	Single	Required		Mandatory	D01_05
dAgency.11	Level of Service	30	Single	Required		Mandatory	D01_07
dAgency.12	Organization Status	31	Single	Required		Mandatory	D01_09
dAgency.13	Organizational Type	32	Single	Required		Mandatory	D01_08
dAgency.14	EMS Agency Organizational Tax Status	33	Single	Required		Mandatory	
dAgency.15	Statistical Calendar Year	34	Single	Required		Mandatory	D01_10
dAgency.16	Total Primary Service Area Size	35	Single	Required			D01_12
dAgency.17	Total Service Area Population	36	Single	Required			D01_13
dAgency.18	911 EMS Call Center Volume per Year	37	Single	Required		Calls that come into PSAP dispatch call center. Includes calls cancelled prior to dispatch	D01_14
dAgency.19	EMS Dispatch Volume per Year	38	Single	Required		Number of dispatched calls	D01_15
dAgency.20	EMS Patient Transport Volume per Year	39	Single	Required		Number of calls the agency transported	D01_16
dAgency.21	EMS Patient Contact Volume per Year	40	Single	Required			D01_17
dAgency.25	National Provider Identifier	41	Multiple	Required		Required for billers	D01_21
dAgency.26	Fire Department ID Number	42	Multiple	Required		Required for fire departments	
dConfiguration.01	State Associated with the Certification/Licensure Levels	44	Single	Required		Mandatory	
dConfiguration.02	State Certification Licensure Levels	45	Multiple	Required		Mandatory	D04_01
dConfiguration.03	Procedures Permitted by the State	46	Multiple	Required			
dConfiguration.04	Medications Permitted by the State	47	Multiple	Required			
dConfiguration.05	Protocols Permitted by the State	48	Multiple	Required			

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dConfiguration.06	EMS Certification Levels Permitted to Perform Each Procedure	50	Single	Required		Mandatory	D04_05
dConfiguration.07	EMS Agency Procedures	51	Multiple	Required		Mandatory	D04_04
dConfiguration.08	EMS Certification Level Permitted to Administer Each Medication	52	Single	Required		Mandatory	D04_07
dConfiguration.09	EMS Agency Medications	53	Multiple	Required		Mandatory	D04_06
dConfiguration.10	EMS Agency Protocols	54	Multiple	Required		Mandatory	D04_08
dConfiguration.11	EMS Agency Specialty Service Capability	56	Multiple	Required		Mandatory	
dConfiguration.12	Billing Status	57	Single	Required			D04_10
dConfiguration.13	Emergency Medical Dispatch (EMD) Provided to EMS Agency Service Area	58	Single	Required		Mandatory	
dConfiguration.15	Patient Monitoring Capability(s)	59	Multiple	Required		Mandatory	
dConfiguration.16	Crew Call Sign	60	Multiple	Required		Mandatory	D04_02
dVehicle.01	Unit/Vehicle Number	62	Single	Optional		Source list for eResponse.13	D06_01
dFacility.01	Type of Facility	64	Single	Required			D04_15
dFacility.02	Facility Name	65	Single	Required			D04_11
dFacility.03	Facility Location Code	66	Single	Required			D04_12

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eState.01	State Required Element	72	Multiple	Optional			
eCustomConfiguration.01	Custom Data Element Title	74	Single	Required		See Custom Variable list	
eCustomConfiguration.02	Custom Definition	75	Single	Required		See Custom Variable list	
eCustomConfiguration.03	Custom Data Type	76	Single	Required		See Custom Variable list	
eCustomConfiguration.04	Custom Data Element Recurrence	77	Single	Required		See Custom Variable list	
eCustomConfiguration.05	Custom Data Element Usage	78	Single	Required		See Custom Variable list	
eCustomConfiguration.06	Custom Data Element Potential Values	79	Multiple	Required		See Custom Variable list	
eCustomConfiguration.07	Custom Data Element Potential NOT Values (NV)	80	Multiple	Required		See Custom Variable list	
eCustomConfiguration.08	Custom Data Element Potential Pertinent Negative Values (PN)	81	Multiple	Required		See Custom Variable list	
eRecord.01	Patient Care Report Number	83	Single	Required			E01_01
eRecord.02	Software Creator	84	Single	Required	autofilled		E01_02
eRecord.03	Software Name	85	Single	Required	autofilled		E01_03
eRecord.04	Software Version	86	Single	Required	autofilled		E01_04
eResponse.01	EMS Agency Number	88	Single	Required		Mandatory	E02_01
eResponse.02	EMS Agency Name	89	Single	Required			
eResponse.03	Incident Number	90	Single	Required			E02_02
eResponse.04	EMS Response Number	91	Single	Required			E02_03
eResponse.05	Type of Service Requested	92	Single	Required		Mandatory	E02_04
eResponse.07	Primary Role of the Unit	93	Single	Required		Mandatory	E02_05
eResponse.08	Type of Dispatch Delay	94	Multiple	Optional			E02_06
eResponse.09	Type of Response Delay	95	Multiple	Required			E02_07
eResponse.10	Type of Scene Delay	96	Multiple	Required			E02_08
eResponse.11	Type of Transport Delay	97	Multiple	Required			E02_09
eResponse.12	Type of Turn-Around Delay	98	Multiple	Required			E02_10
eResponse.13	EMS Vehicle (Unit) Number	99	Single	Required		Mandatory	E02_11
eResponse.14	EMS Unit Call Sign	100	Single	Required		Mandatory	E02_12

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eResponse.15	Level of Care of This Unit	101	Single	Required		Mandatory	
eResponse.23	Response Mode to Scene	102	Single	Required		Mandatory	E02_20
eResponse.24	Additional Response Mode Descriptors	103	Multiple	Optional			
eDispatch.01	Complaint Reported by Dispatch	105	Single	Required		Mandatory	E03_01
eDispatch.02	EMD Performed	107	Single	Required		Submit if available from CAD	E03_02
eCrew.02	Crew Member Level	109	Single	Required			E04_03
eCrew.03	Crew Member Response Role	110	Multiple	Recommended			E04_02
eTimes.01	PSAP Call Date/Time	112	Single	Required		Submit if available from CAD	E05_02
eTimes.02	Dispatch Notified Date/Time	113	Single	Required		Submit if available from CAD	E05_03
eTimes.03	Unit Notified by Dispatch Date/Time	114	Single	Required		Mandatory	E05_04
eTimes.05	Unit En Route Date/Time	115	Single	Required			E05_05
eTimes.06	Unit Arrived on Scene Date/Time	116	Single	Required			E05_06
eTimes.07	Arrived at Patient Date/Time	117	Single	Required			E05_07
eTimes.08	Transfer of EMS Patient Care Date/Time	118	Single	Required	Transfer of Care		E05_08
eTimes.09	Unit Left Scene Date/Time	119	Single	Required	Transported		E05_09
eTimes.10	Arrival at Destination Landing Area Date/Time	120	Single	Optional			
eTimes.11	Patient Arrived at Destination Date/Time	121	Single	Required	Transported		E05_10
eTimes.12	Destination Patient Transfer of Care Date/Time	122	Single	Required	Transported		IT5_26
eTimes.13	Unit Back in Service Date/Time	123	Single	Required		Mandatory	E05_11
eTimes.14	Unit Canceled Date/Time	124	Single	Optional			E05_12
ePatient.01	EMS Patient ID	126	Single	Optional			
ePatient.02	Last Name	127	Single	Required			E06_01
ePatient.03	First Name	128	Single	Required			E06_02

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ePatient.04	Middle Initial/Name	129	Single	Optional			E06_03
ePatient.05	Patient's Home Address	130	Single	Optional			E06_04
ePatient.06	Patient's Home City	131	Single	Required			E06_05
ePatient.07	Patient's Home County	132	Single	Required			E06_06
ePatient.08	Patient's Home State	133	Single	Required			E06_07
ePatient.09	Patient's Home ZIP Code	134	Single	Required			E06_08
ePatient.10	Patient's Home Country	135	Single	Optional			E06_09
ePatient.12	Social Security Number	136	Single	Recommended		Enter as 000000000 if not aquired	E06_10
ePatient.13	Gender	137	Single	Required			E06_11
ePatient.14	Race	138	Multiple	Required			E06_12
ePatient.15	Age	139	Single	Required			E06_14
ePatient.16	Age Units	140	Single	Required			E06_15
ePatient.17	Date of Birth	141	Single	Required		If DOB not available, age or estimated age must be entered.	E06_16
ePatient.20	State Issuing Driver's License	142	Single	Optional			E06_18
ePatient.21	Driver's License Number	143	Single	Optional			E06_19
ePayment.01	Primary Method of Payment	145	Single	Required			E07_01
ePayment.50	CMS Service Level	146	Single	Optional			E07_34
ePayment.51	EMS Condition Code	147	Multiple	Optional			E07_35
ePayment.52	CMS Transportation Indicator	148	Multiple	Optional			E07_37
eScene.01	First EMS Unit on Scene	150	Single	Required			
eScene.02	Other EMS or Public Safety Agencies at Scene	151	Single	Optional			E08_01
eScene.03	Other EMS or Public Safety Agency ID Number	152	Single	Optional			
eScene.04	Type of Other Service at Scene	153	Single	Optional			E08_02
eScene.05	Date/Time Initial Responder Arrived on Scene	154	Single	Optional			E08_04
eScene.06	Number of Patients at Scene	155	Single	Required			E08_05
eScene.07	Mass Casualty Incident	156	Single	Required			E08_06

ElementNumber	ElementName	Page	Single vs. Multiple Entry	AZ-PIERS Usage Status	Required only with indication of:	Notes	Previous Element Number
eScene.08	Triage Classification for MCI Patient	157	Single	Required			
eScene.09	Incident Location Type	158	Single	Required			E08_07
eScene.10	Incident Facility Code	159	Single	Required			E08_08
eScene.11	Scene GPS Location	160	Single	Optional			E08_10
eScene.12	Scene US National Grid Coordinates	161	Single	Optional			
eScene.13	Incident Facility or Location Name	162	Single	Optional			
eScene.14	Mile Post or Major Roadway	163	Single	Recommended			
eScene.15	Incident Street Address	164	Single	Required			E08_11
eScene.17	Incident City	165	Single	Required			E08_12
eScene.18	Incident State	166	Single	Required			E08_14
eScene.19	Incident ZIP Code	167	Single	Required			E08_15
eScene.21	Incident County	168	Single	Required			E08_13
eScene.22	Incident Country	169	Single	Optional			
eScene.23	Incident Census Tract	170	Single	Optional			
eSituation.01	Date/Time of Symptom Onset/Last Normal	172	Single	Recommended			E05_01
eSituation.02	Possible Injury	174	Single	Required			E09_04
eSituation.04	Complaint	175	Single	Required			E09_05
eSituation.05	Duration of Complaint	176	Single	Required			E09_06
eSituation.06	Time Units of Duration of Complaint	177	Single	Required			E09_07
eSituation.07	Chief Complaint Anatomic Location	178	Single	Recommended			E09_11
eSituation.08	Chief Complaint Organ System	179	Single	Recommended			E09_12
eSituation.09	Primary Symptom	180	Single	Required			E09_13
eSituation.10	Other Associated Symptoms	181	Multiple	Required			E09_14
eSituation.11	Provider's Primary Impression	182	Single	Required			E09_15

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eSituation.12	Provider's Secondary Impressions	183	Multiple	Required			E09_16
eSituation.13	Initial Patient Acuity	184	Single	Recommended			
eSituation.17	Patient Activity	185	Multiple	Recommended			
eInjury.01	Cause of Injury	187	Multiple	Required	Injury		E10_01
eInjury.02	Mechanism of Injury	188	Multiple	Required	Injury		E10_03
eInjury.03	Trauma Center Criteria	189	Multiple	Required	Injury		IT11_1
eInjury.04	Vehicular, Pedestrian, or Other Injury Risk Factor	190	Multiple	Required	Injury		E10_04
eInjury.06	Location of Patient in Vehicle	191	Single	Optional			E10_06
eInjury.07	Use of Occupant Safety Equipment	192	Multiple	Required	Injury		E10_08
eInjury.08	Airbag Deployment	193	Multiple	Required	Injury		E10_09
eArrest.01	Cardiac Arrest	195	Single	Required	Cardiac		E11_01
eArrest.02	Cardiac Arrest Etiology	196	Single	Required	Cardiac		E11_02
eArrest.03	Resuscitation Attempted By EMS	197	Multiple	Required	Cardiac		E11_03
eArrest.04	Arrest Witnessed By	198	Multiple	Required	Cardiac		E11_04
eArrest.05	CPR Care Provided Prior to EMS Arrival	199	Single	Required	Cardiac		
eArrest.06	Who Provided CPR Prior to EMS Arrival	200	Multiple	Required	Cardiac		
eArrest.07	AED Use Prior to EMS Arrival	201	Single	Required	Cardiac		
eArrest.08	Who Used AED Prior to EMS Arrival	202	Multiple	Required	Cardiac		
eArrest.09	Type of CPR Provided	203	Multiple	Required	Cardiac		
eArrest.10	Therapeutic Hypothermia Initiated	204	Single	Recommended	Cardiac		
eArrest.11	First Monitored Arrest Rhythm of the Patient	205	Single	Required	Cardiac		E11_05

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eArrest.12	Any Return of Spontaneous Circulation	206	Multiple	Required	Cardiac		E11_06
eArrest.14	Date/Time of Cardiac Arrest	207	Single	Required	Cardiac		E11_08
eArrest.15	Date/Time Resuscitation Discontinued	208	Single	Required	Cardiac		E11_09
eArrest.16	Reason CPR/Resuscitation Discontinued	209	Single	Required	Cardiac		E11_10
eArrest.17	Cardiac Rhythm on Arrival at Destination	210	Multiple	Required	Cardiac		E11_11
eArrest.18	End of EMS Cardiac Arrest Event	212	Single	Required	Cardiac		
eHistory.01	Barriers to Patient Care	214	Multiple	Required			E12_01
eHistory.06	Medication Allergies	215	Multiple	Required			E12_08
eHistory.08	Medical/Surgical History	216	Multiple	Optional			E12_10
eHistory.12	Current Medications	217	Single	Required			E12_14
eHistory.17	Alcohol/Drug Use Indicators	218	Multiple	Required			E12_19
eNarrative.01	Patient Care Report Narrative	220	Single	Required			E13_01
eVitals.01	Date/Time Vital Signs Taken	222	Single	Required	Vitals		E14_01
eVitals.02	Obtained Prior to this Unit's EMS Care	223	Single	Required		If time vitals taken is before your agency arrives	E14_02
eVitals.03	Cardiac Rhythm / Electrocardiography (ECG)	224	Multiple	Recommended			E14_03
eVitals.04	ECG Type	225	Single	Recommended			
eVitals.05	Method of ECG Interpretation	226	Multiple	Recommended			
eVitals.06	SBP (Systolic Blood Pressure)	227	Single	Required			E14_04
eVitals.07	DBP (Diastolic Blood Pressure)	228	Single	Required			E14_05
eVitals.08	Method of Blood Pressure Measurement	229	Single	Optional			E14_06
eVitals.10	Heart Rate	230	Single	Required			E14_07
eVitals.12	Pulse Oximetry	231	Single	Required			E14_09
eVitals.14	Respiratory Rate	232	Single	Required			E14_11

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eVitals.15	Respiratory Effort	233	Single	Required			E14_12
eVitals.16	Carbon Dioxide (CO2)	234	Single	Required			E14_13
eVitals.18	Blood Glucose Level	235	Single	Required	Stroke		E14_14
eVitals.19	Glasgow Coma Score-Eye	236	Single	Required			E14_15
eVitals.20	Glasgow Coma Score-Verbal	237	Single	Required			E14_16
eVitals.21	Glasgow Coma Score-Motor	238	Single	Required			E14_17
eVitals.22	Glasgow Coma Score-Qualifier	239	Multiple	Optional			E14_18
eVitals.23	Total Glasgow Coma Score	240	Single	Required			E14_19
eVitals.26	Level of Responsiveness (AVPU)	241	Single	Required			E14_22
eVitals.27	Pain Score	242	Single	Required			E14_23
eVitals.28	Pain Scale Type	243	Single	Required			
eVitals.29	Stroke Scale Score	244	Single	Required	Stroke	Required for Stroke	E14_24
eVitals.30	Stroke Scale Type	245	Single	Required	Stroke	Required for Stroke	
eExam.01	Estimated Body Weight in Kilograms	247	Single	Required			E16_01
eExam.03	Date/Time of Assessment	248	Single	Required	Stroke	Required for Stroke	E16_03
eExam.20	Neurological Assessment	249	Multiple	Required	Stroke	Required for Stroke	E16_24
eProtocols.01	Protocols Used	252	Multiple	Recommended			E17_01
eMedications.01	Date/Time Medication Administered	255	Multiple	Required	Medication	Occurs one to one for each medication administered	E18_01
eMedications.02	Medication Administered Prior to this Unit's EMS Care	256	Multiple	Required		Occurs one to one for each medication administered. If time medication administered is before your agency arrives	E18_02
eMedications.03	Medication Given	257	Multiple	Required		Occurs one to one for each medication administered	E18_03
eMedications.04	Medication Administered Route	258	Multiple	Required	Medication	Occurs one to one for each medication administered	E18_04
eMedications.05	Medication Dosage	259	Multiple	Required	Medication	Occurs one to one for each medication administered	E18_05

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eMedications.06	Medication Dosage Units	260	Multiple	Required	Medication	Occurs one to one for each medication administered	E18_06
eMedications.07	Response to Medication	261	Multiple	Required	Medication	Occurs one to one for each medication administered	E18_07
eMedications.08	Medication Complication	262	Multiple	Optional			E18_08
eProcedures.01	Date/Time Procedure Performed	264	Multiple	Required	Procedure	Occurs one to one for each procedure performed	E19_01
eProcedures.02	Procedure Performed Prior to this Unit's EMS Care	265	Multiple	Required		Occurs one to one for each procedure performed. If time of procedure is before your agency arrives	E19_02
eProcedures.03	Procedure	266	Multiple	Required		Occurs one to one for each procedure performed. Based on list of procedures in dConfiguration.03 & dConfiguration.07	E19_03
eProcedures.05	Number of Procedure Attempts	267	Single	Required	Procedure		E19_05
eProcedures.06	Procedure Successful	268	Multiple	Required	Procedure	Occurs one to one for each procedure performed	E19_06
eProcedures.08	Response to Procedure	269	Multiple	Required	Procedure	Occurs one to one for each procedure performed	E19_08
eAirway.01	Indications for Invasive Airway	271	Multiple	Required	Airway		
eAirway.04	Airway Device Placement Confirmed Method	272	Multiple	Required	Airway	Can occur multiply if there is more than one confirmation method	
eAirway.08	Airway Complications Encountered	273	Multiple	Required	Airway		
eDisposition.02	Destination/Transferred To, Code	275	Single	Required	Transported		E20_02
eDisposition.05	Destination State	276	Single	Required	Transported		E20_05

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eDisposition.06	Destination County	277	Single	Required	Transported		E20_06
eDisposition.07	Destination ZIP Code	278	Single	Required	Transported		E20_07
eDisposition.08	Destination Country	279	Single	Optional	Out-of-Country Destination		
eDisposition.12	Incident/Patient Disposition	280	Single	Required	Transported		E20_10
eDisposition.16	EMS Transport Method	281	Single	Required	Transported		
eDisposition.17	Transport Mode from Scene	282	Single	Recommended	Transported		E20_14
eDisposition.19	Condition of Patient at Destination	283	Single	Required	Transported		E20_15
eDisposition.20	Reason for Choosing Destination	284	Multiple	Required	Transported		E20_16
eDisposition.21	Type of Destination	285	Single	Required	Transported		E20_17
eDisposition.24	Destination Team Pre-Arrival Activation	286	Single	Required	See Notes	Required for time sensitive conditions: STEMI, Stoke, Cardiac Arrest, Trauma	
eDisposition.25	Date/Time of Destination Prearrival Activation	287	Single	Required	See Notes	Required for time sensitive conditions: STEMI, Stoke, Cardiac Arrest, Trauma	IT5_71
eCustomResults.01	Custom Data Element Result	291	Single or Multiple	Required	Needed to complete Custom Element	See Custom Variable list	
eCustomResults.02	Custom Element ID Referenced	292	Single	Required	Needed to complete Custom Element	See Custom Variable list	
eCustomResults.03	CorrelationID of PatientCareReport Element or Group	293	Single	Optional		See Custom Variable list	

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itExam.002	Stemi Triage Criteria	250	Single	Required	STEMI	If patient met criteria: Yes or No	IT12_1
itDisposition.032	Received from Agency ID	288	Single	Required	Prior EMS aid	Agency from which the patient was received/agency who provided prior aid and/or transferred patient care for transport	IT5_2
itDisposition.035	Transferred to Agency ID	289	Single	Required	Transfer of Care		IT5_4