iv. Unable to Complete

4. eProcedures.04—Size of Procedure Equipment
5. eProcedures.05—Number of Procedure Attempts *(This should always be "1" with each attempt at a procedure documented separately with appropriate date/time stamp)*
6. eProcedures.06—Procedure Successful
7. eProcedures.07—Procedure Complication
8. eProcedures.08—Response to Procedure *[see **Definitions for Response to Procedures** below]*
9. eProcedures.09—Procedure Crew Members ID
10. eProcedures.10—Role/Type of Person Performing the Procedure
11. eProcedures.13—Vascular Access Location *(If applicable)*

Narrative

The use of the narrative is essential to an effective and complete Patient Care Record. It summarizes the incident history and care in a manner that is easily digested between caregivers for continuity of care and provides a place for EMS to document facts that do not fit into fixed data fields [see **Narrative** Section under **Notes/Educational Pearls** (below) for more detail]

Notes/Educational Pearls

Documenting Signs and Symptoms Versus Clinician Impressions

1. Signs and Symptoms
   a. Signs and Symptoms should support the clinician impressions, treatment guidelines and overall care given. A symptom is something the patient experiences and tells the clinician; it is subjective. A sign is something the clinician sees; it is objective.
   b. Symptoms should not be confused with clinician impressions. The clinician impressions are the EMS working field diagnosis of the patient's actual medical condition.
2. Clinician Impressions
   a. There is often a great deal of confusion on the part of EMS clinicians about the difference between symptoms and clinician impressions. Clinician impressions should be *supported* by symptoms but not *be* the symptoms except on *rare* occasions where they may be the same (i.e., weakness when no etiology for the weakness can be determined by the EMS clinician).
   b. Correctly documenting impressions is essential to many aspects of EMS data use, such as EMS reimbursement, reports of incident types, specialty registries (e.g., CARES) and CPI reviews. EMS agencies could *literally lose money or equipment and staffing resources* if the clinicians are incorrectly entering clinician impressions. Addressing this issue should be an essential part of the record Quality Assurance and CPI process and documentation training.
   c. Example of documenting symptoms versus impressions:
      i. An opiate overdose patient who received naloxone and had a positive response. This patient would have possible *Symptoms* of altered mental status, unconscious, respiratory distress, and respiratory failure/apnea. All 4 of these symptoms are available as clinician impressions, however the correct impression for this patient would be whatever variation of "Drug Overdose Opiates or Heroin" impression(s) are setup in the local ePCR system being used. This impression will specifically define the call as an overdose with opiates, rather than a case where one of the symptoms was also used as an impression when the use of naloxone and other