

Example: *EMS is called to a patient for cardiac chest pain. The patient has already taken 324 mg of aspirin by the time EMS arrives per 911 pre-arrival instructions. EMS clinicians should document this as a medication given, prior-to-arrival, with the best estimated time, and qualify the medication as "Medication Already Taken" using the pertinent negative.*

### **Definitions for Response to Medications**

1. **Improved:**
  - a. The medication had its intended therapeutic effect and the patient's symptoms decreased or clinical condition improved or resolved (the word "effective" could generally be substituted for "improved").
  - b. If a patient had the intended therapeutic response to the medication, but a side effect that caused a clinical deterioration in another body system, then "Improved" should be chosen and the side effects documented as a complication (i.e., nitroglycerin improved chest pain but dropped the blood pressure).
2. **Unchanged:**
  - a. The medication was ineffective and had no intended therapeutic effect or had a sub-therapeutic and unnoticeable effect,  
AND
  - b. The patient condition did not deteriorate.
3. **Worse:**
  - a. The patient condition deteriorated or continued to deteriorate because either the medication:
    - i. Was ineffective and had no intended therapeutic effect;  
**OR**
    - ii. Had a sub-therapeutic effect that was unable to stop or reverse the decline in patient condition;  
**OR**
    - iii. Was the wrong medication for the clinical situation and the therapeutic effect caused the condition to worsen (i.e., giving glucose to a patient with hyperglycemia/diabetic ketoacidosis).

### **Definitions for Response to Procedures**

1. **Not Applicable:**  
The nature of the procedure has no direct expected clinical response (i.e., patient assessment, 12-lead EKG acquisition).
2. **Improved:**
  - a. The procedure performed had the intended effective outcome and/or the patient's symptoms decreased, or clinical condition improved or resolved (i.e., defibrillation resolved VF into a perfusing rhythm; intubation controlled the airway and allowed effective management of breathing).
  - b. An effective procedure that caused an improvement in the patient condition may also have resulted in a procedure complication and the complication should be documented (i.e., intubation caused minor airway trauma, but the intubation successfully secured the airway).
3. **Unchanged:**
  - a. The procedure performed did not have the clinical effect intended, but did not directly worsen the patient's symptoms or clinical condition (i.e., attempted defibrillation and