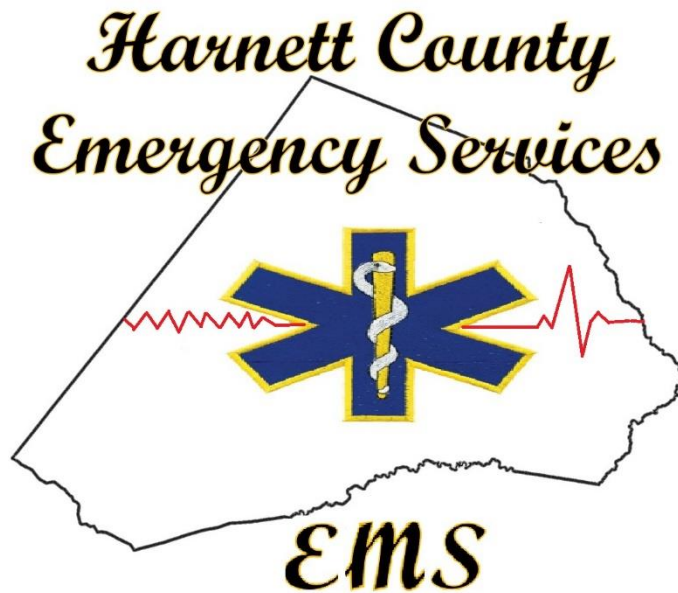


# ESO DOCUMENTATION



## DEFINITIONS AND STANDARDS GUIDE

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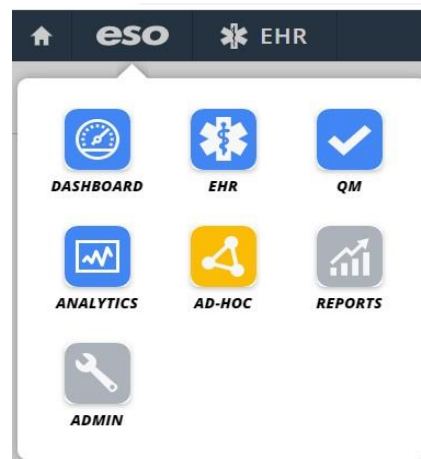
# Navigation and Options

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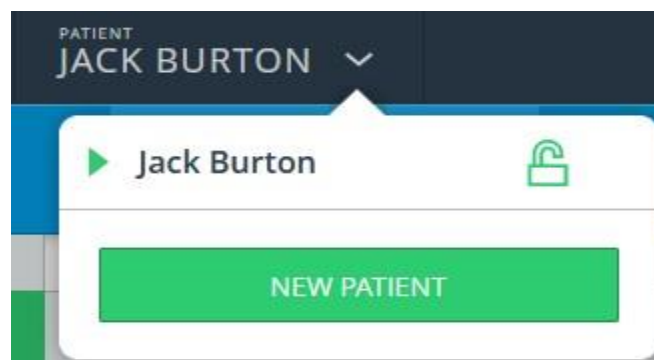


The home button in the top left will return you to the EHR Records page.

The ESO button will allow you to navigate directly to other sections of ESO.



Selection of the Patient Button will allow you to add patients to the current incident.



Response, Scene, and Times information will be copied over to the New Patients Added to an existing Incident.

At Patient time will not be copied over, and must be manually adjusted to the time of patient contact.



When your PCR is complete, select the Check Validation button to validate your PCR for any incomplete sections. Any sections that are incomplete or missing information will be flagged with a red button.

Clicking on the button will navigate you directly to the section that requires completion.

Validation Summary OK

13  
VALIDATION ISSUES  
This incident

Critical Fields	
Disposition	Required
Incident Tab	
Run Type	Required
Priority	Required
Shift	Required
Vehicle	Required
EMD Complaint	Required
Unit's Level Of Care	Required
Scene Location Type	Required
Crew	Lead Medic Required
Mileage Start	Required
Mileage Finish	Required
Narrative Tab	
Narrative	Required

If your EHR successfully validates, it will show no errors and may be **locked** as complete.

This does not account for attachments (currently needed for signatures). These **MUST BE** manually validated.

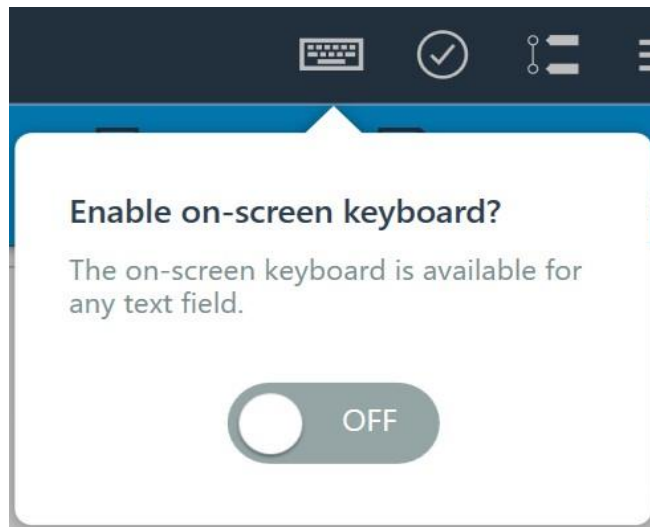
Validation Summary OK

0  
VALIDATION ISSUES  
This record

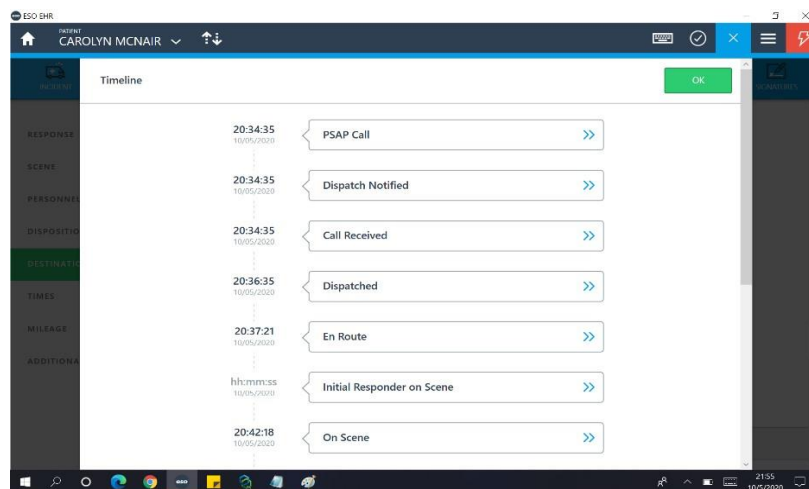
**Validation Success!**  
No issues found. Nice work! Are you ready to lock your record?

Lock Record

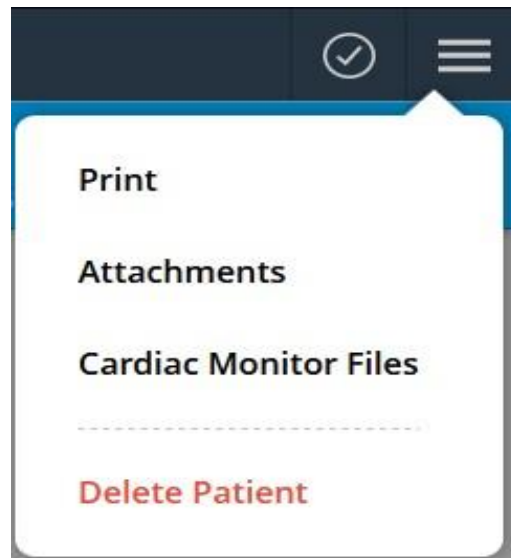
The Keyboard Button (*EHR Mobile only*) allows an optional on-scene keyboard to be displayed.



The Times button (*EHR Mobile only*) will drop down a summary of times for the call, allowing for quick reference if needed.



The Record Management Button displays additional options, including to Print/Export PCR's if required, add attachments (photos, scanned documents, etc.), or access uploaded monitor data or ECG images for download.



The Delete Patient function is limited to ESO EHR Administrators ONLY!



The Quick Treats Button prompts a menu for rapid addition of interventions or vitals. See Flowchart Section for additional information.



# Incident Section

---

## CAD Import

Please use caution to only import the intended report. Once a report has been imported, it cannot be “transferred” to another unit, and may only be deleted by an administrator.

## Response

### Incident Number

EMS Report (Rpt#) Number assigned by Communications. Filed automatically during CAD Import.

*In Instances of ESO/Server outage, times may be manually entered to allow PCR to be locked, but once connectivity is restored, the call still needs to be synced with CAD*

*If unable to import CAD prior to locking chart, notify on-duty Assistant Chief for further instructions*

### Run Number

EMS Event ID number assigned by Communications. Filled automatically during CAD Import.

### Run Type

- **911 Response (Emergency)** – Emergent or immediate response to an incident location, regardless of method of notification (e.g., 911, direct dial, walk-in, flagging down).
- **Mutual Aid** – Response of emergency medical services, and other emergency personnel and equipment, to a request for assistance in an emergency when local resource have been exhausted.
- **Medical Transport**-Routine medical transport that would include transporting a patient to an appointment, procedure, or long-term care facility. This includes hospital discharges to home or facility.
- **Standby**-Initial request for service was for purpose of being available in case of a medical/traumatic emergency (e.g., sporting/public events, fires, police action).
- **Law Enforcement Assist**-Used specifically for blood draws requested by Law Enforcement.
- **Emergent Interfacility Transfer**-Any transfer, after initial assessment and stabilization, from and to a healthcare facility, to include specialty hospitals, for the purpose of continuation of acute care, this would also include emergent transfer requests.

- **Non-Emergency Interfacility Transfer**-Transports between hospitals that do not require an immediate response. (e.g., CHH to Cape Fear, BJ to CHH, etc.)
- **Intercept**-Used when a primary unit is transporting to a hospital and requests additional medic to intercept. This could be requesting a DAI medic to meet you at a predetermined location enroute; or calling for another medic following decompensation of a patient.
- **MIH Visit** – Used by Community Paramedic units when performing home visits.
- **Public Assistance/Other Not Listed**—The unit responded to provide non-traditional services; or EMS services not otherwise specified here.

## Response Mode to Scene

Often referred to as *Response Priority*, this indicate your response mode to the scene.

## Response Mode Lights and Sirens Use

Indicate use of lights and sirens to the scene, self-explanatory

## Station

Indicates the station that your truck is assigned to

## Shift

Indicates the shift that is on duty at the time of the call

## Unit

Indicates the radio call sign for your unit

## Unit Capability

- Ground Transport (ALS Equipped)
  - o The unit's intended role was to provide ground transportation of the patient even if no transport resulted. The unit is equipped as an ALS service.
- Ground Transport (BLS Equipped)
  - o The unit's intended role response was to provide ground transportation of the patient even if no transport resulted. The unit is equipped as a BLS service.
- Non-Transport-Medical Treatment (ALS Equipped)
  - o This unit's intended role response was to provide EMS care and/or transportation support but was not to provide transport (e.g., fire apparatus, first response unites, quick response vehicles, chase cars, etc.).
- Non-Transport-Medical Treatment (BLS Equipped)
  - o This unit's intended role was to provide EMS care and/or transportation support but was not to provide transport (e.g., fire apparatus, first response unites, quick response vehicles, chase cars, etc.).
- Non-Transport-No Medical Equipment
  - o This unit's intended role was to provide EMS coordination, oversight and/or supervision of services.

- Wheel Chair Van/Ambulette
  - o This unit's intended role was to provide specialty transport as a wheelchair accessible van or ambulette.

## Units Level of Care

Indicates the highest level NCOEMS Provider on the vehicle.

- ALS-Paramedic
- ALS-EMT
- BLS-Basic/EMT
- BLS-First Responder/EMR
- ALS-Community Paramedic

## Vehicle

Indicates the vehicle number

## EMD Complaint

The EMD Chief Complaint protocol used by Communications-The nature of the call to which you were dispatched.

*For "Assist PD" type calls, select the associated underlying EMD protocol.*

If an appropriate selection is not available (e.g. blood draw), utilize "No Other Appropriate Choice."

## EMD Performed

-No-Used when EMD is not performed.

- Yes, with Pre-Arrival Instructions-Used when Communications provides Pre-Arrival Instructions (PAI's), automatically imported with CAD Sync.

- Yes, Without Pre-Arrival Instructions-If you know PAI's were not provided, choose this title.

- Yes, Unknown if Pre-Arrival Instructions given-When it is unclear which choice is correct, this is the default.

## EMD Card Number

Will be provided during CAD Import. If manual entry, look up call notes and enter the appropriate code (e.g. 26A01).

If the EMD card number does not import for an "assist PD" call, please document code as the underlying type.

- 1-Abdominal Pain
- 2-Allergies (Reactions)/ Envenomation's (Stings/Bites)
- 3-Animal Bite
- 4-Assault/Sexual Assault
- 5-Back Pain (Non-Traumatic)
- 6-Breathing Problem
- 7-Burn/Explosions
- 8-CO/Inhalation/HAZMAT
- 9-Cardiac or Respiratory Arrest/Death
- 10-Chest Pain
- 11-Choking
- 12-Convulsions/Seizures
- 13-Diabetic Problem
- 14-Drowning (Near)/Diving/SCUBA Accident
- 15-Electrocution/Lightning
- 16-Eye Problem/Injuries
- 17-Fall
- 18-Headache
- 19-Heart Problem/AICD
- 20-Heat/Cold Exposure
- 21-Hemorrhage/Laceration
- 22-Inaccessible/Rescue/Entrapment (Non-Vehicle)
- 23-Overdose/Poisoning
- 24-Pregnancy/Childbirth/Miscarriage
- 25-Psychiatric/Abnormal Behavior/Suicide Attempt
- 26-Sick Person
- 27-Stab/Gunshot/Penetrating Trauma
- 28-Stroke (CVA)
- 29-Traffic/Transportation Accident/MVC
- 30-Traumatic Injury (Specific)
- 31-Unconscious/Fainting (Near)
- 32-Unknown/Man Down
- 37-Transfer/Interfacility

## **Dispatch Priority**

Notes the priority of the initial dispatch.

- Priority 1 (Critical)-Echo Responses
- Priority 2 (Emergent)-Bravo, Charlie and Delta Responses
- Priority 3 (Lower Acuity)-Omega and Alpha Responses
- Priority 4 (Non-Acute [e.g. Scheduled Transfer or Standby])-Scheduled Transports

## **Responding From**

The general area the ambulance is responding from. Especially important when dispatched from location other than your station (e.g. Staging, returning from hospital, etc.).

## Requested By

Who activated the 911 system?

If unsure, select “other”.

## First EMS Unit on Scene

Yes/No-Distinguishes primary and secondary units.

## Scene

### Predefined vs. Address

- This button allows you to select between a Predefined and Address.
- Predefined addresses are common locations with name, address, and other information that will populate upon selection. Such locations include nursing facilities and government buildings.
- Address is used for manual entry of any other address.

### Location Type

The location type field provides you the ability to select the category of the location you responded to; choose the best option from the drop-down list.

Fire departments are listed under “EMS Provider (Ground)”; except for Summerville who is unlisted and should fall under “Public Building”.

### Location Name

This field should be completed for the following categories:

- |                             |                             |
|-----------------------------|-----------------------------|
| • Place of Business         | • Residential Institution   |
| • Public Building           | • Rehabilitation Center     |
| • Nursing Home              | • Doctor’s Office           |
| • Assisted living center    | • Dialysis                  |
| • Hospital ER               | • Place of Recreation/Sport |
| • Industrial Place          | • Police/Jail               |
| • Hospital (Other Location) | • Other Specified Place     |

If the dispatch location has a specific name associated with it (e.g. McDonalds, Food Lion, etc.), document that name here.

### Address

The address given by Communications -This should automatically import from CAD.

### Additional Address

Available to use if needed.

## Apt/Suite/Room

The secondary address given by Communications. Includes room numbers at facilities, as well as apartment/hotel room numbers. *This WILL NOT import automatically.*

## City, State, ZIP

The city, state, and ZIP given by Communications - should automatically CAD Import. If information does not import, you may search by ZIP Code to fill in information. **If searching, ensure correct location county is selected.**

## Latitude/Longitude

Imports with CAD import-Otherwise unused.

## Zone

Indicates the district that the call takes place in.

## Mass Casualty

This button should be selected if there are **five (5) or more patients** on any single incident.

## Triage Classification

If incident meets “Mass Casualty” criteria, select the **appropriate Triage Classification for YOUR patient** utilizing the color-coded choices in the pick list.

## Personnel

**List all personnel assisting in patient care.**

### Crew

All HCEMS providers that participated in patient care.

**If HCEMS providers are riding in a student capacity, they should be listed as Non-Crew.**

### Non-Crew

Any other responders or personnel that assist in EMS care. If a firefighter or a student is riding with you, this is where they should be documented.

If a First Responder’s name is not known, document as:

- **First Name:** Agency (Buies Creek, Lillington, etc.)
- **Last Name:** Unit (E552, L8, etc.)
- **Affiliation:** First Responder

Students should have their institution documented with last name:

- **First Name:** John
- **Last Name:** Doe (CCCC, FTCC, WTCC, etc.)
- **Affiliation:** Student

## Personnel Protective Equipment

Select ALL personal protective equipment that was used on the call (E.g.-Gloves, reflective vest, mask, etc.)

## Exposure

If an exposure occurred, select the appropriate item.

## Disposition

### Disposition

Select the appropriate disposition for call type or patient contact type.

**See Appendix I for Disposition Guidelines**

### Transport Method

Select most appropriate option.

### Transport Due To

Choose appropriate option from list. Used only for transports to indicate why destination was chosen:

Patient is closest to CHH, but requests to go to BJ.	"Patient Choice"
Patient is a trauma patient and is transported to WakeMed.	"Protocol"
Patient is close to CHH and asks to go to CHH.	"Patient Choice"
Patient is unresponsive, and closest to BJ.	"Closest Facility"
Patient has dementia, and daughter requests BJ.	"Family Choice"
Patient requests CHH, but they are on red Diversion.	"Diversion"

### Level of Service

Select the level of service based on the certification of the lead provider during transport.

### Transferred Unit

Select the unit the patient was transferred to.

## **Refusal Reason**

Select reason the patient refused. See above **Disposition** definitions for further guidance regarding refusals. If the patient was left in custody of law enforcement, it should be indicated in this section.

## **Destination**

### **Destination Type**

Category of destination type.

### **Destination Name**

Select the name of the destination.

### **Department**

Select the appropriate destination department.

### **Hospital Designation**

Select the appropriate destination designation.

### **Address**

Destination address will prefill upon selection.

### **Apt/Suite/Room**

Document destination room number, if known.

### **Zone**

Currently unused.

### **Chart Number**

Document the patient chart or encounter number (CSN). This is unique to every hospital encounter, even on repeated patient visits. May be scanned in using barcode reader.

### **Patient Number**

Document the patient record or medical record number (MRN). This is unique to every patient. May be scanned in using barcode reader.

**Place Chart number in the Chart number slot, AND the Patient Number Slot**



## **Trauma Registry**

Currently unused.

## **STEMI Registry**

Currently unused.

## **Stroke Registry**

Currently unused.

## **Reportable Condition**

Currently unused.

## **Request for Review**

Currently unused.

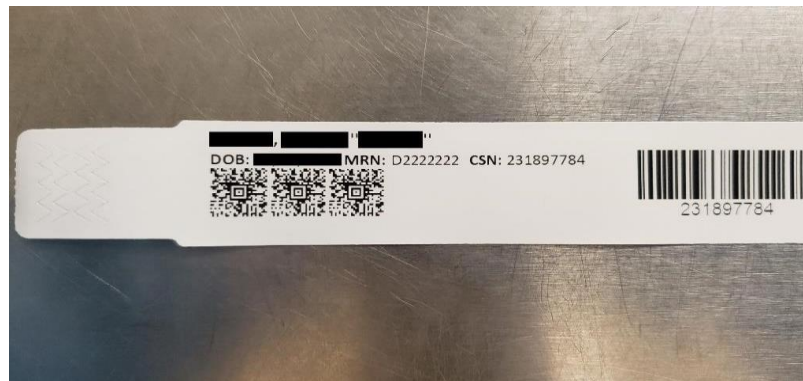
## Barcode Scanning

If a barcode scanner is available at your destination, it may be used to enter the patient's medical record number and chart/encounter number.

Select the relevant field before scanning the barcode.



Some destinations have multiple barcodes. Ensure MRN and CSN are in the correct fields



Extraneous information may be included when you scan. Remove all information **except** the MRN/CSN.

Chart Number

|

Patient Number

AC231897784|BURTON|JACK |12/20/1944|D2222222

Trauma Registry

## Times

### Times

- Most times will be imported from CAD. You will need to record At Patient, At Hospital, and Transfer of Patient times.
- Transfer of Patient time is defined as when verbal hand-off report is given to the receiving facility staff member **AND** when the patient is physically off-loaded from the stretcher.
- If times must be manually entered due to CAD/ESO outage; Dispatch Notified, and Call Received will all be the "Call Received" time from CAD.

### Delays

- Select most appropriate choice from pick lists, if applicable.
- Any delay exceeding the 90 sec en route time, extended response time, or scene time >10 minutes on critical calls **MUST** be documented.

## Mileage

### Scene

Odometer mileage at scene.

### Destination

Odometer miles at destination, including nearest tenth (decimal) mile. Entry will calculate difference with Scene mileage and calculate **Loaded Miles** automatically.

### Loaded Mileage

Mileage from scene to destination. Should be automatically filled.

*For wheelchair transports, loaded mileage should be calculated from the county line to the destination as we don't bill in county mileage.*

## Additional

### Additional Agencies

Select the additional agencies that arrived to the incident.

### Additional Responders

Only select an item in this list if additional responders were not listed in the additional agencies field.

### Additional Comments

This area should be used for any comments regarding the Delays field. This area is also used to document any time that you modify information imported from CAD.

# Patient Section

---

## Patient Import

Patients previously transported within the **past sixty (60) days** are available to have their information imported.

Patient Import requires at least two (2) complete sources of information: Last Name, Social Security Number (SSN), and Date of Birth (DOB).

Verify any imported information with the patient to ensure accuracy.

## Demographics

### **First, Middle, and Last Name**

Patient's full legal name.

If Unknown, match how destination hospital registered patient ("UNKN ZULU TTT").

### **Social Security Number**

Insert the patient's social security number. If unknown, leave blank.

Leading zeros ("000-00-1234") or zeroing-out ("000-00-0000") is **NOT** accepted.

### **Date of Birth**

Enter the patient's date of birth. Age will be calculated if this is filled correctly.

### **Estimate Age**

If date of birth is unavailable or unknown, estimate an age.

### **Weight**

Enter the patient's stated or estimated weight. It will convert automatically (lbs.vs.kg).

If weight-based medications are administered, document the weight used to calculate dosing.

### **Pediatric Color Coding**

Pediatric Color Code required for any patient under the age of 15.

Patients that are longer than the Browslow should be recorded as "Green".

## Gender

Select an appropriate gender as defined by birth certificate and/or driver's license.

## Race

Document the patient's race. Multiple selections may be made. If in doubt, ask the patient.

**White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American** – A person having origins in any of the Black racial groups of Africa.

**American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

**Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

## Ethnicity

Document the patient's ethnicity. If in doubt, ask the patient.

*The Census Bureau defines "Hispanic or Latino" as "a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race."*

## Contact

The contact section should contain the address at which the patient lives, perhaps different from their mailing address. **PO Box numbers should never be used here.**

### Unable to Obtain

**If the patient's address is unknown, please document "UNKNOWN" on the Address 1 line.**

**If the patient is homeless, please document "Streets of \_\_\_\_\_" and fill in the blank with the city where the patient is picked up.**

**The "UTO" button merely leaves the address field blank.**

## Copy Scene Address

When activated, it will copy the address information from the scene area. If utilized, ensure that scene address is the patient's address.

## Address 1, 2, City, State, ZIP, County

Address where patient lives.

## Phone Number

List a telephone number that the patient states they can be reached at. It does not matter what type of phone (home, cellular, work) so long as the patient can be contacted there.

## Driver's License

Driver's License number. **Recommended** for evidentiary blood draws.

## State

Select appropriate state for the Driver's License number documented.

## Physician Name

Optional for documentation of primary care physician, or physician most responsible for patient healthcare.

## Advanced Directives

Select most appropriate item if the patient has advanced directives.

## History

Document all of the patient's pertinent medical history.

If conditions are not available in picklist, select "Other" and document as comment. Do not use non-standard abbreviations or non-medical terms; indicate who reported history in selection box. **Do not leave blank, select UTO and reason if unable to obtain.**

## Medications

Document ALL of the patient's medications. If they regularly use OTC meds or herbal supplements, document that also.

If medications are not available in picklist, select "Other" and document as comment. Spelling is extremely important as many medications are easily confused. **Do not leave blank, select UTO and reason if unable to obtain.**

## Allergies

Document all known allergies. If the patient has no known allergies, "No Known Allergies" is the appropriate entry. **Do not leave blank, select UTO and reason if unable to obtain.**

## **Belongings**

Any personal items that are removed from the patient should be documented. Select items from the pick list and indicate pertinent details as provided for in the tab.

This includes detailed information as to whom the items were given to. If items were given to a destination staff member, document their name and the room number. If belongings were left with the patient, document that they were given to the patient, including the room number.

Recommended to also document if no belongings were handled, to prevent false claims.

# Vitals Section

---

All patients require a complete set of vital signs, and additional vitals (partial or complete) should be documented every five (5) minutes for unstable patients, or fifteen (15) minutes for stable patients.

Minimum of two (2) sets of vital signs are required for a 9-1-1 transports. ALS transfers must follow this requirement.

Convalescent units may obtain one (1) set of initial vital signs for a return trip or discharge; but during prolonged transport vitals should be obtained every thirty (30) minutes.

An initial set of vital signs includes:

- Pulse rate
- Systolic **AND** diastolic blood pressure  
When no ALS treatment is provided, palpated blood pressures are acceptable for **REPEAT** vital signs
- Respiratory rate
- Pain Score/ Severity (when appropriate to patient complaint)
- Glasgow Coma Score (GCS) for all injured patients

The following may also be included, depending on patient type and condition:

- Pulse oximetry
- Temperature
- End-Tidal CO<sub>2</sub>
- Level of responsiveness (AVPU)
- Breath Sounds
- Blood Glucose
- ECG Rhythm


A partial set of vital signs should at least include, but are not limited to:

- Level of responsiveness (AVPU)
- Pulse rate
- Respiratory rate
- Glasgow Coma Score (GCS)

If you attempt, but are unable to obtain any vital sign, select UTO and select the reason as listed and explain in your narrative. If unable to obtain due to patient refusal, mental status and reason for refusal must be documented here, and on a signed refusal form.



When the Zoll Monitor is used, data must be imported.

For vitals generated by a 12-lead snapshot (marked as ) , only the ECG sections may be completed.

## **Adding Vitals**

Select “Add Vitals” to create a manual set of vital signs or Upload Vital Signs from monitor device.

## **Monitor Upload**

Select “Monitor Import” to upload monitor data.

Select the desired method from the pop-up menu and proceed with import.

Check date/time/duration of case file before uploading to ensure correct case selection.

If incorrect case is uploaded, **Undo Import** button may be selected to remove all uploaded data.

If an upload error occurs, download and attach monitor data file (See Navigation and Options Section). Vital signs will have to be manually entered from Trend Summary printout. Contact a Supervisor for assistance.

## **Vital Signs**

### **Date/Time**

Document accurate time of manual vitals. Times will upload from Zoll Monitor.

If PTA vitals are obtained from First Responders, document only one set, as they cannot be organized by time and may cause confusion with multiple, disordered PTA vitals.

### **AVPU / Side / Position**

AVPU reading should be documented for **EVERY** set of vital signs.

Side should be documented for any vital signs including a Blood Pressure, Pulse Rate, SpO2, BGL, or Temperature measurement.

Position should be documented for any vital signs including a Blood Pressure, Pulse Rate, Respiratory Rate, or Pain Scale measurement.

### **Unable to Obtain**

If any vital sign component cannot be obtained when attempted, select “UTO” and document reason. Supporting details should be documented in narrative.

## Blood Pressure

### Systolic

Enter value as appropriate.

### Diastolic

Enter value as appropriate.

### Mean Arterial Pressure

Calculated automatically.

### Method

Choose from list as indicated.

## Pulse

This should be documented as the mechanical pulse of the patient, not the electrical rate indicated by a monitor.

### Method

Choose from list as indicated.

### Rhythm & Strength

Choose from list as indicated.

## Respiration

### Rate

Value entered is the amount of respirations including artificial and natural.

### Quality

If assisting spontaneous respiration, use **assisted**. If the patient is apneic and being ventilated by BVM, use **ventilated**.

### Rhythm

If assisting spontaneous respirations, use **assisted**. If the patient is apneic and being ventilated by BVM, use **ventilated**.

## SpO2/ETCO2/CO

Select room air or oxygen as appropriate, record value.

\*(ESO will not recognize values higher than 100. If ETCO2 readings exceed 100 mmHg, document appropriately in narrative.)

## Temp/Glucose

If you list a temperature, you must list a method. You can list temperature in Fahrenheit. It will automatically convert to Celsius.

Enter value for blood glucose, select “high” or “low” if indicated by glucometer.

## Scoring

### Glasgow Coma Score

Initial and discharge GCS must be listed on all patients. Select score as indicated in pick lists, add qualifier PRN.

For patients with abnormal GCS, GCS should be documented in each set of vital signs.

### Revised Trauma Score

When the patient is an adult, the Revised Trauma Score automatically calculates based off entries in other fields.

### Pediatric Trauma Score

The Pediatric Trauma Score must be manually entered on Pediatric Trauma calls.

## ECG

### Type

Select ECG type performed from list provided:

- 4-Lead: Monitoring, Defib Pads
- 12-Lead (Left-Sided/Normal): 12-Lead EKG (V1-V6 applied)
- 15-Lead: 15-Lead EKG (V4R, V8, V9 applied)

### Rhythm

Select your interpretation of the rhythm. Multiple selections may be made.

If an ECG was performed, there must be an interpretation listed.

For cardiac arrest patients in PEA, document both "PEA" and underlying rhythm.

ST changes are documented using the "Acute Coronary Syndrome" Form. See Forms Section for details.

### Method of Interpretation

If EMT-P provider reviewed 12/15-lead EKG, document as "Manual Interpretation".

If EMT/AEMT provider obtained 12/15-lead EKG as part of a non-paramedic unit, document as "Computer Interpretation."

### Notes

You may add a more detailed interpretation of the 12/15-lead EKG (e.g. "Sinus rhythm, no ectopy, conduction blocks, or ST changes noted"), or other pertinent information.

### MI Suspected

Select yes/no as indicated.

## **Pain Scales**

Initial and discharge pain scale should be listed with all patients who have a complaint of pain.

If they are unable to give you a number show them the Wong-Baker Face Pain Scale and have the patient select the appropriate face. FLACC Scores may be documented as a “1-10” score.

If treatment for pain is provided, Pain Scale re-evaluation should be documented in vitals following each treatment/dose.

# Flowchart

---

This area of the report is used to document the treatment provided. Any item that is available to be documented in the Flowchart is required to be documented in this section. Choose the best descriptor of any care provided and complete all aspects of the selected treatment field as indicated in ESO.

Each selection will require you to mark date/time or prior to arrival, intervention success, comments, provider, patient response, complication, and protocol used. Select the appropriate options for each treatment listed. There may be additional choices listed depending upon the treatment selected, these options are essentially self-explanatory.

**All interventions also have an option to document as “Not Performed”. This selection will require a reason. Document this option when interventions are required by protocol but cannot be completed.**

**Remember to document treatments even if they occurred prior to your arrival.** If a treatment is initiated PTA and discontinued by EMS; these must be documented.

## Airway

- PEEP
- ETCO2 Monitoring
- Oxygen
  - Document any oxygen delivery device. Documentation of ETCO2 cannula not required if used only for monitoring with no oxygen.
- CPAP
- OPA
- NPA
- King Airway
- Suction
- Orotracheal Intubation
- Video Laryngoscopy
- ETI Verification
- Tracheostomy Tube Replacement
- Pleural Decompression
- Nasotracheal Intubation
- Needle Cricothyroidotomy
- Surgical Cricothyroidotomy
- Magill Forceps
- Back Blows
- Chest Thrusts
- Heimlich Maneuver
- Ventilator
- Cricoid Pressure

## Critical Care

- **ALS Assessment**

Should be documented on all patients who receive a paramedic-level assessment. Document to match Initial Assessment time.

## Defib/Cardio

- **AED Defibrillation**

- **Cardioversion**

Monitor will upload actual joules delivered, change to reflect intended energy dose per protocol.

- **CPR**

If CPR is restarted following loss of ROSC, document when CPR was started again.

- **CPR Discontinued**

May be used to document episodes of ROSC, or termination of resuscitation – please add a comment for clarification.

- **Dual Sequential Defibrillation\*\***

As two monitor/defibrillators are used, this will only upload as a manual defibrillation. Dual Sequential Defibrillation must be added, time matched, and the extraneous interventions removed.

- **Mechanical CPR (AutoPulse/LUCAS)**

If either device is restarted following loss of ROSC, document when Mechanical CPR was started again.

- **Manual Defibrillation**

- **Pacing**

Monitor will upload each change in energy setting. Only initial time of procedure start, final energy at capture, and any subsequent changes are required.

- **Pacing Discontinued**

- **Vagal Maneuvers**

## IV Therapy

- **Blood Draw**

Used to document any evidentiary blood or labs drawn

- **Intraosseous**

- **IV Bolus**

Used when you initiate an IV Bolus of crystalloid fluids, subsequent to IV Therapy or Intraosseous.

- **IV Monitoring**  
Used when an IV is already in place and you are using an existing IV instead of starting a new IV.
- **IV Therapy**  
Used to document establishing IV access, **separate from any fluids administered.**

## **Medications**

This section is used to document administration of medications.

All medications are listed by generic name. **Other – Medication** is available to document medications that may have been provided PTA or otherwise are not available in formulary.

Keep in mind that some are listed as both administration and infusion. **Medications of a fixed volume/dose administered over time (Magnesium Sulfate, 2g over 10 minutes) are still considered boluses, not infusions. Infusions are a continuous, unlimited dose over an unlimited amount of time (mg/min).**

For example:

Amiodarone (150mg over 10 minutes) administered to a stable ventricular tachycardia should be documented under “Amiodarone”, while the amiodarone drip (1mg per minute) after conversion should be documented as “Amiodarone Infusion”.

## **Other**

Various other treatments/procedures/notifications/alerts are listed in this tab, each with multiple possible components. Choose the appropriate treatment and select the applicable components in that particular tab. It is imperative that alerts and notifications be documented in the flow chart to ensure proper times are recorded and retrievable.

- **12-Lead ECG**
- **15-Lead ECG**  
When a 15-Lead EKG is performed during a call, the X-Series monitor will upload it as a “12-Lead ECG”. You will need to add the 15-Lead intervention at a matching time and remove the now redundant “12-Lead ECG” intervention.
- **3-Lead ECG**  
Used for both 4-lead EKG placement AND defib pads. Note type in comment.
- **Bandaging**
- **Bleeding Control**
- **BLS Assessment**

- **Burn Care**
- **Burn Sheet**
- **C-Spine Clearance**
- **Cardiac Alert**
  - Recommended** for every cardiac arrest. Includes working arrests as well as ROSC patients
- **Chest Seal**
- **Consult**
  - Used to document consultation with Medical Direction, OLMC, Cardiology, Poison Control, or other specialty.
- **Consult Attempted but not made**
- **Contact Report Only**
  - Use this tab to mark time that report was called to the hospital.
- **Cooling**
- **ECG Transmitted**
  - Marks time that ECG was transmitted to hospital/physician for consultation.
- **Extrication**
- **General Comments**
  - Used to mark any extenuating event that isn't included here.
- **Helmet Removal**
- **Hemostatic Agent**
- **Ice Pack**
- **Irrigation**
- **Leave Behind Narcan Kit**
- **OB Delivery**
- **Pain Management**
- **Patient Monitoring**
- **Patient Positioning**
- **Patient Restraint**
- **Pediatric Continuous Assessment**
- **Scoop Stretcher**
- **Sepsis Notification**
  - Recommended** for any patient that meets SIRS Criteria.
- **Sling/Swathe**
- **Spinal Motion Restriction**
- **Spinal Motion Restriction Removal**
- **Splint Fx/Disloc.**
- **Stairchair**



- **STEMI Alert**  
**Recommended** to document time of STEMI Alert for STEMI patients only.  
 Not needed for Cardiology consults.
- **Stretcher**
- **Stroke Alert**  
**Recommended** to document time of Stroke Alert for ACUTE stroke patients only.
- **Surgical Mask on Patient**
- **Taser Barb Removal**
- **Time of Death**
- **Tourniquet**
- **Traction Splint**
- **Trauma Alert**  
**Recommended** to document time of Trauma Alert for patients meeting criteria for EMS Triage and Destination Plan (DEST 4)
- **Trendelenburg**
- **Warming**
- **Wound Care**
- **Wound Dressing**

## Quick Treatment Menu

Located in the upper-right corner, the quick treat menu allows for simple addition of interventions from a limited list.



Selection of any interventions from the quick treat menu will add them at the time of the selection, but will NOT automatically open them for completion, allowing multiple selections to be made rapidly.

# Assessments

## Initial Assessments

### An initial assessment is required for all patients

Used to document your initial assessment findings in each body area.

Moving a slider to the “Positive” position indicates that finding was present upon exam (**pertinent positive**).

Moving a slider to the “Negative” position indicates that finding was absent upon exam (**pertinent negative**).

Leaving a slider in the Neutral position indicates that you did not assess for the finding.

Selecting “No Abnormalities” indicates that there are NO ABNORMALITIES in that body area.

If the Anatomical Figure is used to document injuries, additional commentary is **required** to specify the location and details. The assessment will not automatically reflect the location(s) you denote using the figure (see images).

The screenshot displays the 'Initial Assessment' interface. On the left is a 3D anatomical figure of a male torso with three white circles on the chest. To the left of the figure is a list of injury types: Abrasion, Amputation, Avulsion, Blunt Injury, Burn, Crush Injury, Dislocation, Ecchymosis, Edema, Fracture, Gunshot Wound (highlighted with a green circle), Hemorrhage, Laceration, Other, Pain, Puncture/Stab, Sprain/Strain, Submersion, and Suffocation. To the right of the figure is a 'Change Model' button. Further right is a table of findings with columns for 'Start Time', 'Date', 'Initial', and 'Ongoing'. The table lists findings for Mental Status, Skin, HEENT, Chest, Abdomen, and Back. The 'Chest' section is highlighted with a red box, showing 'Gunshot Wound Chest x 3'. The 'Back' section shows 'Gunshot Wound Back'.

Start Time	Date	Initial	Ongoing
04:17:58	07/30/2018		
<b>Mental Status</b>			
Mental Status		+	Unresponsive
<b>Skin</b>			
Skin		+	Diaphoresis - Pale
<b>HEENT</b>			
Head/Face			No Abnormalities
Eyes		+	Left Pupil: 5-mm - Left: Non-Responsive - Right Pupil: 5-mm - Right: Non-Responsive
Neck/Airway		+	SubQ Air
<b>Chest</b>			
Chest		+	Gunshot Wound Chest x 3
Heart Sounds			Not Assessed
Lung Sounds		+	LL: Decreased - LU: Decreased - RL: Clear - RU: Clear
<b>Abdomen</b>			
Abdomen			No Abnormalities
<b>Back</b>			
Cervical			Not Assessed
Thoracic			Not Assessed
Lumbar/Sacral		+	Gunshot Wound Back

The Anatomical Figure also does not allow for documentation of negative exam findings. Pertinent negative findings (absence of seatbelt sign, etc.) should be documented as commentary.

## **Ongoing Assessment**

**An ongoing assessment is required when:**

- 1) There is a change in patient condition;**
- 2) Treatments have been performed;**
- 3) Total patient contact/care time is greater than 30 minutes.**

Use to document assessment after your initial assessment. The ongoing assessment offers the same selections as the Initial Assessment.

# Narrative Section

---

## Clinical Impression

### Primary Impression

The primary impression is what you as a provider feel is the patient's most significant condition or cause of complaint. Select the most relevant impression available.

Example: Patient complains of headache, which you discern to be related to their hypertension.

**Primary Impression:** Hypertension, **NOT** "Headache."

Example: Patient complains of chest tightness and difficulty breathing. Audible expiratory wheezing is present, and the patient has a history of asthma.

**Primary Impression:** Asthma, **NOT** "Shortness of breath."

Example: Patient complains of dizziness and weakness. Through interview and exam, you suspect they are experiencing a GI bleed.

**Primary Impression:** Gastrointestinal hemorrhage, **NOT** "General Weakness."

### **EXCEPTIONS:**

If a patient is in medical cardiac arrest, "Cardiac Arrest" should always be the Primary Impression, and the precipitating cause as the secondary.

If a patient is in traumatic cardiac arrest, "Traumatic Circulatory Arrest" should always be the Primary Impression, and the nature of injury as the secondary.

**See Appendix II for a complete list of available impressions.**

### Secondary Impression

Secondary impressions are optional and may be used if the patient has two simultaneous health problems.

Example: Patient suffered a syncopal episode due to hypotension from GI bleeding. During their episode, they fell and hit their head.

**Primary Impression:** Injury of Head

**Secondary Impression:** Gastrointestinal hemorrhage

## Protocol Used

Select the most appropriate protocol used to treat the patient. After selecting a protocol type, ESO will then prompt you to select if the protocol is Adult or Pediatric.

Universal Patient Care should not be used unless no other protocol is appropriate. A large majority of patient encounters are handled by a specific protocol even though no treatment is provided.

## Medical/Trauma

Select as indicated

## Supporting Signs/Symptoms

Add supporting signs and symptoms here. At least one (1) selection is required, with a maximum of five (5).

## Patient Complaint

### Onset

Used to identify the duration of the complaint. If it is unknown how long the complaints have been present, use when the patient was first known to be experiencing the complaints.

For complaints related to chronic health conditions, note duration from beginning of most recent episode, **not** overall duration of condition.

If an estimate, mark as such.

### Chief Complaint

What the patient complains of, **not** your clinical impression of them (e.g. “my arm hurts”, or “arm pain”, but not “angulated fx of the right upper extremity”). This should be a concise description of the **patient’s** reason for calling 911.

Example: Patient complains of dizziness, weakness, and chest pain. Once placed on EKG, ventricular tachycardia is noted.

**Chief Complaint:** “Chest pain, dizziness” **YES!**

**Chief Complaint:** “Vent. Tach” **NO!**

If a bystander or family member was the 911 caller, document their reason for calling as chief complaint; especially if the patient has a different complaint or denies any complaints.

Example: Patient suffered a syncopal episode but is alert and denies complaints upon your arrival.

**Chief Complaint:** “Dad fell out for five minutes - per Daughter”

**Secondary Complaint:** “I’m fine - per Patient”

## **Duration of Chief Complaint**

Similar to Onset Time.

## **Secondary Complaint**

Document Secondary Complaints as needed.

## **Initial Patient Acuity**

Only to be documented if patient was triaged as part of a Mass Casualty Incident.

## **Injuries**

### **Possible Patient Injury**

If the patient is injured select Yes, if not select No.

### **Primary Injury**

List the primary or foremost injury.

### **Injury Details**

Select details of injury.

### **Additional Injuries**

List secondary and tertiary injuries.

### **Height of Fall**

Defined as the distance the first body part to hit the ground traveled.

*If a patient falls from standing and hits their head first, it would be ~6ft; if they fall from standing and hit their knees, the distance is ~2ft.*

### **Mechanism of Injury**

Select the most applicable (or multiple) mechanisms.

## Place of Injury

Indicate geographic location where the injury occurred.

## Date of Injury

Indicate the day the injury occurred. If not known, select the day when the patient began experiencing symptoms.

**See Appendix III for a full list of injuries and details.**

## Factors Affecting Care

### Barriers to Care

Select all applicable barriers to patient care, more than one may be chosen.

### Alcohol/Drugs

Select an applicable option for alcohol/drug use, more than one may be chosen, but ensure that they do not conflict or create a discrepancy.

### Pregnancy?

Select an option relevant to your patient condition.

## Patient Transport

### How was the Patient moved TO the ambulance?

Select all methods used to move patient TO ambulance. If patient movement was particularly complicated, please note additional details in narrative.

### How was the patient moved FROM the ambulance?

Select method used to move patient FROM ambulance.

### Patient position during transport

Select how the patient was positioned during transport. If the patient was in different positions throughout transport, then select the position that the patient was in the majority of the time, or how they arrived at destination.

### Condition of Patient at Destination

Select the item from the drop down that best corresponds with the patient's conditions at the destination.

## **Narrative**

The critical importance of the narrative cannot be overstated. Any belief that items selected in the flowchart or assessment tab precludes the need for a detailed narrative is incorrect. The narrative is what you, and perhaps your partner, will have to use to guide your testimony if the PCR ever ends up in court or a deposition. A detailed account that lists all pertinent factors of the scene and call overall will be invaluable several years and hundreds of calls down the road.

**The narrative does not need to repeat information found in the assessment or flowchart tabs.** It does however need to expand upon those items if there are any pertinent details. Do not write anything that contradicts what you put in the assessment or flowchart. A third party should be able to read your narrative and visualize the scene as you experienced it. This is where you should include details of your interaction with the patient and family/bystanders. If needed, include specific quotes from people on the scene. Keep the narrative objective and factual, avoid opinions or speculation; just report the facts of the case as presented to you.

The use of **pertinent positive or negative findings** will help support your primary impression or presumptive diagnoses. Sometimes, the absence of a finding is just as important as finding a sign/symptom; especially when you are not treating a patient as protocol may otherwise dictate. They are also of great importance in following a provider's clinical decision-making process,

Pertinent findings can be found in a patient denying symptoms during an interview, or a lack of physical findings during examination.

"Patient complains of chest pain, but denies radiation of pain, shortness of breath, nausea, or weakness."

"Chest pain is described as "center of chest". Patient denies radiation to neck, jaw, arms, back, or abdomen."

Patient complains of difficulty breathing but is speaking clearly in complete sentences.

"Patient additionally denies headache, abdominal pain, nausea, vomiting, weakness, recent illnesses, fever, cough, recent injuries, or drug/alcohol use."

**Justification for clinical decision-making** is also important for following a provider's thought process during care, and will preempt many questions that might otherwise arise during clinical review.

"Crew noted stable BP and decided that the tachycardia and altered mental status were both more likely secondary to persistent seizure as opposed to uncontrolled, unstable tachyarrhythmia."

"Delay in 12/15-lead EKG, patient had to be moved from prone position with great difficulty."



“The patient was hypotensive and appeared to go unconscious, so pain control was withheld.”

**Abbreviations** should be avoided. If you must use abbreviations, ensure that they are on the list approved for use, and that you are using them correctly. The list of approved abbreviations can be viewed at (<http://www.ncems.org/pdf/AppG-Abbreviations.pdf>).

## Special Situations

### Patient Refusal

The Patient Refusal Form alone is not always sufficient to document the interaction between EMS crew and the patient refusing care/transport.

**Ensure that you are clearly documenting that the following were explained:**

**Patient condition**

**Risks of not seeking further evaluation/care in the ED**

**Benefits of EMS transport**

**Limitations of EMS field exam**

**Patient understanding**

**Instructions to call 911 again**

#### EXAMPLE:

*“M6 explained our findings to the patient. M6 explained to the patient that because of her fever, ongoing infection, and new heart valve that EMS strongly suggested that she be transported to the hospital ED of her choosing for further assessment and possible treatment. M6 also explains that her heart rate is noted to be going as high as 125, causing further concern, even though the patient has been diagnosed with atrial fibrillation and lives with it normally. Patient states that she does not want to go to the hospital this evening and explains that she would prefer to rest and call her primary care physician in the morning. M6 makes sure the patient understands that refusing EMS transport at this time carries with it a high risk of further illness or injury. Patient makes clear she understands, and verifies that if she begins to feel worse, or if for any reason she believes further EMS assistance to be necessary she will call 911 immediately to have an ambulance dispatched to her location. M6 made sure the patient had no further questions, comments, or concerns before allowing the patient to sign AMA. With no further EMS care needed, M6 cleared from the call and returned to available status.”*

### **Blood Draws**

Only Basic demographics **required**. (Name, DOB, Address, Driver's License Number)

No vital signs or assessment required.

Your Flow Chart must include the following interventions:

- Blood Draw\*
- Bandaging

\*Only a single “Blood Draw” intervention is required for each venipuncture attempt, not each tube drawn. The provided collection needle/vacutainer is 20g. **Intervention time MUST match the time performed documented on the evidence labels.**

Your narrative should include the following details:

- Condition and position of subject having blood drawn.
- Who provided the blood-draw kit.
- Who opened the blood-draw kit.
- Location and preparation of site for venipuncture.
- How many tubes were obtained.
- Post-draw dressing or care.
- Chain of custody transfer to receiving officer.
- Any other unusual circumstances or complications.
- Law Enforcement should be documented with their Agency and unit number or name.

If the blood draw was performed as part of a call involving patient care, document the blood draw narrative as an individual paragraph within your narrative.

#### EXAMPLE NARRATIVE:

*Upon arrival, found 43 y/o M subject seated on bench in a holding cell located at the Magistrate Office. Collection kit provided, opened, and prepared by NCSHP A413 prior to M4 arrival. Right antecubital area cleaned/prepped using iodine-based swab contained in kit. Venipuncture performed at same location. Subject initially recoiled during first attempt, resulting in no skin puncture or blood drawn; site uncontaminated nor altered. Second attempt successful and two (2) vials of blood drawn. Needle removed and site dressed with gauze and flexible roller gauze.*

*Vials sealed and transferred to arresting Officer C. Cole (D413). No additional need or requests for service.*

#### **Appended Narrative**

Any modifications made after the chart has been completed should be documented in this section in addition to making the correction in other areas of the chart.

# Forms Section

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## **Acute Coronary Syndrome**

This form is **required** under the following triggers:

- Primary Impression-> Chest Pain/Discomfort
- Secondary Impression->Chest Pain/Discomfort

Each ECG lead must be completed for 12/15-lead ECG performed. (I, II, III, aVL, aVR, aVF, V1, V2, V3, V4, V5, V6, V4R, V8, V9)

## **Advanced Airway**

Completion **required** for any advanced airway use.

This form is required under the following triggers:

- Flow Chart-> King Airway, Video Laryngoscopy, Orotracheal Intubation, Nasotracheal Intubation

## **Burns**

This form is not required for PCR completion and is only a tool for patient evaluation.

## **CPR – Cardiopulmonary Resuscitation**

This information is to provide data for CARES (Cardiac Arrest Registry to Enhance Survival)

This form is **required** under the following triggers:

- Flowchart->CPR, Mechanical CPR
- Primary Impression->Cardiac Arrest, Traumatic Circulatory Arrest
- Secondary Impression->Cardiac Arrest, Traumatic Circulatory Arrest

### **Cardiac Arrest?**

Mark if cardiac arrest occurred, and if prior to or following EMS arrival.

**In cases where chest compressions were provided, but you highly suspect no arrest occurred (e.g. opioid overdose), you may select that it was NOT a cardiac arrest.**

### **Cardiac Arrest Etiology**

This is the presumed cause of the cardiac arrest. In cases where seemingly minor trauma may be present, but is not likely the cause of the arrest, select the suspected underlying cause, not "Trauma".

Drowning is defined as submersion in water with no evidence of other contributing factors such as drug poisoning or trauma prior falling into the water.

**Estimated Time of Arrest**

This should reflect the total downtime time in arrest without any CPR or resuscitation.

**Pre-arrival CPR Instructions**

This information may be obtained by reading the EMD notes on the call. If not known, select unknown.

**Estimated Time Collapse to 911**

This should be the time between when the patient was estimated to have suffered the arrest, and when 911 was contacted. PTA or bystander attempts to provide care or resuscitation are not considered. If 911 were contacted immediately, time would be zero ("0 minutes"). An estimate is acceptable.

**Estimated Time Collapse to CPR**

This should be the time between when the patient was estimated to have suffered the arrest, and when chest compressions were FIRST initiated (Bystander or responder). An estimate is acceptable.

**Arrest Witnessed By**

A witnessed arrest is one that is seen or heard by another person.

**Applied AED**

Select if an AED was applied to the patient, regardless of if defibrillations were delivered or not.

**Applied By**

Select who first applied an AED. This does not include use of the Zoll X-Series monitor/defibrillator.

**Defibrillated**

Select if defibrillations were delivered by an AED. This does not include any defibrillations provided by the Zoll X-Series monitor/defibrillator.

**Resuscitation Attempted**

Select all applicable options. Bystander CPR that results in ROSC without the need for 911 Responder CPR or defibrillation would not be considered a resuscitation attempt.

Patients with obvious signs of death (dependent lividity, rigor mortis, decomposition) where initial efforts may have been initiated will not be considered as attempted resuscitation. This includes cases where First Responders may start CPR but upon arrival of ALS, efforts are ceased due to obvious signs of death.

**Type of CPR**

Select all applicable options. The AutoPulse is an "External Band" type device, and the LUCAS is an "External Plunger" type device.

**CPR Initiated By**

Select who first initiated CPR.

**Time of CPR**

Time of first CPR initiated; by previous selection. An estimate is acceptable.

**Impedance Threshold Device (ITD) Used**

Yes/No (These devices are not carried by Harnett County EMS at this time.)

**Resuscitation Discontinued**

Time of CPR discontinuation, due to either Return of Spontaneous Circulation or discontinuation of efforts.

If multiple episodes of ROSC occur, document time of the final one for the purposes of this form.

**Discontinue Reason**

Select the most applicable option.

**First Defibrillation By**

Select who first defibrillated the patient. This includes either an AED or the Zoll X-Series monitor/defibrillator.

**Initial ECG Rhythm**

The initial ECG rhythm is intended to capture the first rhythm seen by any device. When an AED is used first, the initial ECG rhythm must match the AED actions.

If the AED data is available for interpretation, then use the appropriate interpretation.

If the AED data is not available for interpretation, then the rhythm is determined by the AED response.

Unknown Shockable –the AED advised to shock/delivered shock

Unknown Unshockable –the AED advised no shock/did not deliver shock

**Rhythm at Destination**

The final ECG rhythm, either at transfer of care at destination hospital, or at termination of resuscitation efforts.

**Hypothermia Provided**

Was induced hyperthermia provided (Cold IV fluids, Cold Packs)?

**End of Event**

A resuscitation event is deemed to have ended when death is declared, or ROSC is sustained for 20 minutes or longer. Select the appropriate choice.

**ROSC**

Select if ROSC was achieved, and under what qualifications.

### **ROSC Occurred**

Select most appropriate option for efforts applied prior to ROSC occurring.

If multiple episodes of ROSC occur, select option relevant to last or sustained ROSC.

If ROSC is never achieved or resuscitation is ongoing in ED, select “Never” or “Unknown”.

### **In-Field Pronouncement**

If resuscitation was discontinued on scene without transport, document “Yes”. If

Medical Control orders were obtained for discontinuation, note their name.

## **LA Prehospital Stroke Screen**

**Must be completed for any suspected stroke.**

This form is **required** under the following triggers:

- Primary Impression->Stroke, Transient Cerebral Ischemic Attack (TIA)
- Secondary Impression->Stroke, Transient Cerebral Ischemic Attack (TIA)

### **Time Performed**

Time of stroke screen evaluation as part of assessment.

### **Onset Time**

Estimated or known time of neurological symptoms onset.

### **Last Known Well**

Time that patient was last seen completely normal, without deficits or symptoms.

### **Screening Tool**

Answer questions in screening tool as appropriate

## **Motor Vehicle Collision**

This form is **required** under the following triggers:

- Primary Injury-Motorized Vehicle Accident

Law Enforcement Case # is not required.

## **Obstetrical**

This form is **required** under the following triggers:

- Gender-> Female AND Pregnancy->Yes

## **Trauma Criteria**

This form is **required** under the following triggers:

- Possible Patient injury->Yes
- Primary Impression->Eye Injury, Hemothorax (Traumatic), Injury, Injury of Abdomen, Injury of Head, Injury of Lower Back, Injury of Pelvis, Injury of Thorax (Upper Chest), Traumatic Circulatory Arrest

- Secondary Impression-> Eye Injury, Hemothorax (Traumatic), Injury, Injury of Abdomen, Injury of Head, Injury of Lower Back, Injury of Pelvis, Injury of Thorax (Upper Chest), Traumatic Circulatory Arrest

## **Mobile Integrated Healthcare – Referral**

This form is used to flag a PCR for patient referral to MIH Community Paramedics.

## **Sepsis Screening**

This form is **required** for any suspected sepsis patient.

This form is **required** under the following triggers:

- Primary Impression->Sepsis, Fever
- Secondary Impression->Sepsis, Fever

## **VAN Stroke Assessment**

**Must be completed for any suspected stroke**

This form is **required** under the following triggers:

- Primary Impression->Stroke, Transient Cerebral Ischemic Attack (TIA)
- Secondary Impression->Stroke, Transient Cerebral Ischemic Attack (TIA)

### **Time Performed**

Time of stroke screen evaluation as part of assessment.

### **Onset Time**

Estimated or known time of neurological symptoms onset.

### **Last Known Well**

Time that patient was last seen completely normal, without deficits or symptoms.

### **Exam**

Answer questions in exam as appropriate

# Billing Section

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**Accurate documentation of patient demographics and contact information is especially important.**

## **Payment**

### **Unable to Obtain / No Payment Info**

Do not use the “No Payment Info” or “Unable to Obtain” buttons for payment options. They result in inability to document payer or contact information. If payment information cannot be obtained, document as “Self Pay”.

### **Method of Payment**

Select the PRIMARY method of payment.

If patient does not have insurance, select SELF PAY.

If patient has both Medicare/Medicaid and another insurance provider, document Medicare/Medicaid first, and provider additional insurance below.

### **Medicare**

Document the patient’s Medicare number here.

### **Medicaid**

Document the patient’s Medicaid number here.

### **Primary Insurance**

Document the patients Insurance Provider here.

### **Primary Policy Number**

Document the patient’s insurance policy number here.

### **Primary Group Number**

Document the patient’s insurance policy number here.

### **Secondary Insurance**

If patient has an additional coverage plan, document it here as a secondary.

## **Contact For Payment**

This field defaults to the patient’s information as documented under the Patient Tab.

If the patient has a different mailing address or PO Box, change their information here.



## **Relationship to the Insured**

In cases of minor patients, incapacitated patients, or healthcare power of attorney (HCPOA), someone other than the patient may be financially responsible for them. Document the responsible party's information below.

## **Details**

### **Dispatch Nature**

Dispatched Nature is: **By 911 - Emergency**

### **Response Urgency**

911 calls are considered Immediate.

## **Medical Necessity**

### **Add Condition**

Currently unused.

## **Transport**

### **Prior Authorization Number (PAN)**

Currently unused.

### **Physician's Certification Statement (PCS) / Certificate of Medical Necessity (CMN)**

Currently unused.

### **Advanced Beneficiary Notice (ABN)**

Currently unused.

### **Reason for Transport**

Currently unused.

### **Reason for Transport Comments**

Currently unused.

### **Sending Physician**

Currently unused.

### **Sending Record Number**

Currently unused.

### **Receiving Physician**

Currently unused.

### **Destination Medical Record Number**

Currently unused.

## **Work Related**

### **Was the incident work related?**

If the incident occurred while the patient was at work, select YES.

### **Employer**

Document employer/business name.

### **Contact**

Document the name of a contact/supervisor/manager for the business.

### **Phone Number**

Phone number for the person documented above.

### **Occupation**

Choose applicable item from list.

### **Occupational Industry**

Choose applicable item from list.

## **Next of Kin**

**Required** for all minor patients (<18 years). Recommended for any altered or incompetent patients (Alzheimer's, dementia).

### **Relationship to the Patient**

Select relationship of documented next of kin.

### **Demographics**

Document contact information for the documented next of kin.

## **Consumables**

Currently unused.

# Signatures Section

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## **Billing Authorization -CURRENTLY NOT IN USE**

Billing signatures should always be obtained at the time of service. This includes both transports and non-transported patient that received treatments.

If the patient has died, **no signature is required**.

The patient is **required** to sign for themselves, unless **physically or mentally incapable of signing**. This reason should be clearly documented.

Due to this, Section I – Patient / Parent signature is **always preferred**. If it cannot be obtained due to physical or mental incapacity, then a Section II – Authorized Representative signature should be obtained.

**Only as a last resort** should a Section III – EMS and Faculty Staff signature be utilized.

### **Section I – Patient / Parent of Minor**

Section I should be utilized when the patient OR the parent/legal guardian of a minor is signing for care rendered. The signature and printed name of the signer should be placed in the section I signature field. It is acceptable for the crew to print the patient's name.

If the patient/guardian makes an "X" or other illegible mark, utilize the Witness Signature field below.

If the patient is physically unable to sign, or requests that someone sign on their behalf, select the "PT Unable to Sign" buttons and utilize the Witness Signature field.

### **Billing Authorization Options**

Select the appropriate option. If the patient is unable to sign, click PT unable to sign and complete the appropriate section.

### **HIPAA Acknowledgement**

Select the Appropriate Option.

### **Pandemic Exemption**

With a confirmed or suspected highly infectious pathogen patient (EVD, COVID, SARS, MERS, etc.) crew may sign for the patient in Section 1. It is imperative that the patients confirmed or suspected status is clearly indicated in documentation, and that the patient approved the proxy signature. Signatures should be made using the following format:

Jack Burton by *Steven Smith, EMT-P*

PRINTED PATIENT NAME BY PROVIDER SIGNATURE

## Section II – Authorized Representative

Section II should be used when someone who has a pre-existing relationship is signing on behalf of the patient, but not necessarily accepting personal financial responsibility for the bill. These individuals may include:

- Legal guardian (other than parent);
- Relative or other person who receives benefits on the patient's behalf;
- Relative of other person who arranges for the patient's treatment or exercises other responsibility for the patient's affairs;
- Representative of an agency, institution, or facility that furnishes care, services, or assistance to the patient (other than ambulance crew).

### Authorized Representative

Select the item that most appropriately corresponds to the person that is signing the form.

### Authorized Representative Signature

Have the Authorized Representative Sign.

### Printed Name

Type the Authorized Representative's Name.

### Reason Unable to Sign

List the reason the patient did not sign. (See Section III – EMS Personnel and Facility for details)

## Section III – EMS Personnel and Facility

Section III should be used when the patient is incapable of signing (unresponsive, AMS, etc.) and no one with a pre-existing relationship to the patient is available.

### EMS Personnel Signature

The crew will sign below the statement.

### Printed Name

Type your name, including title.

### Reason Unable to Sign

Document a clear reason why the patient could not sign for themselves. This **cannot** be a reason of convenience. It must be specific and related to a medical complaint or disability.

Reasons such as "unavailable", "pt. condition", "patient care", "Trauma", "ETOH", "PT in CT scanner", "Unable to sign due to lifesaving treatment" are **not specific nor sufficient for reason!**

Acceptable reasons would include: "Patient unresponsive", "Patient is unable to understand instructions for digital signature", "Patient has altered mental status, GCS <13", "Patient unable to sign due to severe pain and extreme anxiety"

**Facility Representative Signature**

This can be any representative that can verify that the patient was transported to that facility. Typically, the receiving RN signs the form out of convenience. Facility Staff signature must be contemporaneous with your signature.

**Printed Name**

Type the representative's full name (First, Last)

**Title of Representative**

Type the representative's title this area.

**Provider Signatures****Crew and Non-Crew Signature**

All crew and non-crew present during transport, driver included, must sign the PCR.

Crew and non-crew that participated in care on scene, but were not present for transport and transfer of care are preferred, but not required.

If unable to obtain partner signature/mark, **DO NOT MARK FOR THEM.**  
Contact on-duty DC for further directions.

If you feel uncomfortable signing report due to partner actions or treatments, contact the on-duty DC immediately!

**Facility Signatures -CURRENTLY NOT IN USE****Receiving Signature**

Have the receiving staff member sign their name.

Their full name and title should also be typed in the field below the signature.

**Acknowledgement of Paperwork Received**

Have the receiving staff member sign for any printed ECGs, facility paperwork, or other documents relevant to transfer of care.

Their full name and title should also be typed in the field below the signature.

**Airway Confirmation-CURRENTLY NOT IN USE**

This is **required** for any patient transported with an advanced airway.

Only a physician (MD/DO) or respiratory therapist (RT/RCP) may sign this field.

Have the appropriate staff sign their name. Their full name and title should also be typed in the field below the signature.

## **Refusal Signature - CURRENTLY NOT IN USE**

Must be completed in full for any refusal. Completing EMS Provider **must sign**, if refusal is for ALS care, then paramedic should sign. Witnesses should be disinterested third parties if at all possible (e.g. police officer). EMS partner may sign as witness as last resort.

This form should be completed whenever a patient refuses any portion of the care you request to provide **AND/OR** when they refuse transport to the hospital.

## **Capacity Assessment**

Select applicable indicators of legal capacity or lack thereof.

## **Medical Command**

If On-Line Medical Control or a Supervisor is contact for assistance with Patient Refusal, document related information here.

## **Patient Notifications / Provider Signature**

Select applicable notifications given to patient regarding their refusal of service/care. Include any additional instructions, such as "Call 911 again".

Select Lead Provider and sign refusal.

## **Patient Refusals / Patient Signature**

Select applicable services that patient is refusing.

Have the patient, parent, or guardian sign if the patient is not able to sign. (I.e. minor, Healthcare power of attorney, etc.)

## **Physician Certification Statement-CURRENTLY NOT IN USE**

### **Transport Details**

Select appropriate determinates.

### **Bed Confined**

Perform bed confinement screening, and select appropriate determinates.

### **Medical Condition**

Select appropriate reasoning as to why ambulance transport is necessary.

### **Signature**

Signature of Physician or Authorized Healthcare Professional that is justifying the transport.

## **Controlled Substances-CURRENTLY NOT IN USE**

### **Medication**

Name of medication administered

### **Amount**

Amount of medication administered

### **Personnel Witness Name**

Name of witness

### **Signature**

Signature of witness

# Appendices

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## Appendix I – Disposition Guidelines

### HCEMS Disposition Guidelines

A patient is an individual requesting, or potentially needing, medical evaluation or treatment. The patient-provider relationship is established via telephone, radio, or personal contact. It is the provider's responsibility to ensure all potential patients, regardless of the size of the incident, are offered the opportunity for evaluation, treatment, and/or transport.

A patient is any human being that:

- Requests or needs medical attention for an illness or injury.
- Is encountered by any means-directly or indirectly-through any type of encounter-Scene dispatch, walk-up, or otherwise.
  - o Requests an evaluation for injury or illness-*called for self*
  - o A request by another for evaluation of illness or injury-*called for another person.*
  - o Has or potentially has an illness or injury-*Based on available information.*
  - o Circumstances would reasonably lead to illness or injury-*Based on available information.*

Any individual meeting the criteria above are considered “patients” in the Harnett County EMS System, refer to protocol DSP-20 Patient Defined for further guidance.

Providers in the HCEMS System are **required** to obtain basic demographics and vital signs any time another person is encountered during a provider's duty as a caregiver, even if only for a simple call such as a “lift assist”. While all subjects encountered may not be patients, all subjects require a complete evaluation.

### **Additional Definitions:**

**Vital Signs:** at a minimum this term refers to a patient's **GCS, level of responsiveness, heart rate, respiratory rate, pulse oximetry, and blood pressure (systolic AND diastolic)**. Vital signs may also include: Blood Glucose, Temperature, End Tidal CO<sub>2</sub>, and pain score if indicated. Omission of any vital sign(s) must be documented and explained in the narrative.

### **Demographics:**

**Basic Demographics** include the subject or patient's name, date of birth, address, and phone number.

**Full Demographics** should include SSN, insurance information, and Next-of-Kin for minor patients or patients of limited capacity.



## Transport Dispositions

ESO PCR Disposition	Definition	Example(s)	AMA Required	V/S Required	Patient Info Required
<b>Transported No Lights/Sirens</b>	This code should be used when patient is transported to the emergency department without emergency lights and sirens.	M1 has emergency signals off while enroute to the emergency department.	<b>N/A</b>	<b>Yes</b>	<b>Full</b>
<b>Transported Lights/Sirens</b>	This code should be used when a patient is transported to the emergency department with emergency lights and siren.	M1 has emergency warning signals on while enroute to the emergency department.	<b>N/A</b>	<b>Yes</b>	<b>Full</b>
<b>Transported No Lights/Sirens, Upgraded</b>	This code should be used when patient transport to the Emergency department begins without emergency lights and siren, but ends using emergency warning signals.	M1 begins transport with emergency warning signals off, but turns them on while enroute to the emergency department.	<b>N/A</b>	<b>Yes</b>	<b>Full</b>
<b>Transported Lights/Sirens, Downgraded</b>	This code should be used when a patient transport to the emergency department begins using emergency lights and sirens, but ends <u>without</u> the use of emergency warning signals	M1 begins transport with emergency lights on, but turns them off enroute to the emergency department.	<b>N/A</b>	<b>Yes</b>	<b>Full</b>

## Refusal Dispositions

ESO PCR Disposition	Definition	Example(s)	AMA Required	V/S Required	Patient Info Required
<b>PATIENT REFUSED EVALUATION/ CARE (WITHOUT TRANSPORT)</b>	<p><b>This disposition means the patient has refused evaluation and/or treatment and/or transportation.</b></p> <p>Use this code when the paramedic has completed an ALS evaluation/physical and the patient refuses treatment and/or transportation.</p> <p><b>Supportive documentation of medical capacity to understand the risk of refusing treatment and/or transportation is REQUIRED.</b></p>	<p>This is the “classic” AMA refusal. (even though AMA is not in the disposition name), for example:</p> <p>60 y/o patient complaining of chest pain who even allows vitals and 12-lead, but refuses EMS treatment and/or transportation.</p> <p>Application and Interpretation of ECG does not count as a treatment for billing purposes.</p> <p>This disposition selection <b>will not</b> result in a bill for the patient.</p>	<b>Yes</b>	<b>Yes</b>	<b>Basic</b>
<b>PATIENT TREATED, RELEASED AMA</b>	<p><b>This disposition means the patient has received any treatment and subsequently refuses further EMS treatment or transportation.</b></p> <p>Use this code when the paramedic has completed an ALS evaluation/physical exam AND provided some sort of treatment AND the patient refuses transportation to the ED.</p> <p>Supportive documentation of the patient’s medical capacity to understand the risk of refusing treatment and/or transportation is <b>REQUIRED.</b></p>	<p>This is the classic treat, no transport.</p> <p>Example- Unconscious diabetic patient that is treated by EMS; and becomes alert, with the capacity to understand the risk of refusing treatment and/or transport.</p> <p>Care provided for a hospice patient without transportation to hospital.</p> <p>A signature is <b>required</b> for billing.</p>	<b>Yes</b>	<b>Yes</b>	<b>Full</b>

<b>PATIENT REFUSED EVALUATION/ CARE (WITH TRANSPORT)</b>	Use this code if a patient wants to be transported, but refuses to be assessed or treated.	Patient calls 911 to go to the hospital, but refuses to allow treatment that you deem to be in their best interest.	<b>YES</b>	<b>N/A</b>	<b>FULL</b>
<b>PATIENT EVALUATED, NO TREATMENT/ TRANSPORT REQUIRED</b>	<b><u>Restricted to Community Paramedic use ONLY</u></b>	Patient evaluated by CP during MIH visit, no treatment/transport <b>required.</b>	<b>NO</b>	<b>YES</b>	<b>BASIC</b>

## Non-Transport Dispositions

ESO PCR Disposition	Definition	Example(s)	AMA Required	V/S Required	Patient Info Required
<b>CANCELLED ON SCENE/NO PATIENT</b>	<p>Used when the EMS unit arrives on-scene but is cancelled by another public safety unit prior to making any patient contact or when an EMS unit arrives on scene, but no patient can be found or there is no patient contact made.</p> <p>The responding unit(s) are responsible for taking all reasonable steps to attempt to locate the reported patient. By virtue of the dispatch itself, we must start with the presumption that a patient does exist.</p> <p>A mere drive-by of the dispatch location does not suffice as an effort to locate the patient.</p>	<p>MEDIC 1 arrives on scene, but no patient can be found or there is no patient contact at the scene.</p> <p>MEDIC 1 arrives to scene of MVC and is told by PD unit already on scene that they can clear as the crew is exiting the ambulance and before they have made any contact with subjects on scene.</p>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

<p><b>CANCELLED (PRIOR TO ARRIVAL AT SCENE)</b></p>	<p><b>This code should be used when the EMS response is cancelled by dispatch or another unit (fire, law enforcement, other EMS unit) already on scene prior to arrival at the scene.</b></p> <p><b>ALSO</b></p> <p><b>When a medic unit dispatched and a different medic unit swaps the call.</b></p>	<p>Medic unit is cancelled enroute, 911 advises the caller does not need EMS.</p> <p><b>OR</b></p> <p>Medic unit is cancelled by fire, law enforcement, or an EMS provider already on scene; Example - Medic 1 is dispatched to a call. then the call is swapped to another unit for whatever reason.</p> <p><b>Crews must complete an EHR for each incident with a DISPATCH time, regardless of whether crew or Communication s marked unit enroute.</b></p>	<p><b>N/A</b></p>	<p><b>N/A</b></p>	<p><b>N/A</b></p>
<p><b>PATIENT DEAD ON SCENE, RESUSCITATION ATTEMPTED (WITHOUT TRANSPORT)</b></p>	<p><b>This code should be used if any attempt is made at resuscitation by a HCEMS provider and the attempt is subsequently discontinued.</b></p> <p><b>See policy DSP-3 On Scene Resuscitation Termination of CPR.</b></p>	<p>Typical code worked and called on scene after ALS resuscitation has failed and all protocol criteria have been met.</p>	<p><b>N/A</b></p>	<p><b>YES</b></p>	<p><b>FULL</b></p>

<b>PATIENT DEAD ON SCENE, NO RESUSCITATION ATTEMPTED (WITHOUT TRANSPORT)</b>	<p><b>This code should be used when the patient was pronounced dead at the scene and HCEMS providers did not attempt resuscitation.</b></p> <p>Patient demographics, history, medications, etc. still <b>required</b> for documentation.</p> <p>Application of the 4Lead ECG, 12-Lead ECG, or Defib pads is not considered a treatment for billing purposes.</p>	Patient found pulseless/apneic and paramedic determines resuscitation attempts are futile due to patient meeting criteria as listed in Disposition Policy 1, Criteria for Death / Withholding Resuscitation.	<b>N/A</b>	<b>YES</b>	<b>BASIC</b>
<b>PATIENT DEAD ON SCENE, RESUSCITATION ATTEMPTED (WITH TRANSPORT)</b>	Used when transport division is transporting a deceased subject to the hospital or morgue following attempted CPR.	M1 is dispatched to a cardiac arrest. On arrival, they perform CPR without ROSC. M21 is dispatched to transport the body.	<b>N/A</b>	<b>YES</b>	<b>FULL</b>
<b>PATIENT DEAD ON SCENE, NO RESUSCITATION ATTEMPTED (WITH TRANSPORT)</b>	Used when transport division is transporting a deceased subject to the hospital or morgue without CPR having been performed.	M1 is dispatched to a cardiac arrest. On arrival, they pronounce the patient without ROSC. M21 is dispatched to transport the body	<b>N/A</b>	<b>YES</b>	<b>FULL</b>

<b>PATIENT TREATED, TRANSFERRED CARE TO ANOTHER EMS PROFESSIONAL</b>	Use this code when you/your unit initiated care and turned the patient over to another unit for transport or further treatment.	Patient cared for on scene, care transferred to another HCEMS unit, out of county unit, or Critical Care flight crew.  BLS unit initiates care, transfers pt. to ALS unit.	<b>N/A</b>	<b>YES</b>	<b>FULL</b>
<b>PATIENT TREATED, TRANSPORTED BY LAW ENFORCEMENT</b>	Use this code when you provide care for a patient who is then transported by a law enforcement agency.	Treating a patient in custody of LEO who is then transported to the ED by LEO.	<b><u>MAYBE</u></b>  If patient refuses care and is transported by Police, then an AMA is <b>required.</b>	<b>YES</b>	<b>FULL</b>
<b>PATIENT TREATED, TRANSPORTED BY PRIVATE VEHICLE</b>	Patient is provided a treatment, per protocol. Following the treatment, the patient decides that they do want to go to the hospital, but not by EMS.	M3 dispatched for a breathing problem. On arrival, patient treated, per protocol. Following treatment, patient feels better and wants to refuse. After discussion, patient elects to go the hospital, but chooses to go POV.	<b>YES</b>	<b>YES</b>	<b>YES</b>
<b>ASSIST, UNIT</b>	Used when a unit assists another HCEMS unit.	M12 and M4 dispatched to a cardiac arrest. M12 is primary, and M4 is secondary. M4 will use this code.	<b>NO</b>	<b>NO</b>	<b>NO</b>
<b>STANDBY</b>	The call type for a public safety standby.	Structure fire, HAZMAT, police, dignitary detail, etc.	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

<b>WHEELCHAIR TRANSPORT</b>	Use this code when performing a wheelchair transport.	WC1 picks up a wheelchair patient being discharged from the hospital and takes them home.	<b>N/A</b>	<b>N/A</b>	<b>FULL</b>
<b>TRANSPORT NON-PATIENT, ORGANS, ETC.</b>			<b>N/A</b>	<b>N/A</b>	<b>N/A</b>



## **Appendix II – Impressions List**

### List of Impressions, Categorized

#### **Neurological/Cognitive**

- Altered Mental Status
- Coma
- Confusions/Delirium
- Dizziness
- Dystonic Reaction
- Febrile Seizures
- Headache
- Neurogenic Shock
- Seizures with status epilepticus
- Seizures without status epilepticus
- Stroke
- Transient Cerebral Ischemic Attack (TIA)
- Unconscious
- Visual Disturbances

#### **Behavioral**

- Behavioral/Psychiatric episode
- Hyperventilation
- Substance abuse
- Suicidal Ideation
- Suicide Attempt

#### **Cardiac**

- Cardiac Arrhythmia/Dysrhythmia
- Cardiac Tamponade
- Cardiogenic Shock
- Chest Pain/Discomfort
- Hypertension
- Non-ST Elevation Myocardial Infarction (NSTEMI)
- Palpitations
- ST Elevation Myocardial Infarction (STEMI)

#### **Vascular**

- Anemia
- Generalized edema
- Hematoma (non-traumatic)
- Hemorrhage
- Hemorrhagic Shock
- Hypotension
- Hypovolemia
- Hypovolemia/Shock
- Orthostatic Hypotension
- Pitting Edema
- Sickle Cell Crisis

#### **Respiratory**

- Acute Bronchitis
- Acute Bronchospasm
- Acute epiglottitis
- Acute Respiratory Distress (Dyspnea)
- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Cough
- Foreign Body in Larynx
- Foreign Body in Nostril
- Foreign Body in Pharynx
- Foreign Body in Respiratory Tract
- Foreign Body in Trachea
- Laryngitis/Croup
- Pneumonia
- Pulmonary Edema
- Respiratory Arrest
- Respiratory Condition due to Chemicals, Gases, Fumes, and Vapors
- Respiratory Failure
- Shortness of breath

### **Gastrointestinal**

- Acute Appendicitis
- Constipation
- Diarrhea
- Esophageal Obstruction
- Gastro-Esophageal Reflux Disease
- Gastrointestinal Hemorrhage
- Gastrostomy malfunction
- Hematemesis
- Intestinal Obstruction
- Melena
- Nausea
- Vomiting

### **Immunological/Infectious**

- Allergic Reaction
- Anaphylactic Shock
- Anaphylaxis
- Cancer
- Cellulitis
- COVID-19-Confirmed by testing
- COVID-19-Exposure to confirmed patient
- COVID-19-Suspected—no known exposure
- Fever
- Health hazard contact/suspected exposure
- Infectious Disease
- Sepsis/Septicemia
- Septic Shock
- Urinary Tract Infection (UTI)

### **Metabolic**

- Adrenocortical Insufficiency
- Diabetic Hyperglycemia
- Diabetic Hypoglycemia
- End Stage Renal Disease (ESRD)
- Hyperglycemia (Not Diabetic)
- Hyperkalemia
- Hypoglycemia (Not Diabetic)
- Hypokalemia
- Renal Failure

### **Obstetrical/Gynecological**

- Birth injuries to the newborn
- Encounter for full-term uncomplicated delivery
- Immediate postpartum hemorrhage
- Labor and delivery complications
- Labor and delivery, uncomplicated
- Meconium aspiration
- Obstetric trauma
- Post-term newborn
- Postpartum hemorrhage
- Pre-eclampsia
- Pregnancy Complications
- Pregnancy with contractions
- Preterm labor with preterm delivery
- Preterm labor without delivery
- Preterm newborn
- Respiratory Distress of Newborn
- Retained Placenta without hemorrhage
- Spontaneous abortion (Miscarriage)
- Vaginal Hemorrhage

### **General**

- Cardiac Arrest
- Dehydration
- Epistaxis
- Fatigue
- Generalized Weakness
- Malaise
- No9 Complaints or Injury/Illness Noted
- Obvious Death
- Rash
- Syncope/Fainting
- Urinary System Disorder

**Overdose/Toxic**

- Alcohol dependence with withdrawal
- Alcohol use
- Carbon Monoxide Poisoning
- Cocaine related disorders
- Hallucinogen related disorders
- Inhalant related disorders
- Inhalation Injury (Toxic Gas)
- Opioid Related Disorders
- Other stimulant related disorders
- Overdose-Acetaminophen
- Overdose-Alcohol
- Overdose-Amphetamine
- Overdose-Benzodiazepine
- Overdose-Cannabis
- Overdose-Cocaine
- Overdose-Hallucinogens
- Overdose-Heroin
- Overdose-Methadone
- Overdose-Opium
- Overdose-Other Opioids
- Overdose-Synthetic Marijuana
- Overdose-Synthetic Narcotics
- Overdose-Unspecified
- Poisoning/Drug Ingestion
- Sedative, hypnotic, or anxiolytic related disorders

**Pain**

- Abdominal Pain
- Back Pain
- Chest Pain, Other (non-Cardiac)
- Extremity Pain
- Eye Pain
- Pain (Non-Traumatic)
- Pelvic and Perineal Pain
- Toothache

**Traumatic**

- Amputation of limb
- Amputation of other parts of head (face, ears, etc.)
- Burn
- Chemical Burn
- Decompression Sickness
- Drowning
- Effects of Air Pressure and Water Pressure
- Eye Injury
- Foreign body in Anus or Rectum
- Foreign body in Ear
- Foreign Body in Genitourinary tract, part unspecified
- Foreign body in Vulva and Vagina
- Foreign Body in Alimentary Tract, Part Unspecified
- Foreign Body in external Eye
- Hemothorax (Traumatic)
- Injury
- Injury of Abdomen
- Injury of Ankle
- Injury of Ear
- Injury of Elbow
- Injury of External Genitals
- Injury of face
- Injury of Foot
- Injury of Forearm
- Injury of Head
- Injury of Hip
- Injury of Lower Back
- Injury of Lower Leg
- Injury of Neck
- Injury of Nose
- Injury of Pelvis
- Injury of Shoulder or Upper Arm
- Injury of Thigh (Upper Leg)
- Injury of Thorax (Upper Chest)
- Injury of Wrist, Hands, or Fingers
- Laceration/Abrasion/Hematoma (minor surface trauma)
- Sexual Abuse
- Smoke Inhalation
- Suffocation/Asphyxia

**Environmental**

- Contact with Venous Animal
- Contact with Venomous Plant
- Frostbite, Superficial
- Frostbite, with Tissue Necrosis
- Heat Exhaustion
- Heatstroke and Sunstroke
- Hypothermia
- Sunburn

**Medical Device Related**

- Displacement of Urinary catheter
- Displacement of Vascular Dialysis Catheter
- Medical Device Failure
- Tracheostomy Problem

## **Appendix III – Injuries and Details List**

### List of Injury Types, Categorized

#### **Abuse**

- Abuse Suspected (Adult)
- Abuse Suspected (Child)
- Sexual Abuse suspected (Adult)
- Sexual Abuse suspected (Child)

#### **Animal/Plant Contact**

- Bite – cat
- Bite – dog
- Bite – other mammals
- Bite – rat
- Bite – shark
- Bite – venomous snake
- Bite – venomous spider
- Contact with birds
- Contact with crocodile or alligator
- Contact with marine animal - nonvenomous
- Contact with marine animal - venomous
- Contact with reptiles – nonvenomous
- Contact with reptiles – venomous
- Insect bites/stings (Centipedes, ants, bees, wasps)
- Other animal contact – nonvenomous
- Other animal contact – venomous
- Plant contact – nonvenomous
- Plant contact - venomous
- Scorpion sting

#### **Aircraft Accident**

- Aircraft Accident
- Non-powered aircraft accident
- Other air transport accidents (e.g. boarding or deboarding aircraft, propeller, engine, etc.)
- Parachutist accident

#### **Assault**

- Assault by pushing victim in front of moving object (car, train, etc.)
- Assault by drowning and submersion
- Assault by human bite
- Assault by other means
- Assault by pushing victim from high place
- Assault by sharp object (stabbing)
- Assault by sports equipment
- Assault by blunt object
- Assault with explosive materials
- Assault with firearm
- Assault hot objects
- Assault by bodily force
- Attempted homicide
- Hit or run over by motor vehicle
- Sexual assault

## **Burns**

- Burns of unspecified degree (electricity, flame, hot gas, liquid, radiation, steam, thermal)
- Chemical burn of unspecified degree
- Heating appliances, radiators, and pipes

## **Drowning**

- Drowning in bathtub – accidental
- Intentional self-harm by drowning and submersion, unspecified
- Drowning in natural water – accidental
- Drowning in swimming pool – accidental
- Unspecified cause of accidental drowning and submersion
- Drowning due to a watercraft accident
- Intentional self-harm by unspecified hot objects
- Other heated substances contact
- Steam and other hot vapors contact
- Unspecified hot objects contact

## **Electrocution/Radiation**

- Electrocution – electric transmission lines
- Electrocution – lightning
- Shock from electric current
- Exposure to ionizing radiation (e.g. x-rays)
- Exposure to nonionizing radiation
- Exposure to man-made visible and ultraviolet light (e.g. tanning bed, welding lights, etc.)
- Other

## **Environmental**

- Exposure to cold - natural
- Exposure to cold of man-made origin
- Exposure to excessive heat - natural
- Exposure to excessive heat of man-made origin
- Exposure to noise
- Exposure to sunlight
- Other

## **Explosives**

- Contact with explosive materials
- Discharge of fireworks
- Explosion of explosive materials
- Explosion/Rupture of pressurized device
- Intentional self-harm by explosive material
- Other explosive accident

## **Falls**

- Fall from bed
- Fall from chair
- Fall from cliff
- Fall from high place
- Fall from other furniture
- Fall from toilet
- Fall from tree
- Fall from wheelchair, nonmotorized scooter or motorized mobility scooter
- Fall from, out of or through building
- Fall from, out of or through roof
- Fall from, out of or through window
- Fall in filled bathtub
- Fall in shower or empty bathtub
- Fall on and from ladder
- Fall on and from playground equipment
- Fall on ice and snow
- Fall on same level
- Fall on stairs and step
- Fall, Unspecified
- Fall/Thrown from horse
- Ice skates or sledding type fall
- Other fall from one level to another

### **Fire and Smoke**

- Exposure to ignition of highly flammable material
- Exposure to ignition or melting of nightwear
- Exposure to ignition or melting of other clothing and apparel
- Exposure to smoke, fire and flames (Intent unknown)
- Exposure to smoke, fire and flames (Intentional self-harm)

### **Firearms**

- Discharge of handgun (Undetermined intent)
- Discharge of larger firearm (Undetermined intent)
- Discharge of unspecified firearms (Undetermined intent)
- Firearm injury (Accidental)
- Firearm injury (Assault)
- Firearm injury (Self Inflicted)
- Handgun discharge and malfunction (accidental)

### **Intentional Self-Harm**

- Attempted suicide
- Intentional self-harm by blunt object
- Intentional self-harm by crashing motor vehicle
- Intentional self-harm by drowning and submersion
- Intentional self-harm by explosive material
- Intentional self-harm by firearm discharge
- Intentional self-harm by jumping from a high place
- Intentional self-harm by jumping or lying in front of moving object
- Intentional self-harm by other means
- Intentional self-harm by smoke, fire and flames
- Intentional self-harm with hot object
- Intentional self-harm with sharp object

### **Machinery Accidents**

- Caught, crushed, jammed or pinched in or between objects
- Contact with agricultural machinery
- Contact with lifting and transmission devices
- Contact with machinery
- Contact with non-powered hand tools
- Contact with powered hand tools / household machinery
- Other machinery accident

### **Motorized Vehicle Accident**

- Ambulance/fire engine traffic accident injures occupant
- Auto accident with pedestrian or animal injures occupant
- Auto traffic accident injures occupant
- Bus accident with pedestrian or animal injures occupant
- Heavy transport accident with pedestrian or animal injures occupant
- Heavy transport vehicle traffic accident injures occupant
- Moped traffic accident injures occupant
- Motorcycle traffic accident injures occupant
- Motorcycle accident with pedestrian or animal injures occupant
- Off-road motor-vehicle (ATV) accident injures occupant
- Other vehicle accident injures occupant
- Pickup / van accident with pedestrian or animal injures occupant
- Pickup truck / van traffic accident injures occupant
- Railway accident injures occupant

### **Natural Disasters**

- Avalanche, landslide and other earth movement
- Blizzard (snow) (ice)
- Earthquake
- Flood
- Hurricane
- Tornado
- Unspecified cataclysmic storm
- Volcanic eruption

### **Non-Motorized Vehicle Accident**

- Accident with pedestrian conveyance (Wheelchair, strollers, mobility scooter)
- Occupant of animal powered transportation injured in transport accident
- Pedal cyclist injured in accident with car/pickup truck/van
- Pedal cyclist injured in non-traffic accident
- Roller Skates / In-Line skates / Scooter / Heelies accident
- Skateboard accident
- Wheelchair collision

### **Pedestrian – Vehicle Accident**

- 2-wheeled or 3-wheeled motor vehicle collision injures pedestrian
- Bicycle accident injures pedestrian
- Car/pick-up truck/van collision injures pedestrian
- Heavy transport vehicle / bus collision injures pedestrian
- Pedestrian injured in collision with other non-motor vehicle
- Train collision injures pedestrian
- Transport accident injures pedestrian

### **Physical Exertion**

- Lifting injury
- Snowboard Accident
- Snow skiing Accident
- Sports Injury
- Other accident

### **Poisoning**

- Aflatoxin and other mycotoxin food contaminants poisoning
- Alcohol poisoning
- Analgesic poisoning
- Barbiturate poisoning
- Benzodiazepine poisoning
- Carbon monoxide poisoning
- Corrosive substance
- Drugs – Unspecified
- Food poisoning
- Gases, fumes, and vapors poisoning
- Halogen derivatives or aliphatic and aromatic hydrocarbons poisoning
- Inorganic substance poisoning
- Metal poisoning
- Opiate poisoning
- Organic solvent poisoning
- Pesticide poisoning
- Psychotropic poisoning
- Salicylate poisoning
- Seafood poisoning
- Sedative/Hypnotic poisoning
- Soaps and Detergents poisoning
- Unspecified substance poisoning



### **Sharp Objects**

- Cut/laceration
- Foreign body or object piercing skin (e.g. nail, lid of can, metal piece, wood piece, etc.)
- Hypodermic needle contact
- Knife / sword / dagger contact
- Sharp glass contact

### **Struck by Object**

- Bumped/struck by another person – accidental
- Contact with blunt object
- Crushed, pushed, or stepped on by crowd or human stampede
- Struck by falling object
- Struck by other objects
- Struck by sports equipment

### **Suffocation/Asphyxiation**

- Cave-in or falling earth as cause of asphyxiation
- Hanging as cause of asphyxiation
- Mechanical threat to breathing as cause of asphyxiation
- Plastic bag as cause of asphyxiation
- Smothering in furniture
- Smothering under another person's body (in bed)
- Smothering under pillow
- Systemic oxygen deficiency due to low oxygen content in ambient air due to unspecified cause
- Trapped in a (discarded) refrigerator as cause of asphyxiation
- Trapped in a car truck as cause of asphyxiation
- Trapped in other low oxygen environment as cause of asphyxiation
- Unspecified asphyxiation cause

### **Watercraft Accident**

- Accident on board watercraft, without accident to watercraft
- Injury due to accident to watercraft
- Water transport accident

## **Appendix IV – Signs and Symptoms List**

### List of Signs/Symptoms, Categorized

#### **Abdomen and Digestive System**

- Abdominal Distension (Gaseous)
- Abdominal Hernia With Obstructions, Without Gangrene
- Abdominal Hernia Without Obstruction Or Gangrene
- Abdominal Rigidity
- Abdominal Tenderness
- Abdominal Tenderness – Rebound
- Aphagia
- Appendicitis
- Ascites
- Belching
- Colic
- Constipation
- Diarrhea
- Dysphagia
- Fecal Incontinence
- Flatulence
- Gastric Ulcer
- Gastritis (Acute)
- Gastrointestinal Hemorrhage
- Heartburn
- Hematemesis
- Indigestion
- Intestinal Obstruction
- Jaundice
- Nausea
- Nausea And Vomiting
- Projectile Vomiting
- Rectal Bleeding
- Vomiting

#### **Allergic Reaction**

- Allergic urticaria (hives)
- Analgesic - adverse effect
- Anaphylaxis
- Antibiotics - adverse effect
- Anticonvulsants - adverse effect
- Anti-infectives - adverse effect
- Autonomic nervous system agents - adverse effect
- Barbiturates - adverse effect
- Blood products - adverse effect
- Calcium channel blockers - adverse effect
- Central nervous system (depressants) - adverse effect
- Central nervous system (stimulants) - adverse effect
- Digoxin - adverse effect
- Food allergy
- Gastrointestinal drug - adverse effect
- General anesthesia - adverse effect
- Hormone medications - adverse effect
- Mucous membrane agents (external) - adverse effect
- Opiates - adverse effect
- Other allergy
- Phenothiazine (psychotropic) - adverse effect
- Pollen allergy
- Psychotropic drugs - adverse effect
- Salicylates - adverse effect
- Sedatives - adverse effect
- Shock/Anaphylactic due to food (nonpoisonous)
- Smooth muscle relaxants - adverse effect
- Systemic drugs - adverse effect
- Unspecified drug or medicament - adverse effect

### **Behavioral/Emotional State**

- Anxiety or worries
- Auditory hallucinations
- Bipolar disorder
- Combative or violent behavior
- Delusional disorders
- Demoralization and apathy
- Depression
- Emotional stress
- Excessive crying non infant
- Hallucinations
- Homicidal ideations
- Irritability and anger
- Low self esteem
- Nervousness
- Overactive
- Restlessness and agitation
- Slowness and poor responsiveness
- Strange and inexplicable behavior
- Suicidal ideations
- Visual hallucinations

### **Burns**

- Ankle – first degree burn
- Ankle – second degree burn
- Ankle – third degree burn
- Burn of unspecified degree
- Foot – first degree burn
- Foot – second degree burn
- Foot – third degree burn
- Forearm – first degree burn
- Forearm – second degree burn
- Forearm – third degree burn
- Hand – first degree burn
- Hand – second degree burn
- Hand – third degree burn
- Head and Face – first degree burn
- Head and Face – second degree burn
- Head and Face – third degree burn
- Lower leg – first degree burn
- Lower leg – second degree burn
- Lower leg – third degree burn
- Multiple fingers – first degree burn
- Multiple fingers – second degree burn
- Multiple fingers – third degree burn
- Neck – first degree burn
- Neck – second degree burn
- Neck – third degree burn
- Shoulder – first degree burn
- Shoulder – second degree burn
- Shoulder – third degree burn
- Thigh – first degree burn
- Thigh – second degree burn
- Thigh – third degree burn
- Thumb – first degree burn
- Thumb – second degree burn
- Thumb – third degree burn
- Toe(s) – first degree burn
- Toe(s) – second degree burn
- Toe(s) – third degree burn
- Trunk – first degree burn
- Trunk – second degree burn
- Trunk – third degree burn
- Upper arm – first degree burn
- Upper arm – second degree burn
- Upper arm – third degree burn
- Wrist – first degree burn
- Wrist – second degree burn
- Wrist – third degree burn

**Cardiovascular**

- Anemia
- Angina pectoris
- Atrial fibrillation
- Automatic implantable cardiac defibrillator
- Bradycardia
- Cardiac arrest
- Cardiac arrhythmia
- Cardiogenic shock
- Chest pain
- Essential primary hypertension
- Heart failure
- Hypertension
- Non-ST elevation myocardial infarction (NSTEMI)
- Nontraumatic intracerebral hemorrhage
- Orthostatic hypotension
- Other chest pain
- Palpitations
- Presence of cardiac and vascular implant and graft (LVAD)
- Presence of cardiac pacemaker
- ST elevation myocardial infarction (STEMI)
- Tachycardia
- Ventricular fibrillation

**Cognitive Functions and Awareness**

- Altered mental status
- Alzheimer's disease
- Amnesia
- Attention and concentration deficit
- Confusion/disorientation
- Dementia with behavioral disturbance
- Dizziness and giddiness
- Drowsiness
- Intoxication
- Mental disorder, not otherwise specified
- Transient cerebral ischemic attack
- Withdrawal – alcohol
- Withdrawal - psychoactive substance

**Child Birth**

- Eclampsia in pregnancy
- False labor
- Hemorrhage in early pregnancy
- Hypothermia of newborn
- Labor and Delivery - Complicated by fetal stress
- Labor and Delivery - Complicated by prolapsed cord
- Labor and Delivery - Full term, no complications
- Labor and Delivery – Pre-term
- Labor and Delivery - With complications
- Miscarriage complete
- Miscarriage incomplete
- Multiple births, all live born
- Multiple births, all stillborn
- Multiple births, some live born
- Obstructed labor due to breech presentation
- Obstructed labor due to shoulder dystocia
- Obstructed labor due to shoulder presentation
- Postpartum complication
- Post term pregnancy
- Preeclampsia
- Pre-term labor without delivery

**Convulsion/Seizure**

- Absence, partial, Grand Mal (Tonic/Clonic) seizures
- Convulsions
- Febrile seizure
- Generalized seizures (Focal motor, Rolandic)
- Post traumatic seizures

### **Generalized Symptoms**

- Accidental poisoning
- Aphasia
- Bleeding
- Blurred vision
- Chills without fever
- Dehydration
- Diaphoresis
- Dry mouth
- Dysphasia
- Edema
- Edema, local pitting
- Excessive crying of infant
- Fatigue
- Fever
- Foreign body in alimentary tract
- Foreign body in anus and rectum
- Foreign body in ear
- Foreign body in eye
- Foreign body in nasal sinus
- Foreign body in nostril
- Foreign body in penis
- Foreign body in respiratory tract
- Foreign body in vulva and vagina
- Hearing loss, unspecified ear
- Heat exhaustion
- Heat syncope
- Heat stroke and sunstroke
- Hemorrhage / bleeding
- Hoarseness
- Hypothermia
- Insomnia
- Loss of voice
- Malaise
- Migraine headaches
- Poisoning by salicylates
- Poisoning by unspecified anti-epileptic and sedative hypnotic drugs, undetermined
- Poisoning by unspecified narcotic
- Poisoning by unspecified psychotropic drug, undetermined
- Primary thunder clap headache
- Slurred speech
- Swelling
- Syncope and collapse
- Toxic effect of organophosphate
- Toxic effect of unspecified gases, fumes and vapors, undetermined, initial encounter
- Toxic effect of unspecified substance, undetermined
- Vertigo - Visual discomfort / Photophobia
- Visual disturbance
- Visual loss
- Weakness

### **Genitourinary**

- Abnormal uterine and vaginal bleeding
- Dysuria (painful urination)
- Excessive urine
- Hematuria
- Irregular menstruation
- Kidney failure
- Kidney stone
- Other polyuria
- Priapism
- Retention of urine
- Urinary incontinence
- Urinary Tract Infection (UTI)

**Injuries**

- Injury to abdomen
- Injury to ankle
- Injury to chest
- Injury to elbow
- Injury to external genitals
- Injury to eye
- Injury to face
- Injury to foot
- Injury to forearm
- Injury to hand
- Injury to head
- Injury to hip
- Injury to knee
- Injury to lower back
- Injury to lower leg
- Injury to neck
- Injury to shoulder and upper arm
- Injury to thigh
- Injury to upper back
- Injury to wrist, hand, and finger(s)
- Multiple injuries

**Neuro-Musculoskeletal**

- Abnormal involuntary movements
- Ataxia
- Ataxic gait
- Contracture
- Carpopedal spasm/involuntary muscle spasm
- Cramp and spasm
- Facial droop
- Fasciculation/twitching
- Gait, limp gait, or difficulty walking
- Heat cramp
- Lack of coordination, unspecified
- Other abnormalities of gait and mobility
- Repeated falls
- Tremor, involuntary

**Metabolic**

- Hyperglycemia
- Hypoglycemia
- Hypothyroidism
- Sepsis

**No Patient Complaint**

- No Complaints or injury/illness noted

**Obvious Death**

- Decapitation
- Decomposition
- Dependent lividity
- Incineration
- Rigor mortis
- Severe traumatic injuries

**Other**

- Blank

**Paralytic Syndromes**

- Hemiplegia
- Monoplegia
- Paralysis
- Paralysis of lower limb
- Paralysis of upper limb
- Paraplegia
- Quadriplegia

**Pain**

- Abdominal – left lower quadrant pain
- Abdominal – left upper quadrant pain
- Abdominal – right lower quadrant pain
- Abdominal – right upper quadrant pain
- Abdominal pain – acute
- Ankle pain
- Anterior chest-wall pain
- Arm pain
- Back pain
- Ear pain
- Elbow pain
- Epigastric pain
- Extremity pain
- Eye pain
- Face pain
- Finger pain
- Flank pain
- Foot pain
- Forearm pain
- Hand pain
- Headache
- Hip pain
- Intercostal pain
- Jaw Pain
- Knee Pain
- Leg Pain
- Lower abdominal pain
- Multiple Injuries

**Shock**

- Cardiogenic shock
- Hypovolemic shock
- Septic shock
- Shock – unspecified
- Traumatic shock

**Respiratory**

- Acute respiratory distress
- Acute sore throat
- Apnea
- Asphyxia
- Aspiration of fluid
- Asthma – other
- Asthma – status asthmaticus
- Chest pain on breathing
- Choking – food
- Choking – non food
- Choking sensation
- Chronic obstructive lung disease (COPD) with acute bronchitis
- Chronic obstructive pulmonary disease (COPD)
- Cough
- Dyspnea
- Flail chest
- Hemoptysis
- Hemothorax
- Hiccough
- Hyperventilation
- Nasal congestion
- Nosebleed/epistaxis
- Orthopnea
- Periodic breathing/Cheyne-Stokes breathing
- Pneumonia
- Pulmonary edema
- Respiratory arrest
- Shortness of breath
- Sneezing
- Snoring
- Stridor
- Tachypnea
- Tension pneumothorax
- Traumatic asphyxiation/strangulation
- Wheezing

**Skin**

- Burning/prickly/tingling sensation of skin
- Cyanosis
- Decreased sensation of skin
- Flushing
- Hives
- Itching
- Numbness
- Other skin changes
- Pallor
- Pressure ulcer
- Pressure ulcer – back
- Pressure ulcer – buttocks
- Pressure ulcer – hip
- Rash
- Swelling/mass/lump
- Urticaria (hives)

**Weight/Food Intake**

- Abnormal weight gain
- Abnormal weight loss
- Anorexia
- Cachexia
- Eating disorder
- Feeding difficulties
- Overweight
- Polydipsia

**Somnolence Coma**

- Catatonic schizophrenia
- Catatonic, refuses to respond
- Coma
- Somnolence
- Stupor or Semicoma
- Unconscious