

**Date:** March 2, 2023

**To:** All Stations and Offices

**From:** Shanti Hall, Division Chief  
Emergency Medical Services Division

**Subject:** ePCR Dispositions and Medical Operations Manual (MOM) Procedure 40

**Memo #:** 03-23-162

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An EMS patient care report must be completed for every patient on every 911 call with an EMS dispatch signal, as well as any non-EMS dispatch signals where a person requires medical assistance.

A “patient” is any person for whom a 911 call for assistance has been made for any medical reason, regardless of whether that person has made the call for themselves, or whether someone else made the call, with or without the person’s knowledge/consent. If a 911 call was made, or an alarm number generated, with the intent to provide a person with medical assistance, then an EMS report with the appropriate disposition must be completed.

There is an appropriate disposition for every situation on any 911 call, including cases where the patient did not call for help and does not need any assistance. The disposition of “No Patient Found” should only be used when a unit is dispatched to an incident where there is no person physically present for whom 911 was called. If the person is physically present, an EMS report must be completed, even if the person does not require any assistance.

Please see below the complete list of dispositions available in the ePCR application with detailed definitions for each. Examples are included for each disposition that may require additional clarification. These definitions will be published in a protocol update to the MOM in the near future, but will be adopted into Procedure 40 upon publishing of this memo. The EMS Division will be collecting and tracking data for each disposition as key performance indicators for each unit and officer, and for overall quality management purposes.

## **Transport Dispositions**

### **Treated, Transported by MDFR**

Patient was evaluated, treated and transported by the MDFR transport unit completing the report. This is only to be selected by the MDFR transporting unit.

Note: This disposition is not appropriate if the unit completing the report transferred the patient to another unit or agency for transport.

### **Refused Eval/Tx/Closest Hosp. – Transported**

Patient consented to be transported by MDFR, but refused to give consent or withdrew consent for evaluation and/or all or some treatment by MDFR, or refused the recommended/closest medical facility. Details of the specific refusal(s) must be explained in the narrative.

Examples: Rescue transported a patient to a medical facility, but the patient refused a specific evaluation, and/or a specific treatment, and/or the closest hospital.

### **Treated, Transferred to Rescue**

Patient was evaluated and treatment was provided by one MDFR unit and then transferred to any MDFR transport unit.

Examples: An MDFR unit initiated care and transferred the patient to an MDFR ground transport unit. This disposition should also be used if a patient is treated and then transferred directly to Air Rescue without any ground transport to an LZ.

Note: This disposition is not appropriate if the patient was transferred to a private ambulance.

### **Treated, Transferred to Other EMS**

Patient was evaluated and treatment was provided by an MDFR unit, and then the patient was transferred to a non-MDFR EMS unit for further care and transport.

Examples: An MDFR unit initiated patient care and transferred the patient to a private ambulance for transport. Or MDFR is on a mutual aid incident where we initiate care and then transfer the patient to another agency.

Note: This disposition is not appropriate if care is transferred from one MDFR unit to another MDFR unit.

### **Interfacility Transport**

Patient was evaluated and/or treated and transported between hospitals by the MDFR transport unit completing the report.

Example: Rescue transported a STEMI Alert Patient from a non-STEMI Hospital to a STEMI Center.

Note: This disposition is not appropriate if the patient is being transported from anywhere other than from a hospital or Freestanding ED (this disposition should not be used if transporting from an Urgent Care Center to a hospital).

### **Treated, Transported to Landing Zone**

Patient was evaluated, treated and transported by the MDFR transport unit completing the report to a Landing Zone for transfer to Air Rescue.

Example: An MDFR transport unit transporting a patient to an LZ for transport by Air Rescue.

Note: This disposition is not appropriate if the LZ is at the incident scene and no transport unit is used to transport the patient to an LZ. In this case, use "Treated, Transferred to Rescue"

### **Dead at Scene – No Resus – Transported**

Patient showed obvious signs of death, or a valid Do Not Resuscitate (DNR) order was present and no attempt was made to resuscitate the victim. However, the victim was transported off the scene by an MDFR unit due to extenuating circumstances.

Example: Removing a deceased patient due to environmental concerns, hostile situation, etc. (Protocol 27)

Note: This disposition is not appropriate if any resuscitation efforts are initiated on the patient.

## **Non-Transport Dispositions**

### **Canceled (Prior to Arrival at Scene)**

The unit's response was terminated prior to the unit's arrival on scene, either by the Fire Alarm Office (FAO) or other on-scene unit.

Note: If the unit took an arrival on scene prior to being canceled, this is not an appropriate disposition. "Canceled on scene by MDFR" should be used instead.

**Canceled on scene by MDFR**

The unit arrived on scene but was canceled by another on-scene MDFR unit prior to initiating any patient contact or rendering any other assistance.

Note: This disposition is not appropriate if the unit arrived first, initiated patient contact and/or performed any evaluation or treatment.

**No Patient Found (Canceled on Scene)**

The unit arrived on scene, but no person existed at the scene for whom the 911 call was made.

Examples: The patient left the scene prior to arrival, third party caller mistakenly believed patient was at the location, incorrect address that belongs in another territory.

Note: This disposition is not appropriate if a person is physically on scene for whom 911 was called, even if they deny calling or needing any assistance.

**Refused Eval/Tx – No Transport**

Patient refused evaluation and/or treatment, and refused to be transported to a definitive care facility by MDFR. Patient/Subject does not want MDFR services on this incident. Details of the refusal must be explained in the narrative and a refusal signature must be obtained.

Examples: Patient refused evaluation/treatment/transport after MDFR provided assistance (i.e. helping a person back to bed) with no medical complaint/injuries. Any patient who refuses evaluation, treatment, and transport, to include individuals that did not call 911 and do not want any assistance.

**Treated, Released (AMA)**

Patient was evaluated and treatment was provided. However, against MDFR medical advice (AMA), the patient refused further treatment and/or transportation by MDFR to a definitive care facility.

Example: Any patient that requires definitive care at a medical facility according to the Medical Operations Manual (MOM), but is not transported by MDFR or transferred to a recognized medical transport service.

Note: All details of the refusal must be documented in the narrative and a refusal signature must be obtained.

**Treated, Released**

Patient was evaluated and treatment was provided by MDFR. Further treatment and EMS transportation to a definitive care facility was not necessary according to MDFR protocols.

Example: Any BLS patient that was evaluated and treated but does not require definitive care at a medical facility.

Note: This disposition is not appropriate for any ALS patients, or BLS patients that require care at a medical facility, even if the patient refused transport.

**Eval Only (Released AMA)**

Patient was evaluated only, and refused all treatment and/or transportation to a definitive care facility, AMA.

Example: MDFR evaluation reveals the need for treatment and/or transport according to the MOM, but the patient refuses these services against medical advice.

Note: This disposition is not appropriate if the patient was not evaluated, or if the patient was treated, or if the patient does not require definitive care at a facility according to the MOM.

**Eval Only (No Tx, No Transport Required)**

The person for whom service was requested was evaluated by MDFR and found to have no identifiable illness, injury, or further complaint, and was not in need of MDFR treatment or transport to a medical facility.

Examples: This disposition is often indicated for good intent or third-party requests where the patient did not actually initiate the request for EMS, and after a proper evaluation it is determined that no treatment or transport is needed according to the MOM.

Note: This disposition is not appropriate for any ALS patients, or BLS patients that require MDFR treatment, or care on scene or at a medical facility, even if those patients refused some or all of our services. This is also not appropriate if the patient requests treatment or transport.

**Dead at Scene – No Resus – Not Transported**

Patient showed obvious signs of death, or Do Not Resuscitate (DNR) order was presented on scene. No attempts were made to resuscitate the victim, and the victim was not transported off the scene by an MDFR unit.

Example: Any patient meeting criteria in Protocol 27 to withhold resuscitation efforts, and no resuscitation efforts were performed.

Note: This disposition is not appropriate if resuscitation efforts were initiated on the patient.

**Dead at Scene – Resus Attempted – No Transport**

Resuscitation efforts were initiated on the patient and terminated on scene either due to presentation of a valid DNR order, or further attempts were deemed futile according to Protocol 27, and the victim was not transported off the scene by an MDFR unit.

Example: Any patient meeting criteria in Protocol 27 to withhold further resuscitation efforts.

Note: This disposition is not appropriate if no resuscitation efforts were attempted.

**No Complaint – Motor Vehicle Accident**

This disposition is strictly for use in motor vehicle accidents where multiple persons deny any complaint. One ePCR is acceptable with all the persons without any complaint listed in the Signature section under “No Complaint”.

Notes: This disposition is not appropriate if a person is examined and then subsequently refuses further care. In that case, a separate ePCR will be completed with the appropriate disposition. Additionally, in situations where there are multiple patients refusing care, a separate ePCR with signed refusal must be completed for each patient. Furthermore, the “No Complaint” documentation of one patient should not be included in the ePCR narrative written for another patient.

**Patient Treated, Transferred Care to Telehealth Provider (ET3)**

Patient was evaluated and treated by MDFR and care was provided on scene via a telehealth visit with a Virtual ER partner.

Note: This disposition is not appropriate if the patient requires transport (either by MDFR or another agency) after the telehealth visit.

**Assist Unit**

This will now require an EMS report (previously documented mostly in NFIRS Action Taken). The unit only provided assistance (i.e., manpower, equipment) to another MDFR unit, and was not responsible for primary patient care at any time during the incident.

Example: An MDFR Rescue requests manpower for a high-acuity call and a suppression assists by carrying equipment, lifting a large patient, providing scene lighting, etc., but is not responsible for primary patient care at any time during the incident

All Stations and Offices Memorandum  
ePCR Dispositions and Medical Operations Manual (MOM) Procedure 40  
March 2, 2023  
Memo #03-23-162  
Page 5 of 5

Note: This disposition is not appropriate if the unit initially provided evaluation and/or direct patient care and later transferred care to another unit, and assumed a support role.

If you have any questions or concerns about the dispositions, please address them through your EMS Field Supervisor.

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