assessments and diagnostic tools could not determine an etiology for the symptom(s).

Narrative

The various data fields within the ePCR are important as they provide a means of uniformly entering incident data that can be used for importing into billing software or hospital records, transmitting between EMS systems or creating descriptive reports, or conducting research. In most cases, at a local, state, or national level, if something wasn't documented in the appropriate data field, it didn't happen or exist. However, the Narrative plays several essential roles in the PCR.

1. Role of the Narrative
    a. Provides an efficient and effective means to share patient information for continuity of care between EMS services and EMS and hospital staff. The narrative summarizes the incident history and care in a manner that is easily digested between caregivers.
    b. Provides a place for EMS to document facts that do not fit into fixed data fields. Specifically, this would include the detailed history of the scene, what the patient may have done or said or other aspects of thecal that only the clinician saw, heard, or did. The Narrative is the place for the EMS clinician to "paint the picture" for all others to more fully understand the incident.
    c. Provides a standard means to add essential details about medical history, exams, treatments, patient response, and changes in patient condition that can't otherwise be effectively or clearly communicated.
2. Narrative Formats
    Documentation by EMS clinicians demonstrates a wide variation of training and practice reinforcement. Most training programs provide limited instruction on how to properly document operational and clinical processes, and almost no practice. Most clinicians learn this skill on the job, and often proficient mentors are sparse. Therefore, it is essential that the EMS clinician uses a standard format to ensure they are consistent and complete in their documentation. There are three standard formats for EMS documentation. EMS clinicians should choose the best match for them, master the format, and be consistent in its use.
    a. Medical Narrative: This format is the one most new EMS clinicians use as it is intuitive and easy to learn. Some more experienced clinicians use it as they find telling the story from start to finish works best to organize their thoughts. A drawback to this method is that it is easy to forget to include facts because of the lack of structure.
    b. SOAP: This format stands for **S**ubjective, **O**bjective, **A**ssessment, **P**lan. This is a format that is very common in the medical field.
    c. CHART: This format stands for **C**omplaint, **H**istory, **A**ssessment, **R**x (Treatment) and **T**ransport. Each section's content is clearly defined and consistent in format. It minimizes the likelihood of forgetting information and ensures documentation is consistent between records and clinicians. CHART is the format most recommended as best practice by EMS legal authorities and is considered the standard in many EMS systems. A variation is DCHART, where the "D" stands for **D**ispatch (reason).

Medications Given Showing Positive Action Using Pertinent Negatives

For medications that are required by protocol (i.e., aspirin for cardiac chest pain), *pertinent negatives* should be used to show that a medication protocol was considered but was satisfied by other than clinician action.