

## A. Introduction

This procedure is used for the completion of an electronic patient care report (ePCR) as required by Florida Statute, Florida Administrative Code and the Miami-Dade Fire Rescue (MDFR) Department. An ePCR 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.** If assessment of a patient’s condition suggests that it is non-emergent in nature or no treatment is required, a complete ePCR is still required. This includes DOA’s or calls where a person refuses evaluation, treatment, and/or transport for any reason. **An ePCR report that has been started must be completed, and in a “Closed” status by the end of the OIC’s shift.**

**NOTE:** All Elements listed below with an asterisk (\*) will be highlighted in red on the tablet and are mandatory either all the time, or conditionally based upon previous entries. These mandatory elements may be subject to change with updates to the ePCR application.

## B. Crew Change

**NOTE:** ePCR devices should be “Powered Off” and restarted at the beginning of every shift change.

### ***Logging into the MetroPCR Application***

A “Sign Out” must be performed from the Menu within the MetroPCR application at every change of shift, or anytime there is a change in the OIC. This will clear out the previous crew for all **new** reports started, and will allow the new OIC to log in.

1. **Unit\*** - Confirm or select the correct unit designator as identified within CAD.
2. **Shift\*** - Select the correct shift.
3. **Transport/Equipment Capability\*** - Confirm or select the correct transport and equipment capabilities of the Unit.
4. **Attached Device\*** - Confirm or Enter the LifePak 15 serial number in the correct format; LP15##### (the “LP” must be capitalized, followed by 15 and the eight-digit serial number of the LifePak).
5. **Crew Members\*** - Select the crew using “Add Crew Member”. Anytime personnel on the unit change, the crew setup must be modified to accurately reflect the current staffing. For example, if a unit is riding short due to training, the crew member who is absent must be removed (and added upon their return). The Officer in Charge, or Acting Officer in Charge will be the first person added to the crew list with their “role” set as Officer in Charge, or Acting Officer in Charge respectively.

**NOTE:** If a report is started prior to the “Sign Out/Sign In” step, or additional crew members need to be added or removed from a report; the Crew on an “Open” report must be edited from the Crew section in the navigation panel at the top of the left side.

### C. CAD Times

**NOTE:** Depending on the final disposition of the report, not all CAD times will be required. If a CAD “push” is not received, or information from the CAD “push” is missing, the elements highlighted in red on the tablet must be completed manually in order to close the report.

1. **Dispatched** - Enter the date/time the responding unit was notified by dispatch.
2. **En Route\*** - Enter the date/time the unit responded.
3. **At Scene\*** - Enter the date/time the responding unit arrived on the scene.
4. **At Patient\*** - Enter the date/time the responding unit arrived at the patient's side. This is not pushed by the CAD and must always be manually entered.
5. **Depart Scene\*** - Enter the date/time the responding unit left the scene.
6. **At Destination\*** - Enter the date/time the responding unit arrived with the patient at the destination.
7. **Dest Transfer (PX Time)\*** - Enter the date/time the patient was transferred from this EMS agency to another agency for care.
8. **In Service** - Enter the date/time the unit back was back in service and available for response

### D. Dispatch

**NOTE:** If a CAD “push” is not received, or information from the CAD “push” is missing, the elements highlighted in red on the tablet must be completed manually in order to close the report.

#### *Dispatch*

1. **Incident Number\*** - Enter the seven-digit incident (alarm) number assigned by Dispatch.
2. **Incident Type** - Select the incident type.
3. **Incident Location Type** - Select the appropriate kind of location where the incident happened.
4. **Location Name** - Enter the name of the facility, business, building, etc. associated with the scene of the EMS event.
5. **Street Address\*** - Enter the street address where the patient was found, or if there is no patient, then the address to which the unit responded.
6. **Apt, Suite or Room** - Enter the number of the specific apartment, suite, or room where the incident occurred if applicable.
7. **City\*** - Enter the city where the patient was found or to which the unit responded (or best approximation)

8. **State\*** - State defaults to Florida.
9. **Zip Code\*** - Enter the ZIP code of the incident location.
10. **Cross Street** - Enter the nearest cross street to the incident address or directions from a recognized landmark or the second street name of an intersection.
11. **Mile Marker or Major Roadway** – Enter the mile marker or major roadway associated with the incident location.

## **E. Response**

1. **Unit Call Sign\*** - The EMS unit number used to dispatch and communicate with the unit (Defaults to Crew Setup).
2. **Shift\*** - The shift on which the call occurs (Defaults to Crew Setup).
3. **Service Requested\*** - Select the appropriate type of service or category of service requested of the EMS agency responding for this specific EMS event.
  - a) **Emergency Response (Primary Response Area):** Emergent or immediate response to an incident location, regardless of method of notification (e.g., 911, direct dial, walk-in, flagging down, etc.)
  - b) **Emergency Response (Mutual Aid):** Response of emergency medical services, and other emergency personnel and equipment, to a request for assistance from an outside agency.
  - c) **Hospital-to-Hospital 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 (e.g., hospital or free-standing ED to hospital, clinic to hospital, urgent care center to hospital).
  - d) **Standby:** Initial request for service was for purposes of being available in case of a medical/traumatic emergency (e.g., sporting/public events, fires, police action)
  - e) **Support Services:** The unit responded to provide support not otherwise specified, with no patient care.
4. **Unit Capability\*** - The level of care (BLS or ALS) the unit is able to provide based on the unit's treatment capabilities for this EMS response. (Defaults to Crew Setup).
5. **Response Mode to Scene\*** - Select the appropriate response, indicating whether the response was emergent or non-emergent. An emergent response is an immediate response (typically using lights and sirens).
6. **Delays\***
  - a) **Type of Response Delay** - Select the response delays, if any, for the EMS unit associated with the EMS event.
  - b) **Type of Scene Delay** – Select the scene delays, if any, for the EMS unit associated with the EMS event.
  - c) **Type of Transport Delay** – Select the transport delays, if any, for the EMS unit associated with the EMS event.
  - d) **Type of Turn-Around Delay** – Select the turn-around delays, if any, for EMS unit associated with the EMS event.

7. **Mass Casualty Incident?** - Indicator if this event would be considered a mass casualty incident. A selection of "Yes" will require additional elements to be selected:
  - a) **Triage Tag Color\*** - Select the color associated with the initial triage assessment/classification of the MCI patient.
  - b) **Number of Patients at Scene\*** - Select the Indicator of how many total patients were at the scene.
  - c) **Triage Tag Number** - Enter the Triage Tag Number.

## **F. Patient**

**NOTE:** The "No" symbol  can be used if unable to obtain (select the appropriate reason). If scanning the patient's Driver License (DL), review all patient information after import to ensure entries are accurate.

1. **Last Name\*** - Enter the patient's last (family) name.
2. **First Name\*** - Enter the patient's first (given) name.
3. **Middle Initial/Name** - Enter the patient's middle name or initial, if any.
4. **Address\*** - Enter the patient's address of residence.
5. **State\*** - Select the state, territory, or province where the patient resides.
6. **City\*** - Select the patient's primary city or township of residence.
7. **Zip Code\*** - Enter the patient's ZIP code of residence.
8. **SSN\*** - Enter the patient's social security number. If unable to obtain SSN, **do NOT enter all nines or zeros. Always use the  symbol if the SSN is not available.**
9. **Gender\*** - Select the patient's gender.
10. **Race** - Select the patient's race.
11. **Native Language** - Select the native language spoken by the patient.
12. **Date of Birth\*** - Enter the patient's date of birth in this format: mm/dd/yyyy.
13. **Age\*** - Enter the patient's approximate (or known) age if no date of birth was entered.
14. **Age Units\*** - Select the appropriate age unit if no date of birth was entered.
15. **DL Number** - Enter the patient's driver license number.
16. **Patient Phone Numbers** - Phone number(s) can be added by clicking "Add Patient Phone Number".
17. **Patient's Email Address** - An email address can be added by clicking "Add Patient's Email Address".

### **Payment**

1. **Primary Method of Payment\*** - Select the primary method of payment or type of insurance associated with this EMS encounter (Use auto insurance when transporting from an MVA).

## 2. Insurance Information

- a) **Insurance Company Name\*** - Select the name of the patient's insurance company (Use auto insurance information when transporting from an MVA). There is a write-in option if the company is not shown in the drop-down.
- b) **Policy#\*** - Enter the policy number of the patient's insurance or enter "Photo" and take a Photo of the Insurance Card (Use auto insurance information when transporting from an MVA).
- c) **Insurance Group Name\*** - Enter the patient's insurance group name if not taking a Photo of the Insurance Card.
- d) **Patient's Employer\*** – Enter the patient's employer's name.
- e) **Photo\*** - Add a legible photo of the insurance card via the menu if not entering the policy number (Use auto insurance information when transporting from an MVA).

## F. Situation

1. **Cardiac Arrest\*** - Select the appropriate response for the presence of a cardiac arrest at any time during the EMS event. The arrest data is required when the following responses are selected: "Yes, Prior to Any EMS Arrival" or "Yes, After Any EMS Arrival."

### **Situation: Arrest Data**

- a) **Date/Time of Cardiac Arrest\*** - Enter the date/time of the cardiac arrest (if not known, please estimate).
- b) **Cardiac Arrest Etiology\*** - Select an indication of the etiology or cause of the cardiac arrest (classified as cardiac, non-cardiac, etc.)
- c) **AED Use Prior to EMS Arrival\*** - Select if an AED was used and if a defibrillation was delivered prior to EMS arrival.
- d) **Who First Applied the AED\*** - Select who used the AED prior to this EMS unit's arrival.
- e) **Who First Defibrillated the Patient\*** – Select who first defibrillated the patient.
- f) **First Monitored Arrest Rhythm of the Patient\*** - Select what the first monitored arrest rhythm was found.
- g) **Resuscitation Attempted By EMS\*** - Select if an attempt to resuscitate the patient who is in cardiac arrest (attempted, not attempted due to DNR, etc.)
- h) **Who First Initiated CPR\*** – Select who first initiated CPR for this EMS event.
- i) **Date/Time of Initial CPR\*** – Enter the initial date and time that CPR was started by anyone.

- j) **Type of CPR Provided\*** – Select the type/technique of CPR used by EMS.
  - k) **Therapeutic Hypothermia by EMS\*** – Select if there was an EMS initiation of Therapeutic Hypothermia
  - l) **Any Return of Spontaneous Circulation\*** – Select whether or not there was any return of spontaneous circulation (ROSC).
  - m) **End of EMS Cardiac Arrest Event\*** – Select the patient's outcome at the end of the EMS event.
  - n) **Cardiac Rhythm on Arrival at Destination\*** – Select the patient's cardiac rhythm upon delivery or transfer to the destination.
  - o) **Reason CPR/Resuscitation Discontinued\*** – Select the reason that CPR or the resuscitation efforts were discontinued.
  - p) **Date/Time Resuscitation Discontinued\*** – Enter the date/time resuscitation was discontinued.
2. **Possible Injury\*** - Select the appropriate indication whether or not the patient sustained a possible injury. Choose “Yes” if an injury is present or suspected.

***Situation: Injury***

- a) **Cause of Injury** - Select the category or categories of the reported/suspected external cause of the injury.
- b) **Mechanism of Injury\*** - Select the mechanism or mechanisms of the event which caused the injury.
- c) **Trauma Criteria – Alert Type** - Select only one type of the trauma alert.
- d) **Trauma Alert – Age Group** – Select Adult or Pediatric Trauma Alert.
- e) **Trauma Category 1 – Red** – Select the primary or first trauma alert assessment criteria for the adult injured patient. Any ONE (1) of these criteria constitutes a trauma alert.
- f) **Trauma Category 2 – Blue** – Selecting any TWO (2) of these criteria constitutes a trauma alert.
- g) **Area of the Vehicle Impacted (clock hours)** – Enter the area or location of initial impact on the vehicle based on 12-point clock diagram, with the front of the vehicle as 12 o'clock.
- h) **Location of Patient in Vehicle** – Select the location of the patient in the vehicle at the time of the crash.
- i) **Use of Occupant Safety Equipment** – Select safety equipment in use by the patient at the time of the injury.
- j) **Airbag Deployment** – Select an indication of airbag deployment.

***Complaint***

1. **Complaint Type** - Select the type of patient healthcare complaint being documented. The first complaint added will default to “Primary”. Additional complaints can be added as “Secondary” if applicable.



2. **COMPLAINT** - Enter the complaint (the statement of the problem by the patient or the history provider).
3. **Duration of Complaint** - Enter a numerical value for the how long the complaint has been going on.
4. **Time Units of Duration of Complaint** - Select the time units for the numerical value entered for the duration of the patient's complaint (Minutes, Hours, Days, etc.)
5. **Complaint Anatomic Location** - Select the primary anatomic location of the chief complaint as identified by EMS personnel.
6. **Complaint Organ System** - Select the primary organ system of the patient's injury or medical complaint.
7. **Primary SYMPTOM\*** - Select the primary sign and symptom present in the patient or observed by EMS personnel.
  - a) **Date/Time of Symptom Onset** - Enter the date and time the symptom began, or the patient was last known to be well or in their usual state of health. This is described or estimated by the patient, family, and/or bystanders.
  - b) **Provoked By** - Select any external factors listed that may have provoked the symptom.
  - c) **Severity\*** - If the symptom is pain-related, select a pain level (on a scale of 1 to 10). One is the least pain and ten is the worst possible pain.
  - d) **Pain Quality** - If the symptom is pain-related, select the patient's description of the pain.
  - e) **Radiates** - If the symptom is pain-related select if the pain radiates (extends) or moves to any other area.
8. **Associated Symptoms** – Select any other symptoms identified by the patient or observed by EMS personnel. Any pertinent negatives are also indicated here via the “Symptom Not Present” button.
9. **Provider's Primary Impression\*** - Select the EMS personnel's impression of the patient's primary problem or most significant condition which led to any treatment given to the patient (treatments, medications, or procedures).
10. **Provider's Secondary Impressions** – Select the EMS personnel's impression of the patient's secondary problem or other significant condition which led to the treatment given to the patient (treatments, medications, or procedures).
11. **Date/Time Last Known Well\*** – Enter the estimated date and time the patient was last known to be well or in their usual state of health. This is described or estimated by the patient, family, and/or bystanders.

12. **Narrative\*** - Utilize the Narrative section for the documentation of the History of the Present Illness (HPI), which explains the full story of the patient's complaint(s) and what transpired with the patient prior to activating 911. The narrative should provide all necessary information to "paint the picture" and includes but is not limited to location, quality, severity, duration, timing, context, modifying factors, and any associated signs or symptoms of the present illness that was not previously recorded elsewhere within the ePCR. While detailed narratives are essential, they are not a substitute for accurately and completely entering all information in the required data fields. Complete and accurate data entry is crucial as this information is utilized for statistical analysis purposes.
- NOTE: Each narrative must be a unique and detailed description of the incident, specific to each patient encounter. Extreme caution will be exercised when using narrative "templates", ensuring that specific details are added to make it a unique narrative. The report author is responsible for ensuring the final narrative is a factual and accurate description of the actual incident.**

## G. History

1. **MEDICAL/SURGICAL HISTORY\*** - Select the patient's pre-existing medical and surgery history. Use the "No" symbol  to indicate a pertinent negative.
2. **Medical History Obtained From** – Select type of person or persons the medical history was obtained from.
3. **Patient's Medications**  
**Add Patient's Medications\***
  - a) **Medication** – Start typing the medication to search for a medication and select the medication to enter. Use the "No" symbol  to indicate a pertinent negative.
  - b) **Other Medication** – Use "Other Medication" to manually enter patient medications not in the searchable list.
  - c) **Dose** – Enter the numeric dose or amount for the patient's medication.
  - d) **Dose Unit** – Select the dosage unit of the patient's medication.
  - e) **Route** – Select the administration route of the patient's medication.
  - f) **Frequency** – Select the frequency of administration of the patient's medication.
4. **Medication Allergies\*** - Select the patient's medication allergies. Use the "No" symbol  to indicate a pertinent negative.
5. **Specific Agents/Other Medications\*** - Required by some answers selected in Medication Allergies.
6. **Environmental/Food Allergies\*** - Select the patient's known allergies to food or environmental agents.



## 7. Immunizations

### **Add Immunization**

- a) **The Patient's Type of Immunization** – Select the type of immunization.
- b) **Immunization Year** – Enter the year associated with each immunization.
8. **Barriers to Patient Care** – Select any indication of whether or not there were any specific barriers to serving the patient at the scene.
9. **Alcohol/Drug Indicators** – Select any indicators for the potential use of alcohol or drugs by the patient related to the patient's current illness or injury. Use the “No” symbol  to indicate a pertinent negative.
10. **Advanced Directives** – Select any presence of a valid State of Florida Do Not Resuscitate Order (DNRO), living will, or other document directing end of life or healthcare treatment decisions. **NOTE: the only advanced directive that supports MDFR withholding of resuscitation is a valid Florida DNRO on yellow paper.**
11. **Pregnancy** – Select an indication of the possibility of pregnancy by the patient's history.
12. **Last Oral Intake** - Enter a Date and Time of last oral intake, if known.

## H. Exam

1. **Patient Position as Found\*** - Select how you found the patient.
2. **ECG Attachment Method\*** - This will auto fill when clicked once an ECG has been transmitted and attached to the report. If unable to transmit the ECG, select “Photo of ECG” and attach a photo of the ECG. Anytime an ECG is required by protocol/procedure or documented within the ePCR, the ECG **must** be transmitted and then merged and attached to the ePCR.
3. **Community Paramedic Referral** – Select if a Community Paramedic Referral is being made.
4. **Estimated Body Weight (lbs)\*** – Enter the patient's body weight in pounds either measured or estimated.

### 5. Assessments

#### **Add Assessment\***

**NOTE:** Selecting “Normal” in the Assessments section auto-closes each entry and moves to the next question.

- a) **Date/Time\*** – Enter the date/time of the assessment (auto time stamped when added and may be edited at any time before closing the report).
- b) **Mental Status\*** - Select the assessment findings of the patient's mental status examination.
- c) **Neurological\*** - Select the assessment findings of the patient's neurological examination.
- d) **Skin\*** - Select the assessment findings associated with the patient's skin.

- e) **Head\*** - Select the assessment findings associated with the patient's head.
- f) **Face\*** - Select the assessment findings associated with the patient's face.
- g) **Neck\*** - Select the assessment findings associated with the patient's neck.
- h) **Heart\*** -The assessment findings associated with the patient's heart sounds.
- i) **Pelvis/Genitourinary\*** - Select the assessment findings associated with the patient's pelvis/genitourinary area.
- j) **Eye\*** – *Add Eye*
  - 1. **Location** - Select the location of the patient's eye assessment findings.
  - 2. **Assessment\*** – Select the assessment findings of the patient's eye examination.
- k) **Extremity\*** – *Add Extremity*
  - 1. **Location** - Select the location of the patient's extremity assessment findings.
  - 2. **Assessment\*** - Select the assessment findings associated with the patient's extremities.
- l) **Chest\*** – *Add Chest*
  - 1. **Location** – Select the location of the patient's chest assessment findings.
  - 2. **Assessment\*** - Select the assessment findings associated with the patient's chest.
- m) **Lung\*** – *Add Lung*
  - 1. **Location** – Select the location of the patient's lung assessment findings.
  - 2. **Assessment\*** - Select the assessment findings associated with the patient's lungs.
- n) **Spine\*** – *Add Spine*
  - 1. **Location** – Select the location of the patient's back and spine assessment findings.
  - 2. **Assessment\*** – Select the assessment findings associated with the patient's spine (Cervical, Thoracic, Lumbar, and Sacral) and back exam.
- o) **Abdomen\*** – *Add Abdomen*
  - 1. **Location** - Select the location of the patient's abdomen assessment findings.
  - 2. **Assessment\*** – Select the assessment findings associated with the patient's abdomen.
- p) **FAST-ED Stroke Assessment\*** - Select “Yes” to complete the Fast-ED Stroke Assessment and answer the required elements.
- q) **Sepsis Assessment\*** – Select “Yes” to complete the Sepsis Assessment and answer the required questions.

## I. Vitals

**NOTE:** Use the “No” symbol  when a vital sign cannot be recorded

### 1. **Vital Group\*** – *Add Vital Group*

- a) **Date/Time\*** – Enter the Date/Time the vital sign(s) were obtained (auto time stamped when added and may be edited). This Date/Time must reflect the actual time the vital sign(s) were obtained or were attempted to obtain.
- b) **Vital Set\*** - Enter which set of vital signs the Vital Group is (Initial, Second or Custom)
- c) **Heart Rate\*** - Enter the patient's heart rate expressed as a number per minute.
- d) **HR Method\*** - Select the method in which the Heart Rate was measured. Values include auscultated, palpated, electronic monitor.
- e) **Pulse Rhythm\*** - Select the clinical rhythm of the patient's pulse.
- f) **Blood Pressure\*** - Select the method of blood pressure measurement.
- g) **BP Systolic\*** - Enter the patient's systolic blood pressure.
- h) **BP Diastolic\*** - Enter the patient's diastolic blood pressure.
- i) **BP Orthostatic** – Select the patient's orthostatic position while the BP was obtained.
- j) **Respiratory Rate\*** - Enter the patient's respiratory rate expressed as a number per minute.
- k) **Respiratory Effort\*** - Select the patient's respiratory effort.
- l) **Pulse Oximetry\*** - Enter the patient's SpO2 per **Procedure 10**.
- m) **Pulse Oximetry Status\*** - Select if the SpO2 was obtained at room air or with oxygen being delivered.
- n) **GCS – Eye\*** - Select patient's Glasgow Coma Score eye-opening response.
- o) **GCS – Verbal\*** - Select the patient's Glasgow Coma Score verbal response.
- p) **GCS – Motor\*** - Select the patient's Glasgow Coma Score motor response.
- q) **GCS – Total\*** - Auto-populates based on previous entries.
- r) **GCS – Qualifiers** - Select any factors which make the GCS score more meaningful.
- s) **Blood Glucose Level\*** - Enter the patient's blood glucose level. For glucometers with "High" and "Low" readings, report "600" for "High" and "20" for "Low".
- t) **Body Temp (F)\*** – Enter the patient's body temperature in degrees Fahrenheit.
- u) **Temp Method\*** - Select the method used to obtain the patient's body temperature.
- v) **ETCO2\*** - The numeric value of the patient's exhaled end tidal carbon dioxide (ETCO2) level measured as a unit of pressure in millimeters of mercury (mmHg). Required on all intubated patients, or any time capnography is conducted, as directed in **Procedure 11**.
- w) **ECG Type\*** - Select the type of ECG associated with the cardiac rhythm.

- x) **ECG Result\*** - Select the cardiac rhythm, ECG, and/or other electrocardiography findings of the patient as interpreted by EMS personnel.
- y) **ECG Method\*** - Select the method of interpretation (defaults to manual interpretation).
- z) **Carbon Monoxide (CO)** - Enter the numeric value of the patient's carbon monoxide level measured as a percentage (%) of carboxyhemoglobin (COHb).
- aa) **Level of Responsiveness (AVPU)** - Select the patient's highest level of responsiveness.
- bb) **Pain Score** – Enter the patient's indication of pain from a scale of 0-10.
- cc) **Stroke Scale\*** – Select the type of stroke scale used.
- dd) **Stroke Score\*** - Select the findings or results of the Stroke Assessment used to assess the patient exhibiting stroke-like symptoms (Negative, Non-Conclusive, or Positive).
- ee) **APGAR** – Enter the patient's total APGAR score (0-10).

## J. Procedures

**NOTE:** Additional elements may be required depending on the procedure selected. All procedures provided by the unit must be entered in the procedure section of that unit's report.

### 1. ADD PROCEDURE\*

- a) **Date/Time\*** - Enter the Date/Time the procedure was performed on the patient. This Date/Time must reflect the actual time the procedure was performed.
- b) **Procedure\***- Select the procedure performed on the patient.
- c) **Prior to this Unit's Care** - Indicates that the procedure which was performed and documented was performed prior to this EMS unit's care.
- d) **Complications** - Select any complication/s (abnormal effect on the patient) associated with the performance of the procedure on the patient.
- e) **Response** - Select the patient's response to the procedure.
- f) **Successful\*** - Indicates that this individual procedure attempt which was performed on the patient was successful.
- g) **Performed By\*** - Select the EMS crew member performing the procedure on the patient. This list is populated from the crew members listed in the Crew Setup of the report.

## K. Airway

- 1. **Indications for Invasive Airway\*** - Select the clinical indication(s) for invasive airway management.
  - a) **Complications Encountered** – Select the airway management complication(s) encountered, if applicable.
  - b) **Suspected Reasons for Failure** – Select the reason/s the airway was unable to be successfully managed, if applicable.

**2. Confirmation Methods\*****a) Add Confirmation Method\***

- I. **Date/Time of Placement Confirmation** – Enter the date and time the airway device placement was confirmed.
- II. **Device Being Confirmed** – Select the airway device for which placement is being confirmed.
- III. **Confirmation Methods** – Select the method/s used to confirm the airway device placement.
- IV. **Tube Depth** – Enter the measurement at the patient's teeth/lips of the tube depth in centimeters (cm) of the airway device placed.
- V. **Confirmed By** – Select the type of individual who confirmed the airway device placement.
- VI. **Crew Member ID** – Select the EMS crew member confirming the airway placement.

**L. Medication**

**NOTE:** Additional elements may be required, and some elements may auto-populate depending on the medication selected. All medications administered by the unit must be entered in the medication section of that unit's report.

**1. ADD MEDICATION\***

- a) **Date/Time\*** - The Date/Time the medication was administered to the patient. This Date/Time must reflect the actual time the medication was administered (times may be edited after initial entry).
- b) **Medication\***- Select the medication administered to the patient. You can use the "No" symbol  to indicate a specific medication was not given (refused, contraindicated, or that the medication was already taken.)
- c) **Prior to this Unit's Care** - Indicates that the medication administered and documented was administered prior to this EMS unit's care.
- d) **Route\*** - Select the route the medication was administered to the patient.
- e) **Dosage\*** - Enter the dose or amount of the medication administered to the patient.
- f) **Dosage Units\*** - Select the unit of medication dosage administered to patient.
- g) **Crew\*** - Select the EMS crew member administering the medication to the patient. This list is populated from the crew members listed in the Crew Setup of the report.
- h) **Comment** - Enter any additional relevant information not already documented.
- i) **Response** - Select the patient's response to the medication.
- j) **Complications** - Select any complications (abnormal effects on the patient) associated with the administration of the medication to the patient.

## M. Disposition

**NOTE:** Elements will be required depending on the previous selections (Patient Contact Made, Cancelled on Scene, etc.).

**Disposition\*** - 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.

1. **Patient Contact?\*** - Select the patient disposition for an EMS event identifying whether patient contact was made.
  - a) **Patient Contact Made** - This crew/unit arrived on-scene and made contact with a patient.
  - b) **No Patient Contact or Assist Unit** - This crew/unit arrived on-scene, but this crew/unit made no contact with a patient. Generally, this will mean a patient was present with another unit having patient contact, but this unit did not have patient contact. This unit can still be providing rescue and support services to the incident.
  - c) **Cancelled Prior to Arrival at Scene** - This crew/unit was cancelled before arriving on-scene; therefore, it is unknown whether there could have been a patient or not.
  - d) **Cancelled on Scene** - This crew/unit arrived on-scene but was cancelled by FAO or another unit prior to having any patient contact or providing any services.
  - e) **No Patient Found** - This crew/unit arrived on-scene and looked for a patient, but none was found. If a person is physically present, an EMS report must be completed, even if the person does not require any assistance.
  - f) **No Complaint – Motor Vehicle Accident** – This disposition is strictly for use in motor vehicle accidents where multiple individuals deny any complaint. One ePCR is acceptable with all the persons denying complaint listed in the Signature section under "No Complaint". Note: 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, "No Complaint" is not the same as refusing care. 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.
2. **Patient Evaluation and Care\*** - The patient disposition for an EMS event identifying whether a patient was evaluated and care or services were provided.
  - a) **Evaluated and Care Provided** - A patient was present, evaluated, and care was provided by this crew. This is the standard situation where a patient was present and cared for or "treated", without refusal, by EMS.



- b) **Evaluated, No Treatment Required** - A patient was present and was evaluated by this crew, but no care appeared to be required. Crews would need to evaluate someone in order to determine that no care was required. A classic example would be a patient only requiring a lift assist. **Note: This disposition should be used very rarely and with extreme caution. It is very difficult to determine that no care is required in the pre-hospital setting. Supporting details must be noted in the narrative.**
  - c) **Evaluated and Refused Treatment** - A patient was present and was evaluated by this crew, but the patient refused either all treatment or certain treatments. The patient may or may not be transported in combination with this value. Supporting details must be noted in the narrative.
  - d) **Refused Evaluation/Treatment and Transport** - A patient was present and refused any evaluation or care by this crew. This value should only be combined with "Patient Refused Transport" or "No Transport". Supporting details must be noted in the narrative.
  - e) **No Complaint – Motor Vehicle Accident** – Automatically fills from Patient Contact? when "No Complaint Patient – Motor Vehicle Accident" is selected.
  - f) **Support Services Provided** - This unit provided support services to another crew/unit providing care. Support services could include extrication, carrying bags or helping to move a patient with no patient care.
3. **Actions Taken\*** - The crew disposition for this EMS event, identifying which crew provided primary patient care or whether support services were required.
- a) **Initiated and Continued Patient Care** – This crew began primary care for this patient with no previous care provided on-scene and did not transfer the care to another unit.
  - b) **Initiated Patient Care, Transferred to Other EMS Unit** – This crew/unit began primary care for this patient with no previous care provided on scene and then transferred the care to another unit.
  - c) **Received Patient from Another EMS Crew** – This crew/unit assumed primary care of a patient that was initiated by another EMS Crew.
  - d) **Received Patient from Another EMS Crew and/or Transported to Landing Zone** – This crew/unit either received the patient from another unit and transported the patient via an MDFR transport unit to a Landing Zone for transfer to Air Rescue or the MDFR transport unit transported the patient to a Landing Zone for transfer to Air Rescue.
  - e) **No Care/Support Services Required** - This crew/unit is back in service as there was no patient care or support services required of the crew/unit at the incident.
  - f) **Care/Support Services Refused** - This crew/unit is back in service after patient care or support services were refused despite being offered. No care or support services were provided; however, an evaluation may have occurred prior to refusal of any care.

- g) Support Services Provided** - This crew/unit provided non-patient care support services to an incident in general, or to another unit/crew that is providing patient care. Support services may include extrication, carrying bags or equipment, helping move a patient, standby for police or a fire, or fire rehab services where nobody rose to the level of a patient.
- 4. Transport Disposition\*** - The transport disposition for an EMS event identifying whether a transport occurred and by which unit.
- a) Transport by This EMS Unit** - A patient was transported by this unit. This would be a standard transport by an MDFR transport unit.
- b) Patient Refused Transport** - Patient refused EMS transport. This would apply to a standard patient refusal of transport.
- c) No Transport** - No transport of a patient occurred, for use in cases when no refusal is required. For example, following a lift assist that did not require a refusal. **Note: This disposition should be used infrequently since most patients should be offered transport, and patient refusal would result in the more appropriate disposition of "Patient Refused Transport".**
- d) Transport by Another EMS Unit** - The patient was transported, but by another crew/unit. For example, a non-transport unit providing and transferring care to another crew/unit who then transports the patient.
- 5. EMS Transport Method\*** - Select the method by which the patient was transported.
- a) MDFR Rescue** – MDFR Ground Transport Unit.
- b) MDFR BTU** – MDFR BLS Ground Transport Unit.
- c) MDFR Air Rescue** – MDFR Air Rescue.
- d) AMR** – American Medical Response.
- e) Other Ground Ambulance** – Any other transport agency that is not AMR.
- 6. Final Patient Acuity\*** – Select the acuity of the patient's condition after EMS care.
- 7. ET3 Alternative Disposition Offer and Result\*** – Select the offer and result of the ET3 Alternative Disposition option.
- 8. Transport\***
- a) Type of Destination** – Select the type of destination/facility the patient was transported to.
- b) Destination** – Select the destination/facility the patient was transported to.
- c) Reason for Choosing Destination** – Select the reason the unit chose to transport or transfer the patient to the destination/facility, in accordance with Protocol 4.
- d) Conveyances to Vehicle\*** - Select the method by which the patient was moved to the transport unit.
- e) Position of Patient During Transport\*** – Select the position of the patient during transport.

- f) **Transport Mode from Scene\*** – Select whether the transport was emergent or non-emergent.
- g) **Conveyances From Vehicle\*** – Select the method by which the patient was moved from the transport unit to the destination or receiving unit.

### 9. Pre-arrival Activation

**NOTE:** Required for all Patients meeting STEMI, Stroke or Trauma Alert Criteria.

#### **Add Pre-arrival Activation (Alerts)**

- a) **Date/Time of Destination Pre-arrival Alert or Activation** – Manually enter the Date/Time EMS alerted, notified, or activated the Destination Healthcare Facility via Dispatch prior to EMS arrival and possibly specified alert criteria.
- b) **Destination Pre-arrival Alert or Activation** – Select the type of alert (or activation) that was called by EMS to the appropriate destination healthcare facility team via Dispatch,

## N. Signatures

**NOTE:** Required Signatures and Signature Forms are based on the Disposition of the report. **A patient signature must be obtained from any patient evaluated by MDFR, especially in cases of refusal against medical advice (AMA). The routine use of "Patient Contaminated" as a reason for no signature is not acceptable.** In most cases, a patient can be given a glove to wear when they sign if they are contaminated, or the tablet can be decontaminated after the incident. Whenever a patient signature cannot be obtained for any reason, a witness signature will be required. Obtain a witness signature from a family member, police officer, or other non-MDFR witness on scene. When all other attempts fail, have a crew member that is not the report author sign as a witness. The routine practice of having crew members sign as witnesses is not acceptable. The report author must never sign as the witness. **Details of why a patient signature and/or non-MDFR witness signature was not available must be noted in the narrative.**

- 1. **Witness Signature\*** – required whenever a patient does not sign their report for any reason. Can also be obtained by selecting a type of witness.
  - a) **Witness Signer\*** – Used when a witness other than one of the Crew Members on the unit will be signing.
  - b) **Crew Member Witness\*** - Used when a Crew Member from this unit will be signing.
- 2. **ADD Signature Form\***
  - a) **Signature Date/Time\*** - The date and time the signature was captured.
  - b) **Signature Reason\*** – Select the reason for the individual’s signature (e.g. Report Author, Witness, HIPPA acknowledgement/Release, Transfer of Patient Care, etc.)
  - c) **Signer\*** - Select the type of person signing (e.g. Patient, Patient Representative, Witness, etc.)
  - d) **Status\*** - Select whether the signature has been collected or attempted to be collected.



e) **Capture Signature\*** - Capture the Signature.

## **O. Conclusion**

Accurate and truthful documentation of every call is critical regardless of the service level provided. The patient report is required by Florida Statute and Administrative Code. It is a part of the patient's permanent medical record and can be used in litigation and other legal proceedings. It is the documented record of our actions or inactions, and proof of the continued quality care provided to the patient. The need to complete an EMS Report should never delay or interfere with patient management, but all information in the report must be reviewed and properly completed prior to closing. All reports must be closed by the end of the shift.

**\*\*For any issues with the ePCR application, please contact your EMS Field Supervisor or call the ePCR Hotline at 786-258-0088. This number is always shown on the ePCR lock screen.**