

Agency Name: AHS MFR Red Cross Instructor Network
Response Plan Name: Test Agency
CAD Response Plan ID: -1
Variant Group Code: FRD-TEST
Time Dependant Factor: 0
If requested by responding EMS: NO
Auto-Dispatch Codes selected: 0
Time-Dependant Codes selected: 0
Description:
Last Updated: July 2, 2019

AutoTimeCard Det	Code	Description	Response Level
	01 --- ---	Abdominal Pain / Problems	Cold
	--- A ---		Cold
<input type="checkbox"/>	<input type="checkbox"/> --- --- 01A01	Abdominal Pain / Problems – Abdominal Pain	Cold
<input type="checkbox"/>	<input type="checkbox"/> --- --- 01A02	Abdominal Pain / Problems – Testicle or Groin Pain (Male)	Cold
<input type="checkbox"/>	<input type="checkbox"/> --- --- 01A03	Abdominal Pain / Problems – Pain Worse with Moving or Coughing	Cold
	--- C ---		Hot
<input type="checkbox"/>	<input type="checkbox"/> --- --- 01C00	Abdominal Pain / Problems – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/> --- --- 01C01	Abdominal Pain / Problems – Suspected Aortic Aneurysm >= 50	Hot
<input type="checkbox"/>	<input type="checkbox"/> --- --- 01C02	Abdominal Pain / Problems – Diagnosed Aortic Aneurysm	Hot
<input type="checkbox"/>	<input type="checkbox"/> --- --- 01C03	Abdominal Pain / Problems – Fainting or Near Fainting >= 50	Hot
<input type="checkbox"/>	<input type="checkbox"/> --- --- 01C04	Abdominal Pain / Problems – Females w/ Fainting or Near Fainting 12–50	Hot
<input type="checkbox"/>	<input type="checkbox"/> --- --- 01C05	Abdominal Pain / Problems – Males Above Pain Above the Navel >=35	Hot
<input type="checkbox"/>	<input type="checkbox"/> --- --- 01C06	Abdominal Pain / Problems – Females w/ Pain Above the Navel >=45	Hot
	--- D ---		Hot
<input type="checkbox"/>	<input type="checkbox"/> --- --- 01D00	Abdominal Pain / Problems – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/> --- --- 01D01	Abdominal Pain / Problems – Not Alert	Hot
<input type="checkbox"/>	<input type="checkbox"/> --- --- 01D02	Abdominal Pain / Problems – Ashen or Gray Color Reported ? 50	Hot
	02 --- ---	Allergies / Envenomations	Cold
	--- A ---		Cold
<input type="checkbox"/>	<input type="checkbox"/> --- --- 02A01	Allergies / Envenomations – No Difficulty Breathing or Swallowing	Cold
<input type="checkbox"/>	<input type="checkbox"/> --- --- 02A01I	Allergies / Envenomations – No Difficulty Breathing or Swallowing – Injection	Cold
<input type="checkbox"/>	<input type="checkbox"/> --- --- 02A01M	Allergies / Envenomations – No Difficulty Breathing or Swallowing – Medication	Cold
<input type="checkbox"/>	<input type="checkbox"/> --- --- 02A02	Allergies / Envenomations – Spider Bites	Cold
<input type="checkbox"/>	<input type="checkbox"/> --- --- 02A02I	Allergies / Envenomations – Spider Bites – Injection	Cold
<input type="checkbox"/>	<input type="checkbox"/> --- --- 02A02M	Allergies / Envenomations – Spider Bites – Medication	Cold
	--- B ---		Hot
<input type="checkbox"/>	<input type="checkbox"/> --- --- 02B00	Allergies / Envenomations – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/> --- --- 02B00I	Allergies / Envenomations – Override – Injection	Hot
<input type="checkbox"/>	<input type="checkbox"/> --- --- 02B00M	Allergies / Envenomations – Override – Medication	Hot
<input type="checkbox"/>	<input type="checkbox"/> --- --- 02B01	Allergies / Envenomations – Unknown Status/Other Codes N/A	Hot
<input type="checkbox"/>	<input type="checkbox"/> --- --- 02B01I	Allergies / Envenomations – Unknown Status/Other Codes N/A – Injection	Hot
<input type="checkbox"/>	<input type="checkbox"/> --- --- 02B01M	Allergies / Envenomations – Unknown Status/Other Codes N/A – Medication	Hot
	--- C ---		Hot
<input type="checkbox"/>	<input type="checkbox"/> --- --- 02C00	Allergies / Envenomations – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/> --- --- 02C00I	Allergies / Envenomations – Override – Injection	Hot
<input type="checkbox"/>	<input type="checkbox"/> --- --- 02C00M	Allergies / Envenomations – Override – Medication	Hot
<input type="checkbox"/>	<input type="checkbox"/> --- --- 02C01	Allergies / Envenomations – Difficulty Breathing or Swallowing	Hot
<input type="checkbox"/>	<input type="checkbox"/> --- --- 02C01I	Allergies / Envenomations – Difficulty Breathing or Swallowing – Injection	Hot
<input type="checkbox"/>	<input type="checkbox"/> --- --- 02C01M	Allergies / Envenomations – Difficulty Breathing or Swallowing – Medication	Hot
<input type="checkbox"/>	<input type="checkbox"/> --- --- 02C02	Allergies / Envenomations – History of a Severe Allergic Reaction	Hot
<input type="checkbox"/>	<input type="checkbox"/> --- --- 02C02I	Allergies / Envenomations – History of a Severe Allergic Reaction – Injection	Hot
<input type="checkbox"/>	<input type="checkbox"/> --- --- 02C02M	Allergies / Envenomations – History of a Severe Allergic Reaction – Medication	Hot
	--- D ---		Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	02D00	Allergies / Envenomations – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	02D00I	Allergies / Envenomations – Override – Injection	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	02D00M	Allergies / Envenomations – Override – Medication	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	02D01	Allergies / Envenomations – Not Alert	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	02D01I	Allergies / Envenomations – Not Alert – Injection	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	02D01M	Allergies / Envenomations – Not Alert – Medication	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	02D02	Allergies / Envenomations – Difficulty Speaking Between Breaths	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	02D02I	Allergies / Envenomations – Difficulty Speaking Between Breaths – Injection	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	02D02M	Allergies / Envenomations – Difficulty Speaking Between Breaths – Medication	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	02D03	Allergies / Envenomations – Swarming Attack (Bees, Wasps, Hornets)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	02D03I	Allergies / Envenomations – Swarming Attack (Bees, Wasps, Hornets) – Injection	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	02D03M	Allergies / Envenomations – Swarming Attack (Bees, Wasps, Hornets) – Medication	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	02D04	Allergies / Envenomations – Snakebite	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	02D04I	Allergies / Envenomations – Snakebite – Injection	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	02D04M	Allergies / Envenomations – Snakebite – Medication	Hot
		----	----	E		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	02E00	Allergies / Envenomations – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	02E00I	Allergies / Envenomations – Override – Injection	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	02E00M	Allergies / Envenomations – Override – Medication	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	02E01	Allergies / Envenomations – Ineffective Breathing	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	02E01I	Allergies / Envenomations – Ineffective Breathing – Injection	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	02E01M	Allergies / Envenomations – Ineffective Breathing – Medication	Hot

03 ---- ---- **Animal Bites / Attacks**

Cold

---- **A** ----

Cold

<input type="checkbox"/>	<input type="checkbox"/>	----	----	03A01	Animal Bites / Attacks – Not Dangerous Body Area	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	03A02	Animal Bites / Attacks – Non-Recent Injuries >6Hrs	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	03A03	Animal Bites / Attacks – Superficial Injuries	Cold

---- **B** ----

Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	03B00	Animal Bites / Attacks – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	03B01	Animal Bites / Attacks – Possible Dangerous Area	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	03B02	Animal Bites / Attacks – Serious Hemorrhage	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	03B03	Animal Bites / Attacks – Unknown Status/Other Codes N/A	Hot

---- **D** ----

Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	03D00	Animal Bites / Attacks – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	03D01	Animal Bites / Attacks – Arrest	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	03D02	Animal Bites / Attacks – Unconscious	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	03D03	Animal Bites / Attacks – Not Alert	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	03D04	Animal Bites / Attacks – Chest or Neck Injury (w/ Difficulty Breathing)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	03D05	Animal Bites / Attacks – Dangerous Body Area	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	03D06	Animal Bites / Attacks – Large Animal	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	03D07	Animal Bites / Attacks – Exotic Animal	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	03D08	Animal Bites / Attacks – Mauling or Multiple Animals	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	03D09	Animal Bites / Attacks – Attack in Progress	Hot

04 ---- ---- **Assault / Sexual Assault**

Cold

---- **A** ----

Cold

<input type="checkbox"/>	<input type="checkbox"/>	----	----	04A01A	Assault / Sexual Assault – Not Dangerous Body Area w/ Deformity – Assault	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	04A01S	Assault / Sexual Assault – Not Dangerous Body Area w/ Deformity – Sexual Assault	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	04A01T	Assault / Sexual Assault – Not Dangerous Body Area w/ Deformity – Stun Gun	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	04A02A	Assault / Sexual Assault – Not Dangerous Body Area – Assault	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	04A02S	Assault / Sexual Assault – Not Dangerous Body Area – Sexual Assault	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	04A02T	Assault / Sexual Assault – Not Dangerous Body Area – Stun Gun	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	04A03A	Assault / Sexual Assault – Not Recent Injuries – Assault	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	04A03S	Assault / Sexual Assault – Not Recent Injuries – Sexual Assault	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	04A03T	Assault / Sexual Assault – Not Recent Injuries – Stun Gun	Cold

---- **B** ----

Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	04B00A	Assault / Sexual Assault – Override – Assault	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	04B00S	Assault / Sexual Assault – Override – Sexual Assault	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	04B00T	Assault / Sexual Assault – Override – Stun Gun	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	04B01A	Assault / Sexual Assault – Possibly Dangerous Body Area – Assault	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	04B01S	Assault / Sexual Assault – Possibly Dangerous Body Area – Sexual Assault	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	04B01T	Assault / Sexual Assault – Possibly Dangerous Body Area – Stun Gun	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	04B02A	Assault / Sexual Assault – Serious Hemorrhage – Assault	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	04B02S	Assault / Sexual Assault – Serious Hemorrhage – Sexual Assault	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	04B02T	Assault / Sexual Assault – Serious Hemorrhage – Stun Gun	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	04B03A	Assault / Sexual Assault – Unknown Injuries / Other Codes N/A – Assault	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	04B03S	Assault / Sexual Assault – Unknown Injuries / Other Codes N/A – Sexual Assault	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	04B03T	Assault / Sexual Assault – Unknown Injuries / Other Codes N/A – Stun Gun	Hot
		----	D		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	04D00A	Assault / Sexual Assault – Override – Assault	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	04D00S	Assault / Sexual Assault – Override – Sexual Assault	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	04D00T	Assault / Sexual Assault – Override – Stun Gun	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	04D01A	Assault / Sexual Assault – Arrest – Assault	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	04D01S	Assault / Sexual Assault – Arrest – Sexual Assault	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	04D01T	Assault / Sexual Assault – Arrest – Stun Gun	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	04D02A	Assault / Sexual Assault – Unconscious – Assault	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	04D02S	Assault / Sexual Assault – Unconscious – Sexual Assault	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	04D02T	Assault / Sexual Assault – Unconscious – Stun Gun	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	04D03A	Assault / Sexual Assault – Not Alert – Assault	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	04D03S	Assault / Sexual Assault – Not Alert – Sexual Assault	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	04D03T	Assault / Sexual Assault – Not Alert – Stun Gun	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	04D04A	Assault / Sexual Assault – Chest/Neck Injury (Diff Breathing) – Assault	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	04D04S	Assault / Sexual Assault – Chest/Neck Injury (Diff Breathing) – Sexual Assault	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	04D04T	Assault / Sexual Assault – Chest/Neck Injury (Diff Breathing) – Stun Gun	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	04D05A	Assault / Sexual Assault – Multiple Victims – Assault	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	04D05S	Assault / Sexual Assault – Multiple Victims – Sexual Assault	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	04D05T	Assault / Sexual Assault – Multiple Victims – Stun Gun	Hot

		05		Back Pain (Non	Cold
			A		Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	05A01	Back Pain (Non–Traumatic / Non–Recent) – Non–Traumatic Back Pain	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	05A02	Back Pain (Non–Traumatic / Non–Recent) – Non–Recent Back Pain	Cold
			C		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	05C00	Back Pain (Non–Traumatic / Non–Recent) – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	05C01	Back Pain (Non–Traumatic / Non–Recent) – Suspected Aortic Aneurysm >50	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	05C02	Back Pain (Non–Traumatic / Non–Recent) – Diagnosed Aortic Aneurysm	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	05C03	Back Pain (Non–Traumatic / Non–Recent) – Fainting or Near Fainting >50	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	05C04	Back Pain (Non–Traumatic / Non–Recent) – Difficulty Breathing	Hot
			D		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	05D00	Back Pain (Non–Traumatic / Non–Recent) – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	05D01	Back Pain (Non–Traumatic / Non–Recent) – Not Alert	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	05D02	Back Pain (Non–Traumatic / Non–Recent) – Ashen or Gray Color Reported ? 50	Hot

		06		Breathing Problems	Hot
			C		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06C01	Breathing Problems – Abnormal Breathing	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06C01A	Breathing Problems – Abnormal Breathing – Asthma	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06C01E	Breathing Problems – Abnormal Breathing – COPD	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06C01O	Breathing Problems – Abnormal Breathing – Other Lung Problems	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06C02	Breathing Problems – Tracheostomy (No Obvious Distress)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06C02A	Breathing Problems – Tracheostomy (No Obvious Distress) – Asthma	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06C02E	Breathing Problems – Tracheostomy (No Obvious Distress) – COPD	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06C02O	Breathing Problems – Tracheostomy (No Obvious Distress) – Other Lung Problems	Hot

		----	D	----			
<input type="checkbox"/>	<input type="checkbox"/>	----	06D00		Breathing Problems – Override		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06D00A		Breathing Problems – Override – Asthma		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06D00E		Breathing Problems – Override – COPD		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06D00O		Breathing Problems – Override – Other Lung Problems		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06D01		Breathing Problems – Not Alert		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06D01A		Breathing Problems – Not Alert – Asthma		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06D01E		Breathing Problems – Not Alert – COPD		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06D01O		Breathing Problems – Not Alert – Other Lung Problems		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06D02		Breathing Problems – Difficulty Speaking Between Breaths		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06D02A		Breathing Problems – Difficulty Speaking Between Breaths – Asthma		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06D02E		Breathing Problems – Difficulty Speaking Between Breaths – COPD		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06D02O		Breathing Problems – Difficulty Speaking Between Breaths – Other Lung Problems		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06D03		Breathing Problems – Changing Color		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06D03A		Breathing Problems – Changing Color – Asthma		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06D03E		Breathing Problems – Changing Color – COPD		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06D03O		Breathing Problems – Changing Color – Other Lung Problems		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06D04		Breathing Problems – Clammy or Cold Sweats		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06D04A		Breathing Problems – Clammy or Cold Sweats – Asthma		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06D04E		Breathing Problems – Clammy or Cold Sweats – COPD		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06D04O		Breathing Problems – Clammy or Cold Sweats – Other Lung Problems		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06D05		Breathing Problems – Tracheostomy (Obvious Distress)		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06D05A		Breathing Problems – Tracheostomy (Obvious Distress) – Asthma		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06D05E		Breathing Problems – Tracheostomy (Obvious Distress) – COPD		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06D05O		Breathing Problems – Tracheostomy (Obvious Distress) – Other Lung Problems		Hot
		----	E	----			Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06E00		Breathing Problems – Override		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06E00A		Breathing Problems – Override – Asthma		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06E00E		Breathing Problems – Override – COPD		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06E00O		Breathing Problems – Override – Other Lung Problems		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06E01		Breathing Problems – Ineffective Breathing		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06E01A		Breathing Problems – Ineffective Breathing – Asthma		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06E01E		Breathing Problems – Ineffective Breathing – COPD		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	06E01O		Breathing Problems – Ineffective Breathing – Other Lung Problems		Hot

07 --- ---

Burns / Explosion

Cold

		----	A	----			
<input type="checkbox"/>	<input type="checkbox"/>	----	07A01		Burns / Explosion – Burns <18% Body Area		Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	07A01E		Burns / Explosion – Burns <18% Body Area – Explosion		Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	07A01F		Burns / Explosion – Burns <18% Body Area – Fire Present		Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	07A01W		Burns / Explosion – Burns <18% Body Area – Fireworks		Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	07A02		Burns / Explosion – Fire Alarm		Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	07A02E		Burns / Explosion – Fire Alarm – Explosion		Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	07A02F		Burns / Explosion – Fire Alarm – Fire Present		Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	07A02W		Burns / Explosion – Fire Alarm – Fireworks		Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	07A03		Burns / Explosion – Minor Burns		Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	07A03E		Burns / Explosion – Minor Burns – Explosion		Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	07A03F		Burns / Explosion – Minor Burns – Fire Present		Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	07A03W		Burns / Explosion – Minor Burns – Fireworks		Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	07A04		Burns / Explosion – Sunburn		Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	07A04E		Burns / Explosion – Sunburn – Explosion		Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	07A04F		Burns / Explosion – Sunburn – Fire Present		Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	07A04W		Burns / Explosion – Sunburn – Fireworks		Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	07A05		Burns / Explosion – Non-Recent Burns/Injuries (w/o P.S.)		Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	07A05E		Burns / Explosion – Non-Recent Burns/Injuries (w/o P.S.) – Explosion		Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	07A05F		Burns / Explosion – Non-Recent Burns/Injuries (w/o P.S.) – Fire Present		Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	07A05W		Burns / Explosion – Non-Recent Burns/Injuries (w/o P.S.) – Fireworks		Cold

<input type="checkbox"/>	<input type="checkbox"/>	----	----	07D05F	Burns / Explosion – Difficulty Speaking Between Breaths – Fire Present	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	07D05W	Burns / Explosion – Difficulty Speaking Between Breaths – Fireworks	Hot
		----		E		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	07E01	Burns / Explosion – Person on Fire	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	07E01E	Burns / Explosion – Person on Fire – Explosion	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	07E01F	Burns / Explosion – Person on Fire – Fire Present	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	07E01W	Burns / Explosion – Person on Fire – Fireworks	Hot

08 ----

Carbon Monoxide / Hazmat

Hot

---- **B** ----

Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	08B00	Carbon Monoxide / Hazmat – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08B00B	Carbon Monoxide / Hazmat – Override – Biological	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08B00C	Carbon Monoxide / Hazmat – Override – Chemical	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08B00G	Carbon Monoxide / Hazmat – Override – Gas/Fumes	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08B00M	Carbon Monoxide / Hazmat – Override – CO	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08B00N	Carbon Monoxide / Hazmat – Override – Nuclear	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08B00R	Carbon Monoxide / Hazmat – Override – Radiological	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08B00S	Carbon Monoxide / Hazmat – Override – Suicide Att (CO)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08B00T	Carbon Monoxide / Hazmat – Override – Suicide Att (Toxic)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08B00U	Carbon Monoxide / Hazmat – Override – Unknown	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08B01	Carbon Monoxide / Hazmat – Alert w/o Diff Breathing	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08B01B	Carbon Monoxide / Hazmat – Alert w/o Diff Breathing – Biological	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08B01C	Carbon Monoxide / Hazmat – Alert w/o Diff Breathing – Chemical	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08B01G	Carbon Monoxide / Hazmat – Alert w/o Diff Breathing – Gas/Fumes	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08B01M	Carbon Monoxide / Hazmat – Alert w/o Diff Breathing – CO	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08B01N	Carbon Monoxide / Hazmat – Alert w/o Diff Breathing – Nuclear	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08B01R	Carbon Monoxide / Hazmat – Alert w/o Diff Breathing – Radiological	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08B01S	Carbon Monoxide / Hazmat – Alert w/o Diff Breathing – Suicide Att (CO)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08B01T	Carbon Monoxide / Hazmat – Alert w/o Diff Breathing – Suicide Att (Toxic)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08B01U	Carbon Monoxide / Hazmat – Alert w/o Diff Breathing – Unknown	Hot

---- **C** ----

Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	08C00	Carbon Monoxide / Hazmat – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08C00B	Carbon Monoxide / Hazmat – Override – Biological	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08C00C	Carbon Monoxide / Hazmat – Override – Chemical	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08C00G	Carbon Monoxide / Hazmat – Override – Gas/Fumes	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08C00M	Carbon Monoxide / Hazmat – Override – CO	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08C00N	Carbon Monoxide / Hazmat – Override – Nuclear	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08C00R	Carbon Monoxide / Hazmat – Override – Radiological	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08C00S	Carbon Monoxide / Hazmat – Override – Suicide Att (CO)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08C00T	Carbon Monoxide / Hazmat – Override – Suicide Att (Toxic)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08C00U	Carbon Monoxide / Hazmat – Override – Unknown	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08C01	Carbon Monoxide / Hazmat – Alert w/ Diff Breathing	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08C01B	Carbon Monoxide / Hazmat – Alert w/ Diff Breathing – Biological	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08C01C	Carbon Monoxide / Hazmat – Alert w/ Diff Breathing – Chemical	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08C01G	Carbon Monoxide / Hazmat – Alert w/ Diff Breathing – Gas/Fumes	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08C01M	Carbon Monoxide / Hazmat – Alert w/ Diff Breathing – CO	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08C01N	Carbon Monoxide / Hazmat – Alert w/ Diff Breathing – Nuclear	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08C01R	Carbon Monoxide / Hazmat – Alert w/ Diff Breathing – Radiological	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08C01S	Carbon Monoxide / Hazmat – Alert With Difficult Breathing – Suicide Att (CO)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08C01T	Carbon Monoxide / Hazmat – Alert With Difficult Breathing – Suicide Att (Toxic)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08C01U	Carbon Monoxide / Hazmat – Alert w/ Diff Breathing – Unknown	Hot

---- **D** ----

Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	08D00	Carbon Monoxide / Hazmat – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08D00B	Carbon Monoxide / Hazmat – Override – Biological	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08D00C	Carbon Monoxide / Hazmat – Override – Chemical	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08D00G	Carbon Monoxide / Hazmat – Override – Gas/Fumes	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08D00M	Carbon Monoxide / Hazmat – Override – CO	Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	08D00N	Carbon Monoxide / Hazmat – Override – Nuclear	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D00R	Carbon Monoxide / Hazmat – Override – Radiological	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D00S	Carbon Monoxide / Hazmat – Override – Suicide Att (CO)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D00T	Carbon Monoxide / Hazmat – Override – Suicide Att (Toxic)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D00U	Carbon Monoxide / Hazmat – Override – Unknown	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D01	Carbon Monoxide / Hazmat – Arrest	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D01B	Carbon Monoxide / Hazmat – Arrest – Biological	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D01C	Carbon Monoxide / Hazmat – Arrest – Chemical	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D01G	Carbon Monoxide / Hazmat – Arrest – Gas/Fumes Smell	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D01M	Carbon Monoxide / Hazmat – Arrest – Carbon Monoxide	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D01N	Carbon Monoxide / Hazmat – Arrest – Nuclear	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D01R	Carbon Monoxide / Hazmat – Arrest – Radiological	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D01S	Carbon Monoxide / Hazmat – Arrest – Suicide Att (CO)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D01T	Carbon Monoxide / Hazmat – Arrest – Suicide Att (Toxic)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D01U	Carbon Monoxide / Hazmat – Arrest – Unknown	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D02	Carbon Monoxide / Hazmat – Unconscious	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D02B	Carbon Monoxide / Hazmat – Unconscious – Biological	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D02C	Carbon Monoxide / Hazmat – Unconscious – Chemical	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D02G	Carbon Monoxide / Hazmat – Unconscious – Gas/Fumes Smell	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D02M	Carbon Monoxide / Hazmat – Unconscious – Carbon Monoxide	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D02N	Carbon Monoxide / Hazmat – Unconscious – Nuclear	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D02R	Carbon Monoxide / Hazmat – Unconscious – Radiological	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D02S	Carbon Monoxide / Hazmat – Unconscious – Suicide Att (CO)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D02T	Carbon Monoxide / Hazmat – Unconscious – Suicide Att (Toxic)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D02U	Carbon Monoxide / Hazmat – Unconscious – Unknown	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D03	Carbon Monoxide / Hazmat – Not Alert	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D03B	Carbon Monoxide / Hazmat – Not Alert – Biological	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D03C	Carbon Monoxide / Hazmat – Not Alert – Chemical	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D03G	Carbon Monoxide / Hazmat – Not Alert – Gas/Fumes Smell	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D03M	Carbon Monoxide / Hazmat – Not Alert – Carbon Monoxide	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D03N	Carbon Monoxide / Hazmat – Not Alert – Nuclear	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D03R	Carbon Monoxide / Hazmat – Not Alert – Radiological	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D03S	Carbon Monoxide / Hazmat – Not Alert – Suicide Att (CO)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D03T	Carbon Monoxide / Hazmat – Not Alert – Suicide Att (Toxic)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D03U	Carbon Monoxide / Hazmat – Not Alert – Unknown	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D04	Carbon Monoxide / Hazmat – Difficulty Speaking Between Breaths	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D04B	Carbon Monoxide / Hazmat – Difficulty Speaking Between Breaths – Biological	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D04C	Carbon Monoxide / Hazmat – Difficulty Speaking Between Breaths – Chemical	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D04G	Carbon Monoxide / Hazmat – Difficulty Speaking Between Breaths – Gas/Fumes Smell	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D04M	Carbon Monoxide / Hazmat – Difficulty Speaking Between Breaths – Carbon Monoxide	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D04N	Carbon Monoxide / Hazmat – Difficulty Speaking Between Breaths – Nuclear	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D04R	Carbon Monoxide / Hazmat – Difficulty Speaking Between Breaths – Radiological	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D04S	Carbon Monoxide / Hazmat – Diff Speaking Between Breaths – Suicide Att (CO)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D04T	Carbon Monoxide / Hazmat – Diff Speaking Between Breaths – Suicide Att (Toxic)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D04U	Carbon Monoxide / Hazmat – Difficulty Speaking Between Breaths – Unknown	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D05	Carbon Monoxide / Hazmat – Multiple Victims	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D05B	Carbon Monoxide / Hazmat – Multiple Victims – Biological	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D05C	Carbon Monoxide / Hazmat – Multiple Victims – Chemical	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D05G	Carbon Monoxide / Hazmat – Multiple Victims – Gas/Fumes Smell	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D05M	Carbon Monoxide / Hazmat – Multiple Victims – Carbon Monoxide	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D05N	Carbon Monoxide / Hazmat – Multiple Victims – Nuclear	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D05R	Carbon Monoxide / Hazmat – Multiple Victims – Radiological	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D05S	Carbon Monoxide / Hazmat – Multiple Victims – Suicide Att (CO)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D05T	Carbon Monoxide / Hazmat – Multiple Victims – Suicide Att (Toxic)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D05U	Carbon Monoxide / Hazmat – Multiple Victims – Unknown	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D06	Carbon Monoxide / Hazmat – Unknown Status/Other Codes N/A	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	08D06B	Carbon Monoxide / Hazmat – Unknown Status/Other Codes N/A – Biological	Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	08D06C	Carbon Monoxide / Hazmat – Unknown Status/Other Codes N/A – Chemical	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08D06G	Carbon Monoxide / Hazmat – Unknown Status/Other Codes N/A – Gas/Fumes Smell	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08D06M	Carbon Monoxide / Hazmat – Unknown Status/Other Codes N/A – Carbon Monoxide	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08D06N	Carbon Monoxide / Hazmat – Unknown Status/Other Codes N/A – Nuclear	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08D06R	Carbon Monoxide / Hazmat – Unknown Status/Other Codes N/A – Radiological	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08D06S	Carbon Monoxide / Hazmat – Unknown Status/Other Codes N/A – Suicide Att (CO)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08D06T	Carbon Monoxide / Hazmat – Unknown Status/Other Codes N/A – Suicide Att (Toxic)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08D06U	Carbon Monoxide / Hazmat – Unknown Status/Other Codes N/A – Unknown	Hot
		----		O		Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08O01	Carbon Monoxide / Hazmat – CO Detector Alarm (Scene Contact without P.S.)	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	08O02	Carbon Monoxide / Hazmat – CO Detector Alarm (Alarm Only, No Scene Contact)	Cold

09 ----

Cardiac Or Respiratory Arrest / Death

Hot

---- **B** ----

Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	09B01a	Cardiac Or Respiratory Arrest / Death – Obvious Death – Cold and Stiff	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	09B01b	Cardiac Or Respiratory Arrest / Death – Obvious Death – Decapitation	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	09B01c	Cardiac Or Respiratory Arrest / Death – Obvious Death – Decomposition	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	09B01d	Cardiac Or Respiratory Arrest / Death – Obvious Death – Incineration	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	09B01e	Cardiac Or Respiratory Arrest / Death – Obvious Death – Non–recent death	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	09B01f	Cardiac Or Respiratory Arrest / Death – Obvious Death – Severe injuries	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	09B01g	"Cardiac Or Respiratory Arrest / Death – Obvious Death – Condition ""G"""	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	09B01h	"Cardiac Or Respiratory Arrest / Death – Obvious Death – Condition ""H"""	Hot

---- **D** ----

Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	09D00	Cardiac Or Respiratory Arrest / Death – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	09D01	Cardiac Or Respiratory Arrest / Death – Ineffective Breathing	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	09D02	Cardiac Or Respiratory Arrest / Death – Ob. Death Ques.	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	09D02a	Cardiac Or Respiratory Arrest / Death – Ob. Death Ques. – Cold and Stiff	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	09D02b	Cardiac Or Respiratory Arrest / Death – Ob. Death Ques. – Decapitation	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	09D02c	Cardiac Or Respiratory Arrest / Death – Ob. Death Ques. – Decomposition	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	09D02d	Cardiac Or Respiratory Arrest / Death – Ob. Death Ques. – Incineration	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	09D02e	Cardiac Or Respiratory Arrest / Death – Ob. Death Ques. – Non–Recent Death	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	09D02f	Cardiac Or Respiratory Arrest / Death – Ob. Death Ques. – Severe Injuries	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	09D02g	"Cardiac Or Respiratory Arrest / Death – Ob. Death Ques. – Condition ""G"""	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	09D02h	"Cardiac Or Respiratory Arrest / Death – Ob. Death Ques. – Condition ""H"""	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	09D02x	Cardiac Or Respiratory Arrest / Death – Ob. Death Ques. – Terminal Illness	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	09D02y	Cardiac Or Respiratory Arrest / Death – Ob. Death Ques. – Do Not Resuscitate	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	09D02z	Cardiac Or Resp. Arrest / Death – Ob. Death Ques. – Goals of Care R2/3 M1/2 C1/2	Hot

---- **E** ----

Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	09E01	Cardiac Or Respiratory Arrest / Death – Not Breathing At All	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	09E02	Cardiac Or Respiratory Arrest / Death – Uncertain Breathing	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	09E03	Cardiac Or Respiratory Arrest / Death – Hanging	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	09E04	Cardiac Or Respiratory Arrest / Death – Strangulation	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	09E05	Cardiac Or Respiratory Arrest / Death – Suffocation	Hot

---- **O** ----

Cold

<input type="checkbox"/>	<input type="checkbox"/>	----	----	09O01x	Cardiac Or Respiratory Arrest / Death – Expected – Terminal illness	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	09O01y	Cardiac Or Respiratory Arrest / Death – Expected – Do not resuscitate	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	09O01z	Cardiac Or Respiratory Arrest / Death – Expected – Goals of Care R2/3 M1/2 C1/2	Cold

10 ----

Chest Pain

Cold

---- **A** ----

Cold

<input type="checkbox"/>	<input type="checkbox"/>	----	----	10A01	Chest Pain – Breathing Normally <35	Cold
--------------------------	--------------------------	------	------	--------------	-------------------------------------	------

---- **C** ----

Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	10C00	Chest Pain – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	10C01	Chest Pain – Abnormal Breathing	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	10C02	Chest Pain – Cocaine	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	10C03	Chest Pain – Breathing Normally ? 35	Hot

---- **D** ----

Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	10D00	Chest Pain – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	10D01	Chest Pain – Not Alert	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	10D02	Chest Pain – Difficulty Speaking Between Breaths	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	10D03	Chest Pain – Changing Color	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	10D04	Chest Pain – Clammy or Cold Sweats	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	10D05	Chest Pain – Heart Attack or Angina History	Hot

11 ----

Choking

Cold

---- **A** ----

Cold

<input type="checkbox"/>	<input type="checkbox"/>	----	----	11A01C	Choking – Not Choking Now – Candy/Sweets/Gum	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	11A01F	Choking – Not Choking Now – Food	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	11A01M	Choking – Not Choking Now – Milk/Liquid (Non-Toxic)	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	11A01O	Choking – Not Choking Now – Object/Toy	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	11A01U	Choking – Not Choking Now – Unknown	Cold

---- **D** ----

Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	11D00C	Choking – Override – Candy/Sweets/Gum	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	11D00F	Choking – Override – Food	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	11D00M	Choking – Override – Milk/Liquid (Non-Toxic)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	11D00O	Choking – Override – Object/Toy	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	11D00U	Choking – Override – Unknown	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	11D01C	Choking – Abnormal Breathing (Partial Obstruction) – Candy/Sweets/Gum	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	11D01F	Choking – Abnormal Breathing (Partial Obstruction) – Food	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	11D01M	Choking – Abnormal Breathing (Partial Obstruction) – Milk/Liquid (Non-Toxic)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	11D01O	Choking – Abnormal Breathing (Partial Obstruction) – Object/Toy	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	11D01U	Choking – Abnormal Breathing (Partial Obstruction) – Unknown	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	11D02C	Choking – Not Alert – Candy/Sweets/Gum	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	11D02F	Choking – Not Alert – Food	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	11D02M	Choking – Not Alert – Milk/Liquid (Non-Toxic)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	11D02O	Choking – Not Alert – Object/Toy	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	11D02U	Choking – Not Alert – Unknown	Hot

---- **E** ----

Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	11E00C	Choking – Override – Candy/Sweets/Gum	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	11E00F	Choking – Override – Food	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	11E00M	Choking – Override – Milk/Liquid (Non-Toxic)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	11E00O	Choking – Override – Object/Toy	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	11E00U	Choking – Override – Unknown	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	11E01	Choking – Complete Obstruction/Ineffective Breathing	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	11E01C	Choking – Complete Obstruction/Ineffective Breathing – Candy/Sweets/Gum	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	11E01F	Choking – Complete Obstruction/Ineffective Breathing – Food	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	11E01M	Choking – Complete Obstruction/Ineffective Breathing – Milk/Liquid (Non-Toxic)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	11E01O	Choking – Complete Obstruction/Ineffective Breathing – Object/Toy	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	11E01U	Choking – Complete Obstruction/Ineffective Breathing – Unknown	Hot

12 ----

Convulsions / Seizures

Cold

---- **A** ----

Cold

<input type="checkbox"/>	<input type="checkbox"/>	----	----	12A01E	Convulsions / Seizures – Not Seizing & Eff Breathing, Known Disorder – Epileptic	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	12A02	Convulsions / Seizures – Not Seizing & Eff Breathing, Unk Disorder	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	12A03	Convulsions / Seizures – Not Seizing & Eff Breathing, <6 No Disorder	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	12A04	Convulsions / Seizures – Focal/Absence Seizure (Alert)	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	12A04E	Convulsions / Seizures – Focal/Absence Seizure (Alert) – Epileptic	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	12A05	Convulsions / Seizures – Impending Seizure (Aura)	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	12A05E	Convulsions / Seizures – Impending Seizure (Aura) – Epileptic	Cold

---- **B** ----

Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	12B00	Convulsions / Seizures – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	12B00E	Convulsions / Seizures – Override – Epileptic	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	12B01	Convulsions / Seizures – Effective Breathing Not Verified (<35)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	12B01E	Convulsions / Seizures – Effective Breathing Not Verified (<35) – Epileptic	Hot

				C			
<input type="checkbox"/>	<input type="checkbox"/>			12C00	Convulsions / Seizures – Override		Hot
<input type="checkbox"/>	<input type="checkbox"/>			12C00E	Convulsions / Seizures – Override – Epileptic		Hot
<input type="checkbox"/>	<input type="checkbox"/>			12C01	Convulsions / Seizures – Focal/Absence Seizure (Not Alert)		Hot
<input type="checkbox"/>	<input type="checkbox"/>			12C01E	Convulsions / Seizures – Focal/Absence Seizure (Not Alert) – Epileptic		Hot
<input type="checkbox"/>	<input type="checkbox"/>			12C02	Convulsions / Seizures – Pregnancy/Postpartum Eclampsia		Hot
<input type="checkbox"/>	<input type="checkbox"/>			12C02E	Convulsions / Seizures – Pregnancy/Postpartum Eclampsia – Epileptic		Hot
<input type="checkbox"/>	<input type="checkbox"/>			12C03	Convulsions / Seizures – Diabetic		Hot
<input type="checkbox"/>	<input type="checkbox"/>			12C03E	Convulsions / Seizures – Diabetic – Epileptic		Hot
<input type="checkbox"/>	<input type="checkbox"/>			12C04	Convulsions / Seizures – Not Seizing & Eff Breathing, >6 No Disorder		Hot
<input type="checkbox"/>	<input type="checkbox"/>			12C05	Convulsions / Seizures – History Of Stroke Or Brain Tumor		Hot
<input type="checkbox"/>	<input type="checkbox"/>			12C05E	Convulsions / Seizures – History Of Stroke Or Brain Tumor – Epileptic		Hot
<input type="checkbox"/>	<input type="checkbox"/>			12C06	Convulsions / Seizures – Overdose/Poisoning (Ingestion)		Hot
<input type="checkbox"/>	<input type="checkbox"/>			12C06E	Convulsions / Seizures – Overdose/Poisoning (Ingestion) – Epileptic		Hot
<input type="checkbox"/>	<input type="checkbox"/>			12C07	Convulsions / Seizures – Atypical Seizure		Hot
<input type="checkbox"/>	<input type="checkbox"/>			12C07E	Convulsions / Seizures – Atypical Seizure – Epileptic		Hot
				D			
<input type="checkbox"/>	<input type="checkbox"/>			12D00	Convulsions / Seizures – Override		Hot
<input type="checkbox"/>	<input type="checkbox"/>			12D00E	Convulsions / Seizures – Override – Epileptic		Hot
<input type="checkbox"/>	<input type="checkbox"/>			12D01	Convulsions / Seizures – Not Breathing (Verified)		Hot
<input type="checkbox"/>	<input type="checkbox"/>			12D01E	Convulsions / Seizures – Not Breathing (Verified) – Epileptic		Hot
<input type="checkbox"/>	<input type="checkbox"/>			12D02	Convulsions / Seizures – Continuous/Multiple Seizures		Hot
<input type="checkbox"/>	<input type="checkbox"/>			12D02E	Convulsions / Seizures – Continuous/Multiple Seizures – Epileptic		Hot
<input type="checkbox"/>	<input type="checkbox"/>			12D03	Convulsions / Seizures – Agonal/Ineffective Breathing		Hot
<input type="checkbox"/>	<input type="checkbox"/>			12D03E	Convulsions / Seizures – Agonal/Ineffective Breathing – Epileptic		Hot
<input type="checkbox"/>	<input type="checkbox"/>			12D04	Convulsions / Seizures – Effective Breathing Not Verified (>35)		Hot
<input type="checkbox"/>	<input type="checkbox"/>			12D04E	Convulsions / Seizures – Effective Breathing Not Verified (>35) – Epileptic		Hot

		13			Diabetic Problems		Cold
				A			Cold
<input type="checkbox"/>	<input type="checkbox"/>			13A01	Diabetic Problems – Alert		Cold
				C			Hot
<input type="checkbox"/>	<input type="checkbox"/>			13C00	Diabetic Problems – Override		Hot
<input type="checkbox"/>	<input type="checkbox"/>			13C00C	Diabetic Problems – Override – Combative or Aggressive		Hot
<input type="checkbox"/>	<input type="checkbox"/>			13C01	Diabetic Problems – Not Alert		Hot
<input type="checkbox"/>	<input type="checkbox"/>			13C01C	Diabetic Problems – Not Alert – Combative or Aggressive		Hot
<input type="checkbox"/>	<input type="checkbox"/>			13C02	Diabetic Problems – Abnormal Behavior		Hot
<input type="checkbox"/>	<input type="checkbox"/>			13C02C	Diabetic Problems – Abnormal Behavior – Combative or Aggressive		Hot
<input type="checkbox"/>	<input type="checkbox"/>			13C03	Diabetic Problems – Abnormal Breathing		Hot
<input type="checkbox"/>	<input type="checkbox"/>			13C03C	Diabetic Problems – Abnormal Breathing – Combative or Aggressive		Hot
				D			Hot
<input type="checkbox"/>	<input type="checkbox"/>			13D00	Diabetic Problems – Override		Hot
<input type="checkbox"/>	<input type="checkbox"/>			13D00C	Diabetic Problems – Override – Combative or Aggressive		Hot
<input type="checkbox"/>	<input type="checkbox"/>			13D01	Diabetic Problems – Unconscious		Hot
<input type="checkbox"/>	<input type="checkbox"/>			13D01C	Diabetic Problems – Unconscious – Combative or Aggressive		Hot

		14			Drowning/Diving Acc.		Cold
				A			Cold
<input type="checkbox"/>	<input type="checkbox"/>			14A01	Drowning/Diving Acc. – Alert (No Inj. & Out of Water)		Cold
<input type="checkbox"/>	<input type="checkbox"/>			14A01D	Drowning/Diving Acc. – Alert (No Inj. & Out of Water) – Diving Injury		Cold
<input type="checkbox"/>	<input type="checkbox"/>			14A01F	Drowning/Diving Acc. – Alert (No Inj. & Out of Water) – Floodwater Rescue		Cold
<input type="checkbox"/>	<input type="checkbox"/>			14A01I	Drowning/Diving Acc. – Alert (No Inj. & Out of Water) – Ice Rescue		Cold
<input type="checkbox"/>	<input type="checkbox"/>			14A01S	Drowning/Diving Acc. – Alert (No Inj. & Out of Water) – Scuba Accident		Cold
<input type="checkbox"/>	<input type="checkbox"/>			14A01W	Drowning/Diving Acc. – Alert (No Inj. & Out of Water) – Swift Water Rescue		Cold
				B			Hot
<input type="checkbox"/>	<input type="checkbox"/>			14B00	Drowning/Diving Acc. – Override		Hot
<input type="checkbox"/>	<input type="checkbox"/>			14B00D	Drowning/Diving Acc. – Override – Diving Injury		Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	14B00F	Drowning/Diving Acc. – Override – Floodwater Rescue	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14B00I	Drowning/Diving Acc. – Override – Ice Rescue	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14B00S	Drowning/Diving Acc. – Override – Scuba Accident	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14B00W	Drowning/Diving Acc. – Override – Swift Water Rescue	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14B01	Drowning/Diving Acc. – Alert (Injuries and/or In Water)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14B01D	Drowning/Diving Acc. – Alert (Injuries and/or In Water) – Diving Injury	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14B01F	Drowning/Diving Acc. – Alert (Injuries and/or In Water) – Floodwater Rescue	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14B01I	Drowning/Diving Acc. – Alert (Injuries and/or In Water) – Ice Rescue	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14B01S	Drowning/Diving Acc. – Alert (Injuries and/or In Water) – Scuba Accident	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14B01W	Drowning/Diving Acc. – Alert (Injuries and/or In Water) – Swift Water Rescue	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14B02	Drowning (Near) / Diving / Scuba Accident – Obvious Death (Submersion ? 6Hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14B03	Drowning (Near) / Diving / Scuba Accident – Unknown Status/Other Codes N/A	Hot
		----	C		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14C00	Drowning/Diving Acc. – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14C00D	Drowning/Diving Acc. – Override – Diving Injury	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14C00F	Drowning/Diving Acc. – Override – Floodwater Rescue	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14C00I	Drowning/Diving Acc. – Override – Ice Rescue	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14C00S	Drowning/Diving Acc. – Override – Scuba Accident	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14C00W	Drowning/Diving Acc. – Override – Swift Water Rescue	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14C01	Drowning/Diving Acc. – Alert/Abnormal Breathing	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14C01D	Drowning/Diving Acc. – Alert/Abnormal Breathing – Diving Injury	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14C01F	Drowning/Diving Acc. – Alert/Abnormal Breathing – Floodwater Rescue	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14C01I	Drowning/Diving Acc. – Alert/Abnormal Breathing – Ice Rescue	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14C01S	Drowning/Diving Acc. – Alert/Abnormal Breathing – Scuba Accident	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14C01W	Drowning/Diving Acc. – Alert/Abnormal Breathing – Swift Water Rescue	Hot
		----	D		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14D00	Drowning/Diving Acc. – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14D00D	Drowning/Diving Acc. – Override – Diving Injury	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14D00F	Drowning/Diving Acc. – Override – Floodwater Rescue	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14D00I	Drowning/Diving Acc. – Override – Ice Rescue	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14D00S	Drowning/Diving Acc. – Override – Scuba Accident	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14D00W	Drowning/Diving Acc. – Override – Swift Water Rescue	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14D01	Drowning/Diving Acc. – Unconscious	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14D01D	Drowning/Diving Acc. – Unconscious – Diving Injury	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14D01F	Drowning/Diving Acc. – Unconscious – Floodwater Rescue	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14D01I	Drowning/Diving Acc. – Unconscious – Ice Rescue	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14D01S	Drowning/Diving Acc. – Unconscious – Scuba Accident	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14D01W	Drowning/Diving Acc. – Unconscious – Swift Water Rescue	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14D02	Drowning/Diving Acc. – Underwater (Specialized Rescue)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14D03	Drowning/Diving Acc. – Stranded (Specialized Rescue)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14D03D	Drowning/Diving Acc. – Stranded (Specialized Rescue) – Diving Injury	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14D03F	Drowning/Diving Acc. – Stranded (Specialized Rescue) – Floodwater Rescue	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14D03I	Drowning/Diving Acc. – Stranded (Specialized Rescue) – Ice Rescue	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14D03S	Drowning/Diving Acc. – Stranded (Specialized Rescue) – Scuba Accident	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14D03W	Drowning/Diving Acc. – Stranded (Specialized Rescue) – Swift Water Rescue	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14D04	Drowning/Diving Acc. – Just Resuscitated/Defibrillated	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14D04D	Drowning/Diving Acc. – Just Resuscitated/Defibrillated – Diving Injury	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14D04F	Drowning/Diving Acc. – Just Resuscitated/Defibrillated – Floodwater Rescue	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14D04I	Drowning/Diving Acc. – Just Resuscitated/Defibrillated – Ice Rescue	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14D04S	Drowning/Diving Acc. – Just Resuscitated/Defibrillated – Scuba Accident	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14D04W	Drowning/Diving Acc. – Just Resuscitated/Defibrillated – Swift Water Rescue	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14D05	Drowning/Diving Acc. – Not Alert	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14D05D	Drowning/Diving Acc. – Not Alert – Diving Injury	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14D05F	Drowning/Diving Acc. – Not Alert – Floodwater Rescue	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14D05I	Drowning/Diving Acc. – Not Alert – Ice Rescue	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14D05S	Drowning/Diving Acc. – Not Alert – Scuba Accident	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	14D05W	Drowning/Diving Acc. – Not Alert – Swift Water Rescue	Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	14D06	Drowning/Diving Acc. – Suspected Neck Injury	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	14D06D	Drowning/Diving Acc. – Suspected Neck Injury – Diving Injury	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	14D06F	Drowning/Diving Acc. – Suspected Neck Injury – Floodwater Rescue	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	14D06I	Drowning/Diving Acc. – Suspected Neck Injury – Ice Rescue	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	14D06S	Drowning/Diving Acc. – Suspected Neck Injury – Scuba Accident	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	14D06W	Drowning/Diving Acc. – Suspected Neck Injury – Swift Water Rescue	Hot
		----		E		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	14E00	Drowning/Diving Acc. – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	14E00D	Drowning/Diving Acc. – Override – Diving Injury	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	14E00F	Drowning/Diving Acc. – Override – Floodwater Rescue	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	14E00I	Drowning/Diving Acc. – Override – Ice Rescue	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	14E00S	Drowning/Diving Acc. – Override – Scuba Accident	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	14E00W	Drowning/Diving Acc. – Override – Swift Water Rescue	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	14E01	Drowning/Diving Acc. – Arrest (Out of Water)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	14E01D	Drowning/Diving Acc. – Arrest (Out of Water) – Diving Injury	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	14E01F	Drowning/Diving Acc. – Arrest (Out of Water) – Floodwater Rescue	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	14E01I	Drowning/Diving Acc. – Arrest (Out of Water) – Ice Rescue	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	14E01S	Drowning/Diving Acc. – Arrest (Out of Water) – Scuba Accident	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	14E01W	Drowning/Diving Acc. – Arrest (Out of Water) – Swift Water Rescue	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	14E02	Drowning/Diving Acc. – Underwater (Domestic Rescue)	Hot

15 ---- ---- **Electrocution / Lightning**

---- ---- **C** ---- Hot

---- ---- **15C01E** Electrocution / Lightning – Alert/Breathing Normally – Electrocution Hot

---- ---- **15C01L** Electrocution / Lightning – Alert/Breathing Normally – Lightning Hot

---- ---- **D** ---- Hot

---- ---- **15D00E** Electrocution / Lightning – Override – Electrocution Hot

---- ---- **15D00L** Electrocution / Lightning – Override – Lightning Hot

---- ---- **15D01E** Electrocution / Lightning – Multiple Victims – Electrocution Hot

---- ---- **15D01L** Electrocution / Lightning – Multiple Victims – Lightning Hot

---- ---- **15D02E** Electrocution / Lightning – Unconscious – Electrocution Hot

---- ---- **15D02L** Electrocution / Lightning – Unconscious – Lightning Hot

---- ---- **15D03E** Electrocution / Lightning – Not Disconnected From Power – Electrocution Hot

---- ---- **15D04E** Electrocution / Lightning – Power Not Off or Hazard Present – Electrocution Hot

---- ---- **15D05E** Electrocution / Lightning – Extreme Fall (? 30Ft/10M) – Electrocution Hot

---- ---- **15D05L** Electrocution / Lightning – Extreme Fall (? 30Ft/10M) – Lightning Hot

---- ---- **15D06E** Electrocution / Lightning – Long Fall – Electrocution Hot

---- ---- **15D06L** Electrocution / Lightning – Long Fall – Lightning Hot

---- ---- **15D07E** Electrocution / Lightning – Not Alert – Electrocution Hot

---- ---- **15D07L** Electrocution / Lightning – Not Alert – Lightning Hot

---- ---- **15D08E** Electrocution / Lightning – Abnormal Breathing – Electrocution Hot

---- ---- **15D08L** Electrocution / Lightning – Abnormal Breathing – Lightning Hot

---- ---- **15D09E** Electrocution / Lightning – Unknown Status/Other Codes N/A – Electrocution Hot

---- ---- **15D09L** Electrocution / Lightning – Unknown Status/Other Codes N/A – Lightning Hot

---- ---- **E** ---- Hot

---- ---- **15E00E** Electrocution / Lightning – Override – Electrocution Hot

---- ---- **15E00L** Electrocution / Lightning – Override – Lightning Hot

---- ---- **15E01E** Electrocution / Lightning – Not Breathing Ineffective – Electrocution Hot

---- ---- **15E01L** Electrocution / Lightning – Not Breathing Ineffective – Lightning Hot

16 ---- ---- **Eye Problems / Injuries**

---- ---- **A** ---- Cold

---- ---- **16A01** Eye Problems / Injuries – Moderate Eye Injuries Cold

---- ---- **16A02** Eye Problems / Injuries – Minor Eye Injuries Cold

---- ---- **16A03** Eye Problems / Injuries – Medical Eye Problems Cold

---- ---- **B** ---- Hot

---- ---- **16B00** Eye Problems / Injuries – Override Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	16B01	Eye Problems / Injuries – Severe Eye Injuries	Hot
		----	D	----		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	16D00	Eye Problems / Injuries – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	16D01	Eye Problems / Injuries – Not Alert	Hot

		17	----		Falls	Cold
		----	A	----		Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17A01	Falls – Not Dangerous Body Area with Deformity	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17A01A	Falls – Not Dangerous Body Area with Deformity – Accessibility Concerns	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17A01E	Falls – Not Dangerous Body Area with Deformity – Environmental Problems	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17A01G	Falls – Not Dangerous Body Area with Deformity – On the Ground or Floor	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17A01J	Falls – Not Dangerous Body Area with Deformity – Jumper (Suicide Attempt)	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17A01P	Falls – Not Dangerous Body Area with Deformity – Public Place	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17A02	Falls – Not Dangerous Body Area	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17A02A	Falls – Not Dangerous Body Area – Accessibility Concerns	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17A02E	Falls – Not Dangerous Body Area – Environmental Problems	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17A02G	Falls – Not Dangerous Body Area – On the Ground or Floor	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17A02J	Falls – Not Dangerous Body Area – Jumper (Suicide Attempt)	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17A02P	Falls – Not Dangerous Body Area – Public Place	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17A03	Falls – Non–Recent (? 6Hrs) Injuries (w/o P.S)	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17A03A	Falls – Non–Recent (? 6Hrs) Injuries (w/o P.S) – Accessibility Concerns	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17A03E	Falls – Non–Recent (? 6Hrs) Injuries (w/o P.S) – Environmental Problems	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17A03G	Falls – Non–Recent (? 6Hrs) Injuries (w/o P.S) – On the Ground or Floor	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17A03J	Falls – Non–Recent (? 6Hrs) Injuries (w/o P.S) – Jumper (Suicide Attempt)	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17A03P	Falls – Non–Recent (? 6Hrs) Injuries (w/o P.S) – Public Place	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17A04	Falls – Public Assist (No Injuries and No P.S)	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17A04A	Falls – Public Assist (No Injuries and No P.S) – Accessibility Concerns	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17A04E	Falls – Public Assist (No Injuries and No P.S) – Environmental Problems	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17A04G	Falls – Public Assist (No Injuries and No P.S) – On the Ground or Floor	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17A04J	Falls – Public Assist (No Injuries and No P.S) – Jumper (Suicide Attempt)	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17A04P	Falls – Public Assist (No Injuries and No P.S) – Public Place	Cold
		----	B	----		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17B00	Falls – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17B00A	Falls – Override – Accessibility Concerns	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17B00E	Falls – Override – Environmental Problems	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17B00G	Falls – Override – On the ground floor	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17B00J	Falls – Override – Jumper (suicide attempt)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17B00P	Falls – Override – Public Place	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17B01	Falls – Possibly Dangerous Body Area	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17B01A	Falls – Possibly Dangerous Body Area – Accessibility Concerns	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17B01E	Falls – Possibly Dangerous Body Area – Environmental Problems	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17B01G	Falls – Possibly Dangerous Body Area – On the ground floor	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17B01J	Falls – Possibly Dangerous Body Area – Jumper (suicide attempt)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17B01P	Falls – Possibly Dangerous Body Area – Public Place	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17B02	Falls – Serious Hemorrhage	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17B02A	Falls – Serious Hemorrhage – Accessibility Concerns	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17B02E	Falls – Serious Hemorrhage – Environmental Problems	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17B02G	Falls – Serious Hemorrhage – On the ground floor	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17B02J	Falls – Serious Hemorrhage – Jumper (suicide attempt)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17B02P	Falls – Serious Hemorrhage – Public Place	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17B03	Falls – Unknown Status/Other Codes N/A	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17B03A	Falls – Unknown Status/Other Codes Not Applicable – Accessibility Concerns	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17B03E	Falls – Unknown Status/Other Codes Not Applicable – Environmental Problems	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17B03G	Falls – Unknown Status/Other Codes N/A – On the ground floor	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17B03J	Falls – Unknown Status/Other Codes N/A – Jumper (suicide attempt)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17B03P	Falls – Unknown Status/Other Codes Not Applicable – Public Place	Hot
		----	D	----		Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D00	Falls – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D00A	Falls – Override – Accessibility Concerns	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D00E	Falls – Override – Environmental Problems	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D00G	Falls – Override – On the ground floor	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D00J	Falls – Override – Jumper (suicide attempt)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D00P	Falls – Override – Public Place	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D01	Falls – Extreme Fall (>30Ft)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D01A	Falls – Extreme Fall (? 30Ft/10M) – Accessibility Concerns	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D01E	Falls – Extreme Fall (? 30Ft/10M) – Environmental Problems	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D01G	Falls – Extreme Fall (>30Ft) – On the ground floor	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D01J	Falls – Extreme Fall (>30Ft) – Jumper (suicide attempt)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D01P	Falls – Extreme Fall (? 30Ft/10M) – Public Place	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D02	Falls – Arrest	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D02A	Falls – Arrest – Accessibility Concerns	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D02E	Falls – Arrest – Environmental Problems	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D02G	Falls – Arrest – On the Ground or Floor	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D02J	Falls – Arrest – Jumper (Suicide Attempt)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D02P	Falls – Arrest – Public Place	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D03	Falls – Unconscious	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D03A	Falls – Unconscious – Accessibility Concerns	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D03E	Falls – Unconscious – Environmental Problems	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D03G	Falls – Unconscious – On the Ground or Floor	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D03J	Falls – Unconscious – Jumper (Suicide Attempt)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D03P	Falls – Unconscious – Public Place	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D04	Falls – Not Alert	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D04A	Falls – Not Alert – Accessibility Concerns	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D04E	Falls – Not Alert – Environmental Problems	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D04G	Falls – Not Alert – On the Ground or Floor	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D04J	Falls – Not Alert – Jumper (Suicide Attempt)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D04P	Falls – Not Alert – Public Place	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D05	Falls – Chest or Neck Injury (w/ Diff Breathing)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D05A	Falls – Chest or Neck Injury (w/ Diff Breathing) – Accessibility Concerns	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D05E	Falls – Chest or Neck Injury (w/ Diff Breathing) – Environmental Problems	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D05G	Falls – Chest or Neck Injury (w/ Diff Breathing) – On the Ground or Floor	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D05J	Falls – Chest or Neck Injury (w/ Diff Breathing) – Jumper (Suicide Attempt)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D05P	Falls – Chest or Neck Injury (w/ Diff Breathing) – Public Place	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D06	Falls – Long Fall	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D06A	Falls – Long Fall – Accessibility Concerns	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D06E	Falls – Long Fall – Environmental Problems	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D06G	Falls – Long Fall – On the Ground or Floor	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D06J	Falls – Long Fall – Jumper (Suicide Attempt)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	17D06P	Falls – Long Fall – Public Place	Hot

		18	----		Headache	Cold
			----	A		Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	18A01	Headache – Breathing Normally	Cold
			----	B		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	18B00	Headache – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	18B01	Headache – Unknown Status (3rd Party)	Hot
			----	C		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	18C00	Headache – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	18C00C	Headache – Override – Partial Evidence of Stroke (< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	18C00D	Headache – Override – Partial Evidence (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	18C00E	Headache – Override – Partial Evidence of Stroke (Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	18C00F	Headache – Override – Strong Evidence of Stroke (< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	18C00G	"Headache – Override – Greater than""T"" hrs"	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	18C00H	Headache – Override – Strong Evidence of Stroke (? T hrs)	Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	18C00I	Headache – Override – Strong Evidence of Stroke (Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C00J	Headache – Override – Clear Evidence of Stroke (< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C00K	Headache – Override – Clear Evidence of Stroke (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C00L	"Headache – Override – Less than""T"" hrs"	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C00M	Headache – Override – Clear Evidence of Stroke (Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C00U	Headache – Override – Unknown When the Symptoms Started	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C00X	Headache – Override – No Test Evidence of Stroke (< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C00Y	Headache – Override – No Test Evidence of Stroke (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C00Z	Headache – Override – No Test Evidence of Stroke (Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C01	Headache – Not Alert	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C01C	Headache – Not Alert – Partial Evidence of Stroke (< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C01D	Headache – Not Alert – Partial Evidence (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C01E	Headache – Not Alert – Partial Evidence of Stroke (Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C01F	Headache – Not Alert – Strong Evidence of Stroke (< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C01G	"Headache – Not Alert – Greater than""T"" hrs"	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C01H	Headache – Not Alert – Strong Evidence of Stroke (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C01I	Headache – Not Alert – Strong Evidence of Stroke (Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C01J	Headache – Not Alert – Clear Evidence of Stroke (< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C01K	Headache – Not Alert – Clear Evidence of Stroke (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C01L	"Headache – Not Alert – Less than""T"" hrs"	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C01M	Headache – Not Alert – Clear Evidence of Stroke (Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C01U	Headache – Not Alert – Unknown When the Symptoms Started	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C01X	Headache – Not Alert – No Test Evidence of Stroke (< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C01Y	Headache – Not Alert – No Test Evidence of Stroke (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C01Z	Headache – Not Alert – No Test Evidence of Stroke (Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C02	Headache – Abnormal Breathing	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C02C	Headache – Abnormal Breathing – Partial Evidence of Stroke (< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C02D	Headache – Abnormal Breathing – Partial Evidence (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C02E	Headache – Abnormal Breathing – Partial Evidence of Stroke (Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C02F	Headache – Abnormal Breathing – Strong Evidence of Stroke (< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C02G	"Headache – Abnormal Breathing – Greater than""T"" hrs"	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C02H	Headache – Abnormal Breathing – Strong Evidence of Stroke (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C02I	Headache – Abnormal Breathing – Strong Evidence of Stroke (Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C02J	Headache – Abnormal Breathing – Clear Evidence of Stroke (< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C02K	Headache – Abnormal Breathing – Clear Evidence of Stroke (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C02L	"Headache – Abnormal Breathing – Less than""T"" hrs"	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C02M	Headache – Abnormal Breathing – Clear Evidence of Stroke (Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C02U	Headache – Abnormal Breathing – Unknown When the Symptoms Started	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C02X	Headache – Abnormal Breathing – No Test Evidence of Stroke (< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C02Y	Headache – Abnormal Breathing – No Test Evidence of Stroke (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C02Z	Headache – Abnormal Breathing – No Test Evidence of Stroke (Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C03C	Headache – Speech Problems – Partial Evidence of Stroke (< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C03D	Headache – Speech Problems – Partial Evidence (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C03E	Headache – Speech Problems – Partial Evidence of Stroke (Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C03F	Headache – Speech Problems – Strong Evidence of Stroke (< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C03G	"Headache – Speech Problems – Greater than""T"" hrs"	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C03H	Headache – Speech Problems – Strong Evidence of Stroke (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C03I	Headache – Speech Problems – Strong Evidence of Stroke (Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C03J	Headache – Speech Problems – Clear Evidence of Stroke (< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C03K	Headache – Speech Problems – Clear Evidence of Stroke (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C03L	"Headache – Speech Problems – Less than""T"" hrs"	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C03M	Headache – Speech Problems – Clear Evidence of Stroke (Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C03U	Headache – Speech Problems – Unknown When the Symptoms Started	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C03X	Headache – Speech Problems – No Test Evidence of Stroke (< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C03Y	Headache – Speech Problems – No Test Evidence of Stroke (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C03Z	Headache – Speech Problems – No Test Evidence of Stroke (Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C04C	Headache – Sudden Onset of Severe Pain – Partial Evidence of Stroke (< T hrs)	Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	18C04D	Headache – Sudden Onset of Severe Pain – Partial Evidence (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C04E	Headache – Sudden Onset of Severe Pain – Partial Evidence of Stroke (Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C04F	Headache – Sudden Onset of Severe Pain – Strong Evidence of Stroke (< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C04G	"Headache – Sudden Onset of Severe Pain – Greater than""T"" hrs"	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C04H	Headache – Sudden Onset of Severe Pain – Strong Evidence of Stroke (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C04I	Headache – Sudden Onset of Severe Pain – Strong Evidence of Stroke (Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C04J	Headache – Sudden Onset of Severe Pain – Clear Evidence of Stroke (< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C04K	Headache – Sudden Onset of Severe Pain – Clear Evidence of Stroke (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C04L	"Headache – Sudden Onset of Severe Pain – Less than""T"" hrs"	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C04M	Headache – Sudden Onset of Severe Pain – Clear Evidence of Stroke (Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C04U	Headache – Sudden Onset of Severe Pain – Unknown When the Symptoms Started	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C04X	Headache – Sudden Onset of Severe Pain – No Test Evidence of Stroke (< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C04Y	Headache – Sudden Onset of Severe Pain – No Test Evidence of Stroke (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C04Z	Headache – Sudden Onset of Severe Pain – No Test Evidence of Stroke (Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C05C	Headache – Numbness – Partial Evidence of Stroke (< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C05D	Headache – Numbness – Partial Evidence (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C05E	Headache – Numbness – Partial Evidence of Stroke (Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C05F	Headache – Numbness – Strong Evidence of Stroke (< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C05G	"Headache – Numbness – Greater than""T"" hrs"	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C05H	Headache – Numbness – Strong Evidence of Stroke (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C05I	Headache – Numbness – Strong Evidence of Stroke (Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C05J	Headache – Numbness – Clear Evidence of Stroke (< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C05K	Headache – Numbness – Clear Evidence of Stroke (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C05L	"Headache – Numbness – Less than""T"" hrs"	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C05M	Headache – Numbness – Clear Evidence of Stroke (Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C05U	Headache – Numbness – Unknown When the Symptoms Started	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C05X	Headache – Numbness – No Test Evidence of Stroke (< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C05Y	Headache – Numbness – No Test Evidence of Stroke (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C05Z	Headache – Numbness – No Test Evidence of Stroke (Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C06C	Headache – Paralysis – Partial Evidence of Stroke (< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C06D	Headache – Paralysis – Partial Evidence (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C06E	Headache – Paralysis – Partial Evidence of Stroke (Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C06F	Headache – Paralysis – Strong Evidence of Stroke (< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C06G	"Headache – Paralysis – Greater than""T"" hrs"	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C06H	Headache – Paralysis – Strong Evidence of Stroke (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C06I	Headache – Paralysis – Strong Evidence of Stroke (Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C06J	Headache – Paralysis – Clear Evidence of Stroke (< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C06K	Headache – Paralysis – Clear Evidence of Stroke (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C06L	"Headache – Paralysis – Less than""T"" hrs"	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C06M	Headache – Paralysis – Clear Evidence of Stroke (Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C06U	Headache – Paralysis – Unknown When the Symptoms Started	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C06X	Headache – Paralysis – No Test Evidence of Stroke (< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C06Y	Headache – Paralysis – No Test Evidence of Stroke (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C06Z	Headache – Paralysis – No Test Evidence of Stroke (Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C07C	Headache – Change in Behavior (? 3Hrs) – Partial Evidence of Stroke (< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C07D	Headache – Change in Behavior (? 3Hrs) – Partial Evidence (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C07E	Headache – Change in Behavior (? 3Hrs) – Partial Evidence of Stroke (Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C07F	Headache – Change in Behavior (? 3Hrs) – Strong Evidence of Stroke (< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C07G	"Headache – Change in Behavior (? 3Hrs) – Greater than""T"" hrs"	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C07H	Headache – Change in Behavior (? 3Hrs) – Strong Evidence of Stroke (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C07I	Headache – Change in Behavior (? 3Hrs) – Strong Evidence of Stroke (Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C07J	Headache – Change in Behavior (? 3Hrs) – Clear Evidence of Stroke (< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C07K	Headache – Change in Behavior (? 3Hrs) – Clear Evidence of Stroke (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C07L	"Headache – Change in Behavior (? 3Hrs) – Less than""T"" hrs"	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C07M	Headache – Change in Behavior (? 3Hrs) – Clear Evidence of Stroke (Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C07U	Headache – Change in Behavior (? 3Hrs) – Unknown When the Symptoms Started	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	18C07X	Headache – Change in Behavior (? 3Hrs) – No Test Evidence of Stroke (< T hrs)	Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	18C07Y	Headache – Change in Behavior (? 3Hrs) – No Test Evidence of Stroke (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	18C07Z	Headache – Change in Behavior (? 3Hrs) – No Test Evidence of Stroke (Unk hrs)	Hot

19 ----

Heart Problems / A.I.C.D.

Cold

---- **A** ----

Cold

<input type="checkbox"/>	<input type="checkbox"/>	----	----	19A01	Heart Problems / A.I.C.D. – Heart Rate >50 and < 130	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	19A02	Heart Problems / A.I.C.D. – Chest Pain/Discomfort < 35 (w/o Priority Symptoms)	Cold

---- **C** ----

Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	19C00	Heart Problems / A.I.C.D. – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	19C01	Heart Problems / A.I.C.D. – Firing of AICD	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	19C02	Heart Problems / A.I.C.D. – Abnormal Breathing	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	19C03	Heart Problems / A.I.C.D. – Chest Pain/Discomfort ? 35	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	19C04	Heart Problems / A.I.C.D. – Cardiac History	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	19C05	Heart Problems / A.I.C.D. – Cocaine	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	19C06	Heart Problems / A.I.C.D. – Heart Rate <50 or <130	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	19C07	Heart Problems / A.I.C.D. – Unknown Symptoms/Other Codes N/A	Hot

---- **D** ----

Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	19D00	Heart Problems / A.I.C.D. – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	19D01	Heart Problems / A.I.C.D. – Not Alert	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	19D02	Heart Problems / A.I.C.D. – Difficulty Breathing Between Breaths	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	19D03	Heart Problems / A.I.C.D. – Changing Color	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	19D04	Heart Problems / A.I.C.D. – Clammy or Cold Sweats	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	19D05	Heart Problems / A.I.C.D. – Just Resuscitated and or Defibrulated	Hot

20 ----

Heat / Cold Exposure

Cold

---- **A** ----

Cold

<input type="checkbox"/>	<input type="checkbox"/>	----	----	20A01C	Heat / Cold Exposure – Alert – Cold Exposure	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	20A01H	Heat / Cold Exposure – Alert – Heat Exposure	Cold

---- **B** ----

Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	20B00C	Heat / Cold Exposure – Override – Cold Exposure	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	20B00H	Heat / Cold Exposure – Override – Heat Exposure	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	20B01C	Heat / Cold Exposure – Change In Skin Color – Cold Exposure	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	20B01H	Heat / Cold Exposure – Change In Skin Color – Heat Exposure	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	20B02C	Heat / Cold Exposure – Unknown Status/Other Codes N/A – Cold Exposure	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	20B02H	Heat / Cold Exposure – Unknown Status/Other Codes N/A – Heat Exposure	Hot

---- **C** ----

Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	20C00C	Heat / Cold Exposure – Override – Cold Exposure	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	20C00H	Heat / Cold Exposure – Override – Heat Exposure	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	20C01C	Heat / Cold Exposure – Heart Attack or Angina History – Cold Exposure	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	20C01H	Heat / Cold Exposure – Heart Attack or Angina History – Heat Exposure	Hot

---- **D** ----

Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	20D00C	Heat / Cold Exposure – Override – Cold Exposure	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	20D00H	Heat / Cold Exposure – Override – Heat Exposure	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	20D01C	Heat / Cold Exposure – Not Alert – Cold Exposure	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	20D01H	Heat / Cold Exposure – Not Alert – Heat Exposure	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	20D02C	Heat / Cold Exposure – Multiple Victims (Priority Symptoms) – Cold Exposure	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	20D02H	Heat / Cold Exposure – Multiple Victims (Priority Symptoms) – Heat Exposure	Hot

21 ----

Hemorrhage / Lacerations

Cold

---- **A** ----

Cold

<input type="checkbox"/>	<input type="checkbox"/>	----	----	21A01M	Hemorrhage / Lacerations – Not Dangerous Hemorrhage – Medical	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	21A01T	Hemorrhage / Lacerations – Not Dangerous Hemorrhage – Trauma	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	21A02M	Hemorrhage / Lacerations – Minor Hemorrhage – Medical	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	21A02T	Hemorrhage / Lacerations – Minor Hemorrhage – Trauma	Cold

---- **B** ----

Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	21B00M	Hemorrhage / Lacerations – Override – Medical	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	21B00T	Hemorrhage / Lacerations – Override – Trauma	Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	21B01M	Hemorrhage / Lacerations – Possibly Dangerous Hemorrhage – Medical	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	21B01T	Hemorrhage / Lacerations – Possibly Dangerous Hemorrhage – Trauma	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	21B02M	Hemorrhage / Lacerations – Serious Hemorrhage – Medical	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	21B02T	Hemorrhage / Lacerations – Serious Hemorrhage – Trauma	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	21B03M	Hemorrhage / Lacerations – Bleeding Disorder – Medical	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	21B03T	Hemorrhage / Lacerations – Bleeding Disorder – Trauma	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	21B04M	Hemorrhage / Lacerations – Blood Thinners – Medical	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	21B04T	Hemorrhage / Lacerations – Blood Thinners – Trauma	Hot
		----		C		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	21C00M	Hemorrhage / Lacerations – Override – Medical	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	21C00T	Hemorrhage / Lacerations – Override – Trauma	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	21C01M	Hemorrhage / Lacerations – Hemorrhage Through Tubes – Medical	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	21C01T	Hemorrhage / Lacerations – Hemorrhage Through Tubes – Trauma	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	21C02M	Hemorrhage / Lacerations – Hemorrhage of Dialysis Fistula – Medical	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	21C02T	Hemorrhage / Lacerations – Hemorrhage of Dialysis Fistula – Trauma	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	21C03M	Hemorrhage / Lacerations – Hemorrhage From Varicose Veins – Medical	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	21C03T	Hemorrhage / Lacerations – Hemorrhage From Varicose Veins – Trauma	Hot
		----		D		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	21D00M	Hemorrhage / Lacerations – Override – Medical	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	21D00T	Hemorrhage / Lacerations – Override – Trauma	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	21D01M	Hemorrhage / Lacerations – Arrest – Medical	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	21D01T	Hemorrhage / Lacerations – Arrest – Trauma	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	21D02M	Hemorrhage / Lacerations – Unconscious – Medical	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	21D02T	Hemorrhage / Lacerations – Unconscious – Trauma	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	21D03M	Hemorrhage / Lacerations – Not Alert – Medical	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	21D03T	Hemorrhage / Lacerations – Not Alert – Trauma	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	21D04M	Hemorrhage / Lacerations – Dangerous Hemorrhage – Medical	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	21D04T	Hemorrhage / Lacerations – Dangerous Hemorrhage – Trauma	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	21D05M	Hemorrhage / Lacerations – Abnormal Breathing – Medical	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	21D05T	Hemorrhage / Lacerations – Abnormal Breathing – Trauma	Hot

22 ----

Inaccessible/Trapped

Cold

A ----

Cold

<input type="checkbox"/>	<input type="checkbox"/>	----	----	22A01	Inaccessible/Trapped – No Longer Trapped (No Inj)	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22A01A	Inaccessible/Trapped – No Longer Trapped (No Inj) – Above Ground > 6ft	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22A01B	Inaccessible/Trapped – No Longer Trapped (No Inj) – Below Ground < 6ft	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22A01M	Inaccessible/Trapped – No Longer Trapped (No Inj) – >1 Victims	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22A01X	Inaccessible/Trapped – No Longer Trapped (No Inj) – Above Ground and >1 Victims	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22A01Y	Inaccessible/Trapped – No Longer Trapped (No Inj) – Below Ground and >1 Victims	Cold

B ----

Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	22B00	Inaccessible/Trapped – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22B00A	Inaccessible/Trapped – Override – Above Ground > 6ft	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22B00B	Inaccessible/Trapped – Override – Below Ground < 6ft	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22B00M	Inaccessible/Trapped – Override – >1 Victims	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22B00X	Inaccessible/Trapped – Override – Above Ground and >1 Victims	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22B00Y	Inaccessible/Trapped – Override – Below Ground and >1 Victims	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22B01	Inaccessible/Trapped – No Longer Trapped (Unk Inj)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22B01A	Inaccessible/Trapped – No Longer Trapped (Unk Inj) – Above Ground > 6ft	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22B01B	Inaccessible/Trapped – No Longer Trapped (Unk Inj) – Below Ground < 6ft	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22B01M	Inaccessible/Trapped – No Longer Trapped (Unk Inj) – >1 Victims	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22B01X	Inaccessible/Trapped – No Longer Trapped (Unk Inj) – Above Ground and >1 Victims	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22B01Y	Inaccessible/Trapped – No Longer Trapped (Unk Inj) – Below Ground and >1 Victims	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22B02	Inaccessible/Trapped – Peripheral Entrapment Only	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22B02A	Inaccessible/Trapped – Peripheral Entrapment Only – Above Ground > 6ft	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22B02B	Inaccessible/Trapped – Peripheral Entrapment Only – Below Ground < 6ft	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22B02M	Inaccessible/Trapped – Peripheral Entrapment Only – >1 Victims	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22B02X	Inaccessible/Trapped – Peripheral Entrapment Only – Above Ground and >1 Victims	Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	22B02Y	Inaccessible/Trapped – Peripheral Entrapment Only – Below Ground and >1 Victims	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22B03	Inaccessible/Trapped – Unk Status/Other Codes N/A	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22B03A	Inaccessible/Trapped – Unk Status/Other Codes N/A – Above Ground > 6ft	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22B03B	Inaccessible/Trapped – Unk Status/Other Codes N/A – Below Ground < 6ft	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22B03M	Inaccessible/Trapped – Unk Status/Other Codes N/A – >1 Victim	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22B03X	Inaccessible/Trapped – Unk Status/Other Codes N/A – Above Ground and >1 Victims	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22B03Y	Inaccessible/Trapped – Unk Status/Other Codes N/A – Below Ground and >1 Victims	Hot
		----		D		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D00	Inaccessible/Trapped – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D00A	Inaccessible/Trapped – Override – Above Ground > 6ft	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D00B	Inaccessible/Trapped – Override – Below Ground < 6ft	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D00M	Inaccessible/Trapped – Override – >1 Victims	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D00X	Inaccessible/Trapped – Override – Above Ground and >1 Victims	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D00Y	Inaccessible/Trapped – Override – Below Ground and >1 Victims	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D01	Inaccessible/Trapped – Mechanical/Machinery	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D01A	Inaccessible/Trapped – Mechanical/Machinery – Above Ground	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D01B	Inaccessible/Trapped – Mechanical/Machinery – Below Ground < 6ft	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D01M	Inaccessible/Trapped – Mechanical/Machinery – and >1 Victims	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D01X	Inaccessible/Trapped – Mechanical/Machinery – Above Ground and >1 Victims	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D01Y	Inaccessible/Trapped – Mechanical/Machinery – Below Ground and >1 Victims	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D02	Inaccessible/Trapped – Trench Collapse	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D02A	Inaccessible/Trapped – Trench Collapse – Above Ground > 6ft	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D02B	Inaccessible/Trapped – Trench Collapse – Below Ground < 6ft	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D02M	Inaccessible/Trapped – Trench Collapse – >1 Victims	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D02X	Inaccessible/Trapped – Trench Collapse – Above Ground and >1 Victims	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D02Y	Inaccessible/Trapped – Trench Collapse – Below Ground and >1 Victims	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D03	Inaccessible/Trapped – Structure Collapse	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D03A	Inaccessible/Trapped – Structure Collapse – Above Ground > 6ft	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D03B	Inaccessible/Trapped – Structure Collapse – Below Ground < 6ft	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D03M	Inaccessible/Trapped – Structure Collapse – >1 Victims	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D03X	Inaccessible/Trapped – Structure Collapse – Above Ground and >1 Victims	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D03Y	Inaccessible/Trapped – Structure Collapse – Below Ground and >1 Victims	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D04	Inaccessible/Trapped – Confined Space Entrapment	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D04A	Inaccessible/Trapped – Confined Space Entrapment – Above Ground > 6ft	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D04B	Inaccessible/Trapped – Confined Space Entrapment – Below Ground < 6ft	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D04M	Inaccessible/Trapped – Confined Space Entrapment – >1 Victims	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D04X	Inaccessible/Trapped – Confined Space Entrapment – Above Ground and >1 Victims	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D04Y	Inaccessible/Trapped – Confined Space Entrapment – Below Ground and >1 Victims	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D05	Inaccessible/Trapped – Inaccessible Terrain	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D05A	Inaccessible/Trapped – Inaccessible Terrain – Above Ground > 6ft	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D05B	Inaccessible/Trapped – Inaccessible Terrain – Below Ground < 6ft	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D05M	Inaccessible/Trapped – Inaccessible Terrain – >1 Victims	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D05X	Inaccessible/Trapped – Inaccessible Terrain – Above Ground and >1 Victims	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D05Y	Inaccessible/Trapped – Inaccessible Terrain – Below Ground and >1 Victims	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D06	Inaccessible/Trapped – Mudslide/Avalanche	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D06A	Inaccessible/Trapped – Mudslide/Avalanche – Above Ground > 6ft	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D06B	Inaccessible/Trapped – Mudslide/Avalanche – Below Ground < 6ft	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D06M	Inaccessible/Trapped – Mudslide/Avalanche – >1 Victims	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D06X	Inaccessible/Trapped – Mudslide/Avalanche – Above Ground and >1 Victims	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	22D06Y	Inaccessible/Trapped – Mudslide/Avalanche – Below Ground and >1 Victims	Hot

23 ----

Overdose / Poisoning (Ingestion)

Hot

---- **B** ----

Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	23B00	Overdose / Poisoning (Ingestion) – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23B00A	Overdose / Poisoning (Ingestion) – Override – Accidental	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23B00I	Overdose / Poisoning (Ingestion) – Override – Intentional	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23B00V	Overdose / Poisoning (Ingestion) – Override – Violent	Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	23B00W	Overdose / Poisoning (Ingestion) – Override – Weapons	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23B01	Overdose / Poisoning (Ingestion) – Overdose w/o P.S.	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23B01A	Overdose / Poisoning (Ingestion) – Overdose w/o P.S. – Accidental	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23B01G	Overdose / Poisoning – Overdose Without P.S. – Intentional &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23B01H	Overdose / Poisoning – Overdose Without P.S. – Intentional &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23B01I	Overdose / Poisoning (Ingestion) – Overdose w/o P.S. – Intentional	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23B01Q	Overdose / Poisoning – Overdose Without P.S. – Violent/Comb. &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23B01R	Overdose / Poisoning – Overdose Without P.S. – Violent/Comb. &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23B01S	Overdose / Poisoning – Overdose Without P.S. – Weapons &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23B01T	Overdose / Poisoning – Overdose Without P.S. – Weapons &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23B01V	Overdose / Poisoning (Ingestion) – Overdose w/o P.S. – Violent	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23B01W	Overdose / Poisoning (Ingestion) – Overdose w/o P.S. – Weapons	Hot
		----	C		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C00	Overdose / Poisoning (Ingestion) – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C00A	Overdose / Poisoning (Ingestion) – Override – Accidental	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C00G	Overdose / Poisoning – Override – Intentional &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C00H	Overdose / Poisoning – Override – Intentional &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C00I	Overdose / Poisoning (Ingestion) – Override – Intentional	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C00Q	Overdose / Poisoning – Override – Violent/Comb. &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C00R	Overdose / Poisoning – Override – Violent/Comb. &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C00S	Overdose / Poisoning – Override – Weapons &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C00T	Overdose / Poisoning – Override – Weapons &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C00V	Overdose / Poisoning (Ingestion) – Override – Violent	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C00W	Overdose / Poisoning (Ingestion) – Override – Weapons	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C01	Overdose / Poisoning (Ingestion) – Not Alert	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C01A	Overdose / Poisoning (Ingestion) – Not Alert – Accidental	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C01C	Overdose / Poisoning – Not Alert – Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C01D	Overdose / Poisoning – Not Alert – Accidental &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C01E	Overdose / Poisoning – Not Alert – Accidental &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C01F	Overdose / Poisoning – Not Alert – Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C01G	Overdose / Poisoning – Not Alert – Intentional &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C01H	Overdose / Poisoning – Not Alert – Intentional &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C01I	Overdose / Poisoning (Ingestion) – Not Alert – Intentional	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C01Q	Overdose / Poisoning – Not Alert – Violent/Comb. &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C01R	Overdose / Poisoning – Not Alert – Violent/Comb. &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C01S	Overdose / Poisoning – Not Alert – Weapons &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C01T	Overdose / Poisoning – Not Alert – Weapons &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C01V	Overdose / Poisoning (Ingestion) – Not Alert – Violent	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C01W	Overdose / Poisoning (Ingestion) – Not Alert – Weapons	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C02	Overdose / Poisoning (Ingestion) – Abnormal Breathing	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C02A	Overdose / Poisoning (Ingestion) – Abnormal Breathing – Accidental	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C02C	Overdose / Poisoning – Abnormal Breathing – Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C02D	Overdose / Poisoning – Abnormal Breathing – Accidental &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C02E	Overdose / Poisoning – Abnormal Breathing – Accidental &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C02F	Overdose / Poisoning – Abnormal Breathing – Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C02G	Overdose / Poisoning – Abnormal Breathing – Intentional &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C02H	Overdose / Poisoning – Abnormal Breathing – Intentional &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C02I	Overdose / Poisoning (Ingestion) – Abnormal Breathing – Intentional	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C02Q	Overdose / Poisoning – Abnormal Breathing – Violent/Comb. &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C02R	Overdose / Poisoning – Abnormal Breathing – Violent/Comb. &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C02S	Overdose / Poisoning – Abnormal Breathing – Weapons &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C02T	Overdose / Poisoning – Abnormal Breathing – Weapons &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C02V	Overdose / Poisoning (Ingestion) – Abnormal Breathing – Violent	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C02W	Overdose / Poisoning (Ingestion) – Abnormal Breathing – Weapons	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C03	Overdose / Poisoning (Ingestion) – Antidepressants (Tricyclic)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C03A	Overdose / Poisoning (Ingestion) – Antidepressants (Tricyclic) – Accidental	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23C03I	Overdose / Poisoning (Ingestion) – Antidepressants (Tricyclic) – Intentional	Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C03V	Overdose / Poisoning (Ingestion) – Antidepressants (Tricyclic) – Violent	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C03W	Overdose / Poisoning (Ingestion) – Antidepressants (Tricyclic) – Weapons	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C04	Overdose / Poisoning (Ingestion) – Cocaine	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C04A	Overdose / Poisoning (Ingestion) – Cocaine – Accidental	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C04I	Overdose / Poisoning (Ingestion) – Cocaine – Intentional	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C04V	Overdose / Poisoning (Ingestion) – Cocaine – Violent	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C04W	Overdose / Poisoning (Ingestion) – Cocaine – Weapons	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C05	Overdose / Poisoning (Ingestion) – Narcotics	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C05A	Overdose / Poisoning (Ingestion) – Narcotics – Accidental	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C05C	Overdose / Poisoning – Narcotics – Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C05D	Overdose / Poisoning – Narcotics – Accidental &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C05E	Overdose / Poisoning – Narcotics – Accidental &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C05F	Overdose / Poisoning – Narcotics – Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C05G	Overdose / Poisoning – Narcotics – Intentional &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C05H	Overdose / Poisoning – Narcotics – Intentional &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C05I	Overdose / Poisoning (Ingestion) – Narcotics – Intentional	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C05Q	Overdose / Poisoning – Narcotics – Violent/Comb. &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C05R	Overdose / Poisoning – Narcotics – Violent/Comb. &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C05S	Overdose / Poisoning – Narcotics – Weapons &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C05T	Overdose / Poisoning – Narcotics – Weapons &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C05V	Overdose / Poisoning (Ingestion) – Narcotics – Violent	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C05W	Overdose / Poisoning (Ingestion) – Narcotics – Weapons	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C06	Overdose / Poisoning (Ingestion) – Acid or Alkali (Lye)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C06A	Overdose / Poisoning (Ingestion) – Acid or Alkali (Lye) – Accidental	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C06I	Overdose / Poisoning (Ingestion) – Acid or Alkali (Lye) – Intentional	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C06V	Overdose / Poisoning (Ingestion) – Acid or Alkali (Lye) – Violent	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C06W	Overdose / Poisoning (Ingestion) – Acid or Alkali (Lye) – Weapons	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C07	Overdose / Poisoning (Ingestion) – Unk Status/ Other Codes N/A	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C07A	Overdose / Poisoning (Ingestion) – Unk Status/ Other Codes N/A – Accidental	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C07C	Overdose / Poisoning – Unk Status/ Other Codes N/A – Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C07D	Overdose / Poisoning – Unk Status/ Other Codes N/A – Accidental &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C07E	Overdose / Poisoning – Unk Status/ Other Codes N/A – Accidental &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C07F	Overdose / Poisoning – Unk Status/ Other Codes N/A – Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C07G	Overdose / Poisoning – Unk Status/ Other Codes N/A – Intentional &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C07H	Overdose / Poisoning – Unk Status/ Other Codes N/A – Intentional &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C07I	Overdose / Poisoning (Ingestion) – Unk Status/ Other Codes N/A – Intentional	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C07Q	Overdose / Poisoning – Unk Status/ Other Codes N/A – Violent/Comb. &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C07R	Overdose / Poisoning – Unk Status/ Other Codes N/A – Violent/Comb. &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C07S	Overdose / Poisoning – Unk Status/ Other Codes N/A – Weapons &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C07T	Overdose / Poisoning – Unk Status/ Other Codes N/A – Weapons &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C07V	Overdose / Poisoning (Ingestion) – Unk Status/ Other Codes N/A – Violent	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C07W	Overdose / Poisoning (Ingestion) – Unk Status/ Other Codes N/A – Weapons	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C08	Overdose / Poisoning (Ingestion) – Poison Control Request	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C08A	Overdose / Poisoning (Ingestion) – Poison Control Request – Accidental	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C08C	Overdose / Poisoning – Poison Control Request – Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C08F	Overdose / Poisoning – Poison Control Request – Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C08I	Overdose / Poisoning (Ingestion) – Poison Control Request – Intentional	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C08Q	Overdose / Poisoning – Poison Control Request – Violent/Comb. &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C08R	Overdose / Poisoning – Poison Control Request – Violent/Comb. &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C08V	Overdose / Poisoning (Ingestion) – Poison Control Request – Violent	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23C08W	Overdose / Poisoning (Ingestion) – Poison Control Request – Weapons	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	D		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23D00	Overdose / Poisoning (Ingestion) – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23D00A	Overdose / Poisoning (Ingestion) – Override – Accidental	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23D00C	Overdose / Poisoning – Override – Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23D00D	Overdose / Poisoning – Override – Accidental &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23D00E	Overdose / Poisoning – Override – Accidental &Carfentanil	Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	23D00F	Overdose / Poisoning – Override – Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D00G	Overdose / Poisoning – Override – Intentional &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D00H	Overdose / Poisoning – Override – Intentional &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D00I	Overdose / Poisoning (Ingestion) – Override – Intentional	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D00Q	Overdose / Poisoning – Override – Violent/Comb. &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D00R	Overdose / Poisoning – Override – Violent/Comb. &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D00S	Overdose / Poisoning – Override – Weapons &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D00T	Overdose / Poisoning – Override – Weapons &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D00V	Overdose / Poisoning (Ingestion) – Override – Violent	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D00W	Overdose / Poisoning (Ingestion) – Override – Weapons	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D01	Overdose / Poisoning – Arrest	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D01A	Overdose / Poisoning – Arrest – Accidental	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D01C	Overdose / Poisoning – Arrest – Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D01D	Overdose / Poisoning – Arrest – Accidental &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D01E	Overdose / Poisoning – Arrest – Accidental &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D01F	Overdose / Poisoning – Arrest – Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D01G	Overdose / Poisoning – Arrest – Intentional &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D01H	Overdose / Poisoning – Arrest – Intentional &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D01I	Overdose / Poisoning – Arrest – Intentional	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D01Q	Overdose / Poisoning – Arrest – Violent/Comb. &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D01R	Overdose / Poisoning – Arrest – Violent/Comb. &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D01S	Overdose / Poisoning – Arrest – Weapons &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D01T	Overdose / Poisoning – Arrest – Weapons &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D01V	Overdose / Poisoning – Arrest – Violent	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D01W	Overdose / Poisoning – Arrest – Weapons	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D02	Overdose / Poisoning – Unconscious	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D02A	Overdose / Poisoning – Unconscious – Accidental	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D02C	Overdose / Poisoning – Unconscious – Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D02D	Overdose / Poisoning – Unconscious – Accidental &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D02E	Overdose / Poisoning – Unconscious – Accidental &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D02F	Overdose / Poisoning – Unconscious – Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D02G	Overdose / Poisoning – Unconscious – Intentional &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D02H	Overdose / Poisoning – Unconscious – Intentional &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D02I	Overdose / Poisoning – Unconscious – Intentional	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D02Q	Overdose / Poisoning – Unconscious – Violent/Comb. &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D02R	Overdose / Poisoning – Unconscious – Violent/Comb. &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D02S	Overdose / Poisoning – Unconscious – Weapons &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D02T	Overdose / Poisoning – Unconscious – Weapons &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D02V	Overdose / Poisoning – Unconscious – Violent	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D02W	Overdose / Poisoning – Unconscious – Weapons	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D03	Overdose / Poisoning – Changing Color	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D03A	Overdose / Poisoning – Changing Color – Accidental	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D03C	Overdose / Poisoning – Changing Color – Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D03D	Overdose / Poisoning – Changing Color – Accidental &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D03E	Overdose / Poisoning – Changing Color – Accidental &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D03F	Overdose / Poisoning – Changing Color – Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D03G	Overdose / Poisoning – Changing Color – Intentional &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D03H	Overdose / Poisoning – Changing Color – Intentional &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D03I	Overdose / Poisoning – Changing Color – Intentional	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D03Q	Overdose / Poisoning – Changing Color – Violent/Comb. &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D03R	Overdose / Poisoning – Changing Color – Violent/Comb. &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D03S	Overdose / Poisoning – Changing Color – Weapons &Fentanyl	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D03T	Overdose / Poisoning – Changing Color – Weapons &Carfentanil	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D03V	Overdose / Poisoning – Changing Color – Violent	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	23D03W	Overdose / Poisoning – Changing Color – Weapons	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	O		Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	23O01	Overdose / Poisoning (Ingestion) – Poisoning w/o Priority Symp	Cold

<input type="checkbox"/>	<input type="checkbox"/>	----	----	23O01A	Overdose / Poisoning (Ingestion) – Poisoning w/o Priority Symp – Accidental	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23O01I	Overdose / Poisoning (Ingestion) – Poisoning w/o Priority Symp – Intentional	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	23O01V	Overdose / Poisoning (Ingestion) – Poisoning w/o Priority Symp – Violent	Cold

		24	----		Pregnancy/Birth/Miscarriage	Cold
			----	A		Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24A00	Pregnancy/Birth/Miscarriage – Override	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24A00M	Pregnancy/Birth/Miscarriage – Override – Multiple Birth	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24A01	Pregnancy/Birth/Miscarriage – 1st Trimester Hemorrhage/Miscarriage	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24A01M	Pregnancy/Birth/Miscarriage – 1st Trimester Hemorrhage/Miscarriage – Multi Birth	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24A02	Pregnancy/Birth/Miscarriage – Stillbirth >24 wks w/o Complications	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24A02M	Pregnancy/Birth/Miscarriage – Stillbirth >24 wks w/o Complications – Multi Birth	Cold
			----	B		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24B00	Pregnancy/Birth/Miscarriage – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24B00M	Pregnancy/Birth/Miscarriage – Override – Multiple Birth	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24B01	Pregnancy/Birth/Miscarriage – Labor (Del Not Imminent, ?24 wks)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24B01M	Pregnancy/Birth/Miscarriage – Labor (Del Not Imminent, ?24 wks) – Multiple Birth	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24B02	Pregnancy/Birth/Miscarriage – Unknown Status/Other Codes N/A	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24B02M	Pregnancy/Birth/Miscarriage – Unknown Status/Other Codes N/A – Multiple Birth	Hot
			----	C		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24C00	Pregnancy/Birth/Miscarriage – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24C00M	Pregnancy/Birth/Miscarriage – Override – Multiple Birth	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24C01	Pregnancy/Birth/Miscarriage – 2nd Trimester Bleeding/Miscarriage	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24C01M	Pregnancy/Birth/Miscarriage – 2nd Trimester Bleeding/Miscarriage – Multi Birth	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24C02	Pregnancy/Birth/Miscarriage – 1st Trimester Serious Hemorrhage	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24C02M	Pregnancy/Birth/Miscarriage – 1st Trimester Serious Hemorrhage – Multiple Birth	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24C03	Pregnancy/Birth/Miscarriage – Cramping (<24 wks &No Tissue)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24C03M	Pregnancy/Birth/Miscarriage – Cramping (<24 wks &No Tissue) – Multiple Birth	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24C04	Pregnancy/Birth/Miscarriage – Baby Born (No Complications)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24C04M	Pregnancy/Birth/Miscarriage – Baby Born (No Complications) – Multiple Birth	Hot
			----	D		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24D00	Pregnancy/Birth/Miscarriage – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24D00M	Pregnancy/Birth/Miscarriage – Override – Multiple Birth	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24D01	Pregnancy/Birth/Miscarriage – Breech or Cord	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24D01M	Pregnancy/Birth/Miscarriage – Breech or Cord – Multiple Birth	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24D02	Pregnancy/Birth/Miscarriage – Head Visible/Out	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24D02M	Pregnancy/Birth/Miscarriage – Head Visible/Out – Multiple Birth	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24D03	Pregnancy/Birth/Miscarriage – Imminent Delivery (?24 wks)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24D03M	Pregnancy/Birth/Miscarriage – Imminent Delivery (?24 weeks) – Multiple Birth	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24D04	Pregnancy/Birth/Miscarriage – 3rd Trimester Bleeding	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24D04M	Pregnancy/Birth/Miscarriage – 3rd Trimester Hemorrhage – Multiple Birth	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24D05	Pregnancy/Birth/Miscarriage – High Risk	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24D05M	Pregnancy/Birth/Miscarriage – High Risk Complications – Multiple Birth	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24D06	Pregnancy/Birth/Miscarriage – Baby Born (Complications w/ Baby)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24D06M	Pregnancy/Birth/Miscarriage – Baby Born (Complications w/ Baby) – Multiple Birth	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24D07	Pregnancy/Birth/Miscarriage – Baby Born (Complications w/ Mom)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24D07M	Pregnancy/Birth/Miscarriage – Baby Born (Complications w/ Mom) – Multiple Birth	Hot
			----	O		Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24O01	Pregnancy/Birth/Miscarriage – Waters Broken (No Contractions)	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	24O01M	Pregnancy/Birth/Miscarriage – Waters Broken (No Contractions) – Multiple Birth	Cold

		25	----		Psych/Suicide Attempt	Cold
			----	A		Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25A01	Psych/Suicide Attempt – Non Suicidal and Alert	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25A01B	Psych/Suicide Attempt – Non Suicidal and Alert – Violent and Weapons	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25A01V	Psych/Suicide Attempt – Non Suicidal and Alert – Violent	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25A01W	Psych/Suicide Attempt – Non Suicidal and Alert – Weapons	Cold

<input type="checkbox"/>	<input type="checkbox"/>	----	----	25A02	Psych/Suicide Attempt – Suicidal Not Threatening and Alert	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25A02B	Psych/Suicide Attempt – Suicidal Not Threatening and Alert – Violent and Weapons	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25A02V	Psych/Suicide Attempt – Suicidal Not Threatening and Alert – Violent	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25A02W	Psych/Suicide Attempt – Suicidal Not Threatening and Alert – Weapons	Cold
		----		B		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25B00	Psych/Suicide Attempt – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25B00B	Psych/Suicide Attempt – Override – Violent and Weapons	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25B00V	Psych/Suicide Attempt – Override – Violent	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25B00W	Psych/Suicide Attempt – Override – Weapons	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25B01	Psych/Suicide Attempt – Serious Hemorrhage	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25B01B	Psych/Suicide Attempt – Serious Hemorrhage – Violent and Weapons	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25B01V	Psych/Suicide Attempt – Serious Hemorrhage – Violent	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25B01W	Psych/Suicide Attempt – Serious Hemorrhage – Weapons	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25B02	Psych/Suicide Attempt – Minor Hemorrhage	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25B02B	Psych/Suicide Attempt – Minor Hemorrhage – Violent and Weapons	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25B02V	Psych/Suicide Attempt – Minor Hemorrhage – Violent	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25B02W	Psych/Suicide Attempt – Minor Hemorrhage – Weapons	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25B03	Psych/Suicide Attempt – Threatening Suicide	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25B03B	Psych/Suicide Attempt – Threatening Suicide – Violent and Weapons	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25B03V	Psych/Suicide Attempt – Threatening Suicide – Violent	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25B03W	Psych/Suicide Attempt – Threatening Suicide – Weapons	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25B04	Psych/Suicide Attempt – Jumper (Threatening)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25B04B	Psych/Suicide Attempt – Jumper (Threatening) – Violent and Weapons	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25B04V	Psych/Suicide Attempt – Jumper (Threatening) – Violent	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25B04W	Psych/Suicide Attempt – Jumper (Threatening) – Weapons	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25B05	Psych/Suicide Attempt – Hanging/Strangle (Alert w/o Diff Breathing)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25B05B	Psych/Suicide Attempt – Hanging/Strangle (w/o Diff Breath) – Violent/Weapons	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25B05V	Psych/Suicide Attempt – Hanging/Strangle (Alert w/o Diff Breathing) – Violent	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25B05W	Psych/Suicide Attempt – Hanging/Strangle (Alert w/o Diff Breathing) – Weapons	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25B06	Psych/Suicide Attempt – Unk Status/Other Codes N/A	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25B06B	Psych/Suicide Attempt – Unk Status/Other Codes N/A – Violent and Weapons	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25B06V	Psych/Suicide Attempt – Unk Status/Other Codes N/A – Violent	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25B06W	Psych/Suicide Attempt – Unk Status/Other Codes N/A – Weapons	Hot
		----		D		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25D00	Psych/Suicide Attempt – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25D00B	Psych/Suicide Attempt – Override – Violent and Weapons	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25D00V	Psych/Suicide Attempt – Override – Violent	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25D00W	Psych/Suicide Attempt – Override – Weapons	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25D01	Psych/Suicide Attempt – Not Alert	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25D01B	Psych/Suicide Attempt – Not Alert – Violent and Weapons	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25D01V	Psych/Suicide Attempt – Not Alert – Violent	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25D01W	Psych/Suicide Attempt – Not Alert – Weapons	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25D02	Psych/Suicide Attempt – Dangerous Hemorrhage	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25D02B	Psych/Suicide Attempt – Dangerous Hemorrhage – Violent and Weapons	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25D02V	Psych/Suicide Attempt – Dangerous Hemorrhage – Violent	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25D02W	Psych/Suicide Attempt – Dangerous Hemorrhage – Weapons	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25D03	Psych/Suicide Attempt – Hanging/Strangle (Alert w/ Diff Breathing)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25D03B	Psych/Suicide Attempt – Hanging/Strangle (w/ Diff Breath) – Violent/Weapons	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25D03V	Psych/Suicide Attempt – Hanging/Strangle (Alert w/ Diff Breathing) – Violent	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	25D03W	Psych/Suicide Attempt – Hanging/Strangle (Alert w/ Diff Breathing) – Weapons	Hot

26 ----

Sick Person

Cold

---- **A** ----

Cold

<input type="checkbox"/>	<input type="checkbox"/>	----	----	26A00	Sick Person – Override	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	26A01	Sick Person – No Priority Symptoms (Complaint Conditions 2–12 Not Identified)	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	26A02	Sick Person – Non–Priority Complaints – Blood Pressure Abnormality	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	26A03	Sick Person – Non–Priority Complaints – Dizziness/Vertigo	Cold

<input type="checkbox"/>	<input type="checkbox"/>	----	26A04	Sick Person – Non–Priority Complaints – Fever/Chills	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	26A05	Sick Person – Non–Priority Complaints – General Weakness	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	26A06	Sick Person – Non–Priority Complaints – Nausea	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	26A07	Sick Person – Non–Priority Complaints – New Onset of Immobility	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	26A08	Sick Person – Other Pain (Non–Omega–Level)	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	26A09	Sick Person – Non–Priority Complaints – Transportation Only	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	26A10	Sick Person – Non–Priority Complaints – Unwell/Ill	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	26A11	Sick Person – Non–Priority Complaints – Vomiting	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	26A12	Sick Person – Possible Meningitis	Cold
		----	B		
<input type="checkbox"/>	<input type="checkbox"/>	----	26B00	Sick Person – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	26B01	Sick Person – Unknown Status/ Other Codes N/A	Hot
		----	C		
<input type="checkbox"/>	<input type="checkbox"/>	----	26C00	Sick Person – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	26C01	Sick Person – Altered Level of Consciousness	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	26C02	Sick Person – Abnormal Breathing	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	26C03	Sick Person – Sickle Cell Crisis/Thalassemia	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	26C04	Sick Person – Autonomic Dysreflexia/Hyperreflexia	Hot
		----	D		
<input type="checkbox"/>	<input type="checkbox"/>	----	26D00	Sick Person – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	26D01	Sick Person – Not Alert	Hot
		----	O		
<input type="checkbox"/>	<input type="checkbox"/>	----	26O02	Sick Person – Non–Priority Complaints – Boils	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	26O03	Sick Person – Non–Priority Complaints – Bumps	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	26O04	Sick Person – Non–Priority Complaints – can't Sleep	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	26O05	Sick Person – Non–Priority Complaints – can't Urinate	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	26O06	Sick Person – Catheter (Urinary – In/Out without Hemorrhaging)	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	26O07	Sick Person – Non–Priority Complaints – Constipation	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	26O08	Sick Person – Non–Priority Complaints – Cramps/Spasms/Joint Pain	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	26O09	Sick Person – Non–Priority Complaints – Cut Off Ring Request	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	26O10	Sick Person – Non–Priority Complaints – Deafness	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	26O11	Sick Person – Non–Priority Complaints – Defecation/Diarreha	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	26O12	Sick Person – Non–Priority Complaints – Earache	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	26O13	Sick Person – Non–Priority Complaints – Enema	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	26O14	Sick Person – Non–Priority Complaints – Gout	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	26O15	Sick Person – Non–Priority Complaints – Hemorrhoids/Piles	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	26O16	Sick Person – Non–Priority Complaints – Hepatitis	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	26O17	Sick Person – Non–Priority Complaints – Hiccups	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	26O18	Sick Person – Non–Priority Complaints – Itching	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	26O19	Sick Person – Non–Priority Complaints – Nervous	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	26O20	Sick Person – Non–Priority Complaints – Object Stuck	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	26O21	Sick Person – Non–Priority Complaints – Object Swallowed w/o Difficulties	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	26O22	Sick Person – Non–Priority Complaints – Painful Urination	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	26O23	Sick Person – Non–Priority Complaints – Penis Problems/Rash	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	26O24	Sick Person – Non–Priority Complaints – Rash/Skin Disorder w/o Difficulties	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	26O25	Sick Person – Non–Priority Complaints – Sexually Transmitted Disease	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	26O26	Sick Person – Non–Priority Complaints – Sore Throat w/o Difficulties	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	26O27	Sick Person – Non–Priority Complaints – Toothache	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	26O28	Sick Person – Non–Priority Complaints – Wound Infected	Cold

27 ----

A ----

Stab / Gunshot Trauma

<input type="checkbox"/>	<input type="checkbox"/>	----	27A01G	Stab / Gunshot Trauma – Non–Recent Peripheral – Gunshot	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	27A01I	Stab / Gunshot Trauma – Non–Recent Peripheral – Impaled Currently	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	27A01P	Stab / Gunshot Trauma – Non–Recent Peripheral – Penetrating Wound	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	27A01S	Stab / Gunshot Trauma – Non–Recent Peripheral – Stab	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	27A01X	Stab / Gunshot Trauma – Non–Recent Peripheral – Self–Inflicted GSW (Int)	Cold

<input type="checkbox"/>	<input type="checkbox"/>	----	27A01Y	Stab / Gunshot Trauma – Non–Recent Peripheral – Self Inflicted Stab	Cold
		----	B		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27B00G	Stab / Gunshot Trauma – Override – Gunshot	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27B00I	Stab / Gunshot Trauma – Override – Impaled Currently	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27B00P	Stab / Gunshot Trauma – Override – Penetrating Wound	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27B00S	Stab / Gunshot Trauma – Override – Stab	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27B00X	Stab / Gunshot Trauma – Override – Self–Inflicted GSW (Int)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27B00Y	Stab / Gunshot Trauma – Override – Self Inflicted Stab	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27B01G	Stab / Gunshot Trauma – Non–Recent (Single Central) – Gunshot	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27B01I	Stab / Gunshot Trauma – Non–Recent (Single Central) – Impaled Currently	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27B01P	Stab / Gunshot Trauma – Non–Recent (Single Central) – Penetrating Wound	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27B01S	Stab / Gunshot Trauma – Non–Recent (Single Central) – Stab	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27B01X	Stab / Gunshot Trauma – Non–Recent (Single Central) – Self–Inflicted GSW (Int)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27B01Y	Stab / Gunshot Trauma – Non–Recent (Single Central) – Self Inflicted Stab	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27B02G	Stab / Gunshot Trauma – Known Single Peripheral Wound – Gunshot	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27B02I	Stab / Gunshot Trauma – Known Single Peripheral Wound – Impaled Currently	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27B02P	Stab / Gunshot Trauma – Known Single Peripheral Wound – Penetrating Wound	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27B02S	Stab / Gunshot Trauma – Known Single Peripheral Wound – Stab	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27B02X	Stab / Gunshot Trauma – Known Single Peripheral Wound – Self–Inflicted GSW (Int)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27B02Y	Stab / Gunshot Trauma – Known Single Peripheral Wound – Self Inflicted Stab	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27B03G	Stab / Gunshot Trauma – Serious Hemorrhage – Gunshot	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27B03I	Stab / Gunshot Trauma – Serious Hemorrhage – Impaled Currently	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27B03P	Stab / Gunshot Trauma – Serious Hemorrhage – Penetrating Wound	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27B03S	Stab / Gunshot Trauma – Serious Hemorrhage – Stab	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27B03X	Stab / Gunshot Trauma – Serious Hemorrhage – Self–Inflicted GSW (Int)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27B03Y	Stab / Gunshot Trauma – Serious Hemorrhage – Self Inflicted Stab	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27B04G	Stab / Gunshot Trauma – Unk Status/ Other Codes N/A – Gunshot	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27B04I	Stab / Gunshot Trauma – Unk Status/ Other Codes N/A – Impaled Currently	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27B04P	Stab / Gunshot Trauma – Unk Status/ Other Codes N/A – Penetrating Wound	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27B04S	Stab / Gunshot Trauma – Unk Status/ Other Codes N/A – Stab	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27B04X	Stab / Gunshot Trauma – Unk Status/ Other Codes N/A – Self–Inflicted GSW (Int)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27B04Y	Stab / Gunshot Trauma – Unk Status/ Other Codes N/A – Self Inflicted Stab	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27B05G	Stab / Gunshot Trauma – Obvious Death – Gunshot	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27B05I	Stab / Gunshot Trauma – Obvious Death – Impaled Currently	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27B05P	Stab / Gunshot Trauma – Obvious Death – Penetrating Wound	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27B05S	Stab / Gunshot Trauma – Obvious Death – Stab	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27B05X	Stab / Gunshot Trauma – Obvious Death – Self–Inflicted GSW (Int)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27B05Y	Stab / Gunshot Trauma – Obvious Death – Self Inflicted Stab	Hot
		----	D		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27D00G	Stab / Gunshot Trauma – Override – Gunshot	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27D00I	Stab / Gunshot Trauma – Override – Impaled Currently	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27D00P	Stab / Gunshot Trauma – Override – Penetrating Wound	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27D00S	Stab / Gunshot Trauma – Override – Stab	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27D00X	Stab / Gunshot Trauma – Override – Self–Inflicted GSW (Int)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27D00Y	Stab / Gunshot Trauma – Override – Self Inflicted Stab	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27D01G	Stab / Gunshot Trauma – Arrest – Gunshot	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27D01I	Stab / Gunshot Trauma – Arrest – Impaled Currently	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27D01P	Stab / Gunshot Trauma – Arrest – Penetrating Wound	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27D01S	Stab / Gunshot Trauma – Arrest – Stab	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27D01X	Stab / Gunshot Trauma – Arrest – Self–Inflicted GSW (Int)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27D01Y	Stab / Gunshot Trauma – Arrest – Self Inflicted Stab	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27D02G	Stab / Gunshot Trauma – Unconscious – Gunshot	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27D02I	Stab / Gunshot Trauma – Unconscious – Impaled Currently	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27D02P	Stab / Gunshot Trauma – Unconscious – Penetrating Wound	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27D02S	Stab / Gunshot Trauma – Unconscious – Stab	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27D02X	Stab / Gunshot Trauma – Unconscious – Self–Inflicted GSW (Int)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	27D02Y	Stab / Gunshot Trauma – Unconscious – Self Inflicted Stab	Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	27D03G	Stab / Gunshot Trauma – Not Alert – Gunshot	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	27D03I	Stab / Gunshot Trauma – Not Alert – Impaled Currently	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	27D03P	Stab / Gunshot Trauma – Not Alert – Penetrating Wound	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	27D03S	Stab / Gunshot Trauma – Not Alert – Stab	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	27D03X	Stab / Gunshot Trauma – Not Alert – Self–Inflicted GSW (Int)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	27D03Y	Stab / Gunshot Trauma – Not Alert – Self Inflicted Stab	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	27D04G	Stab / Gunshot Trauma – Central Wounds – Gunshot	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	27D04I	Stab / Gunshot Trauma – Central Wounds – Impaled Currently	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	27D04P	Stab / Gunshot Trauma – Central Wounds – Penetrating Wound	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	27D04S	Stab / Gunshot Trauma – Central Wounds – Stab	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	27D04X	Stab / Gunshot Trauma – Central Wounds – Self–Inflicted GSW (Int)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	27D04Y	Stab / Gunshot Trauma – Central Wounds – Self Inflicted Stab	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	27D05G	Stab / Gunshot Trauma – Multiple Wounds – Gunshot	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	27D05I	Stab / Gunshot Trauma – Multiple Wounds – Impaled Currently	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	27D05P	Stab / Gunshot Trauma – Multiple Wounds – Penetrating Wound	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	27D05S	Stab / Gunshot Trauma – Multiple Wounds – Stab	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	27D05X	Stab / Gunshot Trauma – Multiple Wounds – Self–Inflicted GSW (Int)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	27D05Y	Stab / Gunshot Trauma – Multiple Wounds – Self Inflicted Stab	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	27D06G	Stab / Gunshot Trauma – Multiple Victims – Gunshot	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	27D06I	Stab / Gunshot Trauma – Multiple Victims – Impaled Currently	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	27D06P	Stab / Gunshot Trauma – Multiple Victims – Penetrating Wound	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	27D06S	Stab / Gunshot Trauma – Multiple Victims – Stab	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	27D06X	Stab / Gunshot Trauma – Multiple Victims – Self–Inflicted GSW (Int)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	27D06Y	Stab / Gunshot Trauma – Multiple Victims – Self Inflicted Stab	Hot

28 ----

---- **A** ----

Stroke (CVA)

<input type="checkbox"/>	<input type="checkbox"/>	----	----	28A01C	Stroke (CVA) – Breathing Normally <35 – Partial Evidence(< T hrs)	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	28A01D	Stroke (CVA) – Breathing Normally <35 – Partial Evidence (? T hrs)	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	28A01E	Stroke (CVA) – Breathing Normally <35 – Partial Evidence(Unk hrs)	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	28A01F	Stroke (CVA) – Breathing Normally <35 – Strong Evidence(< T hrs)	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	28A01G	Stroke (CVA) – Breathing Normally <35 – Greater than T hrs	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	28A01H	Stroke (CVA) – Breathing Normally <35 – Strong Evidence(? T hrs)	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	28A01I	Stroke (CVA) – Breathing Normally <35 – Strong Evidence(Unk hrs)	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	28A01J	Stroke (CVA) – Breathing Normally <35 – Clear Evidence(< T hrs)	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	28A01K	Stroke (CVA) – Breathing Normally <35 – Clear Evidence(? T hrs)	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	28A01L	Stroke (CVA) – Breathing Normally <35 – Less than T hrs	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	28A01M	Stroke (CVA) – Breathing Normally <35 – Clear Evidence(Unk hrs)	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	28A01U	Stroke (CVA) – Breathing Normally <35 – Unk When Symptoms Started	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	28A01X	Stroke (CVA) – Breathing Normally <35 – No Test Evidence(< T hrs)	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	28A01Y	Stroke (CVA) – Breathing Normally <35 – No Test Evidence(? T hrs)	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	28A01Z	Stroke (CVA) – Breathing Normally <35 – No Test Evidence(Unk hrs)	Cold

---- **C** ----

<input type="checkbox"/>	<input type="checkbox"/>	----	----	28C00C	Stroke (CVA) – Override – Partial Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	28C00D	Stroke (CVA) – Override – Partial Evidence (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	28C00E	Stroke (CVA) – Override – Partial Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	28C00F	Stroke (CVA) – Override – Strong Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	28C00G	Stroke (CVA) – Override – Greater than T hrs	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	28C00H	Stroke (CVA) – Override – Strong Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	28C00I	Stroke (CVA) – Override – Strong Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	28C00J	Stroke (CVA) – Override – Clear Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	28C00K	Stroke (CVA) – Override – Clear Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	28C00L	Stroke (CVA) – Override – Less than T hrs	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	28C00M	Stroke (CVA) – Override – Clear Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	28C00U	Stroke (CVA) – Override – Unk When Symptoms Started	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	28C00X	Stroke (CVA) – Override – No Test Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	28C00Y	Stroke (CVA) – Override – No Test Evidence(? T hrs)	Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	28C00Z	Stroke (CVA) – Override – No Test Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C01C	Stroke (CVA) – Not Alert – Partial Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C01D	Stroke (CVA) – Not Alert – Partial Evidence (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C01E	Stroke (CVA) – Not Alert – Partial Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C01F	Stroke (CVA) – Not Alert – Strong Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C01G	Stroke (CVA) – Not Alert – Greater than T hrs	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C01H	Stroke (CVA) – Not Alert – Strong Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C01I	Stroke (CVA) – Not Alert – Strong Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C01J	Stroke (CVA) – Not Alert – Clear Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C01K	Stroke (CVA) – Not Alert – Clear Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C01L	Stroke (CVA) – Not Alert – Less than T hrs	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C01M	Stroke (CVA) – Not Alert – Clear Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C01U	Stroke (CVA) – Not Alert – Unk When Symptoms Started	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C01X	Stroke (CVA) – Not Alert – No Test Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C01Y	Stroke (CVA) – Not Alert – No Test Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C01Z	Stroke (CVA) – Not Alert – No Test Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C02C	Stroke (CVA) – Abnormal Breathing – Partial Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C02D	Stroke (CVA) – Abnormal Breathing – Partial Evidence (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C02E	Stroke (CVA) – Abnormal Breathing – Partial Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C02F	Stroke (CVA) – Abnormal Breathing – Strong Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C02G	Stroke (CVA) – Abnormal Breathing – Greater than T hrs	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C02H	Stroke (CVA) – Abnormal Breathing – Strong Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C02I	Stroke (CVA) – Abnormal Breathing – Strong Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C02J	Stroke (CVA) – Abnormal Breathing – Clear Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C02K	Stroke (CVA) – Abnormal Breathing – Clear Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C02L	Stroke (CVA) – Abnormal Breathing – Less than T hrs	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C02M	Stroke (CVA) – Abnormal Breathing – Clear Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C02U	Stroke (CVA) – Abnormal Breathing – Unk When Symptoms Started	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C02X	Stroke (CVA) – Abnormal Breathing – No Test Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C02Y	Stroke (CVA) – Abnormal Breathing – No Test Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C02Z	Stroke (CVA) – Abnormal Breathing – No Test Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C03C	Stroke (CVA) – Sudden Speech Problems – Partial Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C03D	Stroke (CVA) – Sudden Speech Problems – Partial Evidence (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C03E	Stroke (CVA) – Sudden Speech Problems – Partial Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C03F	Stroke (CVA) – Sudden Speech Problems – Strong Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C03G	Stroke (CVA) – Sudden Speech Problems – Greater than T hrs	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C03H	Stroke (CVA) – Sudden Speech Problems – Strong Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C03I	Stroke (CVA) – Sudden Speech Problems – Strong Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C03J	Stroke (CVA) – Sudden Speech Problems – Clear Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C03K	Stroke (CVA) – Sudden Speech Problems – Clear Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C03L	Stroke (CVA) – Sudden Speech Problems – Less than T hrs	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C03M	Stroke (CVA) – Sudden Speech Problems – Clear Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C03U	Stroke (CVA) – Sudden Speech Problems – Unk When Symptoms Started	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C03X	Stroke (CVA) – Sudden Speech Problems – No Test Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C03Y	Stroke (CVA) – Sudden Speech Problems – No Test Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C03Z	Stroke (CVA) – Sudden Speech Problems – No Test Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C04C	Stroke (CVA) – Sudden Weakness or Numbness (1 Side) – Partial Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C04D	Stroke (CVA) – Sudden Weakness or Numbness (1 Side) – Partial Evidence (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C04E	Stroke (CVA) – Sudden Weakness or Numbness (1 Side) – Partial Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C04F	Stroke (CVA) – Sudden Weakness or Numbness (1 Side) – Strong Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C04G	Stroke (CVA) – Sudden Weakness or Numbness (1 Side) – Greater than T hrs	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C04H	Stroke (CVA) – Sudden Weakness or Numbness (1 Side) – Strong Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C04I	Stroke (CVA) – Sudden Weakness or Numbness (1 Side) – Strong Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C04J	Stroke (CVA) – Sudden Weakness or Numbness (1 Side) – Clear Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C04K	Stroke (CVA) – Sudden Weakness or Numbness (1 Side) – Clear Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C04L	Stroke (CVA) – Sudden Weakness or Numbness (1 Side) – Less than T hrs	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C04M	Stroke (CVA) – Sudden Weakness or Numbness (1 Side) – Clear Evidence(Unk hrs)	Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	28C04U	Stroke (CVA) – Sudden Weakness or Numbness (1 Side) – Unk When Symptoms Started	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C04X	Stroke (CVA) – Sudden Weakness or Numbness (1 Side) – No Test Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C04Y	Stroke (CVA) – Sudden Weakness or Numbness (1 Side) – No Test Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C04Z	Stroke (CVA) – Sudden Weakness or Numbness (1 Side) – No Test Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C05C	Stroke (CVA) – Sudden Paralysis/Face Droop (1 Side) – Partial Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C05D	Stroke (CVA) – Sudden Paralysis/Face Droop (1 Side) – Partial Evidence (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C05E	Stroke (CVA) – Sudden Paralysis/Face Droop (1 Side) – Partial Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C05F	Stroke (CVA) – Sudden Paralysis/Face Droop (1 Side) – Strong Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C05G	Stroke (CVA) – Sudden Paralysis/Face Droop (1 Side) – Greater than T hrs	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C05H	Stroke (CVA) – Sudden Paralysis/Face Droop (1 Side) – Strong Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C05I	Stroke (CVA) – Sudden Paralysis/Face Droop (1 Side) – Strong Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C05J	Stroke (CVA) – Sudden Paralysis/Face Droop (1 Side) – Clear Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C05K	Stroke (CVA) – Sudden Paralysis/Face Droop (1 Side) – Clear Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C05L	Stroke (CVA) – Sudden Paralysis/Face Droop (1 Side) – Less than T hrs	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C05M	Stroke (CVA) – Sudden Paralysis/Face Droop (1 Side) – Clear Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C05U	Stroke (CVA) – Sudden Paralysis/Face Droop (1 Side) – Unk When Symptoms Started	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C05X	Stroke (CVA) – Sudden Paralysis/Face Droop (1 Side) – No Test Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C05Y	Stroke (CVA) – Sudden Paralysis/Face Droop (1 Side) – No Test Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C05Z	Stroke (CVA) – Sudden Paralysis/Face Droop (1 Side) – No Test Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C06C	Stroke (CVA) – Sudden Loss/Balance/Coordination – Partial Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C06D	Stroke (CVA) – Sudden Loss/Balance/Coordination – Partial Evidence (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C06E	Stroke (CVA) – Sudden Loss/Balance/Coordination – Partial Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C06F	Stroke (CVA) – Sudden Loss/Balance/Coordination – Strong Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C06G	Stroke (CVA) – Sudden Loss/Balance/Coordination – Greater than T hrs	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C06H	Stroke (CVA) – Sudden Loss/Balance/Coordination – Strong Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C06I	Stroke (CVA) – Sudden Loss/Balance/Coordination – Strong Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C06J	Stroke (CVA) – Sudden Loss/Balance/Coordination – Clear Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C06K	Stroke (CVA) – Sudden Loss/Balance/Coordination – Clear Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C06L	Stroke (CVA) – Sudden Loss/Balance/Coordination – Less than T hrs	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C06M	Stroke (CVA) – Sudden Loss/Balance/Coordination – Clear Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C06U	Stroke (CVA) – Sudden Loss/Balance/Coordination – Unk When Symptoms Started	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C06X	Stroke (CVA) – Sudden Loss/Balance/Coordination – No Test Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C06Y	Stroke (CVA) – Sudden Loss/Balance/Coordination – No Test Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C06Z	Stroke (CVA) – Sudden Loss/Balance/Coordination – No Test Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C07C	Stroke (CVA) – Sudden Vision Problems – Partial Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C07D	Stroke (CVA) – Sudden Vision Problems – Partial Evidence (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C07E	Stroke (CVA) – Sudden Vision Problems – Partial Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C07F	Stroke (CVA) – Sudden Vision Problems – Strong Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C07G	Stroke (CVA) – Sudden Vision Problems – Greater than T hrs	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C07H	Stroke (CVA) – Sudden Vision Problems – Strong Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C07I	Stroke (CVA) – Sudden Vision Problems – Strong Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C07J	Stroke (CVA) – Sudden Vision Problems – Clear Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C07K	Stroke (CVA) – Sudden Vision Problems – Clear Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C07L	Stroke (CVA) – Sudden Vision Problems – Less than T hrs	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C07M	Stroke (CVA) – Sudden Vision Problems – Clear Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C07U	Stroke (CVA) – Sudden Vision Problems – Unk When Symptoms Started	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C07X	Stroke (CVA) – Sudden Vision Problems – No Test Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C07Y	Stroke (CVA) – Sudden Vision Problems – No Test Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C07Z	Stroke (CVA) – Sudden Vision Problems – No Test Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C08C	Stroke (CVA) – Sudden Onset of Severe Headache – Partial Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C08D	Stroke (CVA) – Sudden Onset of Severe Headache – Partial Evidence (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C08E	Stroke (CVA) – Sudden Onset of Severe Headache – Partial Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C08F	Stroke (CVA) – Sudden Onset of Severe Headache – Strong Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C08G	Stroke (CVA) – Sudden Onset of Severe Headache – Greater than T hrs	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C08H	Stroke (CVA) – Sudden Onset of Severe Headache – Strong Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C08I	Stroke (CVA) – Sudden Onset of Severe Headache – Strong Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C08J	Stroke (CVA) – Sudden Onset of Severe Headache – Clear Evidence(< T hrs)	Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	28C08K	Stroke (CVA) – Sudden Onset of Severe Headache – Clear Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C08L	Stroke (CVA) – Sudden Onset of Severe Headache – Less than T hrs	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C08M	Stroke (CVA) – Sudden Onset of Severe Headache – Clear Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C08U	Stroke (CVA) – Sudden Onset of Severe Headache – Unk When Symptoms Started	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C08X	Stroke (CVA) – Sudden Onset of Severe Headache – No Test Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C08Y	Stroke (CVA) – Sudden Onset of Severe Headache – No Test Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C08Z	Stroke (CVA) – Sudden Onset of Severe Headache – No Test Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C09C	Stroke (CVA) – Stroke History – Partial Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C09D	Stroke (CVA) – Stroke History – Partial Evidence (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C09E	Stroke (CVA) – Stroke History – Partial Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C09F	Stroke (CVA) – Stroke History – Strong Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C09G	Stroke (CVA) – Stroke History – Greater than T hrs	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C09H	Stroke (CVA) – Stroke History – Strong Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C09I	Stroke (CVA) – Stroke History – Strong Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C09J	Stroke (CVA) – Stroke History – Clear Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C09K	Stroke (CVA) – Stroke History – Clear Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C09L	Stroke (CVA) – Stroke History – Less than T hrs	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C09M	Stroke (CVA) – Stroke History – Clear Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C09U	Stroke (CVA) – Stroke History – Unk When Symptoms Started	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C09X	Stroke (CVA) – Stroke History – No Test Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C09Y	Stroke (CVA) – Stroke History – No Test Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C09Z	Stroke (CVA) – Stroke History – No Test Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C10C	Stroke (CVA) – TIA (Mini-Stroke) History – Partial Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C10D	Stroke (CVA) – TIA (Mini-Stroke) History – Partial Evidence (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C10E	Stroke (CVA) – TIA (Mini-Stroke) History – Partial Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C10F	Stroke (CVA) – TIA (Mini-Stroke) History – Strong Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C10G	Stroke (CVA) – TIA (Mini-Stroke) History – Greater than T hrs	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C10H	Stroke (CVA) – TIA (Mini-Stroke) History – Strong Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C10I	Stroke (CVA) – TIA (Mini-Stroke) History – Strong Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C10J	Stroke (CVA) – TIA (Mini-Stroke) History – Clear Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C10K	Stroke (CVA) – TIA (Mini-Stroke) History – Clear Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C10L	Stroke (CVA) – TIA (Mini-Stroke) History – Less than T hrs	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C10M	Stroke (CVA) – TIA (Mini-Stroke) History – Clear Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C10U	Stroke (CVA) – TIA (Mini-Stroke) History – Unk When Symptoms Started	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C10X	Stroke (CVA) – TIA (Mini-Stroke) History – No Test Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C10Y	Stroke (CVA) – TIA (Mini-Stroke) History – No Test Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C10Z	Stroke (CVA) – TIA (Mini-Stroke) History – No Test Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C11C	Stroke (CVA) – Breathing Normally ? 35 – Partial Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C11D	Stroke (CVA) – Breathing Normally ? 35 – Partial Evidence (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C11E	Stroke (CVA) – Breathing Normally ? 35 – Partial Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C11F	Stroke (CVA) – Breathing Normally ? 35 – Strong Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C11G	Stroke (CVA) – Breathing Normally ? 35 – Greater than T hrs	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C11H	Stroke (CVA) – Breathing Normally ? 35 – Strong Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C11I	Stroke (CVA) – Breathing Normally ? 35 – Strong Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C11J	Stroke (CVA) – Breathing Normally ? 35 – Clear Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C11K	Stroke (CVA) – Breathing Normally ? 35 – Clear Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C11L	Stroke (CVA) – Breathing Normally ? 35 – Less than T hrs	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C11M	Stroke (CVA) – Breathing Normally ? 35 – Clear Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C11U	Stroke (CVA) – Breathing Normally ? 35 – Unk When Symptoms Started	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C11X	Stroke (CVA) – Breathing Normally ? 35 – No Test Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C11Y	Stroke (CVA) – Breathing Normally ? 35 – No Test Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C11Z	Stroke (CVA) – Breathing Normally ? 35 – No Test Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C12C	Stroke (CVA) – Unknown Status/Other Codes N/A – Partial Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C12D	Stroke (CVA) – Unknown Status/Other Codes N/A – Partial Evidence (? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C12E	Stroke (CVA) – Unknown Status/Other Codes N/A – Partial Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C12F	Stroke (CVA) – Unknown Status/Other Codes N/A – Strong Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	28C12G	Stroke (CVA) – Unknown Status/Other Codes N/A – Greater than T hrs	Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	28C12H	Stroke (CVA) – Unknown Status/Other Codes N/A – Strong Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	28C12I	Stroke (CVA) – Unknown Status/Other Codes N/A – Strong Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	28C12J	Stroke (CVA) – Unknown Status/Other Codes N/A – Clear Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	28C12K	Stroke (CVA) – Unknown Status/Other Codes N/A – Clear Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	28C12L	Stroke (CVA) – Unknown Status/Other Codes N/A – Less than T hrs	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	28C12M	Stroke (CVA) – Unknown Status/Other Codes N/A – Clear Evidence(Unk hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	28C12U	Stroke (CVA) – Unknown Status/Other Codes N/A – Unk When Symptoms Started	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	28C12X	Stroke (CVA) – Unknown Status/Other Codes N/A – No Test Evidence(< T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	28C12Y	Stroke (CVA) – Unknown Status/Other Codes N/A – No Test Evidence(? T hrs)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	28C12Z	Stroke (CVA) – Unknown Status/Other Codes N/A – No Test Evidence(Unk hrs)	Hot

29 ---- ----

Traffic Accidents

Cold

---- **A** ----

Cold

<input type="checkbox"/>	<input type="checkbox"/>	----	----	29A00	Traffic Accidents – Override	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29A00U	Traffic Accidents – Override – Unk # of Patients	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29A00V	Traffic Accidents – Override – >1 Patients	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29A00X	Traffic Accidents – Override – Unk # of Pat, >1 Units Req	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29A00Y	Traffic Accidents – Override – >1 Patients, >1 Units Req	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29A01	Traffic Accidents – 1st Party Not Dangerous	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29A01U	Traffic Accidents – 1st Party Not Dangerous – Unk # of Patients	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29A01V	Traffic Accidents – 1st Party Not Dangerous – >1 Patients	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29A01X	Traffic Accidents – 1st Party Not Dangerous – Unk # of Pat, >1 Units Req	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29A01Y	Traffic Accidents – 1st Party Not Dangerous – >1 Patients, >1 Units Req	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29A02	Traffic Accidents – No Injuries (Unk / ? 5 Persons)	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29A02U	Traffic Accidents – No Injuries (Unk / ? 5 Persons) – Unk # of Patients	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29A02V	Traffic Accidents – No Injuries (Unk / ? 5 Persons) – >1 Patients	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29A02X	Traffic Accidents – No Injuries (Unk / ? 5 Persons) – Unk # of Pat, >1 Units Req	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29A02Y	Traffic Accidents – No Injuries (Unk / ? 5 Persons) – >1 Patients, >1 Units Req	Cold

---- **B** ----

Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	29B00	Traffic Accidents – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29B00U	Traffic Accidents – Override – Unk # of Patients	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29B00V	Traffic Accidents – Override – >1 Patients	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29B00X	Traffic Accidents – Override – Unk # of Pat, >1 Units Req	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29B00Y	Traffic Accidents – Override – >1 Patients, >1 Units Req	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29B01	Traffic Accidents – Injuries	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29B01U	Traffic Accidents – Injuries – Unk # of Patients	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29B01V	Traffic Accidents – Injuries – >1 Patients	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29B01X	Traffic Accidents – Injuries – Unk # of Patients, >1 Units Req	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29B01Y	Traffic Accidents – Injuries – >1 Patients, >1 Units Req	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29B02	Traffic Accidents – Serious Hemorrhage	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29B02U	Traffic Accidents – Serious Hemorrhage – Unk # of Patients	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29B02V	Traffic Accidents – Serious Hemorrhage – >1 Patients	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29B02X	Traffic Accidents – Serious Hemorrhage – Unk # of Patients, >1 Units Req	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29B02Y	Traffic Accidents – Serious Hemorrhage – >1 Patients, >1 Units Req	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29B03	Traffic Accidents – Other Hazards	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29B03U	Traffic Accidents – Other Hazards – Unk # of Patients	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29B03V	Traffic Accidents – Other Hazards – >1 Patients	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29B03X	Traffic Accidents – Other Hazards – Unk # of Patients, >1 Units Req	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29B03Y	Traffic Accidents – Other Hazards – >1 Patients, >1 Units Req	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29B04	Traffic Accidents – Low Mechanism (1st/2nd Party)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29B04U	Traffic Accidents – Low Mechanism (1st/2nd Party) – Unk # of Patients	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29B04V	Traffic Accidents – Low Mechanism (1st/2nd Party) – >1 Patients	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29B04X	Traffic Accidents – Low Mechan (1st/2nd Party) – Unk # of Patients, >1 Units Req	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29B04Y	Traffic Accidents – Low Mechanism (1st/2nd Party) – >1 Patients, >1 Units Req	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29B05	Traffic Accidents – Unk Status/Other Codes N/A	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29B05U	Traffic Accidents – Unk Status/Other Codes N/A – Unk # of Patients	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29B05V	Traffic Accidents – Unk Status/Other Codes N/A – >1 Patients	Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	29B05X	Traffic Accidents – Unk Status/Other Codes N/A – Unk # of Patients, >1 Units Req	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29B05Y	Traffic Accidents – Unk Status/Other Codes N/A – >1 Patients, >1 Units Req	Hot
		----	D	----		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D00	Traffic Accidents – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D00U	Traffic Accidents – Override – Unk # of Patients	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D00V	Traffic Accidents – Override – >1 Patients	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D00X	Traffic Accidents – Override – Unk # of Pat, >1 Units Req	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D00Y	Traffic Accidents – Override – >1 Patients, >1 Units Req	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D01a	Traffic Accidents – Major Incident – Aircraft	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D01b	Traffic Accidents – Major Incident – Bus	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D01c	Traffic Accidents – Major Incident – Subway/Metro	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D01d	Traffic Accidents – Major Incident – Train	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D01e	Traffic Accidents – Major Incident – Watercraft	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D01f	Traffic Accidents – Major Incident – Multi-Vehicle (? 10) Pile-Up	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D01g	Traffic Accidents – Major Incident – Street Car/Tram/Light Rail	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D01h	Traffic Accidents – Major Incident – Vehicle vs. Building	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D02k	Traffic Accidents – High Mechanism – All-Terrain/Snowmobile	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D02l	Traffic Accidents – High Mechanism – Auto vs. Bicycle/Motorcycle	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D02m	Traffic Accidents – High Mechanism – Auto vs. Pedestrian	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D02n	Traffic Accidents – High Mechanism – Ejection	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D02o	Traffic Accidents – High Mechanism – Personal Watercraft	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D02p	Traffic Accidents – High Mechanism – Rollovers	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D02q	Traffic Accidents – High Mechanism – Vehicle Off Bridge/Height	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D02r	Traffic Accidents – High Mechanism – Possible Death At Scene	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D02s	Traffic Accidents – High Mechanism – Sinking Vehicle/Vehicle in Floodwater	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D02t	Traffic Accidents – High Mechanism – Train/Light Rail vs. Pedestrian	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D03	Traffic Accidents – High Velocity Impact	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D03U	Traffic Accidents – High Velocity Impact – Unk # of Patients	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D03V	Traffic Accidents – High Velocity Impact – >1 Patients	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D03X	Traffic Accidents – High Velocity Impact – Unk # of Pat, >1 Units Req	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D03Y	Traffic Accidents – High Velocity Impact – >1 Patients, >1 Units Req	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D04	Traffic Accidents – Hazmat	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D04U	Traffic Accidents – Hazmat – Unk No of Patients	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D04V	Traffic Accidents – Hazmat – >1 Patients	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D04X	Traffic Accidents – Hazmat – Unk No of Patients, >1 Units Req	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D04Y	Traffic Accidents – Hazmat – >1 Patients, >1 Units Req	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D05	Traffic Accidents – Pinned Victim	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D05U	Traffic Accidents – Pinned Victim – Unk No of Patients	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D05V	Traffic Accidents – Pinned Victim – >1 Patients	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D05X	Traffic Accidents – Pinned Victim – Unk No of Patients, >1 Units Req	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D05Y	Traffic Accidents – Pinned Victim – >1 Patients, >1 Units Req	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D06	Traffic Accidents – Arrest	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D06U	Traffic Accidents – Arrest – Unk # of Patients	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D06V	Traffic Accidents – Arrest – >1 Patients	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D06X	Traffic Accidents – Arrest – Unk # of Pat, >1 Units Req	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D06Y	Traffic Accidents – Arrest – >1 Patients, >1 Units Req	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D07	Traffic Accidents – Unconscious	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D07U	Traffic Accidents – Unconscious – Unk # of Patients	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D07V	Traffic Accidents – Unconscious – >1 Patients	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D07X	Traffic Accidents – Unconscious – Unk # of Pat, >1 Units Req	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D07Y	Traffic Accidents – Unconscious – >1 Patients, >1 Units Req	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D08	Traffic Accidents – Not Alert w/ Noisy Breathing	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D08U	Traffic Accidents – Not Alert w/ Noisy Breathing – Unk # of Patients	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D08V	Traffic Accidents – Not Alert w/ Noisy Breathing – >1 Patients	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D08X	Traffic Accidents – Not Alert w/ Noisy Breathing – Unk # of Pat, >1 Units Req	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D08Y	Traffic Accidents – Not Alert w/ Noisy Breathing – >1 Patients, >1 Units Req	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D09	Traffic Accidents – Not Alert with Normal Breathing	Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D09U	Traffic Accidents – Not Alert with Normal Breathing – Unk # of Patients	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D09V	Traffic Accidents – Not Alert with Normal Breathing – >1 Patients	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D09X	Traffic Accidents – Not Alert with Normal Breathing – Unk # of Pat, >1 Units Req	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29D09Y	Traffic Accidents – Not Alert with Normal Breathing – >1 Patients, >1 Units Req	Hot
		----		O		Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29O01	Traffic Accidents – No Injuries (Max 4 Persons)	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29O01U	Traffic Accidents – No Injuries (Max 4 Persons) – Unk # of Patients	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29O01V	Traffic Accidents – No Injuries (Max 4 Persons) – >1 Patients	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29O01X	Traffic Accidents – No Injuries (Max 4 Persons) – Unk # of Pat, >1 Units Req	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	29O01Y	Traffic Accidents – No Injuries (Max 4 Persons) – >1 Patients, >1 Units Req	Cold

30 ---- ---- **Traumatic Injuries, (Specific)** Cold

---- **A** ---- Cold

<input type="checkbox"/>	<input type="checkbox"/>	----	----	30A01	Traumatic Injuries, (Specific) – Not Dangerous Body Area with Deformity	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	30A02	Traumatic Injuries, (Specific) – Not Dangerous Body Area	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	30A03	Traumatic Injuries, (Specific) – Non-Recent Injuries (without Priority Symptoms)	Cold

---- **B** ---- Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	30B00	Traumatic Injuries, (Specific) – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	30B01	Traumatic Injuries, (Specific) – Possibly Dangerous Body Area	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	30B02	Traumatic Injuries, (Specific) – Serious Hemorrhage	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	30B03	Traumatic Injuries, (Specific) – Unknown Body Area (Remote Patient Location)	Hot

---- **D** ---- Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	30D00	Traumatic Injuries, (Specific) – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	30D01	Traumatic Injuries, (Specific) – Arrest	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	30D02	Traumatic Injuries, (Specific) – Unconscious	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	30D03	Traumatic Injuries, (Specific) – Not Alert	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	30D04	Traumatic Injuries, (Specific) – Chest or Neck Injury (w/ Difficulty Breathing)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	30D05	Traumatic Injuries, (Specific) – High Velocity Impact/Mass Injury	Hot

31 ---- ---- **Unconscious Fainting (Near)** Cold

---- **A** ---- Cold

<input type="checkbox"/>	<input type="checkbox"/>	----	----	31A01	Unconscious Fainting (Near) – Fainting Episodes and Alert >35 (w/o Cardiac Hx)	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	31A02	Unconscious Fainting (Near) – Fainting Episodes and Alert <35 (w/ Cardiac Hx)	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	31A03	Unconscious Fainting (Near) – Fainting Episodes and Alert <35 (w/o Cardiac Hx)	Cold

---- **C** ---- Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	31C00	Unconscious Fainting (Near) – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	31C01	Unconscious Fainting (Near) – Alert w/ Abnormal Breathing	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	31C02	Unconscious Fainting (Near) – Fainting Episodes and Alert >35 (w/ Cardiac Hx)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	31C03	Unconscious Fainting (Near) – Females 12–50 w/ Abd Pain	Hot

---- **D** ---- Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	31D00	Unconscious Fainting (Near) – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	31D01	Unconscious Fainting (Near) – Unconscious – Agonal/Ineffective Breathing	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	31D02	Unconscious Fainting (Near) – Unconscious – Effective Breathing	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	31D03	Unconscious Fainting (Near) – Not Alert	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	31D04	Unconscious Fainting (Near) – Changing Color	Hot

---- **E** ---- Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	31E00	Unconscious Fainting (Near) – Override	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	31E01	Unconscious Fainting (Near) – Ineffective Breathing	Hot

32 ---- ---- **Unknown Problem (Man Down)** Hot

---- **B** ---- Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	32B01	Unknown Problem (Man Down) – Standing, Sitting Up, Moving or Talking	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	32B02	Unknown Problem (Man Down) – Medical Alarm/Alert (No Pt Information)	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	32B03	Unknown Problem (Man Down) – Unknown Status/Other Codes N/A	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	32B04	Unknown Problem (Man Down) – Caller's Language Not Understood (No Interpreter)	Hot

---- **D** ---- Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	32D00	Unknown Problem (Man Down) – Override	Hot
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33	----	----	Interfacility / Palliative Care	
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		----	A	----		
<input type="checkbox"/>	<input type="checkbox"/>	----	33A01P	Interfacility / Palliative Care – Acuity I – Palliative		Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	33A01T	Interfacility / Palliative Care – Acuity I – IFT		Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	33A02P	Interfacility / Palliative Care – Acuity II – Palliative		Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	33A02T	Interfacility / Palliative Care – Acuity II – IFT		Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	33A03P	Interfacility / Palliative Care – Acuity III – Palliative		Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	33A03T	Interfacility / Palliative Care – Acuity III – IFT		Cold
		----	C	----		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	33C00P	Interfacility / Palliative Care – Override – Palliative		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	33C00T	Interfacility / Palliative Care – Override – IFT		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	33C01P	Interfacility / Palliative Care – Not Alert – Palliative		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	33C01T	Interfacility / Palliative Care – Not Alert – IFT		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	33C02P	Interfacility / Palliative Care – Abnormal Breathing – Palliative		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	33C02T	Interfacility / Palliative Care – Abnormal Breathing – IFT		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	33C03P	Interfacility / Palliative Care – Significant Hemorrhage – Palliative		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	33C03T	Interfacility / Palliative Care – Significant Hemorrhage – IFT		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	33C04P	Interfacility / Palliative Care – Shock – Palliative		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	33C04T	Interfacility / Palliative Care – Shock – IFT		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	33C05P	Interfacility / Palliative Care – Possible Acute Heart Prob or MI – Palliative		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	33C05T	Interfacility / Palliative Care – Possible Acute Heart Prob or MI – IFT		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	33C06P	Interfacility / Palliative Care – Severe Pain – Palliative		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	33C06T	Interfacility / Palliative Care – Severe Pain – IFT		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	33C07P	Interfacility / Palliative Care – Emergency Response Requested – Palliative		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	33C07T	Interfacility / Palliative Care – Emergency Response Requested – IFT		Hot
		----	D	----		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	33D00P	Interfacility / Palliative Care – Override – Palliative		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	33D00T	Interfacility / Palliative Care – Override – IFT		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	33D01P	Interfacility / Palliative Care – Suspected Cardiac/Resp Arrest – Palliative		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	33D01T	Interfacility / Palliative Care – Suspected Cardiac/Resp Arrest – IFT		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	33D02P	Interfacility / Palliative Care – Just Resuscitated and/or Defib – Palliative		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	33D02T	Interfacility / Palliative Care – Just Resuscitated and/or Defib – IFT		Hot

34	----	----	Automatic Crash Notification	
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		----	A	----		
<input type="checkbox"/>	<input type="checkbox"/>	----	34A00	Automatic Crash Notification – Override		Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	34A01	Automatic Crash Notification – Not Dangerous Injuries (1st Party, One Occupant)		Cold
		----	B	----		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	34B00	Automatic Crash Notification – Override		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	34B01	Automatic Crash Notification – Injuries involved		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	34B02	Automatic Crash Notification – Multiple victims (one unit)		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	34B03	Automatic Crash Notification – Multiple victims (additional units)		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	34B04	Automatic Crash Notification – Airbag/Other Automatic Sensor (no voice)		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	34B05	Automatic Crash Notification – Unknown situation/Other codes not applicable		Hot
		----	D	----		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	34D00	Automatic Crash Notification – Override		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	34D01h	Automatic Crash Notification – High Mechanism – Auto–bicycle		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	34D01i	Automatic Crash Notification – High Mechanism – Motorcycle		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	34D01j	Automatic Crash Notification – High Mechanism – Auto–pedestrian		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	34D01k	Automatic Crash Notification – High Mechanism – Ejection		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	34D01l	Automatic Crash Notification – High Mechanism – Pinned		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	34D01m	Automatic Crash Notification – High Mechanism – Rollovers		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	34D01n	Automatic Crash Notification – High Mechanism – Vehicle off bridge/height		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	34D02	Automatic Crash Notification – Unconscious or Not alert		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	34D03	Automatic Crash Notification – Not Breathing/Ineffective Breathing		Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	----	34D04	Automatic Crash Notification – Life Status Questionable	Hot
		----	O	----		Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	34O01	Automatic Crash Notification – No injuries (refer to Police)	Cold

		36	----		<i>Pandemic Flu</i>	Cold
		----	A	----		Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36A01A	Pandemic Flu – Chest Pain <35 with Single Flu Symptom – L1	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36A01B	Pandemic Flu – Chest Pain <35 with Single Flu Symptom – L2	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36A01C	Pandemic Flu – Chest Pain <35 with Single Flu Symptom – L3	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36A01S	Pandemic Flu – Chest Pain <35 with Single Flu Symptom – L0	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36A02A	Pandemic Flu – Chest Pain >35 with Multiple Flu Symptoms – L1	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36A02B	Pandemic Flu – Chest Pain >35 with Multiple Flu Symptoms – L2	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36A02C	Pandemic Flu – Chest Pain >35 with Multiple Flu Symptoms – L3	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36A02S	Pandemic Flu – Chest Pain >35 with Multiple Flu Symptoms – L0	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36A03A	Pandemic Flu – Flu Symptoms Only – L1	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36A03B	Pandemic Flu – Flu Symptoms Only – L2	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36A03C	Pandemic Flu – Flu Symptoms Only – L3	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36A03S	Pandemic Flu – Flu Symptoms Only – L0	Cold
		----	C	----		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36C00A	Pandemic Flu – Override – L1	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36C00B	Pandemic Flu – Override – L2	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36C00C	Pandemic Flu – Override – L3	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36C00S	Pandemic Flu – Override – L0	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36C01A	Pandemic Flu – Abnormal Breathing with Single Flu Symptom – L1	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36C01B	Pandemic Flu – Abnormal Breathing with Single Flu Symptom – L2	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36C01C	Pandemic Flu – Abnormal Breathing with Single Flu Symptom – L3	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36C01S	Pandemic Flu – Abnormal Breathing with Multiple Flu Symptoms – L0	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36C02A	Pandemic Flu – Abnormal Breathing with Multiple Flu Symptoms – L1	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36C02B	Pandemic Flu – Abnormal Breathing with Multiple Flu Symptoms – L2	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36C02C	Pandemic Flu – Abnormal Breathing with Multiple Flu Symptoms – L3	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36C02S	Pandemic Flu – Abnormal Breathing with Multiple Flu Symptoms – L0	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36C03A	Pandemic Flu – Chest Pain >35 with Single Flu Symptom – L1	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36C03B	Pandemic Flu – Chest Pain >35 with Single Flu Symptom – L2	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36C03C	Pandemic Flu – Chest Pain >35 with Single Flu Symptom – L3	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36C03S	Pandemic Flu – Chest Pain >35 with Single Flu Symptom – L0	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36C04A	Pandemic Flu – Chest Pain >35 with Multiple Flu Symptoms – L1	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36C04B	Pandemic Flu – Chest Pain >35 with Multiple Flu Symptoms – L2	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36C04C	Pandemic Flu – Chest Pain >35 with Multiple Flu Symptoms – L3	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36C04S	Pandemic Flu – Chest Pain >35 with Multiple Flu Symptoms – L0	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36C05A	Pandemic Flu – High Risk Conditions – L1	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36C05B	Pandemic Flu – High Risk Conditions – L2	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36C05C	Pandemic Flu – High Risk Conditions – L3	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36C05S	Pandemic Flu – High Risk Conditions – L0	Hot
		----	D	----		Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36D00A	Pandemic Flu – Override – L1	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36D00B	Pandemic Flu – Override – L2	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36D00C	Pandemic Flu – Override – L3	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36D00S	Pandemic Flu – Override – L0	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36D01A	Pandemic Flu – Ineffective Breathing with Flu Symptoms – L1	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36D01B	Pandemic Flu – Ineffective Breathing with Flu Symptoms – L2	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36D01C	Pandemic Flu – Ineffective Breathing with Flu Symptoms – L3	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36D01S	Pandemic Flu – Ineffective Breathing with Flu Symptoms – L0	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36D02A	Pandemic Flu – Difficulty Breathing Between Breaths with Flu Symptoms – L1	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36D02B	Pandemic Flu – Difficulty Breathing Between Breaths with Flu Symptoms – L2	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36D02C	Pandemic Flu – Difficulty Breathing Between Breaths with Flu Symptoms – L3	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36D02S	Pandemic Flu – Difficulty Breathing Between Breaths with Flu Symptoms – L0	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	----	36D03A	Pandemic Flu – Not Alert with Flu Symptoms – L1	Hot

<input type="checkbox"/>	<input type="checkbox"/>	----	36D03B	Pandemic Flu – Not Alert with Flu Symptoms – L2	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	36D03C	Pandemic Flu – Not Alert with Flu Symptoms – L3	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	36D03S	Pandemic Flu – Not Alert with Flu Symptoms – L0	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	36D04A	Pandemic Flu – Changing Colour with Flu Symptoms – L1	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	36D04B	Pandemic Flu – Changing Colour with Flu Symptoms – L2	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	36D04C	Pandemic Flu – Changing Colour with Flu Symptoms – L3	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	36D04S	Pandemic Flu – Changing Colour with Flu Symptoms – L0	Hot

38 ----

Advanced SEND

Cold

---- **A** ----

Cold

<input type="checkbox"/>	<input type="checkbox"/>	----	38A01	Advanced SEND – Not Dangerous Body Area	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38A01C	Advanced SEND – Not Dangerous Body Area – Cold Response Requested	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38A01H	Advanced SEND – Not Dangerous Body Area – Hot Response Requested	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	38A02	Advanced SEND – Minor Injuries	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38A02C	Advanced SEND – Minor Injuries – Cold Response Requested	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38A02H	Advanced SEND – Minor Injuries – Hot Response Requested	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	38A03	Advanced SEND – Minor Illness	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38A03C	Advanced SEND – Minor Illness – Cold Response Requested	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38A03H	Advanced SEND – Minor Illness – Hot Response Requested	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	38A04	Advanced SEND – Minor Hemorrhage	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38A04C	Advanced SEND – Minor Hemorrhage – Cold Response Requested	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38A04H	Advanced SEND – Minor Hemorrhage – Hot Response Requested	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	38A05	Advanced SEND – Chest Pain/Discomfort < 35 (without Priority Symptoms)	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38A05C	Advanced SEND – Chest Pain/Discomfort < 35 (without Priority Symptoms) – Cold Response Requested	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38A05H	Advanced SEND – Chest Pain/Discomfort < 35 (without Priority Symptoms) – Hot Response Requested	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	38A06	Advanced SEND – Fall (Ground Level)	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38A06C	Advanced SEND – Fall (Ground Level) – Cold Response Requested	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38A06H	Advanced SEND – Fall (Ground Level) – Hot Response Requested	Hot

---- **B** ----

Cold

<input type="checkbox"/>	<input type="checkbox"/>	----	38B00	Advanced SEND – Override	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38B00C	Advanced SEND – Override – Cold Response Requested	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38B00H	Advanced SEND – Override – Hot Response Requested	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	38B01	Advanced SEND – Possibly Dangerous Body Area	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38B01C	Advanced SEND – Possibly Dangerous Body Area – Cold Response Requested	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38B01H	Advanced SEND – Possibly Dangerous Body Area – Hot Response Requested	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	38B02	Advanced SEND – Serious Hemorrhage	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38B02C	Advanced SEND – Serious Hemorrhage – Cold Response Requested	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38B02H	Advanced SEND – Serious Hemorrhage – Hot Response Requested	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	38B03	Advanced SEND – Tasered	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38B03C	Advanced SEND – Tasered – Cold Response Requested	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38B03H	Advanced SEND – Tasered – Hot Response Requested	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	38B04	Advanced SEND – Unknown Status (Trauma)	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38B04C	Advanced SEND – Unknown Status (Trauma) – Cold Response Requested	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38B04H	Advanced SEND – Unknown Status (Trauma) – Hot Response Requested	Hot

---- **C** ----

Cold

<input type="checkbox"/>	<input type="checkbox"/>	----	38C00	Advanced SEND – Override	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38C00C	Advanced SEND – Override – Cold Response Requested	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38C00H	Advanced SEND – Override – Hot Response Requested	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	38C01	Advanced SEND – Chest Pain/Discomfort >= 35	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38C01C	Advanced SEND – Chest Pain/Discomfort >= 35 – Cold Response Requested	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38C01H	Advanced SEND – Chest Pain/Discomfort >= 35 – Hot Response Requested	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	38C02	Advanced SEND – Childbirth	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38C02C	Advanced SEND – Childbirth – Cold Response Requested	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38C02H	Advanced SEND – Childbirth – Hot Response Requested	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	38C03	Advanced SEND – Seizure	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38C03C	Advanced SEND – Seizure – Cold Response Requested	Cold

<input type="checkbox"/>	<input type="checkbox"/>	----	38C03H	Advanced SEND – Seizure – Hot Response Requested	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	38C04	Advanced SEND – Stroke	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38C04C	Advanced SEND – Stroke – Cold Response Requested	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38C04H	Advanced SEND – Stroke – Hot Response Requested	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	38C05	Advanced SEND – Serious Illness	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38C05C	Advanced SEND – Serious Illness – Cold Response Requested	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38C05H	Advanced SEND – Serious Illness – Hot Response Requested	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	38C06	Advanced SEND – Unknown Status (Medical)	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38C06C	Advanced SEND – Unknown Status (Medical) – Cold Response Requested	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38C06H	Advanced SEND – Unknown Status (Medical) – Hot Response Requested	Hot
		----	D		
<input type="checkbox"/>	<input type="checkbox"/>	----	38D00	Advanced SEND – Override	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38D00C	Advanced SEND – Override – Cold Response Requested	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38D00H	Advanced SEND – Override – Hot Response Requested	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	38D01	Advanced SEND – Reported Excited Delirium	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38D01C	Advanced SEND – Reported Excited Delirium – Cold Response Requested	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38D01H	Advanced SEND – Reported Excited Delirium – Hot Response Requested	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	38D02	Advanced SEND – High Velocity Impact	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38D02C	Advanced SEND – High Velocity Impact – Cold Response Requested	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38D02H	Advanced SEND – High Velocity Impact – Hot Response Requested	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	38D03	Advanced SEND – Critical Injuries	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38D03C	Advanced SEND – Critical Injuries – Cold Response Requested	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38D03H	Advanced SEND – Critical Injuries – Hot Response Requested	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	38D04	Advanced SEND – Multiple Victims	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38D04C	Advanced SEND – Multiple Victims – Cold Response Requested	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38D04H	Advanced SEND – Multiple Victims – Hot Response Requested	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	38D05	Advanced SEND – Unconscious	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38D05C	Advanced SEND – Unconscious – Cold Response Requested	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38D05H	Advanced SEND – Unconscious – Hot Response Requested	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	38D06	Advanced SEND – Not Alert	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38D06C	Advanced SEND – Not Alert – Cold Response Requested	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38D06H	Advanced SEND – Not Alert – Hot Response Requested	Hot
<input type="checkbox"/>	<input type="checkbox"/>	----	38D07	Advanced SEND – Difficulty Breathing	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38D07C	Advanced SEND – Difficulty Breathing – Cold Response Requested	Cold
<input type="checkbox"/>	<input type="checkbox"/>	----	38D07H	Advanced SEND – Difficulty Breathing – Hot Response Requested	Hot