NATO STANDARD

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PATIENT DATA EXCHANGE FORMAT FOR COMMON CORE INFORMATION

Edition A Version 2

MAY 2018

NORTH ATLANTIC TREATY ORGANIZATION

ALLIED MEDICAL PUBLICATION

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NORTH ATLANTIC TREATY ORGANIZATION (NATO)

NATO STANDARDIZATION OFFICE (NSO)

NATO LETTER OF PROMULGATION

30 May 2018

1. The enclosed Allied Medical Publication AMedP-5.1, Edition A, Version 2, PATIENT DATA EXCHANGE FORMAT FOR COMMON CORE INFORMATION, has been approved by the nations in the Military Committee Medical Standardization Board, is promulgated herewith. The agreement of nations to use this publication is recorded in STANAG 2231.

2. AMedP-5.1, Edition A, Version 2 is effective upon receipt and supersedes AMedP-5.1, Edition A, Version 1, which shall be destroyed in accordance with the local procedure for the destruction of documents.

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4. This publication shall be handled in accordance with C-M(2002)60.

Zoltan GULYAS
Brigadier General, HUNAF
Director, NATO Standardization Office

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RECORD OF RESERVATIONS

CHAPTER	RECORD OF RESERVATION BY NATIONS
Note: The reservations listed on this page include only those that were recorded at time of promulgation and may not be complete. Refer to the NATO Standardization Document Database for the complete list of existing reservations.	

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RECORD OF SPECIFIC RESERVATIONS

[nation]	[detail of reservation]
BEL	Belgium is very much concerned about the use of SNOMED Clinical Terms of the 10th International Classification of Disease to collect and report medical data. Belgium will implement the STANAG 2231 dealing with the exchange of Medical Data when the SNOMED format is available at the national level. This STANAG compromises the export of some medical data and the consequence could be that the BEL Defence will not be readily able to properly use the future NATO Trauma Registry.
GBR	We are unable to provide an implementation date for this STANAG until timelines for our MedIS refresh programme (CORTISONE) are published, but we should aim to incorporate the standards of this STANAG into the requirements of future medical IS Systems proposed under this programme. In particular the cross-map of coding systems with SNOMED-CT. Adopting data formats, as detailed in Annex A, can be achieved as current and possibly non-conformant systems become end of life and are replaced with STANAG 2231 compliant systems. This will result in phased implementation of the STANAG.

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PREFACE

1. This NATO Allied Medical Publication on **PATIENT DATA EXCHANGE FORMAT FOR COMMON CORE INFORMATION** has been prepared under the reference of STANAG 2231. Its purpose is to identify some of the basic data elements required in various standardization documents as part of various medical reports, and to provide formatting instructions for these data elements so as to facilitate the development of computerized reporting systems within NATO. A secondary goal is to provide guidance for standardization of the transfer formats for medical records for use when desired, and thereby to encourage and enhance the multinational transfer of clinical data when that is desirable.

2. This document does not mandate the use by the nations of any specific format or coding system for medical information in their own national systems, but applies only when transferring information between nations or between nations and NATO commands.

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CHAPTER 1 INTRODUCTION

1.1. AIM

The aim of this agreement is to standardize data elements for medical data exchange among and between nations and between nations and NATO headquarters.

1.2. GENERAL

Various forms of medical reports are required by numerous NATO standardization documents. These can be of several types:

a. Clinical—relating to the care of specific patients. This type of report can be either identifiable (i.e. with patient identification included or retrievable, such as clinical records sent from one medical treatment facility to another.) or anonymous (i.e. with the individual patient's identification not readily identifiable or retrievable). Examples of some of this type of report include: Clinical Medical Records, Hospital Transfer Records, Imaging and Laboratory Results Reports,

b. Operational/Administrative—This type of report can include supply requests, medical organization status reports, patient movement requests, or other administrative reports/requests, or it can be non-patient identifiable reports such as those for Force Health Protection, Disease Surveillance, or input for the proposed NATO Trauma Registry. Examples of some of this type of report include: Medical Status Reports, Evacuation Requests, EPINATO Reports, "9-Liners", Serious Medical Incident Reports, Medical Assessment Reports, etc.

1.2.1. PROBLEMS WITH THE CURRENT SITUATION

a. Many current standardization documents demand reports in varying formats, most of which are still paper-based.

b. These documents do not necessarily use standardised terminology when stating the requirements for data input, even when the information requested is the same in different formats. There is often only limited format or terminology coordination with other documents, especially when formats or terminology are found in non-medical documents.

c. Such lack of standardization has hindered the development of computer-based reporting systems, which are expected to improve operational reporting, to speed such reporting, to contribute to the Commander's Operational Picture, and to provide improved clinical care, force health protection, and medical operational support.

d. Current reliance on these paper-based systems has hindered development of the MEDICS system, and further hinders medical involvement in the NATO Message Text Format program.

e. Clinical data storage is currently accomplished at the national level through the use of different coding systems, including ICD-9, ICD-10, ICPC-1, ICPC-2, and other national and NATO codes, which are not always mutually intelligible. When data is transmitted in paper or verbal format, and these data descriptions are translated into verbal/written language, the use of these various coding systems for data storage poses no problem. However, as we transition to computerized reporting systems, the lack of interoperability of these national systems can significantly impair the transfer of information. A recipient may have no idea of the meaning of the specific diagnosis or process code transmitted from another nation using a different data storage coding system.

CHAPTER 2 BACKGROUND OF THE AGREEMENT

2.1. **PURPOSE OF THE AGREEMENT**.

The **Patient Data Exchange Format for Common Core Information** provides a standardised data set that will facilitate the exchange of electronic "medical" documentation within and between NATO members' medical facilities, and between national medical force structures and the NATO Command Structure. Potential applicability for the inclusion of this data set in a possible future NATO medical information system should be considered in the development of any such system.

2.2. **MINIMAL FORMATTING REQUIREMENTS**.

This document provides proposed formatting for the minimal amount of medical information that is required for improved medical interoperability, which should be adopted as computerised medical reporting systems are developed and fielded. **There is no intent that any message will contain all the lines described herein, and it is not the intent of this document to create any required report format.** Instead, the intent is that the required lines for any message will be identified from this list and then used to build the message. Many different reports may use any single data element, and no report will be expected to contain them all. Perhaps this system can best be likened to a set of "Lego" bricks, from which the message sender can choose those bricks he wishes to use to build his product (the desired message). For example, certain fields can be used to create a DSS (Disease Surveillance System) message or a Movement Message:

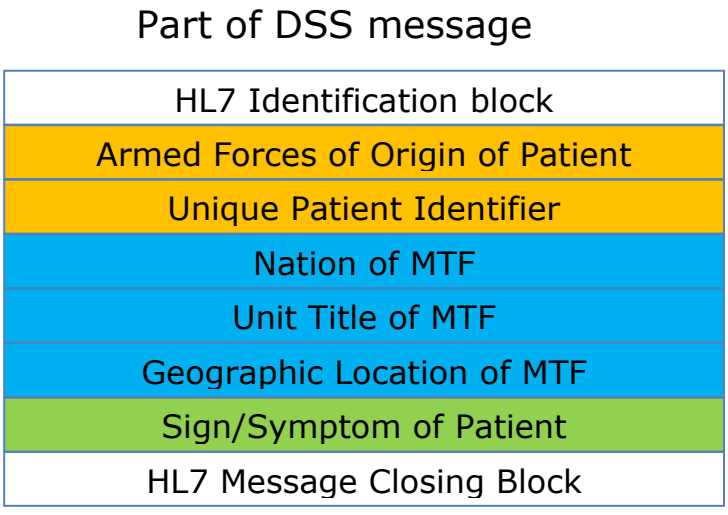

Figure 1: Use of Data Blocks as Part of a DSS Message

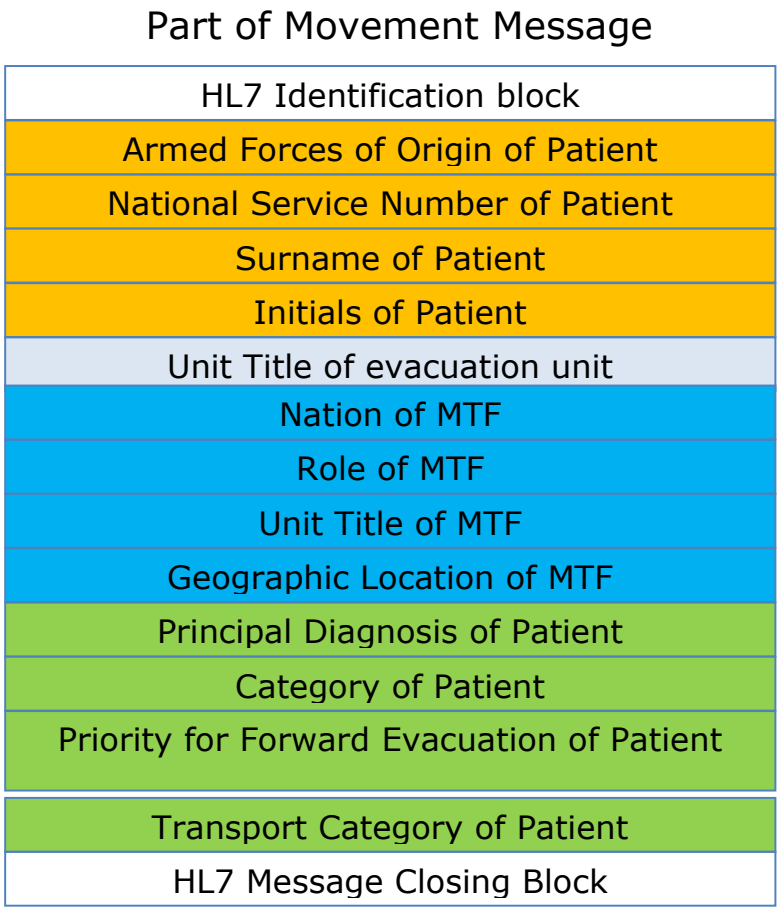

Figure 2: Use Of Data Blocks As Part Of A Movement Message

2.3. **CODING SYSTEMS.**

2.3.1. This document does not mandate the use of any specific storage format or database system within the national medical records systems. The required information should be provided by whatever system of medical documentation is mandated by each nation. Specifically, it does not mandate that the nations adopt SNOMED-CT as a storage coding system for their own national reference systems as versus ICD-9, ICD-10, or other national coding systems.

CHAPTER 3 DETAILS OF THE AGREEMENT

3.1. GENERAL CODING PRINCIPLES.

3.1.1. **Date-time group** (DTG) is always in ZULU-time when transmitted. Date = YYYYMMDD, Time = HHMMSS and Date/Time = YYYYMMDDHHMMSS
All one digit elements are preceded by 0 [zero, not the letter "O"] (e.g. January would be 01). This is in accordance with ISO 8601 in which the Universal Time Code (UTC) is also mentioned as ZULU time.

3.1.1.1 Explanation of the above is that: YYYY = four digit year, MM = two digit month, DD = two digit day of the month, HH = two digit hour using a 24 hour clock and MM = two digit minutes, SS = = two digit seconds

3.1.1.2. Thus, 20101231235900 = 31 December 2010 at 23 hours and 59 minutes 00 seconds

3.1.1.3. This is not in accordance with the format found in AAP-6 (**date-time group)** because this proposed format is technically a more logical form for automated systems. A proposed change to AAP-6 to recognize this fact will be submitted.

3.1.1.4. This date presentation also translates quicker and is more universal/generically used in civilian systems, with which most nations also have to exchange medical information.

3.1.1.5 It must be noted that this document only defines DTG once. We do not include separate field codings for such items as "DTG for Tourniquet application" or "DTG for medication administration" or "DTG of Admission" or "DTG of Death". If such data points are needed in order to fill out a report, then they will be identified by the body demanding the report, and should be responded to by using the single definition of DTG found in para 3.1.1.

3.1.2. **Alphanumeric fields**

3.1.2.1. May not contain any diacritical signs (accent, umlaut, etc.),

3.1.2.2. May not contain any separation signs (slash, dot, dash, apostrophe, etc.)

3.1.2.3. Are justified left

3.1.3. **Numeric fields**

3.1.3.1. Are justified right

3.1.4. **Origin Indicators.**

3.1.4.1. All messages will be proceeded by information about the message and its originator, e.g.:

a. Armed forces of origin
b. Service number or system identifier of message origin
c. DTG of message

3.2 EXPLANATION OF FIELD TERMS.

3.2.1. Each of the following data formats found in Appendix A below includes several columns in one line, each of which represents a data element or an explanation of its content. They are grouped by general topic area, to simplify reference to the list. Numbers in the left column are not part of the format, and are placed herein simply to simplify reference to this document.

3.2.1.1. Field Name: The identification by which this field should be identified. Whenever possible, this field name should be used in documentation referring to such data; thus, all reports should demand the same information by one term, not by the use of similar terms. Thus, “Armed Forces of Origin”, “Military of Origin”, “Nationality” or other similar terms should all be referred to as “Armed Forces of Origin”.

3.2.1.2. Description: This column provides a description of what data is desired for this field. Further, it may provide references to other standardization documents which use this term, as an example of where it may be used or needed. It is an explanation field only, and does not require a separate entry in a report.

3.2.1.3. Length: The number of spaces allocated for this field.

3.2.1.4. Type: Each field is identified as Alpha-numeric, Numeric, or Code.

a. Alphanumeric fields may be populated with letters or with a combination of letters and numbers.

b. Numeric fields may be populated only with numbers (0-9), and may not include any letters or other symbols.

c. Code fields may only have entries made from a pre-defined list of possible entries, and may be either alphanumeric or numeric. Generally, the entries permitted for code fields will be found in the "Value" column, or if defined in another NATO document, a reference will be given to that document.

d. Generally, unless otherwise identified, a field without an entry (i.e. "Blank") will signify "Unknown".

3.2.1.5 Mask: When filled in, this column gives an example of how the field should be filled in. "A" = Alphabetic Character, and "9" = Numerical Character. Thus, for example, "AAA9" signifies that the entry should be three alphabetical characters followed by one number.

3.2.1.6. Value: This column gives information regarding specific entries which are permissible, or gives a reference to another standardization document in which the permissible entries can be found. For example, all references to nations or geographic locations will be found in STANAG 1059. When only a limited number of entries is permissible according to other documents, all permissible entries may be listed in this column. Limitations as to what may be entered will also be found in this column.

3.3 DATA ELEMENTS: SEE ANNEX A.

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ANNEX A DATA FORMATS FOR USE

	NATO MISSION					
	Fieldname	Description	Length	Type	Mask	Value
1	NATO Mission Identification	Code that identifies the NATO mission. The code is defined by NATO, e.g. ISAF, KFOR.	15	Alphanumeric		As decreed by NATO
	PATIENT PERSONAL IDENTIFICATION DATA					
2	Armed Forces of Origin	Used for military personnel or others officially accompanying those forces.	3	Alphanumeric	AAA	ISO three 3 letter code to identify the armed force of the patient according to STANAG 1059.

	Fieldname	Description	Length	Type	Mask	Value
3	Nationality	Used for civilians not officially accompanying armed forces, including local nationals.	3	Alphanumeric	AAA	ISO three 3 letter code to identify the nationality of the patient as found in STANAG 1059.
4	Unique Patient Identifier	Usually issued by a Medical Treatment Facility or a National Health Service.	40	Alphanumeric		Unique identifier given by patient's originating National Medical System.
5	National Service Number	National number to identify the patient	20	Alphanumeric		Unique identifier given by the originating
6	Surname	Last name of the patient	50	Alphanumeric		No diacritical marks (accent, etc.); no separation signs, no intervals. Capital letters only.
7	First forename	First name of the patient in full. Includes partial names following hyphens, etc. e.g. “Jean-Claude Jones” would use only “Jean Claude” in this field.	40	Alphanumeric		Forename only.
8	Initials	Initials of all other names between first name and surname. e.g. “Jean-Claude Jones” would use only “C” in this field.	8	Alphanumeric	AAAAAAAAA	No diacritical signs (accent, etc.); no separation signs, no intervals. Capitals.

	Fieldname	Description	Length	Type	Mask	Value
9	Date of birth	Date of Birth of the patient	8	Alphanumeric	YYYYMMDD	No separation signs, no intervals. Months from Jan to Sep will use 0 before month number e.g. February is 02. If not known, Use YYYY0101 in accordance with ISO 8601.
10	Age	Age in years, months, or days	4	Alphanumeric	999X	For last digit: Y= Years M= Months D= Days
11	Rank	Military Rank	5	Code	OF-99 OR-99	Grades of military personnel in NATO Format, not national format, according to STANAG 2116. Thus, use “OF-05”, rather than “Colonel”. OF 01-10 and OF-01- 10 are acceptable responses. Blank if unknown or civilian.
12	Sex	Sex of the patient	1	Code	9	0 = Unknown 1 = Male 2 = Female In accordance with ISO 5218.
	LOCATION OF INJURY (LOI) AND PROTECTIVE EQUIPMENT USAGE					
13	Assigned unit at time of injury	Unit of origin code	15	Alphanumeric	XXXX	NATO Format

	Fieldname	Description	Length	Type	Mask	Value
14	Place of injury	The location of the patient when injured	15	Alphanumeric		Universal Transverse Mercator (UTM) with the use of military grid reference system (MGRS), based on WGS84, in accord with STANAG 2211. If no UTM data is available, provide Country, Region or City.
15	Personal protective equipment	Information on whether PPE was used and if it protected the patient	20	Alphanumeric		None / Penetrated / Struck / Unknown / Worn / Worn and Penetrated
	FITST RESPONDER INFORMATION					
16	Type of first responder	Type of training/qualification held by the person who first saw/treated the patient	2	Code	99	00 = Self/ Buddy Aid 01 = Combat Life Saver 02 = Medic 03 = Paramedic 04 = Medical Technician 08 = Other medical professional 09 = Other non-medical professional 11 = Nursing attendant 12 = Nurse (generic or specialized) 13 = Physician's Assistant 14 = Physician 15 = Surgeon 99 = Unknown

	ENVIRONMENTAL INFORMATION AT POINT OF INJURY/ EVACUATION					
	Fieldname	Description	Length	Type	Mask	Value
17	Air Temperature	Free Air Temperature in degrees Celsius	4	Numeric	99.9	-99.9 to +99.9
18	Altitude	Positive or negative number of meters to mean sea level	6	Numeric	9999.9	-9999.9 to +9999.9
19	Humidity	This refers to Free Air Relative Humidity expressed in %	4	Numeric	99.9	000.0 to 100.0
20	Wind Speed	Wind speed expressed in m/s	6	Numeric	0-9999.9	0000.0 to 9999.9
21	Precipitation, Rain or Snow	Code for severity of downfall of rain or snow	2	Code		00 = None 01 = Light Rain (< 0.5 mm/hr) 02 = Moderate Rain (0.5 – 4.0mm/hr) 03 = Heavy Rain (> 4.0 mm/hr) 04 = Light Snow (< 0.5 cm/hr) 05 = Moderate Snow (0.5-4.0 cm/hr)

	MEDICAL TREATMENT FACILITY (current or destination, as relevant)					
	Fieldname	Description	Length	Type	Mask	Value
22	Nation	ISO three letter code to identify the nation responsible for operation of MTF. If multinational, provide information as to lead nation.	3	Code	AAA	According to STANAG 1059 abbreviations.
23	Role of MTF	Role of MTF as per MC/326and AJP4.10	1	Code		1 = Role 1 2 = Role 2 3 = Role 3 4 = Role 4 5 = Other or Unknown
24	Unit title	Name and/or number and type of the treatment facility. (e.g. “BAS, 9th Infantry”, or “32nd General Hospital”, or “U.S. Army Hospital Kirkuk”)	15	Alphanumeric		Medical unit identification
25	Geographical location	Location of the MTF using the military grid reference system (MGRS), based on WGS84 or in GPS coordinates.	10	Alphanumeric		MGRS coordinates, IAW STANAG 2211 or GPS coordinates if available.

	Fieldname	Description	Length	Type	Mask	Value
26	Communications facilities available at the medical facility	Code for Communication facilities of the MTF	2	Code	99	01 = Telephone 02 = Fax 03 = Telex 04 = Radio 05 = audio conferencing 06 = video conferencing 07 = e-mail 08 = web conferencing 09 = other web based technology 99 = unknown
27	Number of beds available	Number of staffed usable beds available in a facility	3	Numeric	999	Any number from 000 to 999 always 3 digits, with needed extra zeroes added to the left
	TRIAGE STATUS					
28	Triage status	Triage status code to identify severity of injury and priority for treatment (also called triage category)	2	Code	A9	T1 = emergency/urgent. Immediate Treatment Needed T2 = can wait. Delayed Treatment Group T3 = should wait. Minimal Treatment Group T4 = must wait. Patients with very poor chance of survival, even with maximum medical care available (Definitions from AMEDP-24)

	MEDICAL CARE AND EVACUATION REQUIREMENTS					
	Fieldname	Description	Length	Type	Mask	Value
29	Principal Diagnosis	Diagnosis made by a medical doctor or tentative diagnosis made by first responder	10	Code		TBD
30	Medical Care Requirement	Medical care requirement of the unit the patient is to be transported to.	2	Code	99	01 – Intensive Care 02 - Internal Medicine 03 - Obstetrics /Gynecology 04 - Pediatrics 05 - Psychiatry 06 - Surgery 07 - Other
31	Subspecialty Care Requirement	If subspecialty care is needed, may use one of the attached codes, to alert Patient Evacuation System and receiving hospitals of needs.	2	Code	99	01 - Abdominal Surgery 02 - Burns 03 - Cardiology 04 - Dentistry 05 - Dermatology 06 - Gynaecology /Obstetrics 07 - Health effects of chemical agents 08 - Health effects of radiation 09 - Hyperbaric Treatment 10 - Infectious Disease 11 – Intensive Care 12 - Maxillofacial Surgery 13 - Neurology 14 - Neurosurgery

						15 - Orthopaedic Surgery 16 - Ophthalmology 17 - Oral Surgery 18 - Otorhinolaryngology 19 - Pediatrics 20 - Plastic Surgery 21 - Psychiatry 22 - Psychiatry (Closed Ward) 23 - Resuscitative Care 24 - Thoracic Surgery 25 - Urology 26 - Vascular Surgery 27 - Other
	Fieldname	Description	Length	Type	Mask	Value
32	Priority for forward evacuation	Priority for Forward Evacuation	2	Code	A9	A1 = IMMEDIATE / Emergency cases which should be evacuated as soon as possible and reach the destination hospital within 90 minutes after notification A2 = URGENT / Emergency cases which should be evacuated, as soon as possible and in any event not later than 2 hours A3 = PRIORITY / Patients who require a specialized treatment not available locally and whose clinical condition is likely to deteriorate unless evacuated within 4 hours A4 = ROUTINE /

						Patients whose immediate treatment is available locally but whose prognosis would benefit from aero-medical evacuation within 24 hours (Defined as in STANAG 2087,E7 SD1)
	Fieldname	Description	Length	Type	Mask	Value
33	Priority for Tactical and Strategic Aeromedical Evacuation	Priority for Tactical and Strategic Aeromedical Evacuation	2	Code	A9	P1 = Priority 1/ URGENT Emergency Patients for whom speedy Evacuation is necessary to save life, to prevent complications, or to avoid serious permanent disability P2 = Priority 2/ PRIORITY Patients who require specialized treatment not available locally who are liable to deteriorate unless evacuated with the least possible delay P3 = Priority 3/ ROUTINE Patients whose immediate treatment is available locally, but whose prognosis would benefit from air evacuation on routine scheduled flights (Definitions from STANAG 3204)
34	Transport category		2	Code	99	01 = Lying (Stretcher) Patient 02 = Sitting Patient (walking wounded) 03 = Patient to be isolated (Definitions from STANAG 3204)

35	Special conditions relevant for evacuation	Any special conditions which might affect carriage of the patient on aircraft, or which may affect requirements for staffing or equipment enroute		Alphanumeric		If any of the following are needed specifically, specify in free-text: - diet recommended relevant for evacuation (specify) - treatment recommended en route (specify) - requirement for restraint special equipment (specify) - spatial configurations (specify) - contraindication for helicopter movement - contraindication for fixed wing movement - other significant medical conditions (As described in STANAG 3204,Ed 7)
	Fieldname	Description	Length	Type	Mask	Value
36	Classification of Patients for Strategic Aeromedical Evacuation	Clinical categorization of patients to be placed in the strategic aeromedical evacuation system	2	Code	9A	Reference STANAG 3204
37	Dependency of Patients for Strategic Aero - medical Evacuation	An indicator as to how much care a patient may need in flight	2	Code	99	01 High = Patients who require Intensive support during flight. E.g. patients requiring ventilation, monitoring of CVP or cardiac status 02 Medium = Patients who, although not requiring intensive support, require regular and frequent monitoring, and whose condition may

						deteriorate in flight 03 Low = Patients whose condition is not expected to deteriorate during flight, but who require nursing care of, e.g. simple oxygen therapy, IV infusion, or a urinary catheter 04 Minimal = Patients who do not require nursing attention in flight, but who may need assistance with Mobility or bodily functions (Definitions as found in STANAG 3204)
	VEHICLE EVACUATION CAPABILITY AND CAPACITY					
	Fieldname	Description	Length	Type	Mask	Value
38	Unit Title	Note this is different from line 24, as not all evacuation vehicles are “owned” by Medical units or Medical Treatment Facilities. Other non-medical units may also report this category. (e.g. “32nd General Hospital”, or “517th Support BN”, or “375th Airlift Wing”.)	15	Alphanumeric		Designation of unit reporting-name and number of unit
39	Stretcher Capacity	Depending on the requirements of the	3	Numeric	999	

		report to be made, may be a sum of stretchers available, or may simply be reporting on a single vehicle				
	Fieldname	Description	Length	Type	Mask	Value
40	Seating capacity	Depending on the requirements of the report to be made, may be a sum of seating available, or may simply be reporting on a single vehicle	2	Numeric	99	
41	Medical Material	Depending on the requirements of the report to be made, may be a report of total materiel available, or may simply be reporting on that available on a single vehicle	2	Numeric	99	01 - Oxygen 02 Mattress 03 - Other
42	Type of vehicles available	This line, and the following line, may be repeated as many times as needed in a message to report different types of vehicles	2	Numeric	99	01 - Wheeled 02 - Tracked 03 - Rail 04 - Helicopter 05 - Fixed Wing Airplane 06 - Vessel 07 - Other 99 - None
43	Number of vehicles available/ each type		3	Numeric	999	

	BASIC MEDICAL DATA					
	Fieldname	Description	Length	Type	Mask	Value
44	Mechanism of injury/disease	Proximate cause of the disease or injury being reported	2	Code	99	01 - Biological Agent 02 - Blast 03 - Burn 04 - Chemical Agent 05 - Fragment High Explosive (HE) 06 - Gun Shot 07 - Mental Stress 08 - Radiation 09 - Sports 10 - Traffic or Aircraft Accident 11 - Blunt or cutting trauma 12 - Other (Potential values according to STANAG 2050)
45	Priority	Code to assign priority	2	Alphanumeric	A9	A or P1 - URGENT B or P2 - PRIORITY C or P3 - ROUTINE AAMedP-1.1
45a	Dependency	Code to assign dependency		Code	9	1 - High Dependency 2 - Medium Dependency 3 - Low Dependency 4 Minimal Dependency AAMedP-1.1

45b	Classification	Code to assign classification		Code	9A	1A - Severe Psychiatric Patients 1B - Psychiatric Patients of Intermediate Severity 1C - Mild Psychiatric Patients. 2A - Immobile Stretcher Patients. 2B - Mobile Stretcher Patients. 3A - Sitting patients, including handicapped persons, who in an emergency would require assistance to escape. 3B - Sitting patients who would be able to escape unassisted in an emergency. 4 - Walking patients, other than psychiatric, who are physically able to travel unattended. AAMedP-1.1
46	Site of injury/disease Vital signs	Site of primary injury	10	Code		TBD
47	Active Bleeding - Hemorrhage	Is Active Bleeding Present?	3	Alphanumeric	AAA	Yes/No
	Fieldname	Description	Length	Type	Mask	Value
48	Body Temperature	Reported in Degrees Celsius	4	Numeric	99.9	
49	Airway obstruction	Is an Airway Obstruction Present?	3	Alphanumeric	AAA	Yes/No

50	Breathing	Is the Patient spontaneously Breathing?	3	Alphanumeric	AAA	Yes/No
51	Respiratory rate	Respiratory Rate, reported as Breaths Per Minute	2	Numeric	99	
52	Palpable peripheral Pulse	Is a peripheral pulse palpable, either in the extremities or in the carotid.	3	Alphanumeric	AAA	Yes/No
53	Pulse rate (carotid)	Measurement of the pulse rate, as counted by Carotid palpation or any electronic means.	3	Numeric	AAA	Report as Beats per Minute
54	Blood pressure systolic	In millimeters of Mercury.	3	Numeric	999	
55	Blood pressure diastolic	In millimeters of Mercury.	3	Numeric	999	
56	Pulse oximetry	Mercury. Percentage of Hemoglobin molecules in the blood which are attached to Oxygen molecules. (PO2).	3	Numeric	999	Reported in percentages
57	Capillary Fill Time	Capillary Fill Time	2	Numeric	99	In seconds
	Fieldname	Description	Length	Type	Mask	Value
58	Pupil reaction to light		3	Alphanumeric	AAA	Yes/No

	Glasgow Coma Scale					
59	Level of consciousness	Glasgow Coma Score Values, which depict the level of consciousness and responsiveness of the patient.	2	Code	99	01 - Severe : GCS < 8–9 02 - Moderate : GCS 8 or 9–12 03 - Minor : GCS ≥ 13 04 - Normal : 15
60	Glasgow Coma Scale Verbal response	Verbal Component of the Glasgow coma scale	2	Code	99	01 - Nil 02 - Groans 03 - Words 04 - Confused 05 - Orientated
61	Glasgow Coma Scale Motor response	Motor Component of the Glasgow coma scale	2	Code	99	01 - Nil 02 - Extensor 03 - Flexor 04 - Withdrawal 05 - Localizing 06 - Obeys commands
62	Glasgow Coma Scale Eye Opening	Eye Component of the Glasgow Coma Scale	2	Code	00	01 - Nill 02 - To pain 03 - To speech 04 – Spontaneously

	Drugs/ Medications					
	Fieldname	Description	Length	Type	Mask	Value
63	Drug Type	What types of drugs have been given to the patient? Values according to ATC Classification, or using table in Value column.	7	Alphanumeric	AAAAAAA	001 - morphine (type) 002 - tetanus antitoxin 003 - tetanus toxoid 004 - atropine 005 - antibiotic (type) 006 - Haemostatic 007 - Vasoactive (Type) or May use ATC code for procedures (P table)
64	Mechanism of administration	How the drug was administered to the patient.	7	Alphanumeric	AAAAAAA	PO - per os SL - sublingual IV - intravenous IM - intramuscular IA - intraarterialI OS - intraosseous IC - intracardiac IT - intratracheal IR - intrarectal IN - intranasalI OC - intraocular SC - subcutaneous PC - percutaneous IS - in situ (of wound etc.) OW - other way

						or May use ATC code for procedures (P table)
	Fieldname	Description	Length	Type	Mask	Value
65	Dose Amount	Numeric value of dose given	6	Numeric	999,99	
66	Dose Unit	The units in which dose is measured	2	Alphanumeric	AA	mg = Milligram gr = Gram ml = Milliliter l = Liter u = Unit
	Interventions					
67	Haemostatic Intervention type	What type of treatment was applied? e.g. Tourniquet Packing Haemostatic dressing	10	Code		TBD
68	Intra Vascular Access	Type of intra Vascular Access	10	Code		TBD
69	Head Neck Spine intervention type	What type of head / spine / neck stabilization procedures were done?	10	Code		TBD
70	Extremity intervention type	What type of extremity stabilization procedures were done?	10	Code		TBD
71	Exposure	What type of exposure intervention procedures were done?	10	Code		TBD

72	Airway intervention	What type of airway intervention procedures were done? e.g. Mouth to Mouth, Mask, Cricothyroidotomy, Endotracheal Intubation, etc.	10	Code		TBD
	Immediate Interventions					
	Fieldname	Description	Length	Type	Mask	Value
73	Resuscitation	Was resuscitation effort carried out?	3	Alphanumeric	AAA	Yes/No
74	Dressing Wound	Was a wound dressing applied?	3	Alphanumeric	AAA	Yes/No
75	Extraction of Object in the Mouth	Was any object removed from the mouth? e.g. Gum, Tobacco, Tooth Fragments, Blood, Mucous?	3	Alphanumeric	AAA	Yes/No
76	Chest Decompression	Was chest decompression for tension pneumothorax carried out?	3	Alphanumeric	AAA	Yes/No
77	Surgical Instrumentation Applied	Were any types of surgical instruments used during the immediate intervention period?	3	Alphanumeric	AAA	Yes/No

	IV-Fluids					
	Fieldname	Description	Length	Type	Mask	Value
78	Fluid Type	Type of fluid administered to patient. Values should be entered according to ATC	2	Alphanumeric or listed codes	99	TBD
	Blood					
79	Blood group	What is the blood group of patient? Ensure “O” vs. zero	2	Alphanumeric or listed codes	99	TBD
80	Blood Rhesus factor	Rhesus factor of patient	3	Code	AAA	Pos or Neg (positive or Negative)
	Significant medical conditions					
81	Sensitivity to anaesthetics (type)	TBD	10	Code		TBD
82	Allergy to antibiotics (type)	TBD	10	Code		TBD
83	Allergy to drugs	Other drug allergies, such as to barbiturates	10	Code		TBD

	Fieldname	Description	Length	Type	Mask	Value
84	Sensitivity to immunising agents (type)	Is patient sensitized to immunization agents? E.g. “egg sensitivity, so may not use vaccines derived from eggs.”	10	Code		TBD
85	Sensitivity to biological agents (specify)	Is patient allergic to biologically-derived agents, such as horse serum?	10	Code		TBD
86	Sensitivity to other agents/materials (specify)	Is the patient sensitive to other agents or materials?	10	Code		TBD
87	Convulsive Disorder	Does the patient suffer from any convulsive disorder, such as epilepsy				TBD
88	Use of chronic medication	Does the patient regularly take any medications?	3	Alphanumeric	AAA	Yes/No
89	Absence of kidney	Is the patient missing a kidney?	10	Code		TBD
90	Diabetes mellitus	Does the patient have Diabetes Mellitus (Type 1 or Type 2)?	10	Code		TBD

	BASIC CLINICAL DATA					
	Fieldname	Description	Length	Type	Mask	Value
91	History of patient pertinent to condition for which treatment is given	Is there any previous history pertinent to the current condition?	1024	Alphanumeric		Free text to describe pertinent history.
92	Report of physical examination	Report only positive findings.	1024	Alphanumeric		Free text
93	Diagnostic and therapeutic orders	Report any current medical orders or prescriptions.	1024	Alphanumeric		Free text
94	Observations made by professional staff during patients stay in a medical facility	Report any current medical orders or prescriptions.	1024	Alphanumeric		Free text
95	Report on actions and findings including laboratory, X-ray and other diagnostic tests as appropriate	Report pertinent findings and values, both positive and negative.	1024	Alphanumeric		Free text
96	Conclusions including final diagnosis	Provide discharge/transfer diagnosis.	1024	Alphanumeric		Free text
97	Recommendations for further treatment	Provide recommendations for further treatment.	1024	Alphanumeric		Free text

	Pre hospital procedures					
	Fieldname	Description	Length	Type	Mask	Value
98	Pre hospital procedures type	Report procedures done prior to admission to the first receiving medical treatment facility.				TBD
	Clinical Assessment					
99	Diagnostic procedures					TBD
100	Lab Data	Laboratory Data from Studies Carried Out				TBD
101	Injury Severity Code	Injury Severity Code (ISS) on a scale from 1 to 6	1	Numerical	9	Value 1 to 6
	Hospital treatment data					
102	Damage control surgery type					TBD
103	Definitive surgery type					TBD

104	Complications					TBD
	Fieldname	Description	Length	Type	Mask	Value
105	Organ failure					TBD
106	Ventilator days	Number of ventilator days	2	Numeric	99	Number of days treated with respirator
107	ICU Days	Number of ICU days	2	Numeric	99	
	Outcome					
108	Impairment					TBD
109	Handicap					TBD
110	Post-traumatic stress disorder	If PTSD is Diagnosed.				TBD
	Statistical numbers					
111	Antibiotic treatment days	Counting totals and subtotals (per MTF) Data is needed for historical/statistical purposes	3	Numeric	999	Days of treatment with Antibiotics

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ANNEX B RELATED DOCUMENTS AND STANDARDS

The Following documents should be considered in developing medical reporting systems and formats for use in the multinational NATO environment:

A. AAP-6	NATO Glossary of Terms and Definitions of Military Significance For Use In NATO
B. APP-11	NATO Message Catalogue
C. STANAG 5500 ADATP-3	NATO Message Text Formatting System
D. STANAG 2228 AJP-4.10	Allied Joint Doctrine For Medical Support
E. AWP-4	NATO Meteorological Codes Manual
F. BI-MNC Reporting Directive	Volume V. Logistic Reports
G. ISO 8601	Data Elements And Interchange Formats -- Information Interchange -- Representation Of Dates And Times
H. ISO 5218	Information Technology -- Codes For The Representation Of Human Sexes
I. MC 326	NATO Principles and Policies of Operational Medical Support
J. STANAG 1059	Letter Codes for geographical Entities
K. STANAG 2061	Procedures for Disposition of Allied Patients by Medical Installations
L. STANAG 2087	Medical Employment of Air Transport in the Forward Area
M. STANAG 2116	NATO Codes For Grades Of Military Personnel
N. STANAG 2132	Documentation Relative to Initial Medical Treatment and Evacuation
O. STANAG 2211 AGeoP-21	Geodetic Datums, Projections, Grids And Grid References
P. STANAG 2347 AMedP-8.8	Medical Warning Tag

Q. STANAG 2348 AMedp-8.2	Basic Military Hospital (Clinical) Records
R. STANAG 3204 AAMedP-1.1	Aeromedical Evacuation
S. STANAG 6022	Adoption of a Standard gridded Data Meteorological Message

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