

NYS Validation Rule	NEMSIS Field	Validation Rule Description	Rationale
712	eArrest.14	Date/Time of Cardiac Arrest (eArrest.14) Is only required if arrest is after EMS arrival	Date/Time of Cardiac Arrest is only required if cardiac arrest occurs after EMS Arrival.
738	eCrew.01	Crew Member ID (eCrew.01) is Blank	Crew Member ID (NYS Licensure) cannot be blank and must be populated with only current certification number.
898	eDisposition.18	Additional Transport Mode Descriptors (eDisposition.18) Must Always Be Not Recorded	Not Recorded is the only acceptable value for NYS ePCR Data Submission.
746	eHistory.06	Medication Allergies (eHistory.06) is Blank	Medication Allergies must be populated; however, Not Values are excluded.
747	eHistory.08	Medical/Surgical History (eHistory.08) is Blank	Medical/Surgical History is Blank with patient contact; however, Not Values are excluded.
748	eHistory.08	Current Medications grid (eHistory.12) is Blank	Current Medications must be populated; however, Not Values are excluded.
748	eHistory.12	Current Medications grid (eHistory.12) is Blank	Current Medications must be populated; however, Not Values are excluded.
849	eHistory.18	Pregnancy Must Be Assessed for Females Patients of Child-Bearing Age	Export changed from Fatal to Warning for 2019; will be changed to Fatal in 2020.
921	eMedications.11	Medication Authorization (eMedications.11) Must be Populated if Medication Administered	Medication Authorization must be populated if Medication is Administered by this crew. Medications Administered Prior to Arrival of this Crew excluded.
922	eMedications.12	Medication Authorizing Physician (eMedications.12) Must be Populated if Medication is Administered and is Not Standing Protocol	The name of the authorizing physician must be indicated if the medication is administered based on medical control. Medications Administered Prior to Arrival of this Crew and on Standing Protocol excluded.
726	eProcedures.01	Date/Time Procedure Performed (eProcedures.01) is Blank	When a procedure is performed, the date/time must be populated.
729	eProcedures.05	Number of Procedure Attempts (eProcedures.05) is Blank	Number of Procedure Attempts is required when a procedure is performed; however, Not Values are excluded.
730	eProcedures.06	Procedure Successful (eProcedures.06) is Blank	Procedure Successful is a required when a procedure is performed; however, Not Values are excluded.
731	eProcedures.07	Procedure Complication (eProcedures.07) is Blank	Procedure Complication is required when a procedure is performed; however, Not Values are excluded.
923	eProcedures.09	Procedure Crew Member ID (eProcedures.09) Must be Recorded for All Procedures Performed (Except Procedures Performed PTA)	Procedure Crew Member ID must be recorded / reported for all procedures performed; however, procedures performed PTA are not required and Not Values are excluded.
925	eProcedures.12	Procedure Authorizing Physician (eProcedures.12) Must be Completed if Medical Control Order is documented.	Name of Physician authorizing procedure must be documented if medical control order documented.
883	eProcedures.13	Vascular Access Location (eProcedures.13) Must Not Be Not Reporting or Not Recorded	Vascular Access Location must be documented for Intraosseous Cannulation, Catheterization of External Jugular Vein or Cateeterization of Vein procedures.
678	eResponse.03	Incident Number (eResponse.03) is Blank	Incident Number is a NYS Required Field
920	eResponse.04	Response Number (eResponse.04) Must Not Be Blank	EMS Response Number is a NYS Required Field
692	eScene.09	Incident Location Type (eScene.09) is Blank	Incident Location Type is required on all 911, Intercept and Mutual Aid repsonses.
693	eScene.19	Incident Zip Code (eScene.19) is Blank	Incident Zip Code is blank and unit has arrived on the scene.
935	eScene.21	Incident County is a mandatory field	Incident County is a Required Field
694	eSituation.01	Date/Time of Symptom Onset/Last Normal (eSituation.01) is Blank	Date/Time of Symptom Onset is required when patient contact is made; Pertinent Negatives are allowed and Not Values are excluded.
698	eSituation.09	Primary Symptom (eSituation.09) is Blank	Primary Symptom is required with patient contact on 911, Intercept and Mutual Aid responses.
700	eSituation.11	Providers Primary Impression (eSituation.11) is Blank	Provider's Primary Impression is required with patient contact on 911, Intercept and Mutual Aid responses.

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832	eSituation.18	Date/Time Last Known Well (eSituation.18) Mst Be reported for CVA/TIA Primary or Secondary Impressions	Date and Time of Last Known Well must be reported when CVA / TIA are Provider's Primary or Secondary Impression; however, PN of Unable to Complete is acceptable.
810	eTimes.08	Transfer of EMS Patient Care Date/Time (eTimes.08) Applies for Non-Transport Outcomes.	Transfer of EMS Patient Care Date/Time applies with patient transfer of care in field (and not at destination).
817	eTimes.12	Destination Patient Transfer of Care Date/Time (eTimes.12) Not Values	Rule has been updated to allow for Not Values when destination is not a Hospital, Freestanding emergency department or nursing home/assisted living facility.
852	eVitals.13	Pulse Rhythm (eVitals.13) cannot be blank if Heart Rate (eVitals.10) is not blank	Pulse Rhythm cannot be populated if Heart Rate is blank.
929	eVitals.13	Heart Rate (eVitals.10) Cannot be Populated if Pulse Rhythm (eVitals.13) is Blank	Heart Rate cannot be populated if Pulse Rhythm is blank
857	eVitals.19	<del>Rule Deactivated and Replaced by Rule #940</del>	
933	eVitals.19	<del>Rule De-Activated and Replaced by Rule #941</del>	
940	eVitals.19	Glasgow Coma Score-Eye (eVitals.19) Must be Populated for All Altered Mental Status, Stroke, TIA, Overdose or Trauma Patients for Care Provided in New York City	Glasgow Coma Score-Eye (eVitals.19) Must be Populated for All Altered Mental Status, Stroke, TIA, Overdose or Trauma Patients for Care Provided in New York City
941	eVitals.19	Glasgow Coma Score (GCS) - Eye (eVitals.19) Must Not Be Not Reporting (for all but care provided in New York City)	Glasgow Coma Score (GCS) - Eye (eVitals.19) Must Not Be Not Reporting (for all but care provided in New York City)
859	eVitals.20	<del>Rule Deactivated and Replaced by Rule #942</del>	
936	eVitals.20	<del>Rule De-Activated and Replaced by Rule #943</del>	
942	eVitals.20	Glasgow Coma Score (GCS) - Verbal (eVitals.20) Must Not Be Not Reporting (for all but care provided in New York City)	Glasgow Coma Score (GCS) - Verbal (eVitals.20) Must Not Be Not Reporting (for all but care provided in New York City)
943	eVitals.20	Glasgow Coma Score-Verbal (eVitals.20) Must be Populated for All Altered Mental States, Stroke, TIA, Overdose or Trauma Patients for Care Provided in New York City	Glasgow Coma Score-Verbal (eVitals.20) Must be Populated for All Altered Mental States, Stroke, TIA, Overdose or Trauma Patients for Care Provided in New York City