



**DATA**  
SOLUTIONS

# HealthEMS®

MobileTouch v6.17 User Guide

Last updated: Apr 2017

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## Purpose

HealthEMS MobileTouch application provides ePCR data entry that is secure, cloud-based, offline compatible, and supports multiple data sources including CAD, scanned driver's licenses and ECG monitors. MobileTouch is NEMSIS v3 compatible and a component to the HealthEMS System.

This user guide starts with how to setup and navigate MobileTouch, and it continues with describing each section and field in detail. Please refer to the latest [HealthEMS Manager User Guide](#) for documentation on setting up user permissions and customizing the agency setup tables used in MobileTouch as Reference tables.

NOTE: The MobileTouch User Guide is actively updated as new functions and features of the application are released. Printing a hard copy or distributing the PDF version is permitted for HealthEMS MobileTouch users however, this copy may already be outdated. For the most current copy of this user guide, see Knowledge Base Item #2997.

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## Reference Documentation

### National EMS Information System

The following document was used to design, develop and document the HealthEMS MobileTouch application. For additional information visit [http://www.nemsis.org/NEMSiS – Version 3.3.4 Data Dictionary \(March 2014\)](http://www.nemsis.org/NEMSiS – Version 3.3.4 Data Dictionary (March 2014))



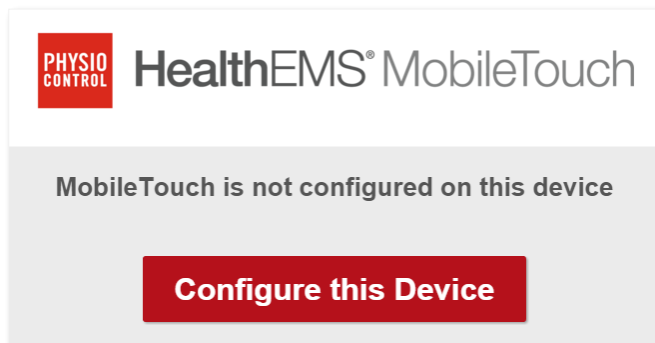
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# Setup

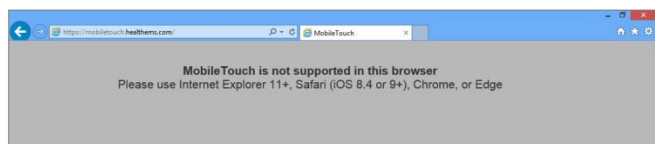
## Device Configuration:

**Step 1)** Navigate to the MobileTouch URL provided to you or open MobileTouch from the desktop icon, depending on the installation method used. Refer to the [HealthEMS ECG/EKG Guide](#) for additional installation requirements and considerations.

Select “Configure this Device”.



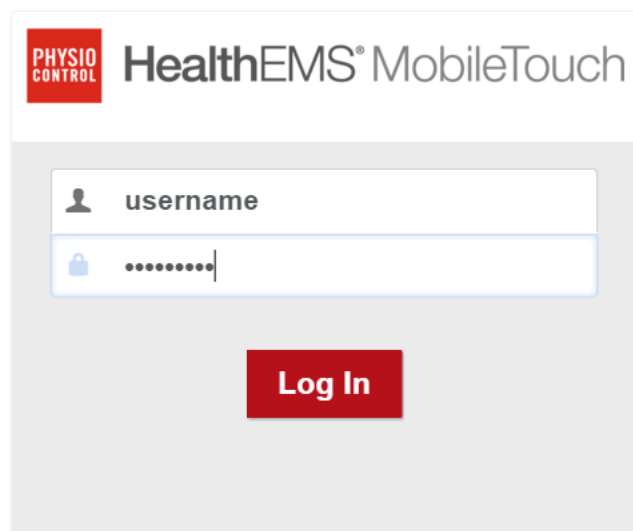
**NOTE:** If your browser is not supported, you will be displayed with a blank screen upon navigation to the MobileTouch URL or you will see the message, “MobileTouch is not supported in this browser. Please use Internet Explorer 11+, Safari (iOS 8.4 or 9+), Chrome, or Edge.”



**Step 2)** Enter your HealthEMS Manager credentials, then select “Log In”.

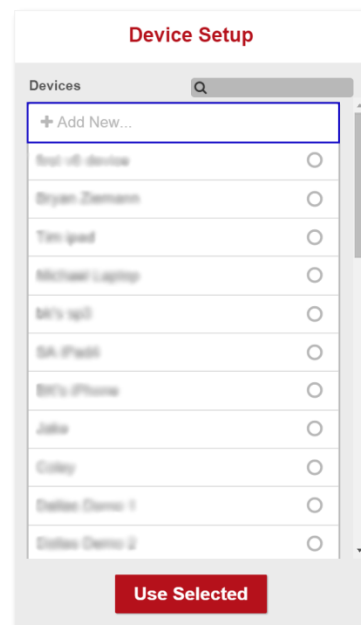
**NOTE:** UserID must have electronic data entry or system admin role permissions to authenticate. Please refer to the [HealthEMS Manager User Guide](#) for information on setting up user accounts and assigning role permissions.

A **MobileTouch Installation** permission has been added. This new Permission has been given to the **System Administrator, Electronic Data Entry, and Mobile Admin roles** by default. Users must have this permission to be able to install (or re-install) MobileTouch on any device.




**Step 3)** Select either a Device name that is already listed, or choose “+Add New...”.

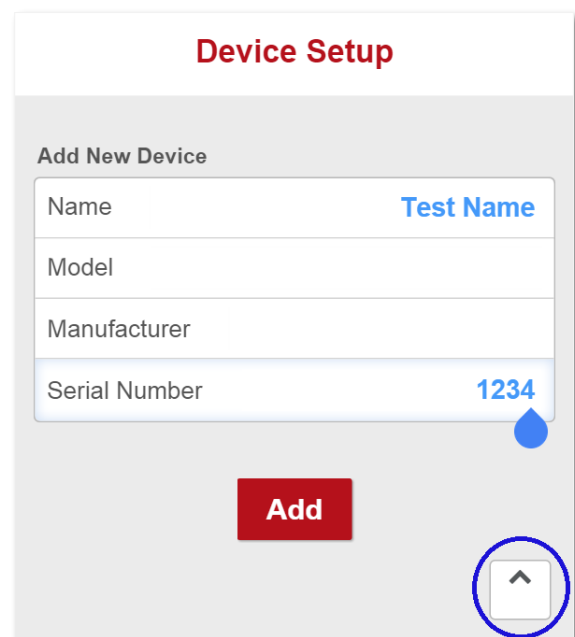
If selecting a previously added device name from the list proceed to Step 6.



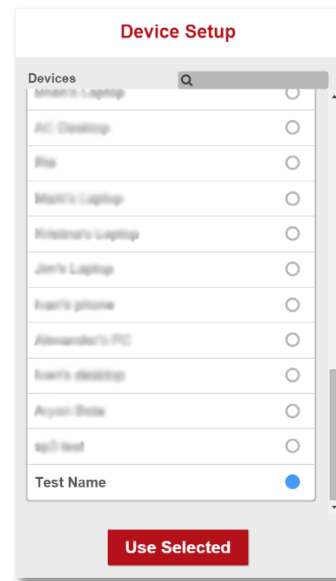
**Step 4)** To add a new device, a name is required. The other fields are optional.

Click the “Add” button.

NOTE: Use the  button in the bottom right corner to go back without adding a new device name.

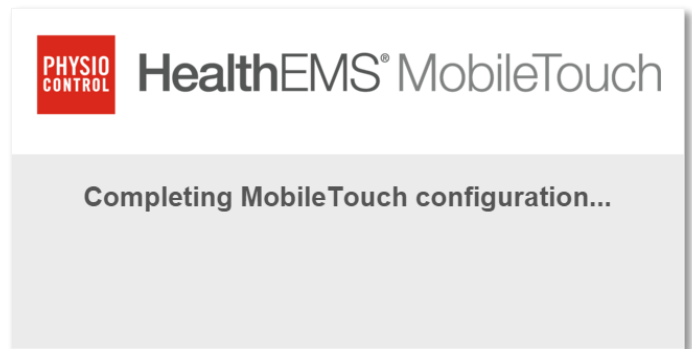


**Step 5)** Select the desired device name, then click “Use Selected”.

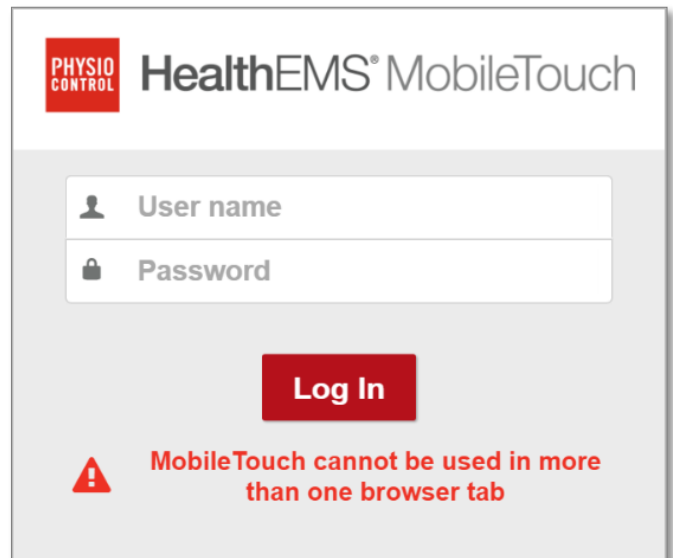


**Step 6)** MobileTouch will complete configuring.

NOTE: Manually refresh the web page (F5) to load the dashboard, if the web page does not refresh automatically.



NOTE: Authenticating in more than one web browser tab on the same device is not supported. Duplicate sessions will be automatically logged out.

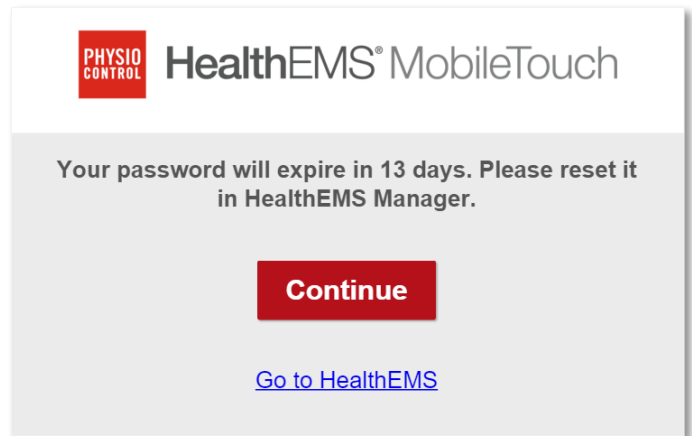


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## Password Changes:

If your password is expired, when you attempt to log in you will see this screen.

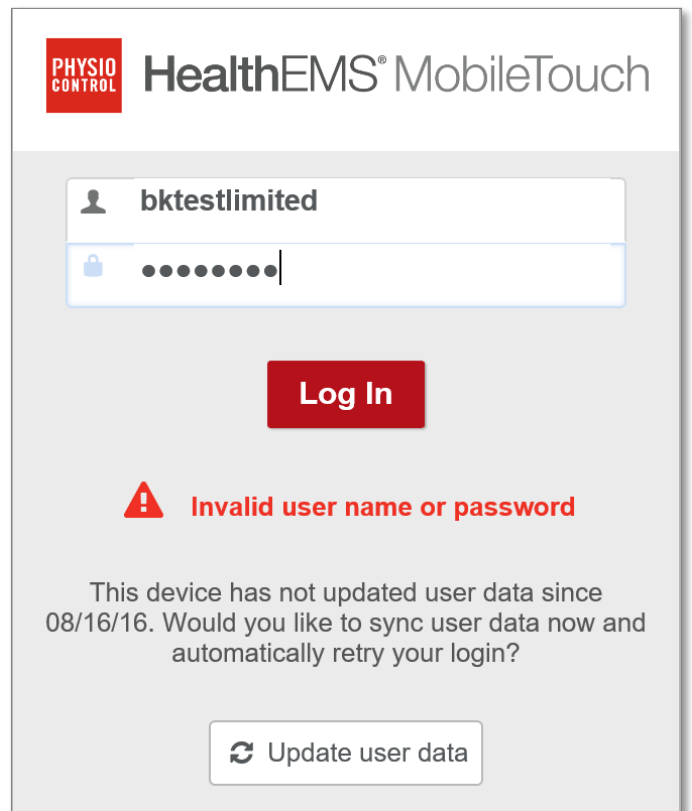
Click Continue. After changing your password, return to MobileTouch and log in using your new password.



Changes have been made to the **login functionality** to allow for updating the **local username/password** data for the following scenarios:

- new users
- users with recently changed passwords
- users whose password is about to expire
- users whose password has expired

These changes will provide a way for the crews to manually resolve password issues.



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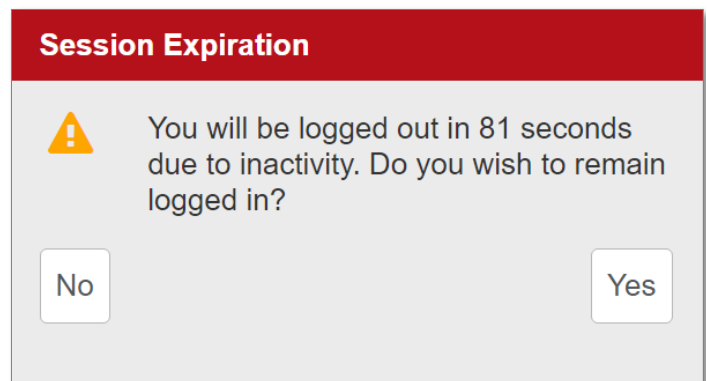
## Session Expiration:

A **MobileTouch configuration** setting has been added to define the number of minutes of inactivity before MobileTouch will **automatically log the user out**.

If there is no activity (mouse movement, mouse click event, keyboard event, mouse scroll event, touch event) for the amount of time set here then MobileTouch will automatically log the user out.

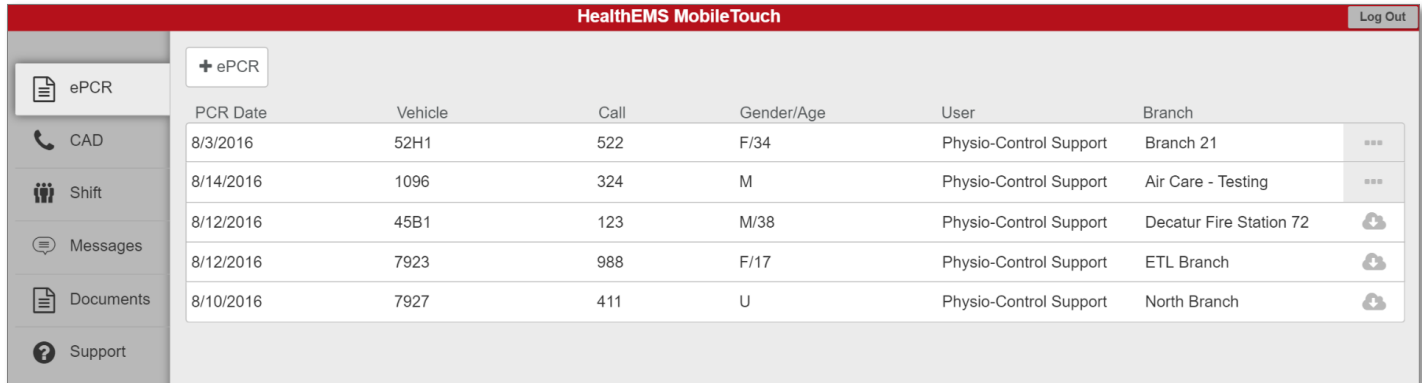
A warning window will open and a 90 second countdown will be displayed before the user is auto-logged out

This configuration is always on (Setup -> Application Settings -> MobileTouch Configuration -> Default Settings) and can be set from 1 minute and 99 minutes. The **default timeout is 30 minutes**.



# Navigating the Dashboard

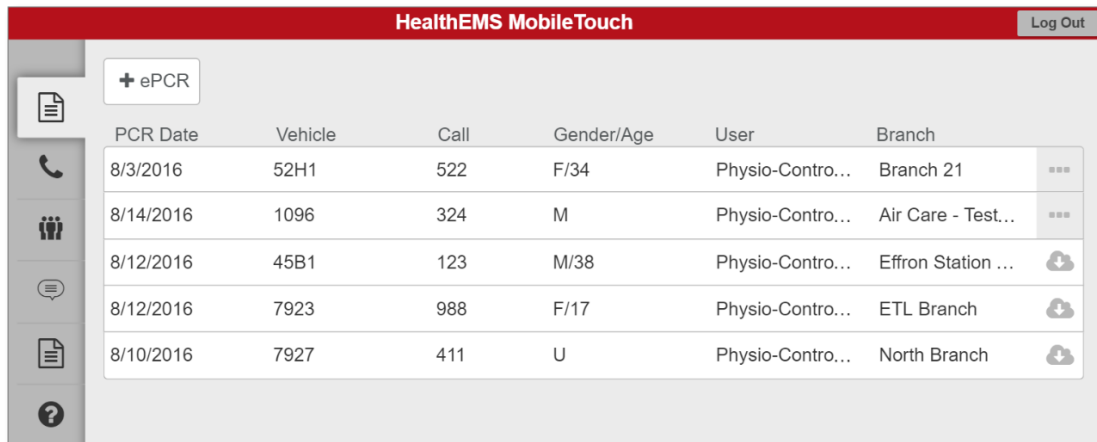
Use the side navigation to move between dashboard views.



The screenshot shows the HealthEMS MobileTouch dashboard. On the left is a side navigation menu with icons for ePCR, CAD, Shift, Messages, Documents, and Support. The main area displays a table of PCR records with columns for PCR Date, Vehicle, Call, Gender/Age, User, and Branch. A '+ ePCR' button is at the top left of the table area, and a 'Log Out' button is at the top right.

PCR Date	Vehicle	Call	Gender/Age	User	Branch	
8/3/2016	52H1	522	F/34	Physio-Control Support	Branch 21	...
8/14/2016	1096	324	M	Physio-Control Support	Air Care - Testing	...
8/12/2016	45B1	123	M/38	Physio-Control Support	Decatur Fire Station 72	
8/12/2016	7923	988	F/17	Physio-Control Support	ETL Branch	
8/10/2016	7927	411	U	Physio-Control Support	North Branch	

Due to certain device display sizes or resolutions the text description may not be visible, only the image icon.



This screenshot shows the same dashboard as above, but on a smaller screen. The text in the table is truncated, and only image icons are visible in the rightmost column.

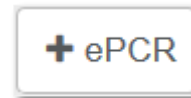
PCR Date	Vehicle	Call	Gender/Age	User	Branch	
8/3/2016	52H1	522	F/34	Physio-Contro...	Branch 21	...
8/14/2016	1096	324	M	Physio-Contro...	Air Care - Test...	...
8/12/2016	45B1	123	M/38	Physio-Contro...	Effron Station ...	
8/12/2016	7923	988	F/17	Physio-Contro...	ETL Branch	
8/10/2016	7927	411	U	Physio-Contro...	North Branch	

# ePCR

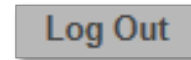
The ePCR page manages ePCR forms owned by the Username currently logged in.

PCR Date	Vehicle	Call	Gender/Age	User	Branch	
8/3/2016	52H1	522	F/34	Physio-Control Support	Branch 21	...
8/14/2016	1096	324	M	Physio-Control Support	Air Care - Testing	...
8/12/2016	45B1	123	M/38	Physio-Control Support	Decatur Fire Station 72	🗑️
8/12/2016	7923	988	F/17	Physio-Control Support	ETL Branch	🗑️
8/10/2016	7927	411	U	Physio-Control Support	North Branch	🗑️

Click the “+ePCR” button to start a new ePCR.



Click the “Log Out” button to log out of the application.



To edit an ePCR, open it by clicking anywhere on its row.

PCR Date	Vehicle	Call	Gender/Age	User	Branch	
8/3/2016	52H1	522	F/34	Physio-Control Support	Branch 21	...

Click on to view an ePCR's options.

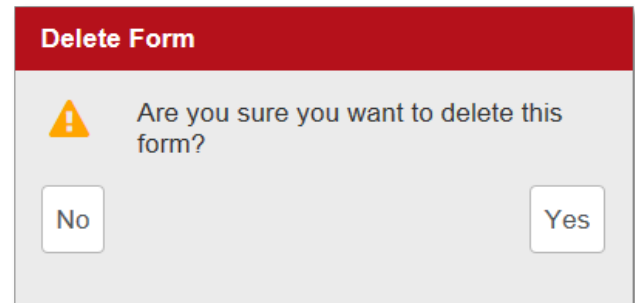
Click the button to delete a form.

Click “Yes” to confirm deleting a form.


Click “No” to cancel deleting a form.

If Yes, the form will be deleted. It will be greyed out and will no longer be editable nor will you be able to open it.

The form will disappear from the dashboard after a refresh.

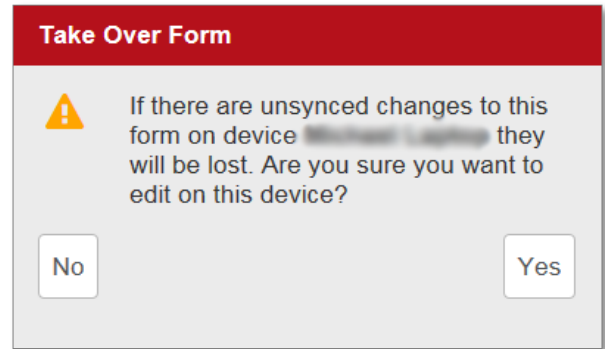


## Take Over Form

Click on the  icon to takeover an ePCR from the Cloud to the local device.

Click “Yes” to confirm taking over a form.


Click “No” to cancel taking over a form.






Once the form has been taken over, the text will turn blue.

8/12/2016	45B1	123	M/38	Physio-Control Support	Effron Station 829	...
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## Submit


The  icon signifies the ePCR as Submitted to HealthEMS, which means the form has been submitted and is no longer editable from the MobileTouch application.

PCR Date	Vehicle	Call	Gender/Age	User	Branch	
8/3/2016	52H1	522	F/34	Physio-Control Support	Branch 21	
8/14/2016	1096	324	M	Physio-Control Support	Air Care - Testing	...
8/12/2016	45B1	123	M/38	Physio-Control Support	Effron Station 829	...
8/12/2016	7923	988	F/17	Physio-Control Support	ETL Branch	
8/10/2016	7927	411	U	Physio-Control Support	North Branch	

The “Submitted to HealthEMS” status will change colors, and the icon will change to a checkmark, signifying the form has completed the submission process.



522	F/34	Physio-Control Support	Branch 21		 Submitted to HealthEMS
-----	------	------------------------	-----------	---	--

	 Submitted to HealthEMS
---	--



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## QA Required



The icon signifies the ePCR form has been sent back from HealthEMS to MobileTouch for editing.

1096	5555555	Physio-Control Support	Alpha-Candidate		QA Required
------	---------	------------------------	-----------------	--	-------------

## Form Sharing

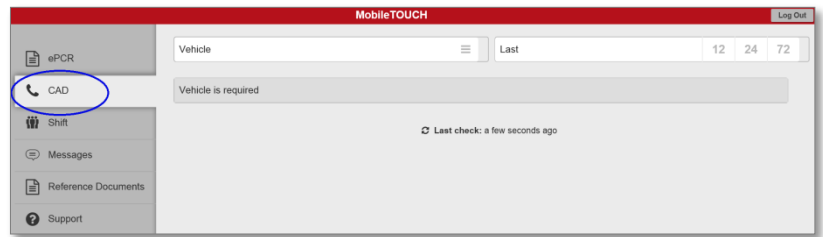


The icon signifies the ePCR form has been shared from one vehicle to another vehicle.

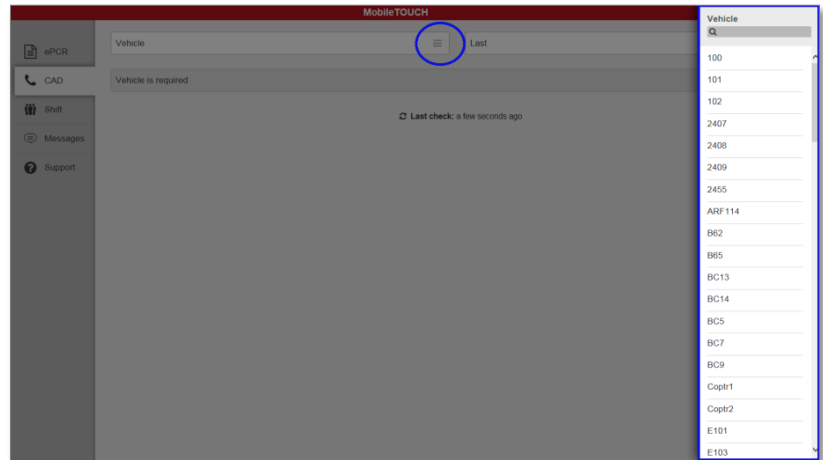
E1	test	BrianK PhysioSupport		Sent / Not Received
----	------	----------------------	--	---------------------

# CAD

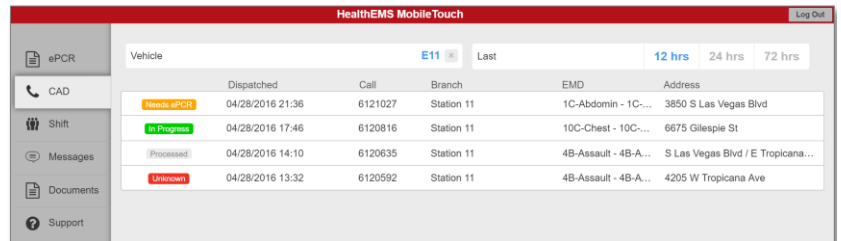
Select the CAD button.



Select a Vehicle from the drop down list.



Select 12, 24 or 72 hours. This will filter the CAD records to only display applicable records within the last 12, 24, or 72 hours.



There are four statuses associated with CAD records and ePCRs:

## Needs ePCR

- Needs ePCR means this CAD record must be associated with a completed ePCR.

## In Progress

- In Progress means this CAD record has been associated with an ePCR that is being edited but not yet completed.

## Processed

- Processed means this CAD record has been associated with an ePCR that has been completed.

## Unknown

- Unknown means this CAD record is not required to be associated with a completed ePCR.

Select a CAD record to start an ePCR

From the "Needs ePCR" status, choose the option "Start ePCR"

### CAD Detail

CALL 321654 Needs ePCR

DISPATCHED 6/15/16 12:00 BRANCH Medic 1

SHIFT -- VEHICLE 45B1

EMD CODE  
03D05 - ANIMAL BITE/EXOTIC ANIMAL

ADDRESS  
11 E Superior St

Close Start ePCR

From the "In Progress" status, choose the option "Start Another ePCR"

### CAD Detail

CALL 123456 In Progress

DISPATCHED 6/15/16 12:00 BRANCH Medic 1

SHIFT -- VEHICLE 45B1

EMD CODE  
03D05 - ANIMAL BITE/EXOTIC ANIMAL

ADDRESS  
11 E. Superior Street

Close Start Another ePCR

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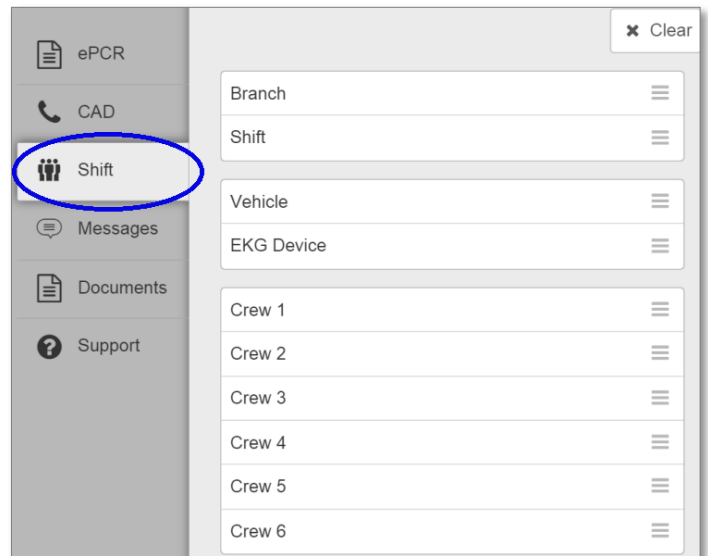
## Shift

### Select Shift

- Branch
- Shift
- Vehicle
- EKG Device (i.e. ECG Monitor)
- Crew 1
- Crew 2
- Crew 3
- Crew 4
- Crew 5
- Crew 6

These dropdown lists are MobileTouch Reference tables that are populated from the HealthEMS Manager Setup tables.

Please refer to the most recent [HealthEMS Manager User Guide](#) for additional information.



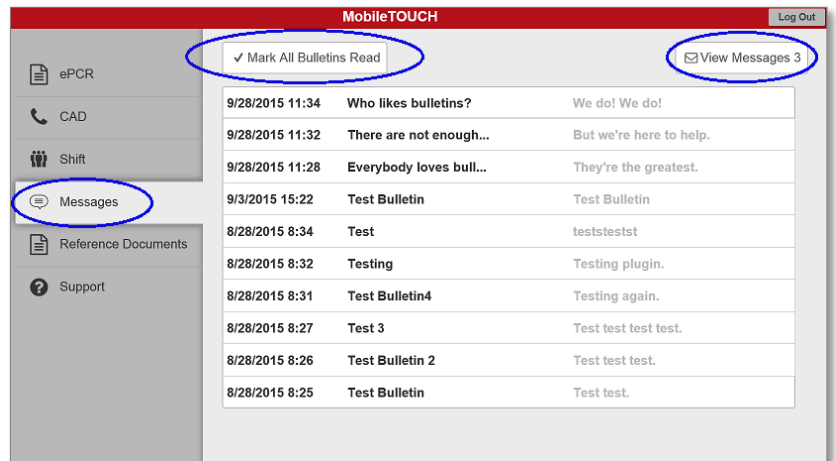
# Messages

## Select Messages

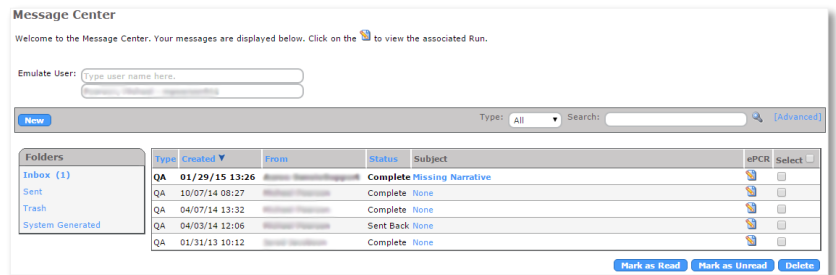
Bulletins sent from HEMS Manager can be viewed here.

Bold text means the bulletin is unread.

Use the  Mark All Bulletins Read button to mark all bulletins as read.



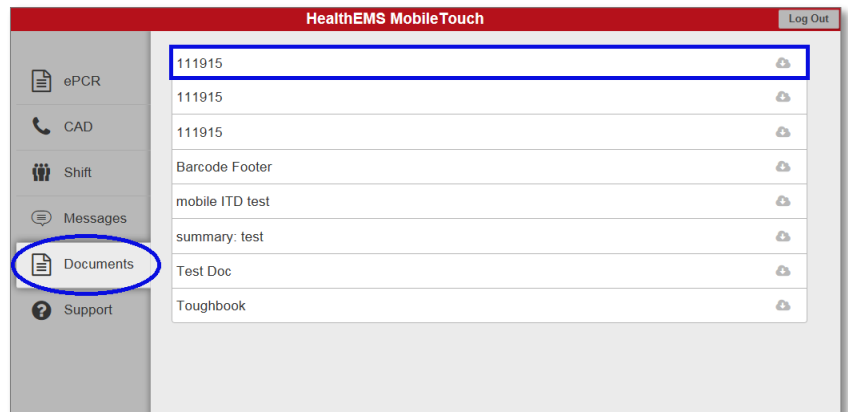
The  View Messages button will open Messages in HEMS Manager in a new browser tab.



# Documents

## Select Documents

To view a document, open it by clicking anywhere on its row.



## Support

The support page will display information specific to your device setup.

Additional support functionality:

- **Update Config**
  - Download HealthEMS Manager Config's like the Cloud Monitor Configuration
- **Refresh Reference Tables**
  - Download HealthEMS Manager Setup Tables like Treatments and Medications
- **Send Diagnostics**
  - Upload diagnostic log files to the HealthEMS System
  - This action may be requested by the Solution Center to refer to from a support ticket.

The screenshot shows the 'HealthEMS MobileTouch' interface. On the left is a navigation menu with icons for ePCR, CAD, Shift, Messages, Documents, and Support. The main content area is divided into two columns: 'MobileTouch' and 'Device'. The 'MobileTouch' column displays version (6.5.979), release date (Tue Mar 15, 23:35), and user (Physio-Control Support). The 'Device' column displays name (bk's sp3 chrome), unique ID (aa6a6c59-0c8f-4e5f-966b-7e473e4eefa5), and configured date (Fri Feb 26, 10:40). Below this information are four buttons: 'Last Sync a few seconds ago', 'Update Config', 'Refresh Reference Tables', and 'Send Diagnostics'. A 'Log Out' button is visible in the top right corner.

ePCR's sync to the cloud approximately every minute. The device must be connected to the internet and communicate with healthems.com to complete the sync process.









Last Sync **a few seconds ago**

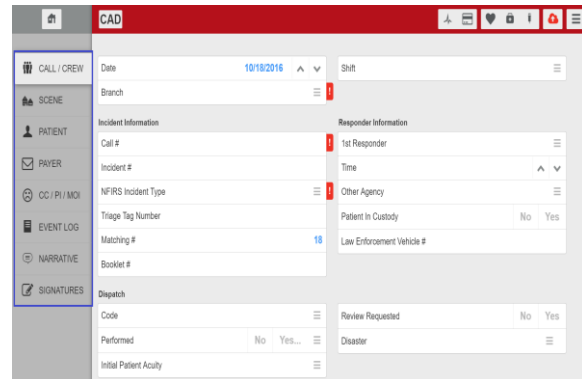
If a sync fails, the text will turn red and the message will convey the approximate amount of time since the last sync.

Last Sync **▲ 4 days ago**










# Navigating the ePCR

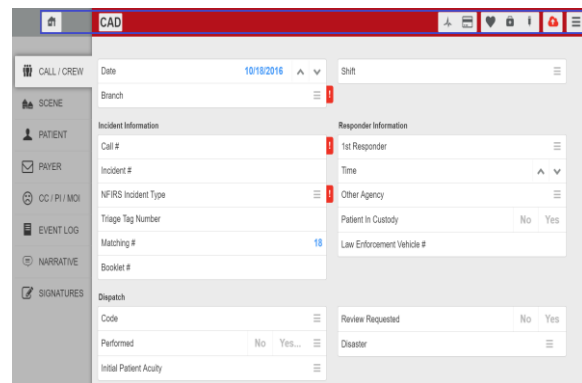
Use the side tabs to navigate the different categories:

-  CALL / CREW (Call / Crew)
-  SCENE (Scene)
-  PATIENT (Patient)
-  PAYER (Payer)
-  CC / PI / MOI (CC / PI / MOI)
-  EVENT LOG (Event Log)
-  NARRATIVE (Narrative)
-  SIGNATURES (Signatures)



The buttons across the top are:

-  Home
  - Use the Home button to return to the Dashboard.
-  CAD Status
-  ECG/EKG Import
-  Driver's License scanning
-  Vitals
-  Treatments
-  Medications
-  Submit ePCR
-  Form Actions



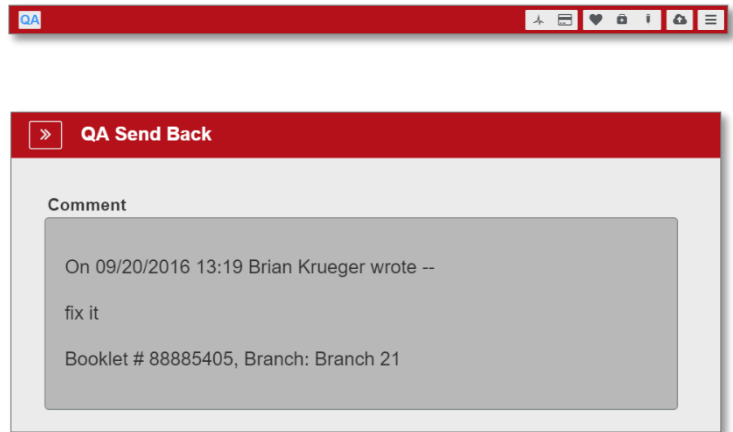
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## Quick Buttons

### QA

The QA button at the top of the ePCR designates this ePCR is in a QA Send Back status.

In addition, it provides a way to open the side panel and view any QA Send Back details.



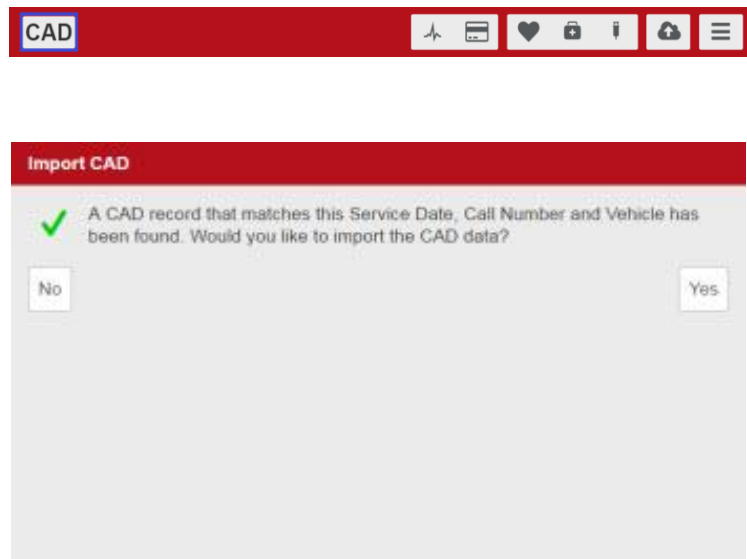
### CAD

The CAD button at the top of the ePCR designated the ePCR is in a QA Send Back status.

The ability to **search for and import CAD** data while in a MobileTouch form requires:

- The device must be **online**
- The following fields must be completed:
  - **Date**
  - **Call #**
  - **Unit**

Once these fields have been completed, click the **CAD** button at the top of the page to search for a matching CAD record. If a matching record is found, the CAD fields with data available at that time can be imported into the PCR.





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## ECG/EKG

Please refer to the most recent version of the [Monitor/Defibrillator User Guide for MobileTouch v6](#) for additional information on imported data in the Event Log and data file attachments.

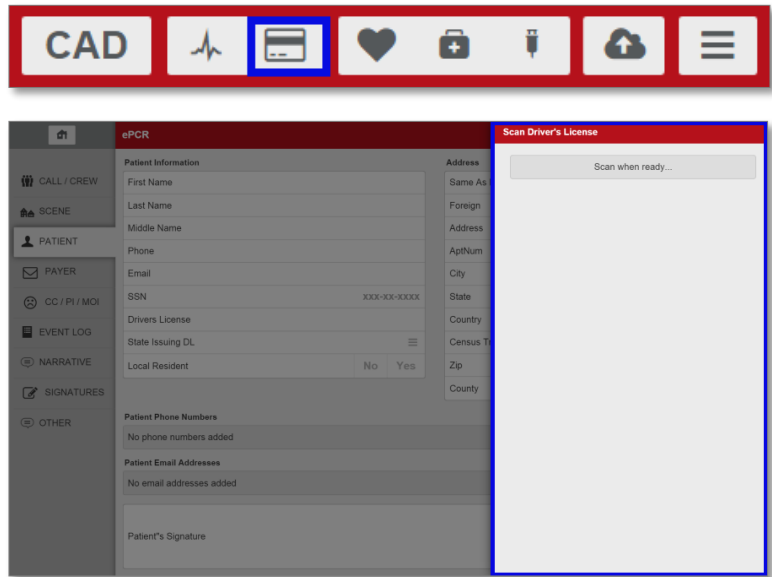
Click the ECG/EKG button to open the popup window.



## Driver's License

The Driver's License button at the top of the ePCR provides a quick and easy way to scan in patient information.

Open the side panel and use a locally attached mag stripe or bar code reader to scan in the patient data.



Use Select All or select fields individually.

The image shows a close-up of the 'Scan Driver's License' panel. At the top left, there is a 'Re-scan' button with a circular arrow icon. At the top right, there is a 'Select All' button with a checkmark icon, which is circled in blue. Below these buttons, there is a list of fields with checkboxes on the right side. The fields are grouped into sections: 'Name' (First Name, Middle, Last Name), 'Address' (Street, City, State, Zip), and 'Details' (License Number, Date of Birth, Age, Gender, Height, Weight, Eye Color). Each field has a checkmark next to it, indicating that all fields are selected. A large blue oval is drawn around the right side of the form, encompassing all the checkboxes.

Field	Selected
<b>Name</b>	
First Name	✓
Middle	✓
Last Name	✓
<b>Address</b>	
Street	✓
City	✓
State	✓
Zip	✓
<b>Details</b>	
License Number	✓
Date of Birth	✓
Age	✓
Gender	✓
Height	✓
Weight	✓
Eye Color	✓

## Vitals

The Vitals button at the top of the form provides a quick and easy way to add new Vitals to an ePCR no matter where you are in the form.

When the side panel is opened, it will present blank fields. When closed, the information that is entered will be used to create a new Vitals entry in the Event Log category.

A screenshot of the ePCR form interface. The left sidebar shows navigation options: CALL / CREW, SCENE, PATIENT, PAYER, CC / PI / MOI, EVENT LOG, NARRATIVE, SIGNATURES, and OTHER. The main area is divided into 'Patient Information' and 'Vitals' sections. The 'Vitals' section is open, showing a 'Systolic' table with columns 'Not Taken' and 'Clear', and a grid for data entry. To the right, a 'Vitals' panel is open, displaying fields for Time, Crew Name, PTA, Comments, Position (Lying, Sitting, Standing), Systolic BP, Auscultate, Diastolic BP, Pulse (Type: Regular, Irregular), Respiration, Effort, Environment (SPO2, CO2, CO), and Patient's Signature.

## Treatment

The Treatments button at the top of the form provides a quick and easy way to add new Treatments to an ePCR no matter where you are in the form.

When the side panel is opened, it will present blank fields. When closed, the information that is entered will be used to create a new Treatments entry in the Event Log category.

A screenshot of the ePCR form interface. The left sidebar is the same as in the Vitals section. The main area shows the 'Patient Information' section. The 'Treatment' panel is open, displaying fields for Time, Crew Name, PTA, Comments, Treatment (Cardioversion Joules), Success (No/Yes), Authorization (No/Yes), Reason Not Performed, 911 Response (Scene), Complication, Needle Decompression - Location, Needle Decompression - Verification, and On Scene Physician (Physician ID#, Phone Number, Physician Name).

## Medication

The Medications button at the top of the form provides a quick and easy way to add new Medications to an ePCR no matter where you are in the form.

When the side panel is opened, it will present blank fields. When closed, the information that is entered will be used to create a new Medications entry in the Event Log category. A new entry is not created until at least one blank field is updated with data.

## Form Status

The form status button provides the following ePCR information:

- Data Validation
- Submit (Complete)

The Submit ePCR button at the top of the form provides access to a list of the validation rules.

---

## Data Validation

**NOTE: As of MobileTouch v6.12 field Validation Rules may now be configured in HealthEMS Manager under Setup -> Application Settings -> Validation Rules -> MobileTouch. For additional information, please reference the [HealthEMS Manager User Guide](#).**

Red text means the field is mandatory and must be filled out, while orange text means the field is desired and should be filled out if possible.

There are four types of validations:

- Required – Data input field, mandatory
- Desired – Data input field, optional
- Not Possible – Data validation check (invalid/not possible) and must be corrected.
- Not Likely – Data validation check (improbable/not likely) and should be reviewed for accuracy.

There are subtotals of how many validations are remaining for each type of validation.

Tapping or double-clicking a data validation will switch focus to the specific field on the ePCR that was selected.

Cannot submit this PCR until the following are resolved

**REQUIRED 5**

- Complaint Type
- At least one MOI is required when patient is injured
- Crew

**DESIRED 1**

- Date Of Birth

**NOT POSSIBLE 3**


- Date should not be more than 30 days old
- Onset must be on or before Date

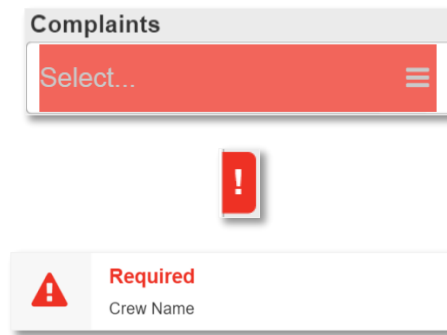
**NOT LIKELY 3**

- At Destination Mileage should be greater than 0 when Run Disposition is Transported
- On Scene Mileage should be greater than 0 when Run Disposition is Transported
- Starting Mileage should be greater than 0 when Run Disposition is Transported

Date Of Birth  ^ v !

The background color of the field will temporarily change to signify which field requires validation. The background color will match the type of validation.

Tapping or double-clicking the  icon will open the validation description.



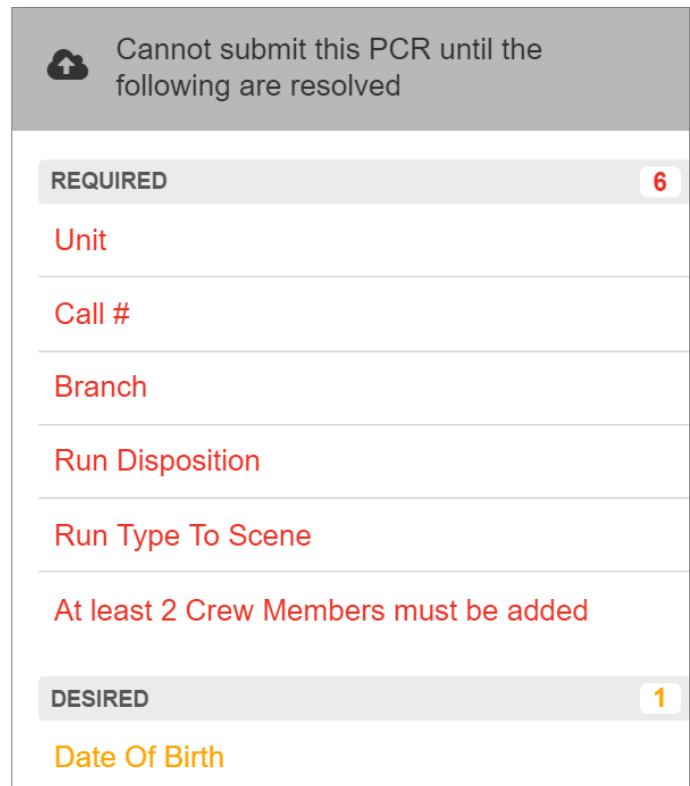
Newly started forms have six required fields.

#### Required

- Unit
- Call #
- Branch
- Run Disposition
- Run Type To Scene
- At least 2 Crew Members must be added

#### Desired

- Date of Birth




#### Submit / Export

Once all required fields have been filled out, the button will go from red to dark grey. This signifies the form is able to be submitted.



## Form Actions

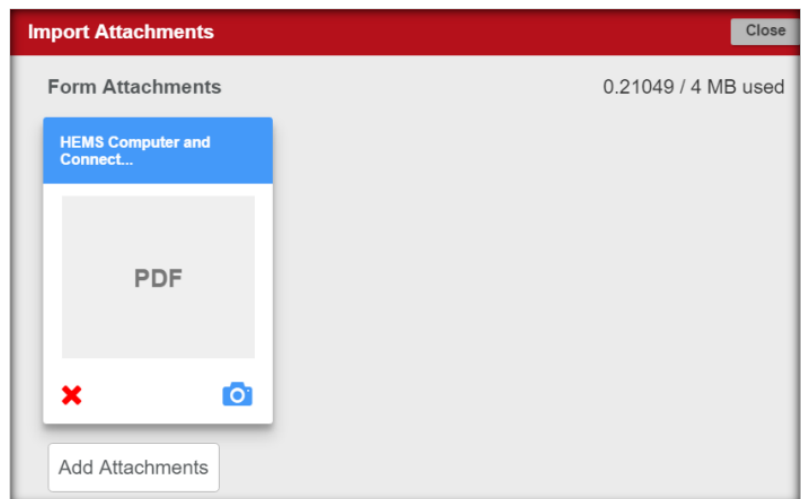
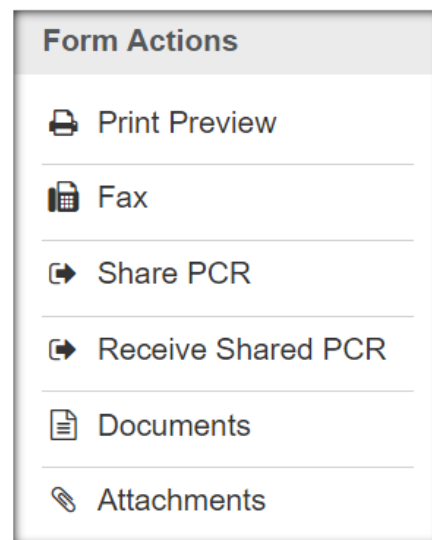
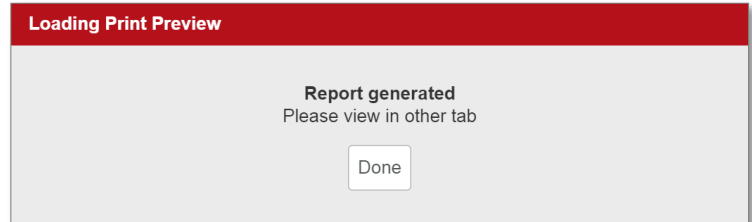
Select the  Form Actions button at the top right corner of the form.



The Form Actions button provides easy access to:

- **Print Preview**
  - Generate printed PDF view of the ePCR report.
- **Fax**
  - Sending a Fax of an ePCR to a Destination Facility is now available from the Forms Action side bar within the ePCR edit view. The page also displays history previous Fax attempts for the PCR.
- **Share PCR**
  - MobileTouch forms can be **shared forward** to another vehicle. Once a form is shared with another vehicle that form can no longer be edited by the sending vehicle crew.
- **Receive Shared PCR**
  - Another vehicle on scene can receive MobileTouch forms. The received form will open the form for editing.
- **Documents**
  - Documents upload to HealthEMS Manager will display
  - *HealthEMS Manager -> Setup -> Application settings -> Documents*
- **Attachments**
  - The **file attachment** feature allows users to attach additional ECG case files, documents and images to a PCR.
  - The File Type field must be set up in HealthEMS Manager (Setup -> Application Settings -> File Types) prior to using in MobileTouch.
  - The combined total maximum size of files that can be attached is 10 MB.
  - This feature is ON by default.
  - A MobileTouch Configuration option allows agencies to disable this feature or change the attachment size limitation.

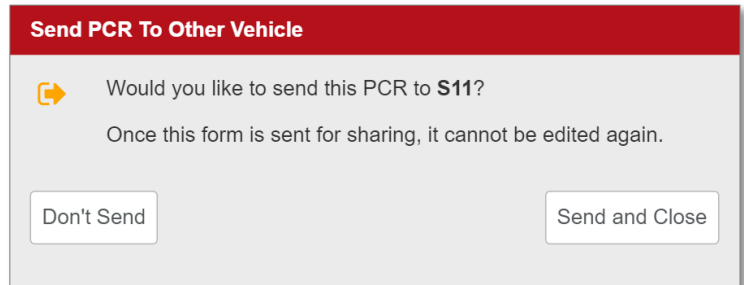
**IMPORTANT: Agencies should review their mobile bandwidth usage limitations and file system security requirements before implementing the MobileTouch attachments feature.**



## Share PCR

To share a PCR there are fields that must be completed. Choose the “Send and Close” button to continue or “Don’t Send” to exit the Sharing feature.

- Date
  - Dispatched service date
- Call #
  - Dispatched call number
- Unit
  - Dispatched primary vehicle
  - Typically first on scene and transferring patient care with another vehicle
- Vehicle
  - Other vehicle on scene receiving the patient care transfer



**Send PCR To Other Vehicle**

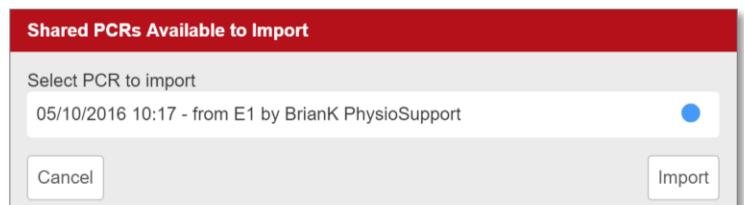
Would you like to send this PCR to S11?

Once this form is sent for sharing, it cannot be edited again.

## Receive Shared PCR

To receive a shared PCR those same fields must match. Select the radio button, so it turns blue. Then, choose “Import” to continue or “Cancel” to exit the Sharing feature.

- Date
  - Dispatched service date
- Call #
  - Dispatched call number
- Unit
  - Other vehicle on scene
  - Usually second on scene and receiving the patient care transfer.



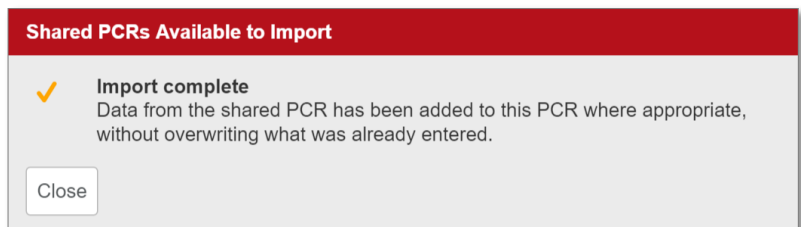
**Shared PCRs Available to Import**

Select PCR to import

05/10/2016 10:17 - from E1 by BrianK PhysioSupport

When the import completes, data from the shared PCR will be merged without overwriting data that was already entered in the PCR receiving the shared data.

Select “Close” to complete the Sharing feature.



**Shared PCRs Available to Import**

✓ **Import complete**  
Data from the shared PCR has been added to this PCR where appropriate, without overwriting what was already entered.



A configuration option is available to select which Booklet Number to display on the final PCR when using the **Sharing** function. Select the radio button first, then choose the “Select booklet number” button to continue.

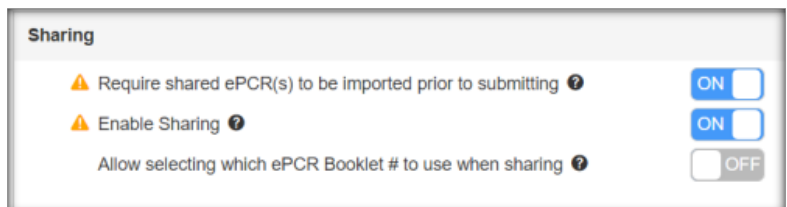
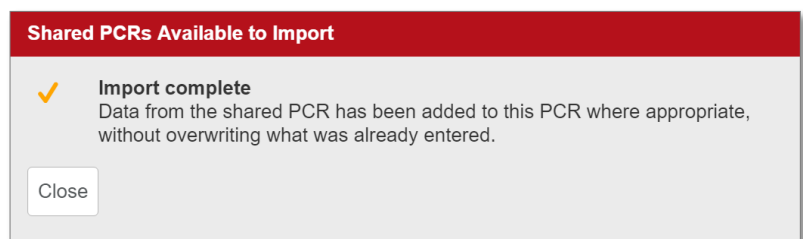
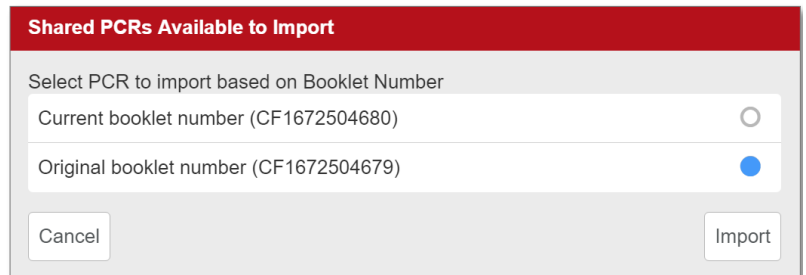
Choose the “Cancel” button to exit.

A second window will display when 'receiving' a shared ePCR that allows for choosing whether the 'receiving' ePCR should retain its booklet number or whether it should be overwritten by the shared ePCR. Select the radio button first, then choose the “Import” button to continue.

Choose the “Cancel” button to exit.

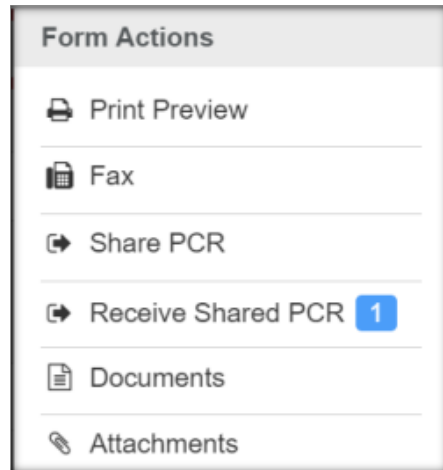
Choose the “Close” button to complete the Sharing feature.

A configuration option has been added to "**Require shared ePCR(s) to be imported prior to submitting**" (Setup -> Application Settings -> MobileTouch Configuration -> Default Config -> Sharing ->).



When a PCR is shared and there is data available to be imported, the **receiving PCR will now display the number of matching shared PCR's on the Actions menu button**. A shared PCR is considered a match when the following fields have the same exact values as the receiving PCR:

- Date
- Call #
- Other Vehicles



---

# Field Types

## Arrows

A free text field that accepts numeric characters only. Use the Arrow keys to change the number within the field, or enter in the number(s) using a keyboard.



A text input field labeled "Date" containing the value "04/29/2015". To the right of the text are two small buttons: an upward-pointing arrow and a downward-pointing arrow, both of which are circled in blue.

## Free Text Field

Any text may be freely entered. The fields are limited only by the maximum number of characters allowed.



A text input field labeled "Call #" which is currently empty. The entire field is circled in blue.

## Yes / No Buttons

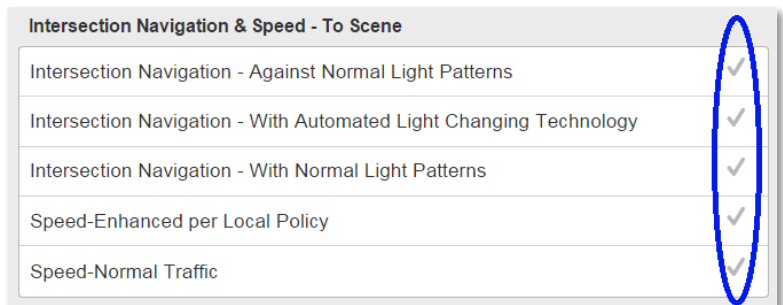
Choose either Yes or No if applicable.



A text input field labeled "Patient In Custody" with two buttons to its right: "No" and "Yes". Both buttons are circled in blue.

## Checkmark Buttons

Multiple options may be selected.



A list box titled "Intersection Navigation & Speed - To Scene" containing five items, each with a checkmark button to its right. The checkmark buttons are circled in blue.

Intersection Navigation & Speed - To Scene	
Intersection Navigation - Against Normal Light Patterns	<input checked="" type="checkbox"/>
Intersection Navigation - With Automated Light Changing Technology	<input checked="" type="checkbox"/>
Intersection Navigation - With Normal Light Patterns	<input checked="" type="checkbox"/>
Speed-Enhanced per Local Policy	<input checked="" type="checkbox"/>
Speed-Normal Traffic	<input checked="" type="checkbox"/>


## CAD Fields

Fields populated with data via CAD are greyed out, **editable** and labeled with the **CAD** icon.

<b>CAD</b> Date	03/13/2016
<b>CAD</b> Branch	Station 11
Incident Information	
<b>CAD</b> Call #	6072303
<b>CAD</b> Incident #	6072303

Clicking a CAD populated field prompts with a Yes or No response to confirm you want to edit and change the field value.

### Change Cad Values?





 This value came from CAD. Are you sure you sure you want to change it?

## Driver's License Fields

Fields populated with data via a Driver's License are greyed out, **non-editable** and labeled with the **DL** icon.

<b>DL</b> First Name	MICHAEL
<b>DL</b> Last Name	PERROWE
<b>DL</b> Middle Name	CHARLES

## ECG/EKG Fields

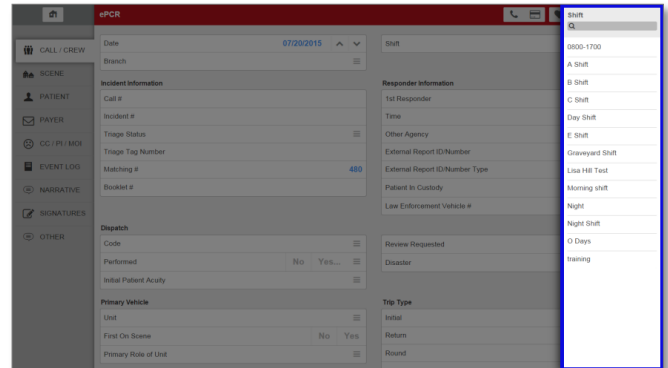
Events											
ABC	Neuro	Vitals	Treatment	Medication	Injury	Head To Toe	CPSS	Influenza	Psychiatric	Appgar	
15:16:43		^ v <b>EKG</b>				<b>Vitals</b> BP: 105/74 Pulse: 84					 x
13:03:50		^ v <b>EKG</b>				<b>Initial Rhythm</b>					 x
13:05:14		^ v <b>EKG</b>				<b>IV</b>					 x
13:05:06		^ v <b>EKG</b>				<b>Epinephrine 1/1,000</b>					 x

Fields populated with data via ECG/EKG are greyed out, **non-editable** and labeled with the **EKG** icon.

## Dropdown List

Clicking on the field will open a side panel with a list of options to choose from.

Shift 

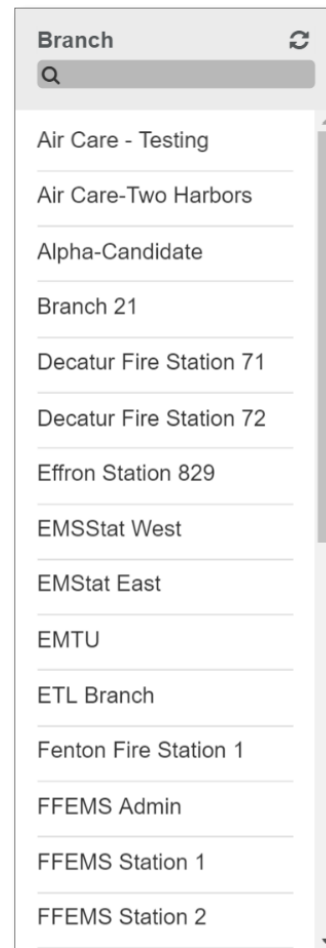


The screenshot shows the ePCR application interface. The 'Shift' field is selected, and a dropdown menu is open, listing various shift options. The options include 0900-1700, A Shift, B Shift, C Shift, Day Shift, E Shift, Graveyard Shift, Lisa Hill Test, Morning shift, Night, Night Shift, O Days, and Training.

There is a search field at the top of the list.

Only one option can be selected.

NOTE: Reference Table lists downloaded from the HealthEMS Manager website Setup pages are alphabetized in ascending order A-Z (not case sensitive) and sort numbers and asterisks before letters. This sort order does not apply to hard coded drop down lists (such as Triage Status, which has been manually is sorted by Severity).

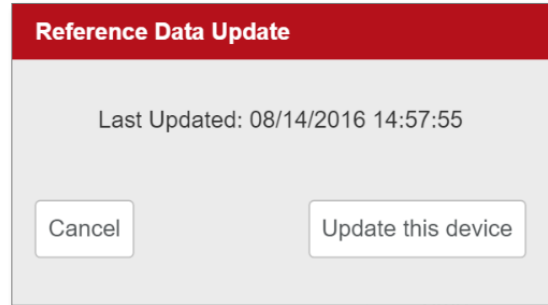


The screenshot shows a dropdown menu for the 'Branch' field. The dropdown list is open, displaying a search field at the top and a list of branch options. The options include Air Care - Testing, Air Care-Two Harbors, Alpha-Candidate, Branch 21, Decatur Fire Station 71, Decatur Fire Station 72, Effron Station 829, EMSStat West, EMStat East, EMTU, ETL Branch, Fenton Fire Station 1, FFEMS Admin, FFEMS Station 1, and FFEMS Station 2.

Reference Tables are lists updated from HealthEMS Manager Setup pages. To manually update a specific Reference Table while editing an ePCR in MobileTouch, click on the double arrows icon at the top of the selection list.



- Branch
- Shift
- 1st Responder
- Other Agency
- Dispatch Code
- Initial Patient Acuity
- Primary Vehicle Unit
- Primary Role
- Crew
- Crew Name
- Other Vehicle
- Vehicle Role
- Incident Location Type
- Incident Facility
- State
- Destination Type
- Destination Facility
- Destination Facility Location
- Hospital Capability
- Reason for Transport
- Pre-Arrival Activation
- Condition of Patient at Destination
- Transporting Agency
- Assist
- State Issuing DL
- Country
- Reason
- Representative Type
- Units
- Broselow
- Pregnancy
- Medical History
- Environmental Allergy
- Medication Allergies
- Medication
- Unit
- Route
- Immunization
- Payer
- Payer Type
- Guarantor Relationship
- Representative Type
- Complaint Type
- Duration Units



- Primary Impression
- Anatomic Location
- Organ System
- Secondary Impression
- Other Impression 1
- Other Impression 2
- Other Impression 3
- Protocol 1
- Protocol 2
- Primary Cause
- Secondary Cause
- Other Cause 1
- Other Cause 2
- Other Cause 3
- Injury Intent
- Protocol
- Auscultate Type Systolic
- Auscultate Type Diastolic
- Effort
- Environment
- Pain Scale
- Method
- Rhythm
- Treatment
- Reason Not Performed
- Patient Response
- Complication
- Reason Not Given
- Patient's occupational industry
- Patient's occupation
- Type of Vehicle
- Weather

## Radio Buttons

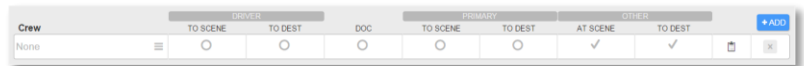
Only one option may be selected.



A screenshot of a 'Trip Type' form. It contains four rows: 'Initial', 'Return', 'Round', and 'Transfer'. Each row has a radio button on the right side. A blue oval highlights the radio buttons for 'Return', 'Round', and 'Transfer'.

## +Add

Click the **+ADD** button to add the first field. More fields can be added by pressing the **+ADD** button.



A screenshot of a table with columns for 'Crew', 'DRIVER', 'PRIMARY', and 'OTHER'. Each of these columns has sub-columns for 'TO SCENE' and 'TO DEST'. The 'Crew' column has a dropdown menu with 'None' selected. The 'DRIVER' and 'PRIMARY' columns have radio buttons. The 'OTHER' column has checkmarks. A blue '+ADD' button is located at the bottom right of the table.

## Clone

Click the **Clone** button to duplicate the entry.

## Set All Normals

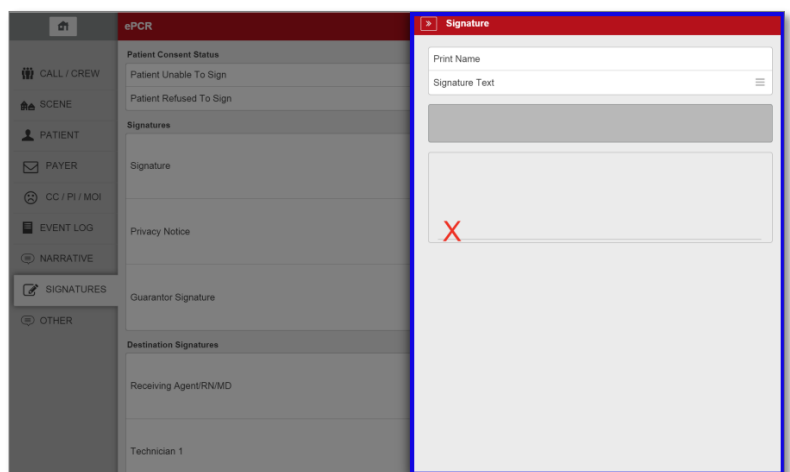
Click the **Set All Normals** button to select all normal values.

## Signature Fields

Click on a signature box and a side panel will open. The field at the bottom is a signature field. These fields capture handwriting on a screen via Touch (finger or pen) or Mouse.



A screenshot of a 'Privacy Notice' field. The text 'Privacy Notice' is on the left and 'Not Signed' is on the right.



A screenshot of a signature panel. The panel is titled 'Signature' and has a red header. It contains a 'Print Name' field, a 'Signature Text' field, and a large signature area with a red 'X' indicating a signature. The background shows a sidebar with various menu items like 'CALL / CREW', 'SCENE', 'PATIENT', 'PAYER', 'CC / PI / MOI', 'EVENT LOG', 'NARRATIVE', 'SIGNATURES', and 'OTHER'.

# ePCR Category Sections

## Call / Crew

Document information about the Call and Crew pertaining to the patient event.

The screenshot shows the ePCR interface with a red header bar containing 'ePCR' and 'CAD' along with various icons. The form is divided into several sections:

- Date:** 10/29/2015 (dropdown)
- Branch:** (dropdown)
- Shift:** (dropdown)
- Incident Information:**
  - Call #: (dropdown)
  - Incident #: (dropdown)
  - Triage Status: (dropdown)
  - Triage Tag Number: (dropdown)
  - Matching #: 747
  - Booklet #: 85425592
- Responder Information:**
  - 1st Responder: (dropdown)
  - Time: (dropdown)
  - Other Agency: (dropdown)
  - External Report ID/Number: (dropdown)
  - External Report ID/Number Type: (dropdown)
  - Patient In Custody: No Yes
  - Law Enforcement Vehicle #: (dropdown)
- Dispatch:**
  - Code: (dropdown)
  - Performed: No Yes... (dropdown)
  - Initial Patient Acuity: (dropdown)
- Primary Vehicle:**
  - Unit: (dropdown)
- Trip Type:**
  - Initial: (radio button)
- Review Requested:** No Yes (dropdown)
- Disaster:** (dropdown)

- **Date (date/time)**
  - The date of service field, restricted to numbers in a MM/DD/YYYY format.
- **Branch (dropdown)**
  - Populated by a HEMS setup table.  
*Setup – Agency – Branches*
- **Shift (dropdown)**
  - Populated by a HEMS setup table.  
*Setup – Agency – Shifts*
  - The **Shift** field on the Call/Crew tab is required when any of the Run Dispositions (except "Cancelled") is selected on the Scene tab.

This close-up shows three dropdown menus stacked vertically:

- Date:** 01/18/2016 (dropdown)
- Branch:** (dropdown)
- Shift:** (dropdown)



## Incident Information

- **Call # (text)**
  - Free text field limited to 10 characters.
- **Incident # (text)**
  - Assigned by the 911 Dispatch System. Minimum length of three characters and maximum length of 10 characters.
- **NFIRS Incident Type (dropdown)**
  - A configuration option is required to display and require the **NFIRS Incident Type**.
- **Mutual Aid (dropdown)**
  - Tied to NFIRS Incident Type
- **Property Use (dropdown)**
  - Tied to NFIRS Incident Type
- **Triage Status (dropdown)**
  - The color associated with the initial triage assessment/classification of the MCI patient.
- **Triage Tag Number (text)**
  - Maximum of 15 characters.
- **Matching #**
  - Auto populated. Not editable.
- **Booklet #**
  - Auto populated when online. Not editable.

Incident Information	
Call #	
Incident #	
NFIRS Incident Type	☰
Mutual Aid	☰
Property Use	☰
Triage Status	☰
Triage Tag Number	
Matching #	450
Booklet #	

## Responder Information

- **1<sup>st</sup> Responder (dropdown)**
  - Documentation that this EMS Unit was the first EMS Unit for the EMS Agency on the Scene
- **Time (date/time)**
  - This Time field is for recording the date and time that the 1<sup>st</sup> Responder arrived on scene.
- **Other Agency (dropdown)**
  - Other EMS agency names that were at the scene, if any.
- **External Report ID/Number (text)**
  - The ID or Number of the external report or record in eOutcome.03.
  - The **External Report ID/Number** field will be hidden until a response is selected in the **1<sup>st</sup> Responder** field.
- **External Report ID/Number Type (dropdown)**
  - The Type of External Report or Record associated with the Report/ID Number.
  - The **External Report ID/Number Type** field will be hidden until a response is selected in the **1<sup>st</sup> Responder** field.
- **Patient In Custody (yes/no)**
- **Law Enforcement Vehicle # (text)**
  - Associated with dPersonnel.34
  - Maximum of 50 characters.

Responder Information	
1st Responder	☰
Time	▲ ▼
Other Agency	☰
External Report ID/Number	
External Report ID/Number Type	☰
Patient In Custody	No Yes
Law Enforcement Vehicle #	

## Dispatch

- **Code (dropdown)**
  - The complaint dispatch reported to the responding unit.
  - The **Dispatch - Code** field on the Call/Crew tab is required when any of the Run Dispositions (except "Cancelled") is selected on the Scene tab.
- **Performed (yes/no & dropdown)**
  - Indication of whether Emergency Medical Dispatch was performed for this EMS event.
- **Initial Patient Acuity (dropdown)**
  - The actual, apparent, or potential acuity of the patient's condition as determined through information obtained during the EMD process.
- **Review Requested (yes/no)**
  - Indication of whether the PCR needs review by anyone.
- **Disaster (dropdown)**
  - Event caused by natural forces or Suspected and Intentional/Unintentional Disasters (terrorism).

Dispatch		
Code		☰
Performed	No	Yes... ☰
Initial Patient Acuity		☰
Review Requested	No	Yes
Disaster		☰

## Primary Vehicle

- **Unit (dropdown)**
  - The unique ID number for the unit which is specific for each vehicle. This ID number may be the state's vehicle's permit number.
- **First On Scene (yes/no)**
  - Indicates whether or not the unit listed as the primary vehicle was the first one scene.
- **Primary Role of Unit (dropdown)**

Primary Vehicle		
Unit		☰ !
First On Scene	No	Yes
Primary Role		☰

## Trip Type

- **Trip Type (radio)**
  - Indicator about the type of transport of the patient.

Trip Type	
Initial	<input type="radio"/>
Return	<input type="radio"/>
Round	<input type="radio"/>
Transfer	<input type="radio"/>

---

## Air Transport

This section displays when the selected **Unit** has been setup in HealthEMS Manager (Setup -> Agency -> Vehicle -> Place of service field) as an "Air Transport-Fixed Wing" or "Air Transport-Helicopter".

- Reason for Air vs Ground Transport (text)
- Obstacles (text)
- Ground Time – Minutes (numeric)
- Ground Time – Hours (numeric)
- Ground Distance (numeric)
- Air Time – Minutes (numeric)
- Air Time – Hours (numeric)
- Air Distance (numeric)
- Total Air Time Minutes (Offshore Flight Only) (numeric)
- Total Air Time Hours (Offshore Flight Only) (numeric)
- Intercept Ground Distance (numeric)
- Round Trip Distance (numeric)
- Night Flight (yes/no)

Air Transport	
Reason for Air vs Ground Transport	
Obstacles	
Ground Time - Minutes	^ v
Ground Time - Hours	^ v
Ground Distance	^ v
Air Time Minutes	^ v
Air Time Hours	^ v
Air Distance	^ v
Total Air Time Minutes (Offshore Flight Only)	^ v
Total Air Time Hours (Offshore Flight Only)	^ v
Intercept Ground Distance	^ v
Round Trip Distance	^ v
Night Flight	No Yes

## Factors Affecting Service Delivery

- On Dispatch (checkmark)
  - The dispatch delays, if any, associated with the dispatch of the EMS unit to the EMS event.
- To Scene (checkmark)
  - The response delays, if any, of the EMS unit associated with the EMS event.
- To Patient (checkmark)
  - The scene delays, if any, of the EMS unit associated with the EMS event.
- To Hospital (checkmark)
  - The transport delays, if any, of the EMS unit associated with the EMS event.
- At Hospital (checkmark)
  - The turn-around delays, if any, of EMS unit associated with the EMS event.

Factors Affecting Service Delivery	
On Dispatch	None
To Scene	None
To Patient	None
To Hospital	None
At Hospital	None

## Call Times

- **Received (date/time)**
  - The date/time the phone rings (911 call to public safety answering point or other designated entity) requesting EMS services.
- **Dispatched (date/time)**
  - The date/time the unit was dispatched from 911.
- **En Route (date/time)**
  - The date/time the unit responded; that is, the time the vehicle started moving.
- **On Scene (date/time)**
  - The date/time the responding unit arrived on the scene; that is, the time the vehicle stopped moving at the scene.
- **Pt. Contact (date/time)**
  - The date/time the responding unit arrived at the patient's side.
- **Left Scene (date/time)**
  - The date/time the responding unit left the scene with a patient (started moving).
- **Arrival At Landing Area (date/time)**
  - The date/time the Air Medical vehicle arrived at the destination landing area.
- **At Destination (date/time)**
  - The date/time the responding unit arrived with the patient at the destination or transfer point.
- **Transfer Of Care (date/time)**
  - The date/time the patient was transferred from this EMS agency to another EMS agency for care.  
Or
  - The date/time that patient care was transferred to the destination healthcare facilities staff.
- **In Service (date/time)**
  - The date/time the unit back was back in service and available for response (finished with call, but not necessarily back in home location).
- **Home Location (date/time)**
  - The date/time the responding unit was back in their service area. With agencies who utilized Agency Status Management, home location means the service area as assigned through the agency status management protocol.

Received	^	v	!
Dispatched	^	v	!
En Route	^	v	!
On Scene	^	v	!
Pt. Contact	^	v	!
Left Scene	^	v	!
Arrival At Landing Area	^	v	!
At Destination	^	v	!
Transfer Of Care	^	v	!
In Service	^	v	!
Home Location	^	v	!

---

## Mileage

- **Start (numeric)**
  - The mileage (counter or odometer reading) of the vehicle at the beginning of the call (when the wheels begin moving). If EMS vehicle/unit is via water or air travel document the number in "hours" as it relates to the documentation of Boat, Fixed Wing, or Rotor Craft in eDisposition.16 (EMS Transport Method).
- **On Scene (numeric)**
  - The mileage (counter or odometer reading) of the vehicle when it arrives at the scene. If EMS vehicle/unit is via water or air travel document the number in "hours" as it relates to the documentation of Boat, Fixed Wing, or Rotor Craft in eDisposition.16 (EMS Transport Method).
- **At Destination (numeric)**
  - The mileage (counter or odometer reading) of the vehicle when it arrives at the patient's destination. If EMS vehicle/unit is via water or air travel document the number in "hours" as it relates to the documentation of Boat, Fixed Wing, or Rotor Craft in eDisposition.16 (EMS Transport Method).
- **End (numeric)**
  - If using a counter, this is the mileage traveled beginning with dispatch through the transport of the patient to their destination and ending when back in service, starting from 0. If EMS vehicle/unit is via water or air travel document the number in "hours" as it relates to the documentation of boat, Fixed Wing, or Rotor Craft in eDisposition.16.

Mileage		
Start	^	v
On Scene	^	v
At Destination	^	v
End	^	v

---

## Crew Information

- Crew Name (dropdown)
  - Names of crew assigned to the dispatch.
  - At least two **Crew** are required on the Call/Crew tab on every form that is completed.
- Driver to Scene (radio)
  - The role(s) of the role member during response, at scene treatment, and/or transport.
- Driver to Dest (radio)
  - The role(s) of the role member during response, at scene treatment, and/or transport.
- Doc (radio)
  - The documenter of the ePCR.  
The documenter (**DOC**) field is required on all PCR's except when the "Cancelled" **Run Disposition** on the Scene tab is selected.
- Primary to Scene (radio)
  - The role(s) of the role member during response, at scene treatment, and/or transport.
- Primary to Dest (radio)
  - The role(s) of the role member during response, at scene treatment, and/or transport.
- Other at Scene (checkmark)
  - The role(s) of the role member during response, at scene treatment, and/or transport.
- Other to Dest (checkmark)
  - The role(s) of the role member during response, at scene treatment, and/or transport.

The screenshot shows a form titled "Crew" with a red status indicator. It features a table with columns for "TO SCENE", "TO DEST", "DOC", "AT SCENE", "TO DEST", "AT SCENE", and "TO DEST". The "AT SCENE" columns have checkmarks, while the "TO SCENE" and "TO DEST" columns have radio buttons. A "Select..." dropdown is on the left, and a "+ ADD" button is on the right.

## Vehicle

- Vehicle (dropdown)
  - Apparatus dispatch.
- Role (dropdown)
  - The type of public safety or EMS service associated with Other Agencies on Scene.
- On Scene (time)
- Transfer (time)

The screenshot shows a form titled "Vehicle" with a "+ ADD" button. It features a table with columns for "ROLE", "ON SCENE", and "TRANSFER". The "ON SCENE" column shows the time "10:07:12" with up and down arrows, and the "TRANSFER" column shows the time "10:06:15" with up and down arrows. There are "Select..." dropdowns for "ROLE" and "TRANSFER", and a "Select..." dropdown for "ON SCENE". A "X" button is on the right.

# Scene

In this category you will find groups of fields for documenting:

**CAD**

**Run Disposition** !

Treated/Transported	<input type="radio"/>
Treated/Transferred Care	<input type="radio"/>
Treated/No Transport (AMA)	<input type="radio"/>
Treated/No Transport (Per Protocol)	<input type="radio"/>
Transported/Refused Care	<input type="radio"/>
No Transport/Refused Care	<input type="radio"/>
Cancelled	<input type="radio"/>
Dead Prior To Arrival	<input type="radio"/>
Dead After Arrival	<input type="radio"/>
Treat/Trans By Priv. Veh.	<input type="radio"/>
Assist	<input type="radio"/>
Other	<input type="radio"/>
No Patient Found	<input type="radio"/>

**Run Type To Scene**

Emergent (Immediate Response)	<input type="radio"/>
Non-Emergent	<input type="radio"/>

Scheduled  No  Yes

**Lights & Sirens - To Scene**

Lights and Sirens (Code 3)	<input type="radio"/>
No Lights and Sirens (Code 1)	<input type="radio"/>
Initial Lights and Sirens, Downgraded to No Lights and Sirens	<input type="radio"/>
Initial No Lights and Sirens, Upgraded to Lights and Sirens	<input type="radio"/>

- Run Disposition (radio)

- The destination the patient was transported or transferred to.

AND/OR

- The code of the destination the patient was transported or transferred to.

AND/OR

- Type of disposition treatment and/or transport of the patient by this EMS Unit.

Run Disposition !	
Treated/Transported	<input type="radio"/>
Treated/Transferred Care	<input type="radio"/>
Treated/No Transport (AMA)	<input type="radio"/>
Treated/No Transport (Per Protocol)	<input type="radio"/>
Transported/Refused Care	<input type="radio"/>
No Transport/Refused Care	<input type="radio"/>
Cancelled	<input type="radio"/>
Dead Prior To Arrival	<input type="radio"/>
Dead After Arrival	<input type="radio"/>
Treat/Trans By Priv. Veh.	<input type="radio"/>
Assist	<input type="radio"/>
Other	<input type="radio"/>
No Patient Found	<input type="radio"/>

### Data Validations:

1. When **Treated/No Transport (AMA)** is selected:

- *Pt. Refused Treatment/Transport* signature must be captured

OR

- *Patient Refused to Sign* field check mark must be checked.

2. When **Treated/Transported** is selected:

- One **ABC assessment** and one **Neuro assessment** must be entered on the Events tab. The only mandatory fields for these assessments are **Time** and **Crew Name**.

3. When **Treated/Transported** or **Transported/Refused Care** is selected:

- A selection in the **Light & Sirens - To Destination** and **Move From Ambulance By** sections are required.

4. When **Treated/Transferred Care** is selected, the following are required:

- *Transfer of Care* on the Call / Crew tab
- *Lights & Sirens - To Scene* on the Scene tab
- *Service Requested* on the Scene tab - *Moved To Ambulance By* on the Scene tab
- *Age* on the Patient tab
- *Weight (lbs)* on the Patient tab
- *Gender* on the Patient tab
- *Complaint Type* (at least one Chief/Primary) on the CC/PI/MOI tab
- *Complaint* on the CC/PI/MOI tab

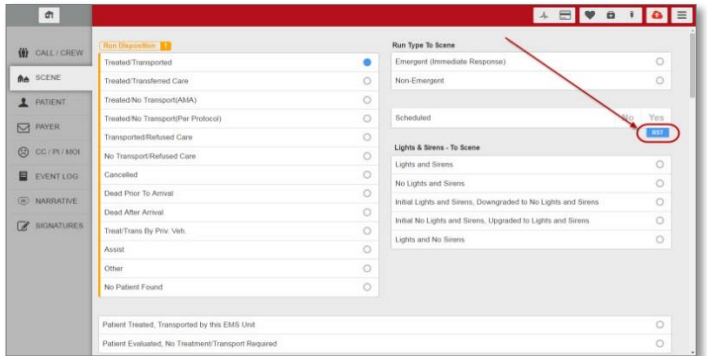


- Run Type To Scene (radio)
  - The indication whether the response was emergent or non-emergent. An emergent response is an immediate response (typically using lights and sirens).

Run Type To Scene	
Emergent (Immediate Response)	<input type="radio"/>
Non-Emergent	<input type="radio"/>

- Scheduled (yes/no)
  - The documentation of response mode techniques used for this EMS response.
  - An RST link will be displayed when RST data is available in the associated CAD record. Clicking the link will open the Case Manager RST Report in a new tab of the browser.

Scheduled	No	Yes
-----------	----	-----



- Lights & Sirens – To Scene (radio)
  - The documentation of response mode techniques used for this EMS response.
  - An item must be selected in the **Lights & Sirens - To Scene** field on all PCRs.

Lights & Sirens - To Scene	
Lights and Sirens (Code 3)	<input type="radio"/>
No Lights and Sirens (Code 1)	<input type="radio"/>
Initial Lights and Sirens, Downgraded to No Lights and Sirens	<input type="radio"/>
Initial No Lights and Sirens, Upgraded to Lights and Sirens	<input type="radio"/>

These fields show when Run Disposition = Treated/Transport.

- Patient Treated, Transported by this EMS Unit
- Patient Evaluated, No Treatment/Transport Required

Patient Treated, Transported by this EMS Unit	<input type="radio"/>
Patient Evaluated, No Treatment/Transport Required	<input type="radio"/>

These fields show when Run Disposition = Treated/Transferred Care.

- Patient Treated, Transferred Care to Another EMS Unit
- Patient Treated, Transported By Law Enforcement
- Patient Treated, Transported by Private Vehicle

Patient Treated, Transferred Care to Another EMS Unit	<input type="radio"/>
Patient Treated, Transported By Law Enforcement	<input type="radio"/>
Patient Treated, Transported by Private Vehicle	<input type="radio"/>

This field shows when Run Disposition = Treated/No Transport (Per Protocol)

- Dispatch Instructions Provided

Dispatch Instructions Provided	
Contact 911 or see your Doctor if problem returns	<input checked="" type="checkbox"/>
Contact 911 or see your Doctor if problem worsens	<input checked="" type="checkbox"/>
Other Not Listed (Described in Narrative)	<input checked="" type="checkbox"/>
Problem Specific Instructions Provided	<input checked="" type="checkbox"/>

See your Doctor or the Emergency Department immediately	<input checked="" type="checkbox"/>
See your Doctor or the Emergency Department in the next 24 hours	<input checked="" type="checkbox"/>
See your Doctor or the Emergency Department in the next 4 hours	<input checked="" type="checkbox"/>
See your Doctor within one week	<input checked="" type="checkbox"/>

This field shows when Run Disposition = Trans/Refused Care or No Trans/Refused Care.

- Patient Refused Treatment/Transport

Patient Refused Treatment/Transport	Not Signed
-------------------------------------	------------

These fields show when Run Disposition = Cancelled.

- Cancelled (Prior To Arrival at Scene)
- Cancelled on Scene (No Patient Contact)
- Cancelled on Scene (No Patient Found)

Cancelled (Prior To Arrival at Scene)	<input type="radio"/>
Cancelled on Scene (No Patient Contact)	<input type="radio"/>
Cancelled On Scene (No Patient Found)	<input type="radio"/>

This field shows when Run Disposition = Assist.

- Assist

Assist	<input type="checkbox"/>
--------	--------------------------

---

These fields show when Run Disposition = Dead Prior To Arrival or Dead After Arrival.

- Patient Dead at Scene-No Resuscitation Attempted (With Transport)
- Patient Dead at Scene-No Resuscitation Attempted (Without Transport)
- Patient Dead at Scene-Resuscitation Attempted (With Transport)
- Patient Dead at Scene-Resuscitation Attempted (Without Transport)

Patient Dead at Scene-No Resuscitation Attempted (With Transport)	<input type="radio"/>
Patient Dead at Scene-No Resuscitation Attempted (Without Transport)	<input type="radio"/>
Patient Dead at Scene-Resuscitation Attempted (With Transport)	<input type="radio"/>
Patient Dead at Scene-Resuscitation Attempted (Without Transport)	<input type="radio"/>

These fields show when Run Disposition = Other.

- Standby-No Services or Support Provided
- Standby-Public Safety, Fire, or EMS Operational Support-Provided
- Transport Non-Patient, Organs, etc

Standby-No Services or Support Provided	<input type="radio"/>
Standby-Public Safety, Fire, or EMS Operational Support-Provided	<input type="radio"/>
Transport Non-Patient, Organs, etc	<input type="radio"/>

- **Service Requested (radio)**
  - The type of service or category of service requested of the EMS Agency responding for this specific EMS event.

Options:

- Patient Response
- Intercept
- Interfacility
- Medical Transport
- Mutual Aid
- Public Assistance/Other Not Listed
- Stand-By

Service Requested	
Patient Response	<input type="radio"/>
Intercept	<input type="radio"/>
Interfacility	<input type="radio"/>
Medical Transport	<input type="radio"/>

Mutual Aid	<input type="radio"/>
Public Assistance/Other Not Listed	<input type="radio"/>
Stand-By	<input type="radio"/>

Selecting “Interfacility” displays the following additional fields:

- Was the patient discharged from the sending hospital (yes/no)
- Where was the patient picked up? (emergency department/floor)
- Transferring/Referring Physician (text)
- Resource Code (dropdown)

Was the patient discharged from the sending hospital?	Yes	No	!
Where was the patient picked up?	Emergency Department	Floor	!
Transferring/Referring Physician			
Resource Code			
☰ !			

Selecting “Stand-By” displays the following additional field:

- Stand-By Purpose (dropdown)

Stand-By Purpose	☰
------------------	---

---

## Incident Address

- Incident Location Type (dropdown)
  - The kind of location where the incident happened.
- Incident Facility (dropdown)
  - The state, regulatory, or other unique number (code) associated with the facility if the Incident is a Healthcare Facility.

OR

- The name of the facility, business, building, etc. associated with the scene of the EMS event.
  - The **Incident Facility** field is required if "Interfacility" is selected in the *Service Requested* field.
- Use Patient Address (button)
  - Imports the data in the fields under Patient Address.
- Address (text)
  - "The street address where the patient was found, or, if no patient, the address to which the unit responded."
  - The **Address** field is required when any of the Run Dispositions (except "Cancelled") is selected on the Scene tab.
- Apt # (text)
  - The number of the specific apartment, suite, or room where the incident occurred.
- City (text)
  - The city or township (if applicable) where the patient was found or to which the unit responded (or best approximation).
  - The **City** field is required when any of the Run Dispositions (except "Cancelled") is selected on the Scene tab.
- State (dropdown)
  - The state, territory, or province where the patient was found or to which the unit responded (or best approximation).
  - The **State** field is required when any of the Run Dispositions (except "Cancelled") is selected on the Scene tab.
- Zip (numeric)
  - The ZIP code of the incident location.
  - The **Zip** field is required when any of the Run Dispositions (except "Cancelled") is selected on the Scene tab.
- County (dropdown)
  - The county or parish where the patient was found or to which the unit responded (or best approximation).
  - The **County** field is required when any of the Run Dispositions (except "Cancelled") is selected on the Scene tab

The screenshot shows a form titled "Incident Address". It contains several fields: "Incident Location Type" (dropdown), "Incident Facility" (dropdown), "Address" (text), "Apt #" (text), "City" (text), "State" (dropdown), "Zip" (text), and "County" (dropdown). A blue button labeled "Use Patient Address" is positioned to the right of the "Address" field.

---

## Number of Patients

- Transported (numeric)
  - The number of patients transported by this EMS crew and unit.
- At Scene (numeric)
  - Indicator of how many total patients were at the scene.
  - The **Number of Patients at Scene** field is limited to integers 0-99.

Number Of Patients

Transported	↑	↓	!
At Scene	↑	↓	!

## Destination

- Destination Type (dropdown)
  - The type of destination the patient was transported to.
- Destination Facility (dropdown)
  - Destination Facility is required when "Treated/Transferred Care", "Treated/Transported" or "Transported/Refused Care" is selected in the Run Disposition field on the Scene tab.
- Destination Facility Location (dropdown)
  - The location of destination facility the patient was transported to.
- Destination Reason (dropdown)
  - The reason the patient was transported to the destination.
- Hospital Capability (dropdown)
  - The capability of the destination facility, i.e. hospital.
  - If the any of the Trauma Center options is selected a Trauma Reason field will be displayed

Destination

Destination Type	☰
Destination Facility	☰
Destination Facility Location	☰
Destination Reason	☰
Hospital Capability	☰

Destination

Destination Type	☰
Destination Facility	☰
Destination Facility Location	☰
Destination Reason	☰
Hospital Capability	Trauma Center Level 1 ✕
<b>Trauma Reason</b>	
Criteria <input type="radio"/>	Judgement <input type="radio"/>
Guideline <input type="radio"/>	Special Consideration <input type="radio"/>

## Destination Address

- **Use Patient Address (button)**
  - Imports in the data in the fields under Patient Address.
- **Address (text)**
  - The street address of the destination the patient was transported to.
  - Maximum of 50 characters.
- **Apt # (text)**
  - The number of the specific apartment, suite, or room the patient was transported to.
  - Maximum of 50 characters.
- **City (text)**
  - The city name of the destination the patient was transported to.
  - Maximum of 50 characters.
- **State (dropdown)**
  - The state of the destination the patient was transported to.
- **Zip (numeric)**
  - The destination ZIP code in which the patient was transported to.
- **County (dropdown)**
  - The destination county in which the patient was transported to.

Destination Address		Use Patient Address
Address		
Apt #		
City		
State		☰
Zip		
County		☰
Reason for Transport		☰

## Lights & Sirens – To Destination

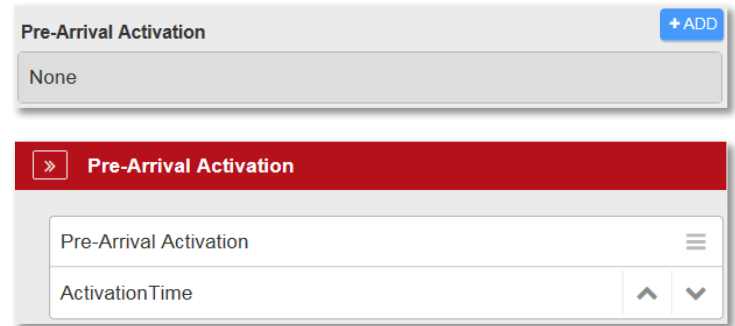
- **Lights & Sirens – To Destination (radio)**
  - The documentation of transport mode techniques for this EMS response.

Light & Sirens - To Destination	
Lights and Sirens	<input type="radio"/>
No Lights and Sirens	<input type="radio"/>
Initial Lights and Sirens, Downgraded to No Lights and Sirens	<input type="radio"/>
Initial No Lights and Sirens, Upgraded to Lights and Sirens	<input type="radio"/>

---

## Pre-Arrival Activation

- Pre-Arrival Activation (dropdown)
  - Activation of the Destination Healthcare Facility Team prior to EMS arrival for acute ill or injured patient.
- Activation Time (numeric)
  - Date/Time EMS Notified/Activated the Destination Healthcare Facility Team prior to EMS arrival for acute ill or injured patient.



Pre-Arrival Activation

+ ADD

None

» Pre-Arrival Activation

Pre-Arrival Activation

ActivationTime

## Hospital Receiving

- Condition of Patient at Destination (dropdown)
  - The condition of the patient after care by EMS.
- Final Patient Acuity (dropdown)
  - A configuration option has been added to display the **Final Patient Acuity** field on the Scene tab under the **Hospital Receiving** section when the following **Run Dispositions** are selected:
    - Treated/Transported
    - Treated/Transferred Care
    - Transported/Refused Care
    - Treat/Trans By Priv. Veh.
- Registration # (text)
  - Hospital registration number assigned the patient.



Hospital Receiving

Condition of Patient at Destination

Final Patient Acuity

Registration #



---

## Receiving Agent/RN/MD

- **Print Name (text)**
  - Full name of the receiving agent, nurse, or doctor who is signing for receipt of the patient.
  - Maximum of 50 characters.
- **Signature Text (dropdown)**
- **Signature**
  - Signature of the receiving agent, nurse or doctor who acknowledges receipt of the patient.

Receiving Agent/RN/MD	Not Signed
-----------------------	------------

» Receiving Agent/RN/MD

Print Name
Signature Text <span>☰</span>
X

## Diverted

- Diverted (yes/no)
- Diverted From Facility (dropdown)
- Diverted Time (numeric)
- Nearest Facility Passed (dropdown)
- Miles Beyond (numeric)
- Miles to Nearest Facility Passed (numeric)
- Transporting Agency (dropdown)
  - Transporting Agency field is required when "Treated/Transferred Care" is selected in the Run Disposition field on the Scene tab.
  - A configuration option is available to make the **Transporting Agency** field required when "Treated/Transported" is selected in the **Run Disposition** field.

Diverted	No	Yes
Diverted From Facility	☰	
Diverted Time	▲	▼
Nearest Facility Passed	☰	
Miles Beyond	▲	▼
Miles to Nearest Facility Passed	▲	▼

T

Transporting Agency	☰
---------------------	---

## Online Medical Control

- Authorization Type (dropdown)
- Signature
  - Print Name (text)
    - The printed name of the online medical control personal.
    - Maximum of 50 characters.
  - Signature Text (dropdown)
  - Signature
    - The individual's signature associated with eOther.15 (Signature Status).
- Online Physician (dropdown)
- Online Medical Facility (dropdown)

Online Medical Control	
Authorization Type	☰
Online Medical Control	Not Signed
Online Physician	☰
Online Medical Facility	☰

» Online Medical Control	
Print Name	
Signature Text	☰
X	

## ETA

This is to document an ***estimated time of arrival*** at the facility selected in the ***Destination Facility*** field.

Clicking on the "1 Min", "5 Min", "10 Min", "15 Min", or "20 Min" buttons will set the timer to that amount and start counting down.

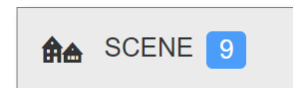
The up and down arrows can then be used to add or subtract minutes.

The remaining time is displayed in the ***ETA*** field and the minutes remaining are displayed in blue on the Scene tab.

The remaining time is also displayed in a new field in ***Xchanger (XER)*** for the facility selected in the ***Destination Facility*** field.



ETA 1 min 5 min 10 min 15 min 20 min 09:41 ^ v



SCENE 9

## Moved To Ambulance By

- Moved To Ambulance By (checkmark)
  - The method the patient was moved to the ambulance from the scene.

Moved To Ambulance By	
Backboard	✓
Carried	✓
Chair	✓
Other (Not Listed)	✓
Stairchair	✓
Stretcher	✓
Walked With Assist	✓
Wheelchair	✓

---

## Transport Position

- Transport Position (checkmark)
  - The position of the patient during transport from the scene.

Transport Position	
Car Seat	✓
Left Lateral Recumbent	✓
Prone	✓
Right Lateral Recumbent	✓
Reverse Trendelenburg	✓
Semi / Full Fowlers	✓
Sitting	✓
Shock	✓
Supine	✓
Trendelenburg	✓

## Moved From Ambulance By

- Moved From Ambulance By (radio)
  - The method the patient was moved from the ambulance to the destination.

Moved From Ambulance By	
Backboard	<input type="radio"/>
Carried	<input type="radio"/>
Chair	<input type="radio"/>
Other (Not Listed)	<input type="radio"/>
Stairchair	<input type="radio"/>
Stretcher	<input type="radio"/>
Walked With Assist	<input type="radio"/>
Wheelchair	<input type="radio"/>

# Patient

In this category, you will find groups of fields for documenting:

The screenshot displays a CAD software interface with a red header bar labeled 'CAD'. On the left is a vertical navigation menu with icons and labels: CALL / CREW, SCENE, PATIENT, PAYER, CC / PI / MOI, EVENT LOG, NARRATIVE, and SIGNATURES. The main area is divided into several sections:

- View Patient Matches**: A button at the top of the main area.
- Patient**: A section containing fields for First Name, Last Name, Middle Name, SSN (with a date separator), Driver's License, State Issuing DL, Local Resident (No/Yes), Veteran (No/Yes), and Homeless (checked).
- Address**: A section with fields for Non-U.S. Address (checked), Address, Apt #, City, State, Country, Census Tract, Zip, and County. A 'Use Incident Address' button is located at the top right of this section.
- Demographics**: A section with fields for Date Of Birth, Age, Units, Approximate Age, Weight (lbs), Weight (kilos), Approximate Weight, Broselow, and Gender (Male, Female, Unknown).
- Race**: A section with a list of race options: Asian (checked), Black, African American (checked), Native Hawaiian or Other Pacific Islander (checked), Hispanic Or Latino (checked), White (checked), American Indian or Alaska Native (checked), and Unknown (checked).

## View Patient Matches

The **Patient Matching** feature is only available when MobileTouch is online and actively syncing.

The following fields on the Patient tab are the criteria used to match a patient:

- ***Driver's License***

OR

- ***SSN (Social Security Number)***

OR

- ***Last Name*** and ***Date of Birth***

Patient	
First Name	
Last Name	
Middle Name	
SSN	516-80-4468
Driver's License	
State Issuing DL	
Local Resident	No Yes
Veteran	No Yes
Homeless	<input checked="" type="checkbox"/>

Steps:

1. Select the **View Patient Matches** button to display the possible matches found.
2. Then, select the patient name.
  - There can be more than one match found.

**Patient Matches**

**HOMER SIMPSON**  
8585 PICARDY AVENUE  
BATON ROUGE, LA

60 years old  
Male

3. Use the buttons to select the data fields for import.

- All All
- None None
- ✓ Select

Use the dropdown to expand any of the available sections:

- Patient Demographics
- Phone Numbers
- Email Addresses
- Payers
- Medical Allergies
- Environmental Allergies
- Guarantor Information
- Past Medical History
- Patient Medications

4. Select the Import data button to import the selected data fields.

*NOTE: The patient's master record is stored in HealthEMS Manager. The available data fields for import are based on information documented in previously submitted PCRs from within the same agency.*

**Patient Match Import**

Import data

**Patient Demographics** All None

Show Patient Demographics ▼

**Phone Numbers** All None

Show Phone Numbers ▼

**Email Addresses**

None found

**Payers**

None found

**Medical Allergies**

None found

**Environmental Allergies**

None found

**Guarantor Information**

None found

**Past Medical History**

None found

**Patient Medications**

None found

Successful patient data import will display a ✓ icon on the Patient description page.

Imported data fields will be greyed out and display a 👤 icon.

- Data field values can be changed by clicking in the field or by selecting "View Patient Data" and select fields for import.

🏠 CAD HOMER SIMPSON M160

View Patient Match

**Patient**

First Name	HOMER
Last Name	SIMPSON
Middle Name	J
SSN	516-80-4468
Driver's License	J5806482246
State Issuing DL	⋮
Local Resident	No Yes
Veteran	No Yes
Homeless	✓

- 👤 CALL / CREW
- 📍 SCENE
- 👤 PATIENT ✓
- ✉ PAYER
- 🕒 CC / PI / MOI
- 📅 EVENT LOG
- 🗨 NARRATIVE
- ✍ SIGNATURES

## Patient

- **First Name (text)**
  - The patient's first (given) name.
  - Maximum of 50 characters.
- **Last Name (text)**
  - The patient's last (family) name.
  - Maximum of 50 characters.
- **Middle Name (text)**
  - The patient's middle name, if any.
  - Maximum of 50 characters.
- **SSN (numeric)**
  - The patient's social security number.
- **Driver's License (text)**
  - The patient's driver's license number.
  - Limited to 20 characters.
- **State Issuing DL (dropdown)**
  - The state that issued the driver's license.
- **Local Resident (yes/no)**
- **Veteran (yes/no)**
- **Homeless (checkmark)**

Patient		
First Name		
Last Name		
Middle Name		
SSN	_ - _ - _	
Driver's License		
State Issuing DL	☰	
Local Resident	No	Yes
Veteran	No	Yes
Homeless	✓	

## Address

- **Use Incident Address (button)**
  - Imports in the data in the fields under Incident Address.
- **Non-U.S. Address (checkmark)**
  - Indicates the patient is a foreigner (not a citizen of the United States).
- **Address (text)**
  - The patient's home mailing or street address.
  - Maximum of 50 characters.
- **Apt # (text)**
  - The number of the specific apartment, suite, or room of the patient.
  - Maximum of 50 characters.
- **City (text)**
  - The patient's home city or township or residence.
  - Maximum of 50 characters.
- **State (dropdown)**
  - The patient's home state, territory, or province, or District of Columbia, where the patient resides.
- **Country (dropdown)**
  - The county in which the patient lives.
- **Census Tract (text)**
  - The census tract in which the patient lives.
  - Maximum of 15 characters.
- **Zip (numeric)**

Address		Use Incident Address
Non-U.S. Address		✓
Address		
Apt #		
City		
State	☰	
Country	☰	
Census Tract		
Zip		
County	☰	



- The patient's home ZIP code of residence.
- **County (dropdown)**
  - The patient's home county or parish or residence.

## Demographics

- **Date of Birth (date)**
  - The patient's date of birth.
  - Limited to the year "1876" or newer.
- **Age (numeric)**
  - The patient's age (either calculated from date of birth or best approximation).
  - Limited to "140" or less
- **Units (dropdown)**
  - The unit used to define the patient's age.
- **Approximate Age (checkmark)**
- **Weight (lbs) (numeric)**
  - The patient's weight, in pounds.
- **Weight (kilos)**
  - The patient's weight, in kilos.
  - Auto-populated/calculated based on the Weight (lbs) field.
- **Approximate Weight (checkmark)**
- **Broselow (dropdown)**
- **Gender (male/female/unknown)**
  - The patient's gender or sex.
- **Race (checkmark)**
  - The patient's race as defined by the OMB (US Office of Management and Budget).

Demographics			
Date Of Birth		^	v
Age		^	v
Units		☰	
Approximate Age		✓	
Weight (lbs)		^	v
Weight (kilos)			
Approximate Weight		✓	
Broselow		☰	
Gender	Male	Female	Unknown

Race	
Asian	✓
Black, African American	✓
Native Hawaiian or Other Pacific Islander	✓
Hispanic Or Latino	✓
White	✓
American Indian or Alaska Native	✓
Unknown	✓

## Patient Phone Numbers

- **Phone Type (dropdown)**
- **Phone Number (numeric)**
  - The patient's phone number.

Phone Type	PHONE NUMBER
Select...	_____

---

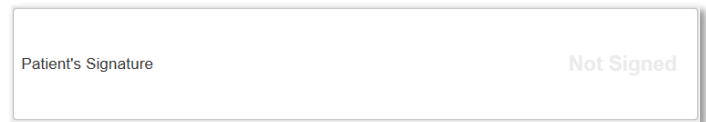
## Patient Email Addresses

- Email Type (dropdown)
- Email Addresses (text)
  - The email address of the patient.



## Patient's Signature

- Print Name (text)
  - The printed name of the patient.
  - Maximum of 50 characters.
- Signature Text (dropdown)
- Signature
  - The individual's signature associated with eOther.15 (Signature Status).



## Patient Consent Status

- Patient Unable to Sign (checkmark)
  - Indication that a patient or patient representative signature has been collected or attempted to be collected.
- Patient Refused to Sign (checkmark)
  - Indication that a patient or patient representative signature has been collected or attempted to be collected.



## Physician Information

- First Name (text)
- Last Name (text)
- Middle Name (text)

Physician Information	
First Name	
Last Name	
Middle Name	

## Advanced Directive

- Advanced Directive (checkmark)
  - The presence of a valid DNR form, living will, or document directing end of life or healthcare treatment decisions.
- Advanced Directive Other (text)
  - The presence of a valid DNR form, living will, or document directing end of life or healthcare treatment decisions.

Advanced Directive	
Family/Guardian Request DNR	✓
Living Will	✓
Other	✓
None	✓
Other Healthcare DNR Form	✓
Other Special Healthcare Needs Form	✓
State or EMS DNR Form	✓
Advanced Directive: Other	

## Medical Need

- Alterations of Cognition (yes/no)
- Bed Confined / Completely immobile (yes/no)
- Extremity requires Elevation (yes/no)
- Non-Ambulatory (yes/no)
- Requires Extensive / Total Care for ADL's (yes/no)
- Requires Stretcher (yes/no)
- Severe Pain (yes/no)
- Short Term Memory Loss (yes/no)
- Sitting Contraindicated (yes/no)
- Unable to Stand (yes/no)
- Unconscious (yes/no)
- Unmanageable Behavior (yes/no)
- Visible Bleeding (yes/no)

Medical Need		
Alterations of Cognition	No	Yes
Bed Confined / Completely immobile	No	Yes
Extremity requires Elevation	No	Yes
Non-Ambulatory	No	Yes
Requires Extensive / Total Care for ADL's	No	Yes
Requires Stretcher	No	Yes
Severe Pain	No	Yes
Short Term Memory Loss	No	Yes
Sitting Contraindicated	No	Yes
Unable To Stand	No	Yes
Unconscious	No	Yes
Unmanageable Behavior	No	Yes
Visible Bleeding	No	Yes

## Medical Need: Special Handling

- Potential Infections Disease: Patient has traveled to other countries where a Virus transmission has been reported within 21 days (3weeks) of symptoms onset?
- Isolation Required (yes/no)
- Orthopedic Device / Immobilizer (yes/no)
- Restraints to Prevent Falling (yes/no)
- Restraints to Prevent Harm to Self / Others (yes/no)
- Special Handling to Avoid Further Injury (yes/no)

Medical Need: Special Handling		
Potential Infectious Disease: Patient has traveled to other countries where a Virus transmission has been reported within 21 days (3 weeks) of symptom onset?	No	Yes
Isolation Required	No	Yes
Orthopedic Device / Immobilizer	No	Yes
Restraints to Prevent Falling	No	Yes
Restraints to Prevent Harm to Self / Others	No	Yes
Special Handling to Avoid Further Injury	No	Yes

### Validations:

1. **Medical Need** and **Medical Need: Special Handling** selections are required when:
  - "Treated/Transported" or "Transported/Refused Care" is selected in the **Run Disposition** field and "Non-Emergent" is selected in the **Run Type To Scene** field.

## Medical History Obtained From

- Medical History Obtained From (checkmark)
  - Type of person medical history obtained from.

Medical History Obtained From	
Bystander/Other	✓
Family	✓
Health Care Personnel	✓
Patient	✓

## Pregnancy

- Pregnancy (dropdown)
  - Indication of the possibility by the patient's history of current pregnancy.
  - If any item is selected in the **Pregnancy** field, "Female" must be selected in the **Gender** field.
- Last Oral Intake (date/time)
  - Date and Time of last oral intake.

Pregnancy			☰
Last Oral Intake	01/19/2016	10:25:07	▲ ▼

## Patient Medical History

- Medical History (dropdown)
  - The patient's pre-existing medical and surgery history of the patient.

Medical History	COMMENT	+ Add
Select	☰	✖

- This is a required field when added.
- **Comment (text)**
  - Comments related to a patient's medical history.

## Physical Limitations

- **Physical Limitation (dropdown)**
- **Comment (text)**
  - Comments related to a patient's physical limitations.

## Environmental Allergies

- **Allergy (dropdown)**
  - The patient's known allergies to food or environmental agents.
- **Comment (text)**
  - Comments related to a patient's environmental allergies.

## Medication Allergies

- **Medication Allergies (dropdown)**
  - The patient's medication allergies. This list is pulled from the Patient Medications setup table in HealthEMS Manager.
- **Comment (text)**
  - Comments related to a patient's medical allergies.

## Patient Medications

- **Medication (dropdown)**
  - The medications the patient currently takes.
- **Dose (text)**
  - The numeric dose or amount of the patient's current medication.
- **Unit (dropdown)**
  - The dosage unit of the patient's current medication.
- **Route (dropdown)**
  - The administration route (po, SQ, etc.) of the patient's current medication.
- **Comment (text)**
  - Comments related to a patient's medications.

## Patient Immunizations

- **Immunization (dropdown)**
  - The immunization type of the patient.
- **Date (date)**
  - The year associated with each immunization type.

- 
- Comment (text)
    - Comments related to a patient's immunizations.

# Payer

In this category, you will find groups of fields for documenting:

## Payer

- Order (dropdown)
  - The billing priority or order for the insurance company.
- Type (dropdown)
- Payer (dropdown)
  - The name of the patient's insurance company
  - Required
- Policy Number (text)
  - The ID number of the patient's insurance policy.
- Name (text)
- Group Name
  - Limited to 30 characters
- Group Number (text)
  - The ID number or name of the patient's insurance group.

- Medicare Beneficiary Questionnaire (yes/no)
  - This will only show when Payer = Medicare. This is determined by the default Medicare checkbox in HealthEMS Manager, which is tied to Payer.

Payer		
<b>Medicare Beneficiary Questionnaire</b>		
Was the illness/injury related to a work related accident/condition?	No	Yes
Was your injury a result of an automobile accident?	No	Yes
Was your treatment a result of an accident other than automobile?	No	Yes
Are you still employed and do you have insurance through your employer?	No	Yes
Is your spouse still employed and do you have insurance through his/her employer?	No	Yes
Is Medicare eligibility based on the diagnosis of End Stage Renal Disease?	No	Yes
Have you received a Kidney Transplant	No	Yes
Are you receiving Black Lung benefits?	No	Yes
Are you disabled and under the age of sixty-five	No	Yes
Do you have authorized insurance benefits through the Veterans Administration? Are the services to be paid by a	No	Yes
government program such as a research grant?	No	Yes
Do you have insurance coverage through an HMO?	No	Yes
Do you have supplemental insurance coverage after Medicare?	No	Yes

## Policy Holder

- First Name (text)
  - The first (given) name of the person insured by the insurance company.
- Last Name (text)
  - The last (family) name of the person insured by the insurance company.
- Middle Name (text)
  - The middle name, if any, of the person insured by the insurance company.
- Phone (numeric)
- Email (text)
- Relationship of Patient to Insured (dropdown)
  - The relationship of the patient to the primary insured person.

Policy Holder	
First Name	
Last Name	
Middle Name	
Phone	____-____-____
Email	
Relationship of Patient to Insured	☰



## Address (Policy Holder)

- **Use Patient Address (button)**
  - Imports in the data in the fields under Incident Address.
- **Address (text)**
  - The home street address of the policyholder.
- **Apt # (text)**
  - The apartment number of the policyholder.
- **City (text)**
  - The city the policyholder lives in.
- **State (dropdown)**
  - The state the policyholder lives in.
- **Zip (numeric)**
  - The zip code of the policyholder.

Address		Use Patient Address
Address		
Apt #		
City		
State		☰
Zip		

## Guarantor Information

- **First Name (text)**
  - The first (given) name of the patient's closest relative or guardian.
- **Last Name (text)**
  - The last (family) name of the patient's closest relative or guardian.
- **Middle Name (text)**
  - The middle name/initial, if any, of the closest patient's relative or guardian.
- **Phone (numeric)**
  - The phone number of the patient's closest relative or guardian.
- **Email (text)**
  - The email address of the patient's closest relative or guardian.

Guarantor Information	
First Name	
Last Name	
Middle Name	
Phone	
Email	

## Address (Guarantor)

- **Use Patient Address (button)**
  - Imports in the data in the fields under Incident Address.
- **Address (text)**
  - The home street address of the patient's closest relative or guardian.
- **Apt # (text)**
  - The number of the specific apartment, suite, or room of the patient's closest relative or guardian.
- **City (text)**
  - The home city of the patient's closest relative or guardian.
- **State (dropdown)**

Address		Use Patient Address
Address		
Apt #		
City		
State		☰
Zip		
Country		☰

- The home state of the patient's closest relative or guardian.
- **Zip (numeric)**
  - The home ZIP Code of the patient's closest relative or guardian.
- **Country (dropdown)**
  - The home country of the patient's closest relative or guardian.
- **Guarantor Relationship (dropdown)**
  - The relationship of the patient's closest relative or guardian.
- **Comments (text)**
  - Comments related to the guarantor.

Guarantor Relationship	☰
Comments	

## Guarantor's Signature

- **Print Name (text)**
  - The printed name of the guarantor.
  - Maximum of 50 characters.
- **Signature Text (dropdown)**
- **Signature**
  - The guarantor's signature.

Signature	Not Signed
-----------	------------

## Representative Information

- **First Name (text)**
- **Last Name (text)**
- **Middle Name (text)**
- **Phone (numeric)**
- **Email (text)**

Representative Information	
First Name	
Last Name	
Middle Name	
Phone	_ _ - _ _ - _ _
Email	

## Address (Representative)

- Use Patient Address (button)
- Address (text)
  - The home street address of the patient's representative.
- Apt # (text)
  - The number of the specific apartment, suite, or room of the patient's representative.
- City (text)
  - The home city of the patient's representative.
- State (dropdown)
  - The home state of the patient's representative.
- Zip (numeric)
  - The home ZIP Code of the patient's representative.
  
- Representative Type (dropdown)
  - If Patient Representative is chosen as the owner of the signature, this documents the relationship of the individual signing to the patient.
- Comments (text)
  - Comments related to the representative.

The form is titled "Address" and has a blue button labeled "Use Patient Address" in the top right corner. It contains five input fields: "Address", "Apt #", "City", "State" (with a dropdown arrow), and "Zip".

The form has two input fields: "Representative Type" (with a dropdown arrow) and "Comments".

## Representative's Signature

- Print Name (text)
  - The printed name of the representative.
  - Maximum of 50 characters.
- Signature Text (dropdown)
- Signature
  - The individual's signature associated with eOther.15 (Signature Status).

The form is titled "Signature" and has a red header bar. It contains two input fields: "Print Name" and "Signature Text" (with a "mobile touch" button and a close icon). Below these is a grey box with the text "mobile touch unable to sign". At the bottom is a large white area for the signature, which has a red "X" over it.

The form has two input fields: "Signature" and "Not Signed".

## CC / PI / MOI

In this category, you will find groups of fields for documenting:

### Complaints

The statement of the problem by the patient or the history provider. You can enter more than one.

- **Complaint Type (dropdown)**
  - The type of patient healthcare complaint.  
Examples: Primary, Secondary, etc.
- **Complaint (text)**
  - The statement of the problem by the patient or the history provider.
  - Maximum of 250 characters.
- **Complaint Durations (numeric)**
  - The duration of the complaint.
  - Maximum of 3 digits.
- **Duration Units (dropdown)**
  - The time units of the duration of the patient's complaint. Examples: Days, Hours, etc.

### Validations:

1. **Complaints (Complaint Type)** field requires the patient **Complaint**
2. **Complaint Durations** and **Duration Units** fields are desired.
3. Only one "Chief (Primary)" complaint be documented in the **Patient Complaints** field.

## Onset

- **Chief Complaint Onset (date/time)**
  - The date and time, the symptom began as it relates to this EMS event. This is described or estimated by the patient, family, and/or healthcare professionals.
- **Last Known Well (date/time)**

Onset	
Chief Complaint Onset	^ v
Last Known Well	^ v

## Provider Impression

The EMS care provider's impression(s) of the patient's condition.

- **Primary Impression (dropdown)**
  - The EMS personnel's impression of the patient's primary problem or most significant condition that led to the management given to the patient  
Examples: treatments, medications, or procedures.
- **Anatomic Location (dropdown)**
  - The primary anatomic location of the chief complaint as identified by EMS personnel.  
Examples: Abdomen, Back, etc.
- **Organ System (dropdown)**
  - The primary organ system of the patient injured or medically affected. Examples: Behavioral, Cardiovascular, etc.
- **Secondary Impression (dropdown)**
  - The EMS personnel's impression of the patient's secondary problem or most significant condition that led to the management given to the patient same choices as Primary Impression.
- **Other Impression 1 (dropdown)**
  - Other symptoms identified by the patient or observed by EMS personnel. Same choices as Primary Impression.
- **Other Impression 2 (dropdown)**
  - Other symptoms identified by the patient or observed by EMS personnel. Same choices as Primary Impression.
- **Other Impression 3 (dropdown)**
  - Other symptoms identified by the patient or observed by EMS personnel. Same choices as Primary Impression.
- **Intubation History (dropdown)**
  - History of patient's intubation events. Examples: Never, Unknown, etc.

Provider Impression	
Primary Impression	Trauma Injury x
Anatomic Location	≡
Organ System	≡
Secondary Impression	Cardiac Arrest x
Other Impression 1	≡
Other Impression 2	≡
Other Impression 3	≡
Intubation History	≡

- **Trauma Reason**
  - If the any of the Trauma Center options is selected under Hospital Capability a Trauma Reason on the field will be displayed

Trauma Reason	
Criteria <input type="radio"/>	Judgement <input type="radio"/>
Guideline <input type="radio"/>	Special Consideration <input type="radio"/>

---

## Cardiac Arrest Assessment

When selecting a Provider Impression of 'Cardiac Arrest', the following sections will display:

- Cardiac Arrest Assessment
- CPR Details
- AED Details
- ROSC Information

### Cardiac Arrest Assessment

- Arrest After Arrival of EMS (yes/no)

Pre-Arrival Details	
Arrest After Arrival of EMS	<input type="radio"/> No <input type="radio"/> Yes

- Arrest Witnessed (radio)

Arrest Witnessed	
Witnessed by Family Member	<input type="radio"/>
Witnessed by Healthcare Provider	<input type="radio"/>
Witnessed by Lay Person	<input type="radio"/>
Unwitnessed	<input type="radio"/>

- Presumed Cardiac Arrest (radio)

Presumed Cardiac Arrest Etiology	
Drowning	<input type="radio"/>
Drug Overdose	<input type="radio"/>
Electrocution	<input type="radio"/>
Presumed Cardiac Etiology	<input type="radio"/>
Respiratory	<input type="radio"/>
Severe Blood Loss	<input type="radio"/>
Trauma	<input type="radio"/>
Other	<input type="radio"/>

---

## CPR Details

### Cardio Pulmonary Resuscitation

#### CPR Details

- Dispatcher CPR Instructions (radio)

Dispatcher CPR Instructions	
Yes	<input type="radio"/>
No	<input type="radio"/>
Unknown	<input type="radio"/>

- Resuscitation Attempted by 911 Responder (yes/no)

Resuscitation Attempted by 911 Responder	<input type="radio"/> No	<input type="radio"/> Yes
--	--------------------------	---------------------------

- Who Initiated CPR (radio)

Who Initiated CPR !	
First Responder	<input type="radio"/>
Lay Person	<input checked="" type="radio"/>
Lay Person Family Member	<input type="radio"/>
Lay Person Medical Provider	<input type="radio"/>
Not Applicable	<input type="radio"/>
Responding EMS Personnel	<input type="radio"/>

- Type of Bystander CPR (radio)
  - This field displays by selecting one of the 'Lay Person' options in the 'Who Initiated CPR' field.

Type of Bystander CPR !	
Compressions and Ventilations	<input type="radio"/>
Compressions Only	<input type="radio"/>
Ventilations Only	<input type="radio"/>
NA - Considered Futile	<input type="radio"/>
NA - DNR Orders	<input type="radio"/>
NA - Signs of Circulation	<input type="radio"/>

- Type of CPR Provided (checkmark)

Type of CPR Provided	
Compressions - Continuous	✓
Compressions - External Band Type Device	✓
Compressions - External Plunger Type Device	✓
Compressions - External Thumper Type Device	✓
Compressions - Intermittent With Ventilation	✓
Compressions - Other Device (Not Listed)	✓
Ventilation - Bag Valve Mask	✓
Ventilation - Impedance Threshold Device	✓
Ventilation - Mouth To Mouth	✓
Ventilation - Pocket Mask	✓
Date/Time Resuscitation Discontinued	^ v
Reason CPR/Resuscitation Discontinued	≡
Time of Death	^ v
Pronounced Rhythm	≡
Pronounced By	

- Date/Time Resuscitation Discontinued (date/time)
- Reason CPR/Resuscitation Discontinued (dropdown)
- Time of Death (date/time)
- Pronounced Rhythm (dropdown)
- Pronounced By (text)

- Reason Resuscitation Not Attempted (checkmark)

Reason Resuscitation Not Attempted	
Asystole	✓
Family Request	✓
Rigor	✓
Lividity	✓
Blunt Trauma	✓
Other Reason	✓



# AED Details

## Automated External Defibrillator

### AED Details

- Was an AED Applied Prior to EMS Arrival (radio)

Was an AED Applied Prior to EMS Arrival !	
Yes, with Defibrillation	<input checked="" type="radio"/>
Yes, without Defibrillation	<input type="radio"/>
No	<input type="radio"/>

- Who First Applied the AED (radio)
  - This field displays by selecting one of the 'Yes' options in the 'Was an AED Applied Prior to EMS Arrival' field.
  - This field is required.

Who First Applied the AED !	
Lay Person	<input type="radio"/>
Lay Person Family Member	<input type="radio"/>
Lay Person Medical Provider	<input type="radio"/>
First Responder	<input type="radio"/>

- Was AED Applied by Police? (yes/no)
  - This field displays by selecting 'First Responder' in the 'Who First Applied the AED' field.

Was AED First Applied by Police?	<input type="radio"/> No	<input type="radio"/> Yes
----------------------------------	--------------------------	---------------------------

- Who Used AED Prior To Arrival (checkmark)
  - This field displays by selecting one of the 'Yes' options in the 'Was an AED Applied Prior to EMS Arrival' field.
  - This field is required.

Who Used AED Prior To Arrival !	
Family Member	<input checked="" type="checkbox"/>
First Responder (Fire, Law, EMS)	<input checked="" type="checkbox"/>
Healthcare Professional (Non-EMS)	<input checked="" type="checkbox"/>
Lay Person (Non-Family)	<input checked="" type="checkbox"/>
Other EMS Professional (not part of dispatched response)	<input checked="" type="checkbox"/>

- Who First Defibrillated the Patient (radio)

Who First Defibrillated the Patient	
Not Applicable	<input type="radio"/>
Lay Person	<input type="radio"/>
Lay Person Family Member	<input type="radio"/>
Lay Person Medical Provider	<input type="radio"/>
First Responder	<input checked="" type="radio"/>
Responding EMS Personnel	<input type="radio"/>

- Did the Police First Defibrillate the Patient? (yes/no)
  - This field displays by selecting 'First Responder' in the 'Who First Defibrillated the Patient' field.

Did the Police First Defibrillate the Patient?	<input type="radio"/> No	<input type="radio"/> Yes
--	--------------------------	---------------------------

# ROSC Information

## Return of Spontaneous Circulation

### ROSC Information

- First Arrest Rhythm of Patient (dropdown)

First Arrest Rhythm of Patient	☰
--------------------------------	---

- Any ROSC (checkmark)

Any ROSC !	
No	✓
Yes, at Arrival at the ED	✓
Yes, Prior to Arrival at the ED	✓
Yes, Sustained for 20 Consecutive Minutes	✓

- Sustained ROSC (20 consecutive minutes) or present at end of EMS care (radio)

Sustained ROSC (20 consecutive minutes) or present at end of EMS care	
Yes, but Pulseless at End of EMS Cares (or ED Arrival)	<input type="radio"/>
Yes, Pulse at End of EMS Cares (or ED Arrival)	<input type="radio"/>
No	<input type="radio"/>

- Estimated Time of Arrest (date/time)
- Time of First CPR (date/time)
- ROSC Time (date/time)
  - This field displays by selecting one of the 'Yes' options in the 'Any ROSC' field.
  - This field is required.
- Cardiac Rhythm on Arrival at Destination (dropdown)

Estimated Time of Arrest	▲	▼
Time of First CPR	▲	▼
ROSC Time	▲	▼ !

- Was Hypothermia Care Provided in the Field? (yes/no)

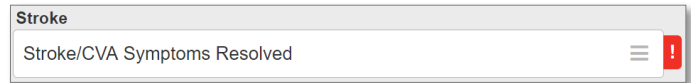
Hypothermia Information		
Was Hypothermia Care Provided in the Field?	No	Yes

- End Of Event (radio)

End Of Event	
Dead in Field	<input type="radio"/>
Pronounced Dead in ED	<input type="radio"/>
Effort Ceased due to DNR	<input type="radio"/>
Ongoing Resuscitation in ED	<input type="radio"/>

## Stroke

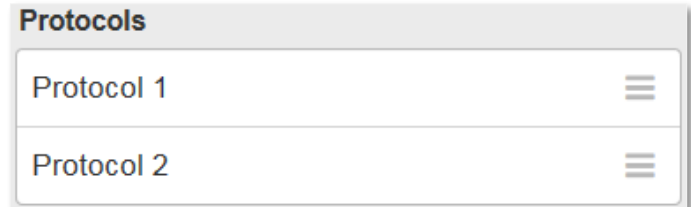
- Stroke/CVA Symptoms Resolved (dropdown)
  - This field will display under the Provider Impression section only when "CVA/Stroke" is selected as a Provider Impression.



Stroke
Stroke/CVA Symptoms Resolved

## Protocols

- Protocols 1 (dropdown)
- Protocols 2 (dropdown)



Protocols
Protocol 1
Protocol 2

## Mechanism Of Injury

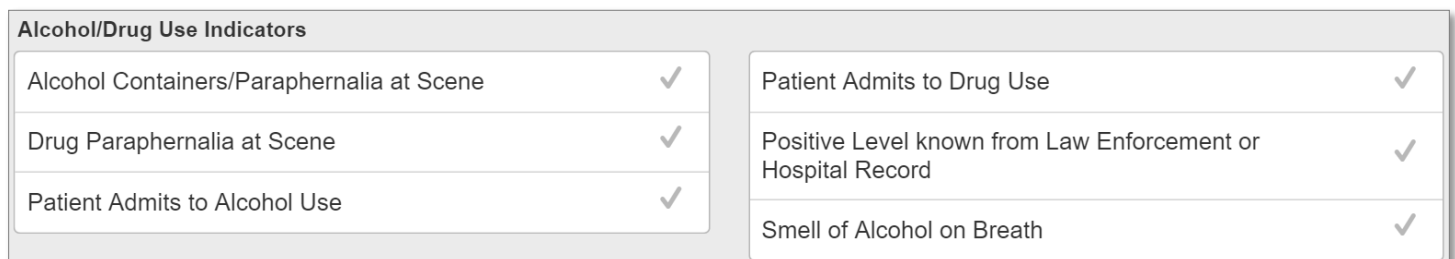
- Patient Injured (checkmark)
  - At least one **Injury** is required to be documented on the Event Log tab when **Patient Injured** is checked.
- Primary Cause (dropdown)
- Secondary Cause (dropdown)
- Other Cause 1 (dropdown)
- Other Cause 2 (dropdown)
- Other Cause 3 (dropdown)
- Injury Intent (dropdown)
- Height Of Fall (feet) (numeric)



Mechanism Of Injury	
Patient Injured	✓
Primary Cause	☰
Secondary Cause	☰
Other Cause 1	☰
Other Cause 2	☰
Other Cause 3	☰
Injury Intent	☰
Height Of Fall (feet)	

When certain Primary, Secondary or Other Causes are selected, additional fields will display as follows:

- Alcohol Intox or Alcohol Intox Severe



Alcohol/Drug Use Indicators	
Alcohol Containers/Paraphernalia at Scene	✓
Drug Paraphernalia at Scene	✓
Patient Admits to Alcohol Use	✓
Patient Admits to Drug Use	✓
Positive Level known from Law Enforcement or Hospital Record	✓
Smell of Alcohol on Breath	✓

- Burn/Scald-Non Fire
  - Burn Depth
  - Burn Percentage
  - Possible Airway Burns

Treatment - Burn Care	
Burn Depth	☰
Burn Percentage	^ v
<b>Possible Airway Burns</b> !	
Soot In and Around Airway	✓
Burns To Face	✓
Complains Of Dyspnea	✓
Visible Burns to Airway	✓
Other - See Narrative	✓
Not Applicable	✓

- Fall or Fall > 20 ft

Height Of Fall (feet)

- MVA Non-Traffic, MVA To Bicycle, MVA to Fixed Object, MVA to MV or MVA To Pedestrian

Area of Impact MVA	
Vehicle Information	...
MVA Details	...
Safety Devices	...
Seated Row	...

## Work Related

- Work Related (checkmark)
  - Indication of whether or not the illness or injury is work related.
- Patient's occupational industry (dropdown)
  - The occupational industry of the patient's work.
- Patient's occupation (dropdown)
  - The occupation of the patient.

Work Related	
Work Related	✓
Patient's occupational industry	☰
Patient's occupation	☰

- **Employer (text)**
  - The patient's employer name.
- **Employer Address (text)**
  - The street address of the patient's employer.
- **Employer Phone # (text)**
  - The employer's primary phone number.
- **City (text)**
  - The city of the patient's employer.
- **State (dropdown)**
  - The state of the patient's employer.
- **Zip (numeric)**
  - The ZIP Code of the patient's employer.
- **Country (text)**
  - The country of the patient's employer.



Employer
Employer Address
Employer Phone #

City
State 
Zip
Country

## Alcohol/Drug Use Indicators

- **Alcohol/Drug Use Indicators (checkmark)**
  - Indicators for the potential use of alcohol or drugs by the patient related to the patient's current illness or injury.
- **Drug Overdose or Poison Name (text)**
  - The **Drug Overdose or Poison Name** field will display and be required when "Poisoning" is selected in the **Provider Impression** section or "Drug Overdose" is selected in the **Mechanism Of Injury** section.
  - Maximum of 50 characters.
- **Poison Control Contacted (yes/no)**
  - This field will only be displayed when "Poisoning" is selected as a **Provider Impression** or when "Drug Overdose" is selected as a **Mechanism Of Injury**.

Alcohol/Drug Use Indicators	
Alcohol Containers/Paraphernalia at Scene	✓
Drug Paraphernalia at Scene	✓
Patient Admits to Alcohol Use	✓
Patient Admits to Drug Use	✓
Positive Level known from Law Enforcement or Hospital Record	✓
Smell of Alcohol on Breath	✓

Drug Overdose or Poison Name 
Poison Control Contacted <input type="radio"/> No <input type="radio"/> Yes 

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## Type of Injury

- Type of Injury (checkmark)

Type Of Injury	
> 1 Prox Long Bone Fracture	✓
Mangled Extremity	✓
Amputation	✓
Flail Chest	✓
None	✓
Open Skull Fracture	✓
Other	✓
Pelvic	✓
Penetrating Trauma	✓
Significant Burns	✓
Spinal Injury/Paralysis	✓

---

## Mechanical

- Mechanical (checkmark)

Mechanical	
Extrication > 20 minutes	✓
Fall - Adult > 20 feet	✓
Fall - Pediatric > 10 feet or 2 x Height	✓
Motorcycle / ATV Crash > 20 mph	✓
MVC - Death in Same Vehicle	✓
MVC - Ejection	✓
MVC - Fire	✓
MVC - Rollover/Roof Deformity	✓
MVC - Side Post Deformity	✓
MVC - Space Intrusion > 1 foot, occupied	✓
MVC - Space Intrusion > 18 inches, unoccupied	✓
MVC - Steering Wheel Deformity	✓
MVC - Windshield Spider / Start	✓
MVC with Dash Deformity	✓
None	✓
Person Thrown, Run Over, or > 20 mph Impact	✓

- Comments (text)

Comments
<div style="border: 1px solid #ccc; height: 40px; width: 100%;"></div>

---

## Vital Criteria & Other

- Vital Criteria & Other (checkmark)

Vital Criteria & Other	
None	✓
Anticoagulants and Bleeding Disorders	✓
EMS Provider Judgement	✓
GCS $\leq$ 13	✓
Heart Rate $>$ 120	✓
Respiratory Rate $<$ 10 or $>$ 29	✓
Respiratory Rate $<$ 20 Infant	✓
Systolic	✓
Systolic Blood Pressure	✓
Bleeding	✓
Environmental Factors	✓
ESRD with Dialysis	✓
Medical Illness	✓
Pregnancy $>$ 3 months	✓
Urgent Extremity	✓



---

## Area of Impact MVA

### Vehicle Information (select)

- Type of Vehicle (dropdown)
- Weather (dropdown)
- Posted Speed (numeric)
- Est Speed (numeric)
- Case Number (text)
- Time of Extrication (numeric)
- MVC Exterior Damage (checkmark)

Area of Impact MVA

Vehicle Information ...

» Vehicle Information

Type of Vehicle ☰

Weather ☰

Posted Speed ^ v

Est Speed ^ v

Case Number

Time of Extrication ^ v

**MVC Exterior Damage**

None ✓

Minor ✓

Moderate ✓

Major ✓

Rollover/Roof Deformity ✓

Tap the vehicle to indicate area of impact

☒

- MVA Details (checkmark)
- Safety Devices (checkmark)
- Seated Row (checkmark)

MVA Details ☰

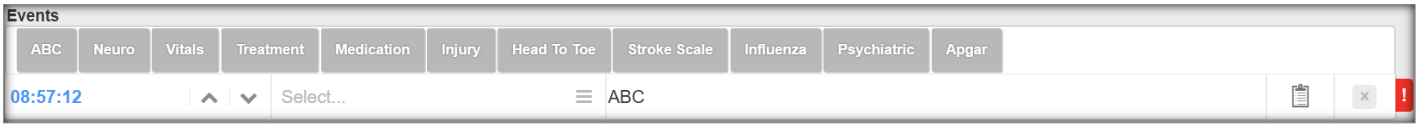
Safety Devices ...

Seated Row ...

# Event Log

Chronological event list of medical procedures performed on the patient during the event.

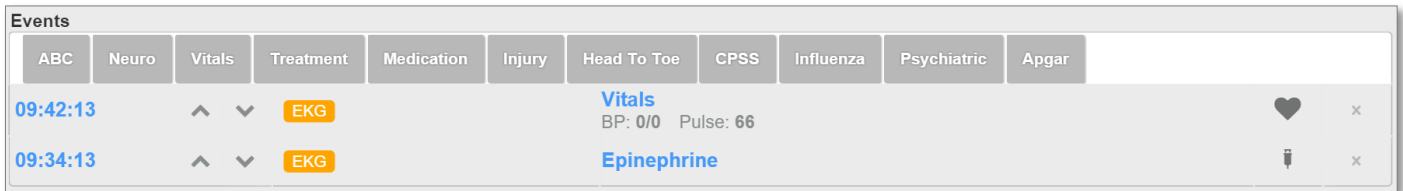
The screenshot displays a software interface for a medical event log. At the top, a red header bar contains the text "CAD" and several utility icons. A left-hand sidebar lists navigation options: CALL / CREW, SCENE, PATIENT, PAYER, CC / PI / MOI, EVENT LOG (highlighted), NARRATIVE, and SIGNATURES. The main content area features a "Time Override" dropdown menu and a "Crew Name" input field. Below these is a "Protocol" input field. A section titled "Events" contains a row of filter tabs: ABC, Neuro, Vitals, Treatment, Medication, Injury, Head To Toe, Stroke Scale, Influenza, Psychiatric, and Apgar. The "ABC" tab is currently selected. Below the tabs, the text "No events added" is displayed in a light gray area.



- Time Override (time)
  - Default time used for Event entries
- Crew Name (dropdown)
  - Default Crew Names used for Event
- Protocol (dropdown)
  - Agency defined Protocols  
*Setup -> Clinical -> Protocols in HealthEMS Manager*
- Events (select one)
  - There can be more than one record
  - Event entry is added after selecting an event type
  - Additional event types are displayed by scrolling to the right of Head To Toe

Events:

- Time of event
- Select crew name
- Event name
- Comments
- Delete event
- Validation

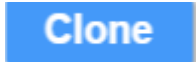


- ECG/EKG imported events from case files:
  - Greyed out and un-editable.
  - Designated with an "EKG" description.
  - Can be removed from the Events by selecting the "x" button.

- Set All Normals
  - Select all normal values in the section



- Clone
  - Duplicate the entry



# ABC

Document Airway, Breathing and Circulation assessments performed by the crew during the patient event.

## ABC:

- Time (date/time)
  - Filtered to ePCR Service Date
- Crew Name (dropdown)
  - Filtered to Crew names added
- PTA (checkmark)
  - Prior-To-Arrival flag
- Comments (text)
  - Crew remarks

Time	01/06/2016	21:51:28	^	v
Crew Name	☰ !			
PTA	☑			
Comments				

## Airway – General:

- Patent (yes/no)
- Fully Obstructed (yes/no)

Airway - General		
No	Patent	Yes
No	Fully Obstructed	Yes

## Airway – Partially Obstructed:

- Choking (yes/no)
- Difficulty Swallowing (yes/no)
- Drooling (yes/no)
- Grunting (yes/no)
- Intercostal Retraction (yes/no)
- Nasal Flaring (yes/no)
- Other (yes/no)
- Stridor (yes/no)

Airway - Partially Obstructed		
No	Choking	Yes
No	Difficulty Swallowing	Yes
No	Drooling	Yes
No	Grunting	Yes
No	Intercostal Retraction	Yes
No	Nasal Flaring	Yes
No	Other	Yes
No	Stridor	Yes

**Breathing – Rate:**

- Normal (yes/no)
- Apneic (yes/no)
- Rapid (yes/no)
- Slow (yes/no)

Breathing - Rate		
No	Normal	Yes
No	Apneic	Yes
No	Rapid	Yes
No	Slow	Yes

**Breathing – Quality:**

- Unlabored (yes/no)
- Irregular (yes/no)
- Labored (yes/no)
- Shallow (yes/no)

Breathing - Quality		
No	Unlabored	Yes
No	Irregular	Yes
No	Labored	Yes
No	Shallow	Yes

**Lung – Left:**

- Clear (yes/no)
- Absent (yes/no)
- Diminished (yes/no)
- Wheeze (yes/no)

Lung - Left		
No	Clear	Yes
No	Absent	Yes
No	Diminished	Yes
No	Wheeze	Yes

**Lung – Right:**

- Clear (yes/no)
- Absent (yes/no)
- Diminished (yes/no)
- Wheeze (yes/no)

Lung - Right		
No	Clear	Yes
No	Absent	Yes
No	Diminished	Yes
No	Wheeze	Yes

**Circulation – General:**

- Normal (yes/no)
- Capillary Refill (normal/delayed)

Circulation - General		
No	Normal	Yes
Normal	Capillary Refill	Delayed

---

**Circulation – Skin Color:**

- Normal (yes/no)
- Cyanotic (yes/no)
- Flushed (yes/no)
- Jaundiced (yes/no)
- Pale (yes/no)

Circulation - Skin Color		
No	Normal	Yes
No	Cyanotic	Yes
No	Flushed	Yes
No	Jaundiced	Yes
No	Pale	Yes

**Circulation – Skin Temp:**

- Normal (yes/no)
- Cold (yes/no)
- Cool (yes/no)
- Hot (yes/no)

Circulation - Skin Temp		
No	Normal	Yes
No	Cold	Yes
No	Cool	Yes
No	Hot	Yes

**Circulation – Skin Condition:**

- Normal (yes/no)
- Diaphoretic (yes/no)
- Dry (yes/no)
- Erythema (yes/no)
- Hives (yes/no)
- Itchy (yes/no)
- Lividity (yes/no)
  - Unnatural skin color
- Moist (yes/no)
- Mottled (yes/no)
- Poor Turgor (yes/no)
  - Skin test for fluid loss or dehydration
- Rash (yes/no)
- Swollen (yes/no)
- Tenting (yes/no)

Circulation - Skin Condition		
No	Normal	Yes
No	Diaphoretic	Yes
No	Dry	Yes
No	Erythema	Yes
No	Hives	Yes
No	Itchy	Yes
No	Lividity	Yes
No	Moist	Yes
No	Mottled	Yes
No	Poor Turgor	Yes
No	Rash	Yes
No	Swollen	Yes
No	Tenting	Yes

# Neuro

Document neurological assessments performed by the crew during the patient event.

## Neuro:

- Time (date/time)
  - Filtered to ePCR Service Date
- Crew Name (dropdown)
  - Filtered to Crew names added
- PTA (checkmark)
  - Prior-To-Arrival flag
- Comments (text)
  - Crew remarks

NOTE: Certain Yes/No choices add "Normal for Patient" fields.

## Mental Status:

- Normal (yes/no)
- Combative (yes/no)
- Combative – Normal for Patient (yes/no)
- Confused (yes/no)
- Confused – Normal for Patient (yes/no)
- Hallucination (yes/no)
- Hallucination – Normal for Patient (yes/no)
- Oriented – Event (yes/no)
- Oriented Event – Normal for Patient (yes/no)
- Oriented – Person (yes/no)
- Oriented Person – Normal for Patient (yes/no)
- Oriented – Place (yes/no)
- Oriented Place – Normal for Patient (yes/no)
- Oriented – Time (yes/no)
- Unresponsive (yes/no)

Mental Status		
No	Normal	Yes
No	Combative	Yes
No	Combative - Normal for Patient	Yes
No	Confused	Yes
No	Confused - Normal for Patient	Yes
No	Hallucination	Yes
No	Hallucination - Normal for Patient	Yes
No	Oriented - Event	Yes
No	Oriented Event - Normal for Patient	Yes
No	Oriented - Person	Yes
No	Oriented Person - Normal for Patient	Yes
No	Oriented - Place	Yes
No	Oriented Place - Normal for Patient	Yes
No	Oriented - Time	Yes
No	Unresponsive	Yes
No	Unresponsive - Normal for Patient	Yes

Neurological:

- All Neuro (abnormal/normal)
- Cerebellar Function (abnormal/normal)
- Cerebellar Function Abnormal – Normal for Patient (yes/no)
- Decerebrate Posturing (yes/no)
- Decerebrate Posturing – Normal for Patient (yes/no)
- Decorticate Posturing (yes/no)
- Decorticate Posturing – Normal for Patient (yes/no)
- Gait (abnormal/normal)
- Gait Abnormal – Normal for Patient (yes/no)
- Seizures (yes/no)
- Seizures – Normal for Patient (yes/no)
- Speech (appropriate/inappropriate)
- Speech Inappropriate – Normal for Patient (yes/no)
- Strength (abnormal/normal)
- Strength Abnormal – Normal for Patient (yes/no)
- Tremors (yes/no)
- Tremors – Normal for Patient (yes/no)
- Speech (slurring/normal)
- Speech Slurred – Normal for Patient (yes/no)
  
- Facial Droop (yes/no)
- Weakness (yes/no)
- Weakness – Normal for Patient (left) (yes/no)
- Weakness – Normal for Patient (right) (yes/no)
- Hemiplegia (yes/no)
- Hemiplegia – Normal for Patient (left) (yes/no)
- Hemiplegia – Normal for Patient (right) (yes/no)
  
- AVPU (dropdown)
  - Fixed list

Neurological		
<b>Abnormal</b>	All Neuro	<b>Normal</b>
<b>Abnormal</b>	Cerebellar Function	<b>Normal</b>
No	Cerebellar Function Abnormal - Normal for Patient	<b>Yes</b>
No	Decerebrate Posturing (Extended)	<b>Yes</b>
No	Decerebrate Posturing - Normal for Patient	<b>Yes</b>
No	Decorticate Posturing (Flexed)	<b>Yes</b>
No	Decorticate Posturing - Normal for Patient	<b>Yes</b>
<b>Abnormal</b>	Gait	<b>Normal</b>
No	Gait Abnormal - Normal for Patient	<b>Yes</b>
No	Seizures	<b>Yes</b>
No	Seizures - Normal for Patient	<b>Yes</b>
<b>Appropriate</b>	Speech	<b>Inappropriate</b>
No	Speech Inappropriate - Normal for Patient	<b>Yes</b>
<b>Abnormal</b>	Strength	<b>Normal</b>
No	Strength Abnormal - Normal for Patient	<b>Yes</b>
No	Tremors	<b>Yes</b>
No	Tremors - Normal for Patient	<b>Yes</b>
<b>Slurring</b>	Speech	<b>Normal</b>
No	Speech Slurred - Normal for Patient	<b>Yes</b>

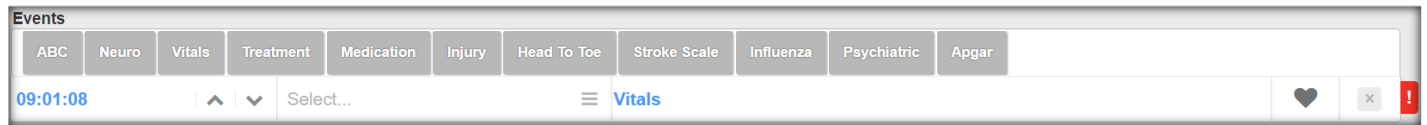
No	<b>Yes</b>	Facial Droop	No	<b>Yes</b>
No	<b>Yes</b>	Weakness	No	<b>Yes</b>
No		Weakness - Normal for Patient (left)		<b>Yes</b>
No		Weakness - Normal for Patient (right)		<b>Yes</b>
No	<b>Yes</b>	Hemiplegia	No	<b>Yes</b>
No		Hemiplegia - Normal for Patient (left)		<b>Yes</b>
No		Hemiplegia - Normal for Patient (right)		<b>Yes</b>

AVPU
☰



## Vitals

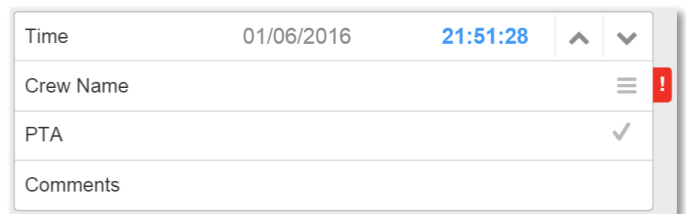
Document vitals assessments performed by the crew during the patient event.



The screenshot shows a horizontal menu titled "Events" with various categories: ABC, Neuro, Vitals, Treatment, Medication, Injury, Head To Toe, Stroke Scale, Influenza, Psychiatric, and Apgar. The "Vitals" category is highlighted. Below the menu, there is a timestamp "09:01:08", a dropdown arrow, a "Select..." button, a hamburger menu icon, and the word "Vitals" in blue. On the right side, there are icons for a heart, a close button (x), and a red warning icon.

### Vitals:

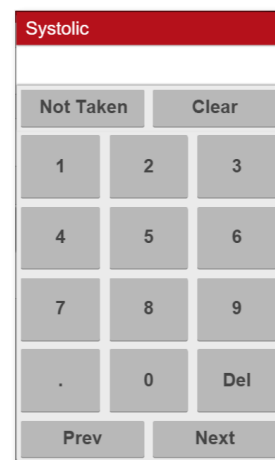
- Time (date/time)
  - Filtered to ePCR Service Date
- Crew Name (dropdown)
  - Filtered to Crew names added
- PTA (checkmark)
  - Prior-To-Arrival flag
- Comments (text)
  - Crew remarks



The screenshot shows a form for entering vital information. It includes fields for "Time" (01/06/2016 21:51:28), "Crew Name" (dropdown), "PTA" (checked), and "Comments" (text area). There are also up/down arrows for the time field and a red warning icon next to the Crew Name field.

Numeric values are entered using the extra side panel, which is for the following fields and field limitations:

- Systolic (3 digits)
- Diastolic (3 digits)
- Heart Rate/Pulse (3 digits)
- Respiration (3 digits)
- SPO2 (3 digits)
- CO2 (3 digits)
- CO (3 digits)
- Pain (2 digits)
  - When "Wong-Baker (FACES)" is selected in the **Pain Scale** field, the **Pain** field values are limited to the numbers 0, 2, 4, 6, 8, or 10.
- Blood Sugar (3 digits)
- Temperature (5 digits)



The screenshot shows a numeric keypad titled "Systolic". It has buttons for "Not Taken" and "Clear". The keypad contains digits 1-9, a decimal point, and 0. There are also "Prev" and "Next" buttons at the bottom.

### Validations:

One **Systolic** and **Diastolic** blood pressure are required when the following *Dispositions* are selected:

- Treated/Transported
- Treated/Transferred Care
- Treated/No Transport (AMA)
- Treated/No Transport (Per Protocol)
- Transported/Refused Care
- Treat/Trans By Priv. Veh
- Assist

Use “Next” and “Prev” to navigate between the above listed fields and use “Clear” to clear out any value entered on the field being edited.

Pertinent Negative options have been added to each of the Vitals assessments. Select the “Not Taken” button to open and select the appropriate option.

- Position (select one)
- Systolic (numeric)
- Auscultate Type Systolic (dropdown)
  - Fixed list
  - Method used to collect data
- Diastolic (numeric)
- Auscultate Type Diastolic (dropdown)
  - Fixed list
  - Method used to collect data
  
- Heart Rate/Pulse (numeric)
- Type (dropdown)
  - Fixed list
  - Type of heart rate or pulse
- Respiration (numeric)
- Effort (dropdown)
  - Fixed list
  - Type of respiration
  
- Environment (dropdown)
  - Fixed list
- SPO2 (numeric)
  - Pulse oximetry percentage
- CO2 (numeric)
  - Exhaled carbon dioxide
- CO (numeric)
  - Carbon monoxide reading (PPM)
- Pain Scale (numeric)
- Pain (numeric)
- Blood Sugar (numeric)
- Method (dropdown)
  - Fixed list
- Temperature (numeric)
  - Fahrenheit only

Position	Lying	Sitting	Standing
Systolic			
Auscultate Type Systolic			☰
Diastolic			
Auscultate Type Diastolic			☰

Heart Rate/Pulse
Type ☰
Respiration
Effort ☰

Environment ☰
SPO2
CO2
CO
Pain Scale ☰
Pain
Blood Sugar
Method ☰
Temperature

### Interpretation:

- Rhythm
  - Fixed list
- Type
  - Fixed list
- Method
  - Fixed list
- Age Type (select one)
- Glasgow Coma Score (dropdown)
  - Age type required
- Revised Trauma Score (dropdown)
  - Systolic blood pressure required

Interpretation		
Rhythm		☰
Type		☰
Method		☰
Age Type	Adult	Child
Glasgow Coma Score	Age type required	
Revised Trauma Score	Systolic Blood Pressure required	

### Glasgow Coma Score: (GCS)

- GCS is “Incomplete” and not computed until radio buttons are selected in all sections below.
- Qualifiers (checkmark)
  - Check all that apply
- Eyes Opening (radio)
  - Select one

Glasgow Coma Score	Incomplete
<b>Qualifiers</b>	
Eye Obstruction Prevented Eye Assessment	✓
Patient Chemically Paralyzed	✓
Patient Chemically Sedated	✓
Patient Intubated	✓

Eyes Opening	
4 - Spontaneous	<input type="radio"/>
3 - To Speech	<input type="radio"/>
2 - To Pain	<input type="radio"/>
1 - Not At All	<input type="radio"/>
Refused	<input type="radio"/>
Unable to Complete	<input type="radio"/>

- Verbal (radio)
  - Select one

Verbal	
5 - Oriented	<input type="radio"/>
4 - Confused	<input type="radio"/>
3 - Inappr. Words	<input type="radio"/>
2 - Inappr. Sounds	<input type="radio"/>
1 - None	<input type="radio"/>
Refused	<input type="radio"/>
Unable to Complete	<input type="radio"/>

- Motor (radio)
  - Select one

Motor	
6 - Obeys Command	<input type="radio"/>
5 - Localized Pain	<input type="radio"/>
4 - Withdraws To Pain	<input type="radio"/>
3 - Flexes To Pain	<input type="radio"/>
2 - Extends To Pain	<input type="radio"/>
1 - None	<input type="radio"/>
Refused	<input type="radio"/>
Unable to Complete	<input type="radio"/>

---

## Pediatric Glasgow Coma Score: (GCS)

- GCS is “Incomplete” and not computed until radio buttons are selected in all sections below.

- Qualifiers (checkmark)
  - Check all that apply

Glasgow Coma Score	
<b>Qualifiers</b>	
Eye Obstruction Prevented Eye Assessment	<input checked="" type="checkbox"/>
Patient Chemically Sedated	<input checked="" type="checkbox"/>
Patient Chemically Paralyzed	<input checked="" type="checkbox"/>
Patient Intubated	<input checked="" type="checkbox"/>

- Eyes Opening (radio)
  - Select one

Eyes Opening	
4 - Spontaneous	<input type="radio"/>
3 - To Speech	<input type="radio"/>
2 - To Pain	<input type="radio"/>
1 - Not At All	<input type="radio"/>
Refused	<input type="radio"/>
Unable to Complete	<input type="radio"/>

- Verbal - Infant (radio)
  - Select one

Verbal (Infant)	
5 - Appropriate Coo & Cry	<input type="radio"/>
4 - Irritable Cry	<input type="radio"/>
3 - Inconsolable Crying	<input type="radio"/>
2 - Grunts	<input type="radio"/>
1 - No Verbal Response	<input type="radio"/>
Refused	<input type="radio"/>
Unable to Complete	<input type="radio"/>

- Motor - Infant (radio)
  - Select one

Motor (Infant)	
6 - Normal Spontaneous	<input type="radio"/>
5 - Withdraws to Touch	<input type="radio"/>
4 - Withdraws to Pain	<input type="radio"/>
3 - Flexes to Pain	<input type="radio"/>
2 - Extends to Pain	<input type="radio"/>
1 - None	<input type="radio"/>
Refused	<input type="radio"/>
Unable to Complete	<input type="radio"/>

Revised Trauma Score: (RTS)

- The RTS field is disabled until an Age Type (Child or Adult) is selected.
- GCS, Systolic BP, and Respiration must be entered to calculate the RTS.
- Clicking Revised Trauma Score auto calculates the value.
- If Age Type = Child, then additional Pediatric questions must be answered to calculate the RTS.
- Pediatric RTS is computed after selected one or more radio buttons listed below.

Age Type	<b>Adult</b>	Child
Glasgow Coma Score		15
Revised Trauma Score		11 <input type="text"/>

Age Type	Adult	<b>Child</b>
Pediatric Glasgow Coma Score		15
Revised Trauma Score (Pediatric)		<input type="text"/> 0

- Weight (radio)
  - Select one

0-5: Life Threatening - Trauma Center Needed	
Pediatric RTS	0
<b>Weight</b>	
> 20 kg (44 lbs)	<input type="radio"/>
10-20 kg (22-44 lbs)	<input type="radio"/>
< 10 kg (22 lbs)	<input type="radio"/>

- Airway (radio)
  - Select one

Airway	
Patent	<input type="radio"/>
Maintainable	<input type="radio"/>
Not Maintainable	<input type="radio"/>

- Systolic Blood Pressure (radio)
  - Select one

Systolic Blood Pressure	
> 90 mm Hg	<input type="radio"/>
50-90 mm Hg	<input type="radio"/>
< 50 mm Hg	<input type="radio"/>

- CNS (radio)
  - Select one

CNS	
Awake	<input type="radio"/>
Obtunded	<input type="radio"/>
Unresponsive	<input type="radio"/>

- Fractures (radio)
  - Select one

Fractures	
None	<input type="radio"/>
Closed or Suspected	<input type="radio"/>
Multiple Closed or Open	<input type="radio"/>

- Wounds (radio)
  - Select one

Wounds	
None	<input type="radio"/>
Minor	<input type="radio"/>
Major/Penetrating or Burns > 10%	<input type="radio"/>

# Treatment

Document treatments performed by the crew during the patient event.

The screenshot shows a horizontal menu titled "Events" with several tabs: ABC, Neuro, Vitals, Treatment, Medication, Injury, Head To Toe, Stroke Scale, Influenza, Psychiatric, and Appar. The "Treatment" tab is currently selected and highlighted in blue. Below the tabs, there is a timestamp "09:02:03", a dropdown arrow, a "Select..." button, a hamburger menu icon, and the word "Treatment" in blue text. On the far right, there are icons for a camera, a close button (X), and a red warning icon.

## Treatment:

- Time (date/time)
  - Filtered to ePCR Service Date
- Crew Name (dropdown)
  - Filtered to Crew names added
- PTA (checkmark)
  - Prior-To-Arrival flag
- Comments (text)
  - Crew remarks
  
- Treatment (dropdown)
  - Variable list

*Setup – Clinical – Treatment Codes in HealthEMS Manager*
- Authorization (yes/no)
  - Was authorization obtained to perform the treatment?
- Reason Not Performed (dropdown)
  - Fixed list
- Success (yes/no)
  - Was the treatment successfully performed on the patient?
- Patient Response (dropdown)
  - Fixed list
- Complication (dropdown)
  - Fixed list

The screenshot shows a form with the following fields: "Time" with a date of "01/06/2016" and a time of "21:51:28"; "Crew Name" with a dropdown arrow; "PTA" with a checked checkbox; and "Comments" with a text input area. A red warning icon is visible on the right side of the form.

The screenshot shows a dropdown menu for "Treatment" with the following options: "Authorization" with "No" and "Yes" buttons; "Reason Not Performed" with a dropdown arrow; "Success" with "No" and "Yes" buttons; "Patient Response" with a dropdown arrow; and "Complication" with a dropdown arrow. A red warning icon is visible on the right side of the menu.



Validations:

- When "Treated/Transported" is selected in the **Run Disposition** field and a treatment is selected on the Event Log tab that is set up with a **Treatment Type** of "Contact Medical Control" (*HealthEMS* -> *Setup* -> *Clinical* -> *Treatment Codes* -> *Treatment Type*)
  - **Authorization** field will automatically be set to "Yes"
  - **Online Medical Facility** field will be required

Treatment	Airway - Endotracheal Intubation	
Authorization	No	Yes
Reason Not Performed	⋮	
Success	No	Yes
Patient Response	⋮	
Complication	⋮	
<b>Authorization</b>		
Authorization Type	⋮	
Online Physician	⋮	
Online Medical Facility	⋮	

**REQUIRED** 1

**Treatment** Online Medical Facility is required with a treatment of type 'Contact Medical Control'

The following fields are added when selecting a Treatment Code that has been associated with the specific Treatment Type. The underlined name is the Treatment Type description name.  
*HealthEMS Manager* - *Setup* – *Clinical* – *Treatment Codes* – *Edit* – *Treatment Type* (dropdown).

IV – IV Intervention:

- Fluid Type (dropdown)
  - Fixed list
- Size (dropdown)
  - Fixed list
- Site (dropdown)
  - Fixed list
- Total Fluid (text)
  - Total fluid used
  - Limited to 25 characters

<b>IV Intervention</b>	
Fluid Type	⋮
Size	⋮
Site	⋮
Total Fluid	

IV – IV Primary Purpose:

- Primary Purpose (radio)
  - Fixed list

<b>IV Primary Purpose</b>	
Saline Lock	<input type="radio"/>
TKO	<input type="radio"/>
Fluid Challenge	<input type="radio"/>
Fluid Resuscitation	<input type="radio"/>
Piggyback	<input type="radio"/>
Monitor, Maintain, Adjust Rate	<input type="radio"/>

IO:

- Type (dropdown)
  - Fixed list
- Fluid Type (dropdown)
  - Fixed list
- Size (dropdown)
  - Fixed list
- Site (dropdown)
  - Fixed list
- Total Fluid (text)
  - Total fluid used
  - Maximum of 25 characters.
- IO Needle Size (dropdown)
  - Fixed list

IO Intervention	
Type	☰
Fluid Type	☰
Size	☰
Site	☰
Total Fluid	
IO Needle Size	☰

OB:

History:

- Total Para or "Parity" (numeric)
  - Number of greater than 20-week gestational pregnancies
- Total Gravida (numeric)
  - Number of pregnancies including current one
- Date of last menstrual cycle (date/time)

Labor:

- Onset Date/Time (date/time)
- Membrane Intact (yes/no)
- Contraction length in Seconds (numeric)
- Minutes between Contractions (numeric)

Delivery:

- Onset Date/Time (date/time)
- Birth Date/Time (date/time)

Complications:

- Complications (checkmark)
  - Check all applicable

History		
Total Para	▲	▼
Total Gravida	▲	▼
Date of last menstrual cycle (approx)	▲	▼

Labor		
Onset Date/Time	▲	▼
Membrane Intact	No	Yes
Contraction length in Seconds	▲	▼
Minutes between Contractions	▲	▼

Delivery		
Onset Date/Time	▲	▼
Birth Date/Time	▲	▼

Complications	
Bleeding Uncontrolled ✓	Occiput Posterior ✓
Breech Presentation ✓	Prolapsed Cord ✓
Limb Presentation ✓	Placenta Previa ✓
Meconium Present ✓	

### Airway - King:

- Auscultation of Breath (yes/no)
- Observation of Bi-Lateral Chest Rise (yes/no)
- Observation of Uni-Lateral Chest Rise (yes/no)
- Co2 (Capnography) Verified (yes/no)
- Absent Epigastric Sounds (yes/no)
- Intubation Attempted prior to King Airway (yes/no)
- Airway Depth (dropdown)
  - Fixed list
- Size (dropdown)
  - Fixed list
- Complications (dropdown)
  - Fixed list

King Airway Assessment		
Auscultation of Breath	No	Yes
Observation of Bi-Lateral Chest Rise	No	Yes
Observation of Uni-Lateral Chest Rise	No	Yes
Co2 (Capnography) Verified	No	Yes
Absent Epigastric Sounds	No	Yes
Intubation Attempted prior to King Airway	No	Yes

Airway Depth	☰
Size	☰
Complications	☰

### Intubation (Orotracheal):

#### ETT Information:

- Intubation Placement (dropdown)
  - Fixed list
- Placement in Centimeters (numeric)
- Advanced Airway Verification (date/time)
- Intubation Tube Size
  - Fixed list
- Syringe Aspiration performed without resistance (yes/no)
- Advanced Airway Attempt Abandoned (date/time)

ETT Information		
Intubation Placement	☰	
Placement in Centimeters	▲	▼
Advanced Airway Verification	▲	▼

Intubation Tube Size	☰	
Syringe Aspiration performed without resistance	No	Yes
Advanced Airway Attempt Abandoned	▲	▼

#### Indications for Invasive Airway:

- Indications for Invasive Airway (checkmark)

Indications for Invasive Airway	
Adequate Airway Reflexes/Effort or Potential for Compromise	✓
Airway Reflex Compromised	✓
ApneaRespirations	✓
Illness Involving Airway	✓
Injury Involving Airway	✓
Other (Not Listed)	✓
Ventilatory Effort Compromised	✓

**Failed Intubation Reasons:**

- Failed Intubation Reasons (checkmark)

Failed Intubation Reasons	
Arrived at destination prior to intubation	✓
Blood, vomitus, or secretions in airway	✓
Equipment Failure	✓
Inability to access patient	✓
Inability to expose vocal cords	✓
Inadequate patient relaxation	✓
Mouth and/or facial trauma	✓
Patient anatomy	✓
NA	✓
Other	✓

**ETT Verifications:**

- ETT Verifications (checkmark)

ETT Verifications	
Bulb/Syringe Aspiration	✓
Chest Rise	✓
Colorimetric CO2	✓
Cords Visualized	✓
Digital CO2	✓
Direct Revisualization	✓
Esophageal Detector	✓
Lung Sounds	✓
No Epigastric Sounds	✓
Waveform CO2	✓
X - Ray	✓
Other	✓

**Complications:**

- Complications (checkmark)

Complications	
Adverse Event from Facilitating Drugs	✓
Bradycardia (<50)	✓
Cardiac Arrest	✓
Esophageal Intubation-Delayed Detection (After Tube Secured)	✓
Esophageal Intubation-Detected in Emergency Department	✓
Failed Intubation Effort	✓
Injury or Trauma to Patient from Airway Management Effort	✓
Other (Not Listed)	✓
Oxygen Desaturation (<90%)	✓
Patient Vomiting/Aspiration	✓
Tube Dislodged During Transport/Patient Care	✓
Tube was Not in Correct Position when EMS Crew/Team Assumed Care of the Patient	✓





**Verification:**

- Verification Type (dropdown)
  - Fixed list
- Verified By (dropdown)
  - Fixed list
- Patient Disposition (dropdown)
  - Fixed list
- Name (text)

Verification	
Verification Type	☰
Verified By	☰
Patient Disposition	☰
Name	

**Mallampati:**

- Abnormal For Patient (yes/no)
- Classification (select one)
  - Class I – soft palate, fauces, uvula anterior and posterior tonsillar pillars
  - Class II – soft palate, fauces, uvula
  - Class III – soft palate, base of uvula
  - Class IV – soft palate not visible at all

Mallampati			
Abnormal For Patient	No Yes		
Classification			
Class I 	Class II 	Class III 	Class IV 

**12 Lead ECG Obtained / ECG – 12-Lead Transmission:**

- STEMI I (radio)
  - Bipolar limb frontal plane, RA (-) to LA (+)
- STEMI II (radio)
  - Bipolar limb frontal plane, RA (-) to LL (+)
- STEMI III (radio)
  - Bipolar limb frontal plane, LA (-) to LL (+)
- STEMI aVR (radio)
  - Augmented unipolar limb frontal plane,
  - RA (+) to LA & LL (-)
- STEMI aVL (radio)
  - Augmented unipolar limb frontal plane,
  - LA (+) to RA & LL (-)
- STEMI aVF (radio)
  - Augmented unipolar limb frontal plane,
  - LL (+) to RA & LA (-)
- STEMI V1 (radio)
  - Unipolar chest horizontal plane, Posterior Anterior
- STEMI V2 (radio)
  - Unipolar chest horizontal plane, Posterior Anterior
- STEMI V3 (radio)
  - Unipolar chest horizontal plane, Posterior Anterior

<b>I</b>	<b>aVR</b>
Normal <input type="radio"/>	Normal <input type="radio"/>
ST UP <input type="radio"/>	ST UP <input type="radio"/>
ST DOWN <input type="radio"/>	ST DOWN <input type="radio"/>
<b>II</b>	<b>aVL</b>
Normal <input type="radio"/>	Normal <input type="radio"/>
ST UP <input type="radio"/>	ST UP <input type="radio"/>
ST DOWN <input type="radio"/>	ST DOWN <input type="radio"/>
<b>III</b>	<b>aVF</b>
Normal <input type="radio"/>	Normal <input type="radio"/>
ST UP <input type="radio"/>	ST UP <input type="radio"/>
ST DOWN <input type="radio"/>	ST DOWN <input type="radio"/>

- STEMI V4 (radio)
  - Unipolar chest horizontal plane, Right Left or Lateral
- STEMI V5 (radio)
  - Unipolar chest horizontal plane, Right Left or Lateral
- STEMI V6 (radio)
  - Unipolar chest horizontal plane, Right Left or Lateral

<b>V1</b>	Normal <input type="radio"/>	<b>V4</b>	Normal <input type="radio"/>
	ST UP <input type="radio"/>		ST UP <input type="radio"/>
	ST DOWN <input type="radio"/>		ST DOWN <input type="radio"/>
<b>V2</b>	Normal <input type="radio"/>	<b>V5</b>	Normal <input type="radio"/>
	ST UP <input type="radio"/>		ST UP <input type="radio"/>
	ST DOWN <input type="radio"/>		ST DOWN <input type="radio"/>
<b>V3</b>	Normal <input type="radio"/>	<b>V6</b>	Normal <input type="radio"/>
	ST UP <input type="radio"/>		ST UP <input type="radio"/>
	ST DOWN <input type="radio"/>		ST DOWN <input type="radio"/>

Needle Decompression:

- Needle Decompression – Location (dropdown)
  - Fixed list
- Needle Decompression – Verification (dropdown)
  - Fixed list

Needle Decompression - Location	☰
Needle Decompression - Verification	☰

Cardioversion:

- Cardioversion Joules (dropdown)
  - Fixed list

<b>Cardioversion</b>
Cardioversion Joules <input type="text"/>

Social Services

- Social Service Program (Yes/No)
- Social Service Notes (text)

<b>Social Services</b>		
Social Service Program	Yes	No
<b>Social Service Notes</b>		
<input type="text"/>		

### Event or Review Requested / Required

- Review Requested: Describe Concern, Issue, or Event (text)
- Reason for generating request (dropdown)
- Recommendations for Resolution (text)

Review Requested: Describe Concern, Issue, or Event	
Reason for generating request	☰
Recommendations For Resolution	

### Thrombolytic:

- Reperfusion/Thrombolytic Use
  - Fixed list

Reperfusion/Thrombolytic Use	☰
------------------------------	---

### Ventilator Care and Adjustment:

#### Ventilator:

- Mode of Ventilation (dropdown)
- Assist Control (AC) (yes/no)
- Rate (text)
- Tidal Volume (Vt) (text)
- Positive End-Expiratory Pressure (text)
- Peak inspiratory pressure (PIP) (text)
- Fraction Inspired Oxygen FiO2) (text)
- Inspiratory – Time (text)
- Frequency (Hz) (text)
- Mean Airway Pressure (MAP) (text)
- Centimeters of Water Pressure (text)

Ventilator		
Mode of Ventilation	☰	
Assist Control (AC)	No	Yes
Rate		
Tidal Volume (Vt)		
Positive End-Expiratory Pressure		
Peak inspiratory pressure (PIP)		
Fraction Inspired Oxygen (FiO2)		
Inspiratory - Time		
Frequency (Hz)		
Mean Airway Pressure (MAP)		
Centimeters of Water Pressure		

### CPAP:

- Initial Pressure (numeric)
  - Limited to two digits plus two decimals
  - Value measured in cm H2O
  - Required
- Transfer Pressure (numeric)
  - Limited to two digits plus two decimals
  - Value measured in cm H2O
  - Required
- Size of Mask (text)
  - Limited to 10 characters
  - Required
- Inline Albuterol Used (yes/no)
  - Required

CPAP			
Initial Pressure	^	v	!
Transfer Pressure	^	v	!
Size of Mask			!
Inline Albuterol Used	Yes	No	!

## Restraint Applied (Physical):

- Reason for Restraints
  - Checkmark
- Type of Restraints
  - Checkmark

Reason for Restraints <span style="color: red;">!</span>	
Violent/Aggressive Behavior	<input checked="" type="checkbox"/>
Exhibiting Behavior Dangerous To Self or Others	<input checked="" type="checkbox"/>
Type of Restraints	
Soft Restraints	<input checked="" type="checkbox"/>
Restraints Applied By Law Enforcement	<input checked="" type="checkbox"/>
Hard Restraints	<input checked="" type="checkbox"/>

When a **Treatment** is selected that is set up in HealthEMS Manager with the **Treatment Type** of "Restraint Applied (Physical)", a **Treatment** that is set up in HealthEMS Manager with the **Treatment Type** of "CMS" will be required to be documented BEFORE and AFTER the **Treatment** that is set up in HealthEMS Manager with the **Treatment Type** of "Restraint Applied (Physical)"

Cannot submit this PCR until the following are resolved

REQUIRED 3

- Call / Crew
- Call #
- Scene
- Run Disposition
- Event Log

A Treatment of type CMS is required before and after a treatment of type 'Restraints'

## Fracture/Dislocation Reduction Time Out:

- Was there Verbal Consent (Yes/No)
  - Required
- Technique (Radio)
  - o Required

Fracture/Dislocation Reduction Time Out		
Was there verbal consent?	Yes	No <span style="color: red;">!</span>
Technique <span style="color: red;">!</span>		
Axial Traction	<input type="radio"/>	
External Rotation	<input type="radio"/>	
Scapular Manipulation	<input type="radio"/>	
Traction - Counteraction	<input type="radio"/>	
Other	<input type="radio"/>	

## CMS:

- CMS Intact? (Yes/No)
  - Required

CMS		
CMS Intact?	Yes	No <span style="color: red;">!</span>



# Medication

Document medications administered by the crew during the patient event.

The screenshot shows the 'Events' menu at the top of the application. The 'Medication' tab is selected and highlighted in blue. Other tabs include ABC, Neuro, Vitals, Treatment, Injury, Head To Toe, Stroke Scale, Influenza, Psychiatric, and Apgar. Below the tabs, the time '09:03:06' is displayed on the left, and a search bar with 'Select...' is in the center. The 'Medication' label is visible on the right side of the menu bar.

## Medication:

- Time (date/time)
  - Filtered to ePCR Service Date
- Crew Name (dropdown)
  - Filtered to Crew names added
- PTA (checkmark)
  - Prior-To-Arrival flag
- Comments (text)
  - Crew remarks
  
- Medication (dropdown)
  - Variable list

*Setup -> Clinical -> Medications in HealthEMS Manager*
- Dose (numeric)
- Unit (dropdown)
  - Fixed list
- Route (dropdown)
  - Fixed list
- Authorization (yes/no)
  - Was authorization obtained to administer the medication?

This screenshot shows a form for entering medication details. The 'Time' field is populated with '01/06/2016 21:51:28'. The 'Crew Name' field has a dropdown menu icon. The 'PTA' field has a checkmark icon. The 'Comments' field is a text input area.

This screenshot shows the dropdown menu for the 'Medication' field. The selected item is 'Acetaminophen'. Other fields in the form include 'Dose', 'Unit', 'Route', and 'Authorization' (with 'No' and 'Yes' buttons).

## Validations:

1. **Dose**, **Unit**, and **Route** fields are required when a **Medication** has been entered.
2. An entry in the **Medications Wasted** section on the Signatures tab is required when the **Medication** selected on the Event Log tab has been setup with "Track amount wasted (Narcotics)" checked in HealthEMS Manager (Setup -> Clinical -> Medications).

- Reason Not Given (dropdown)
  - Fixed list
- Success (yes/no)
- Patient Response (dropdown)
  - Fixed list
- Complication (dropdown)
  - Fixed list

Reason Not Given			☰
Success	No	Yes	
Patient Response			☰
Complication			☰

Authorization:

- Authorization Type (dropdown)
  - Fixed list
- Online Physician (dropdown)  
Variable list (HealthEMS Manager -> Setup -> Region -> Physicians)
- Online Medical Facility (dropdown)  
Variable list (HealthEMS Manager -> Setup -> Region -> Facilities)

<b>Authorization</b>	
Authorization Type	☰
Online Physician	☰
Online Medical Facility	☰

On Scene Physician:

- Physician ID# (text)
- Phone Number (numeric)
- Physician Name (text)
  - Maximum of 50 characters.

<b>On Scene Physician</b>	
Physician ID#	
Phone Number	____-____-____
Physician Name	

When a **Patient Medication** is added that is set up in HealthEMS Manager with a Classification of "**Blood Thinner**", the following warning message will be displayed: "This patient is on a blood thinner. Please take the necessary precautions."

When a **Patient Medication** is added that is set up in HealthEMS Manager with a Classification of "**Platelet Aggregation Inhibitors**", the following warning message will be displayed: "This patient is on a Platelet Inhibitor. Please take the necessary precautions."

# Injury

Document patient injuries related to the patient event.

Events

ABC Neuro Vitals Treatment Medication Injury Head To Toe Stroke Scale Influenza Psychiatric Apgar

09:03:57 Select... Injury

## Injury:

- Time (date/time)
  - Filtered to ePCR Service Date
- Crew Name (dropdown)
  - Filtered to Crew names added
- PTA (checkmark)
  - Prior-To-Arrival flag
- Comments (text)
  - Crew remarks

Time	01/06/2016	21:51:28	^	v
Crew Name	☰			
PTA	☑			
Comments				

## Injury:

- Location (dropdown)
  - Fixed list
- Location Modifier (dropdown)
  - Fixed list
- Injury Type (dropdown)
  - Fixed list
  - An **Injury Type** is required when an **Injury Location** is selected.
- Injury Modifier (dropdown)
  - Fixed list

Injury	
Location	☰
Location Modifier	☰
Injury Type	☰
Injury Modifier	☰

---

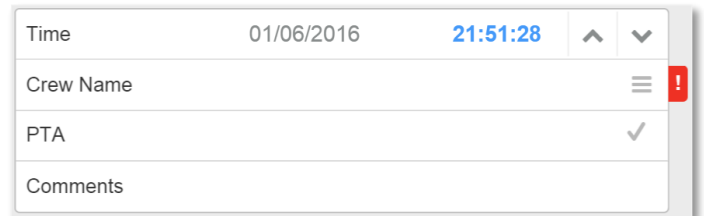
## Head To Toe

Document head-to-toe assessments performed by the crew during the patient event.



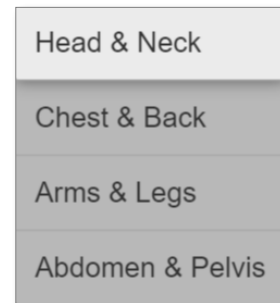
### Injury:

- Time (date/time)
  - Filtered to ePCR Service Date
- Crew Name (dropdown)
  - Filtered to Crew names added
- PTA (checkmark)
  - Prior-To-Arrival flag
- Comments (text)
  - Crew remarks



There are four sections: (select one)

- Head & Neck
- Chest & Back
- Arms and Legs
- Abdomen & Pelvis



---

## Head & Neck:

### Head:

- Normal (yes/no)
- Drainage (yes/no)
- Mass/Lesion (yes/no)
- Swelling (yes/no)
- Other (yes/no)

Head		
No	Normal	Yes
No	Drainage	Yes
No	Mass/Lesion	Yes
No	Swelling	Yes
No	Other	Yes

### Mouth:

- Damaged/Missing Teeth (yes/no)
- Discoloration (yes/no)
- Obstructions (yes/no)
- Swollen or Lacerated Tongue (yes/no)
- Unusual Odors (yes/no)

Mouth		
No	Damaged/Missing Teeth	Yes
No	Discoloration	Yes
No	Obstructions	Yes
No	Swollen or Lacerated Tongue	Yes
No	Unusual Odors	Yes

### Eyes:

- Left Size (numeric)
- Right Size (numeric)

Eyes		
Left Size (mm)		^ v
Right Size (mm)		^ v

Left / Right:

- Blind (yes/no)
- Blurred Vision (yes/no)
- Cataract (yes/no)
- Clouded (yes/no)
- Constricted (yes/no)
- Dilated (yes/no)
- Dysconjugate Gaze (yes/no)
- Eye Injury (yes/no)
- Fixed and Dilated (yes/no)
- Glaucoma (yes/no)
- Hyphema (yes/no)
- Irregular (yes/no)
- Jaundiced Sclera (yes/no)
- Missing (yes/no)
- Nystagmus (yes/no)
- Open Globe (yes/no)
- PERRL (yes/no)
- Pinpoint (yes/no)
- Prosthetic (yes/no)
- Reactive (yes/no)
- Sluggish (yes/no)
- Unequal (yes/no)

Left			Right	
No	Yes	Blind	No	Yes
No	Yes	Blurred Vision	No	Yes
No	Yes	Cataract	No	Yes
No	Yes	Clouded	No	Yes
No	Yes	Constricted	No	Yes
No	Yes	Dilated	No	Yes
No	Yes	Dysconjugate Gaze	No	Yes
No	Yes	Eye Injury	No	Yes
No	Yes	Fixed and Dilated	No	Yes
No	Yes	Glaucoma	No	Yes
No	Yes	Hyphema	No	Yes
No	Yes	Irregular	No	Yes
No	Yes	Jaundiced Sclera	No	Yes
No	Yes	Missing	No	Yes
No	Yes	Nystagmus	No	Yes
No	Yes	Open Globe	No	Yes
No	Yes	PERRL	No	Yes
No	Yes	Pinpoint	No	Yes
No	Yes	Prosthetic	No	Yes
No	Yes	Reactive	No	Yes
No	Yes	Sluggish	No	Yes
No	Yes	Unequal	No	Yes

Neck:

- Normal (yes/no)
- Accessory Muscle Use – AMU (yes/no)
- JVD (yes/no)
- Other (yes/no)
- SubQ Air (yes/no)
- Tracheal Device (yes/no)

Neck		
No	Normal	Yes
No	Accessory Muscle Use (AMU)	Yes
No	JVD	Yes
No	Other	Yes
No	SubQ Air	Yes
No	Tracheal Device	Yes

[Clone](#)

Chest & Back:

Cervical:

- Normal (yes/no)
- Deformity (yes/no)
- Other (yes/no)
- Scoliosis (yes/no)
- Tender (yes/no)

Thoracic:

- Normal (yes/no)
- Deformity (yes/no)
- Other (yes/no)
- Scoliosis (yes/no)
- Tender (yes/no)

Lumbar/Sacral:

- Normal (yes/no)
- Deformity (yes/no)
- Other (yes/no)
- Scoliosis (yes/no)
- Tender (yes/no)

Cervical			Thoracic		
No	Normal	Yes	No	Normal	Yes
No	Deformity	Yes	No	Deformity	Yes
No	Other	Yes	No	Other	Yes
No	Scoliosis	Yes	No	Scoliosis	Yes
No	Tender	Yes	No	Tender	Yes

Lumbar/Sacral		
No	Normal	Yes
No	Deformity	Yes
No	Other	Yes
No	Scoliosis	Yes
No	Tender	Yes

## Arms & Legs:

### Arms (Left / Right):

- Normal (yes/no)
- Abnormal Pulse (yes/no)
- Abnormal Sensation (yes/no)
- Other (yes/no)
- Paradoxical Movement (yes/no)
- Paralysis (yes/no)
- Prosthetic (yes/no)
- Swelling/Edema (yes/no)
- Tracks (yes/no)
- Weakness (yes/no)

Left		Arms	Right	
No	Yes	Normal	No	Yes
No	Yes	Abnormal Pulse	No	Yes
No	Yes	Abnormal Sensation	No	Yes
No	Yes	Other	No	Yes
No	Yes	Paradoxical Movement	No	Yes
No	Yes	Paralysis	No	Yes
No	Yes	Prosthetic	No	Yes
No	Yes	Swelling/Edema	No	Yes
No	Yes	Tracks	No	Yes
No	Yes	Weakness	No	Yes

### Legs/Feet (Left / Right):

- Normal (yes/no)
- Abnormal Pulse (yes/no)
- Abnormal Sensation (yes/no)
- Other (yes/no)
- Paradoxical Movement (yes/no)
- Paralysis (yes/no)
- Prosthetic (yes/no)
- Swelling/Edema (yes/no)
- Tracks (yes/no)
- Weakness (yes/no)

Left		Legs/Feet	Right	
No	Yes	Normal	No	Yes
No	Yes	Abnormal Pulse	No	Yes
No	Yes	Abnormal Sensation	No	Yes
No	Yes	Other	No	Yes
No	Yes	Paradoxical Movement	No	Yes
No	Yes	Paralysis	No	Yes
No	Yes	Prosthetic	No	Yes
No	Yes	Swelling/Edema	No	Yes
No	Yes	Tracks	No	Yes
No	Yes	Weakness	No	Yes



**Abdomen & Pelvis:**

**Upper Abdomen (Left / Right):**

- Normal (yes/no)
- Ascites (yes/no)
- Bowel Sounds (yes/no)
- Distended (yes/no)
- Hard/Rigid (yes/no)
- Tender/Pain (yes/no)
- Rash (yes/no)

**Lower Abdomen (Left / Right):**

- Normal (yes/no)
- Ascites (yes/no)
- Bowel Sounds (yes/no)
- Distended (yes/no)
- Hard/Rigid (yes/no)
- Tender/Pain (yes/no)
- Rash (yes/no)

**Abdomen Pelvis:**

- Normal (yes/no)
- Other (yes/no)
- Tender (yes/no)
- Stable (yes/no)

**GU / GI:**

- Normal (yes/no)
- Crowning (yes/no)
- Genital Injury (yes/no)
- Hematuria (yes/no)
- Incontinence (yes/no)
- Other (yes/no)
- Rectal Bleed (yes/no)

Left		Upper Abdomen	Right	
No	Yes	Normal	No	Yes
No	Yes	Ascites	No	Yes
No	Yes	Bowel Sounds	No	Yes
No	Yes	Distended	No	Yes
No	Yes	Hard/Rigid	No	Yes
No	Yes	Tender/Pain	No	Yes
No	Yes	Rash	No	Yes

Left		Lower Abdomen	Right	
No	Yes	Normal	No	Yes
No	Yes	Ascites	No	Yes
No	Yes	Bowel Sounds	No	Yes
No	Yes	Distended	No	Yes
No	Yes	Hard/Rigid	No	Yes
No	Yes	Tender/Pain	No	Yes
No	Yes	Rash	No	Yes

Abdomen Pelvis			GU / GI		
No	Normal	Yes	No	Normal	Yes
No	Other	Yes	No	Crowning	Yes
No	Tender	Yes	No	Genital Injury	Yes
No	Stable	Yes	No	Hematuria	Yes
			No	Incontinence	Yes
			No	Other	Yes
			No	Rectal Bleed	Yes

---

## Stroke Scale

Document *Stroke Scale* assessment performed by the crew during the patient event.

Events										
ABC	Neuro	Vitals	Treatment	Medication	Injury	Head To Toe	Stroke Scale	Influenza	Psychiatric	Apgar
No events added										

The Stroke Scale is defined in HealthEMS Manager -> Setup -> Applications Settings -> MobileTouch Configuration -> Default Config -> ePCR Fields. Choices are Cincinnati or LAPSS.

# Cincinnati Prehospital Stroke Scale (CPSS)

Events

ABC	Neuro	Vitals	Treatment	Medication	Injury	Head To Toe	Stroke Scale	Influenza	Psychiatric	Apgar
-----	-------	--------	-----------	------------	--------	-------------	--------------	-----------	-------------	-------

09:16:54    ^    v    Select...    Cincinnati Prehospital Stroke Scale    [Clipboard]    [Close]    [Warning]

## CPSS:

- Time (date/time)
  - Filtered to ePCR Service Date
- Crew Name (dropdown)
  - Filtered to Crew names added
- PTA (checkmark)
  - Prior-To-Arrival flag
- Comments (text)
  - Crew remarks

Time	01/06/2016	21:51:28	^	v
Crew Name	☰ [Warning]			
PTA	✓			
Comments				

## Stroke Smile:

- Normal – Both sides of face move equally (radio)
- Left side of face doesn't move as well (radio)
- Right side of face doesn't move as well (radio)
- Non-Conclusive (radio)

Stroke Smile	
Normal - Both sides of face move equally	<input type="radio"/>
Left side of face doesn't move as well	<input type="radio"/>
Right side of face doesn't move as well	<input type="radio"/>
Non-Conclusive	<input type="radio"/>
Stroke Arms	
Normal - Arms move equally or do not move	<input type="radio"/>
Left arm does not move or drifts down	<input type="radio"/>
Right arm does not move or drifts down	<input type="radio"/>
Non-Conclusive	<input type="radio"/>
Stroke Speech	
Normal - Words stated correctly without slurring	<input type="radio"/>
Abnormal - Patient slurs words, uses the wrong words, or is unable to speak	<input type="radio"/>
Non-Conclusive	<input type="radio"/>

## Stroke Arms:

- Normal – Arms move equally or do not move (radio)
- Left arm does not move or drifts down (radio)
- Right arm does not move or drifts down (radio)
- Non-Conclusive (radio)

## Stroke Speech:

- Normal – Words stated correctly without slurring (radio)
- Abnormal – Patient slurs words, uses the wrong words, or is unable to speak (radio)
- Non-Conclusive (radio)

# Los Angeles Prehospital Stroke Scale (LAPSS)

## LAPSS:

- Time (date/time)
  - Filtered to ePCR Service Date
- Crew Name (dropdown)
  - Filtered to Crew names added
- PTA (checkmark)
  - Prior-To-Arrival flag
- Comments (text)
  - Crew remarks

## Screening Criteria

- Unk - Unknown
- Age of the Patient - years (numeric)
- Duration of Symptoms – hours (numeric)
  - Maximum of 3 digits.
- Whole Blood Glucose (numeric)
- Is the Patient known to have a history of seizures or epilepsy? (yes/no)
- Is the Patient wheelchair bound or bedridden? (yes/no)

## Physical Examination

A **LAMS cumulative score** shall be calculated based on the following logic (note: while any section is not filled out, the LAMS cumulative score will display “Unknown”):

- Facial Droop
  - A score of 1 is assigned if “Present” is selected;
  - A score of 0 is assigned if “No Droop” is selected.
- Grip Strength \*If no arm, score is normal
  - A score of 2 is assigned if “No Grip” is selected;
  - A score of 1 is assigned if “Weak Grip” is selected;
  - A score of 0 is assigned if “Normal” is selected.
- Arm Drift \*If no arm, score is normal
  - A score of 2 is assigned if “Falls Rapidly” is selected;
  - A score of 1 is assigned if “Drifts Down” is selected;
  - A score of 0 is assigned if “No Drift” is selected.

The **mLAPSS Indication** field shall display one of the following values, based on the accompanying logic.

1. “+” if
  - a. through e. below are all true: a. “Age of the Patient (years)” is greater than or equal to 40;
  - b. “Duration of Symptoms (hours)” is less than 6 hours;
  - c. “Whole Blood Glucose” is between 60 and 400 mg/dL, inclusive;
  - d. “Is the Patient known to have a history of seizures or epilepsy?” is “No”;
  - e. “Is the Patient known to be wheelchair bound or bedridden?” is “No”;

---

2. “-“ if at least one of 1a, 1b, 1c, 1d, 1e, is not met, but all fields in those sections are filled out;

3. “Incomplete” if at least one field contained in 1a, 1b, 1c, 1d, 1e, is not filled out.

- If the value in the “mLAPSS Indication” field is “+”, the LAMS calculated cumulative score will be displayed in the “LAMS” field; otherwise this field will display “N/A unless mLAPSS is +”.

- A reminder is displayed in the LAPSS assessment with the following text, “LA DHS Policy States: If score is 0-3, PSC. If score is 4-5, CSC.”

**Example:**

**Print Preview - PHCR**

**LAPSS Stroke Scale:**

Time: 09:20:43	45
Patient Age:	No
Does the patient have a history of seizures or epilepsy:	No
Is the patient wheelchair bound or bedridden:	No
Duration of symptoms:	3 hours
Whole blood glucose:	150 mg/dL
Facial Droop:	Present
Grip Strength:	Weak Grip
Arm Drift:	Drifts Down
Result:	LAPSS+
LAMS Score:	3

**Screening Criteria**

\* Unk - Unknown

Age of the Patient (years)	45	^	v	
Duration of Symptoms (hours)	3	Unk	^	v
Whole Blood Glucose	150	^	v	
Is the Patient known to have a history of seizures or epilepsy?	Yes	No		
Is the Patient known to be wheelchair bound or bedridden?	Yes	No		

**Physical Examination**

**Facial Droop**

Present	<input checked="" type="radio"/>
No Droop	<input type="radio"/>

**Grip Strength \*If no arm, score is normal**

No Grip	<input type="radio"/>
Weak Grip	<input checked="" type="radio"/>
Normal	<input type="radio"/>

**Arm Drift \*If no arm, score is normal**

Falls Rapidly	<input type="radio"/>
Drifts Down	<input checked="" type="radio"/>
No Drift	<input type="radio"/>

mLAPSS Indication	+
LAMS	3

LA DHS Policy States: If score is 0-3, PSC. If score is 4-5, CSC.

# Influenza

Document Influenza assessment performed by the crew during the patient event.

Events

ABC Neuro Vitals Treatment Medication Injury Head To Toe Stroke Scale Influenza Psychiatric Apgar

10:05:05 Select... Influenza

## Influenza:

- Time (date/time)
  - Filtered to ePCR Service Date
- Crew Name (dropdown)
  - Filtered to Crew names added
- PTA (checkmark)
  - Prior-To-Arrival flag
- Comments (text)
  - Crew remarks

Time	01/06/2016	21:51:28	^	v
Crew Name	☰			
PTA	☑			
Comments				

## Influenza Assessment:

- Onset Date/Time (date/time)

## Symptoms:

- Cough (yes/no)
- Fever > 100 F (yes/no)
- Nasal Congestion (yes/no)
- Runny Nose (yes/no)
- Sore Throat (yes/no)

## Current History:

- Recent Exposure (yes/no)
- Current on antiviral medications (yes/no)
- Flu vaccination shot this year (yes/no)
- Travel outside of the United States (yes/no)

**Influenza Assessment**

Onset Date/Time ^ v

**Symptoms**

Cough	No	Yes
Fever > 100 F	No	Yes
Nasal Congestion	No	Yes
Runny Nose	No	Yes
Sore Throat	No	Yes

**Current History**

Recent Exposure	No	Yes
Current on antiviral medications	No	Yes
Flu vaccination shot this year	No	Yes
Travel outside of the United States	No	Yes

# Psychiatric

Document psychiatric assessments performed by the crew during the patient event.

**Events**

ABC Neuro Vitals Treatment Medication Injury Head To Toe Stroke Scale Influenza **Psychiatric** Apgar

10:18:56 Select... Psychiatric 📄 ✕ !

## Psychiatric:

- Time (date/time)
  - Filtered to ePCR Service Date
- Crew Name (dropdown)
  - Filtered to Crew names added
- PTA (checkmark)
  - Prior-To-Arrival flag
- Comments (text)
  - Crew remarks

Time 01/06/2016 21:51:28 ^ v

Crew Name ☰ !

PTA ✓

Comments

## Psychiatric Assessment:

- Total (numeric)

## SAD PERSONS Scale:

- S: Male (yes/no)
- A: Age < 19 or > 45 (yes/no)
- D: Depression or Hopelessness (yes/no)
- P: Previous Suicidal Attempts or Psy Care (yes/no)
- E: Excessive Alcohol or Drug use (yes/no)
- R: Rational Thinking Loss (yes/no)
- S: Widowed, Separated or Divorced (yes/no)
- O: Organized or Serious Attempt (yes/no)
- N: No Social Support (yes/no)
- S: State Future Intent or Major Sickness (yes/no)

**Psychiatric Assessment** 0-5: May be safe, Or Low

Total

**SAD PERSONS Scale**

S: Male(sex)	No	Yes
A: Age < 19 or > 45	No	Yes
D: Depression or Hopelessness	No	Yes
P: Previous Suicidal Attempts or Psy Care	No	Yes
E: Excessive Alcohol or Drug use	No	Yes
R: Rational Thinking Loss (psychotic)	No	Yes
S: Widowed, Separated or Divorced	No	Yes
O: Organized or Serious Attempt	No	Yes
N: No Social Support	No	Yes
S: Stated Future Intent or Major Sickness	No	Yes



# APGAR

Document American Pediatric Gross Assessment Record performed by the crew during the patient event.

## APGAR:

- Time (date/time)
  - Filtered to ePCR Service Date
- Crew Name (dropdown)
  - Filtered to Crew names added
- PTA (checkmark)
  - Prior-To-Arrival flag
- Comments (text)
  - Crew remarks

## APGAR:

- Apgar (radio)
- Total (numeric)

## Heart Rate:

- Heart Rate (radio)

## Muscle Tone:

- Muscle Tone (radio)

## Color:

- Color (radio)

## Respiratory Effort:

- Respiratory Effort (radio)

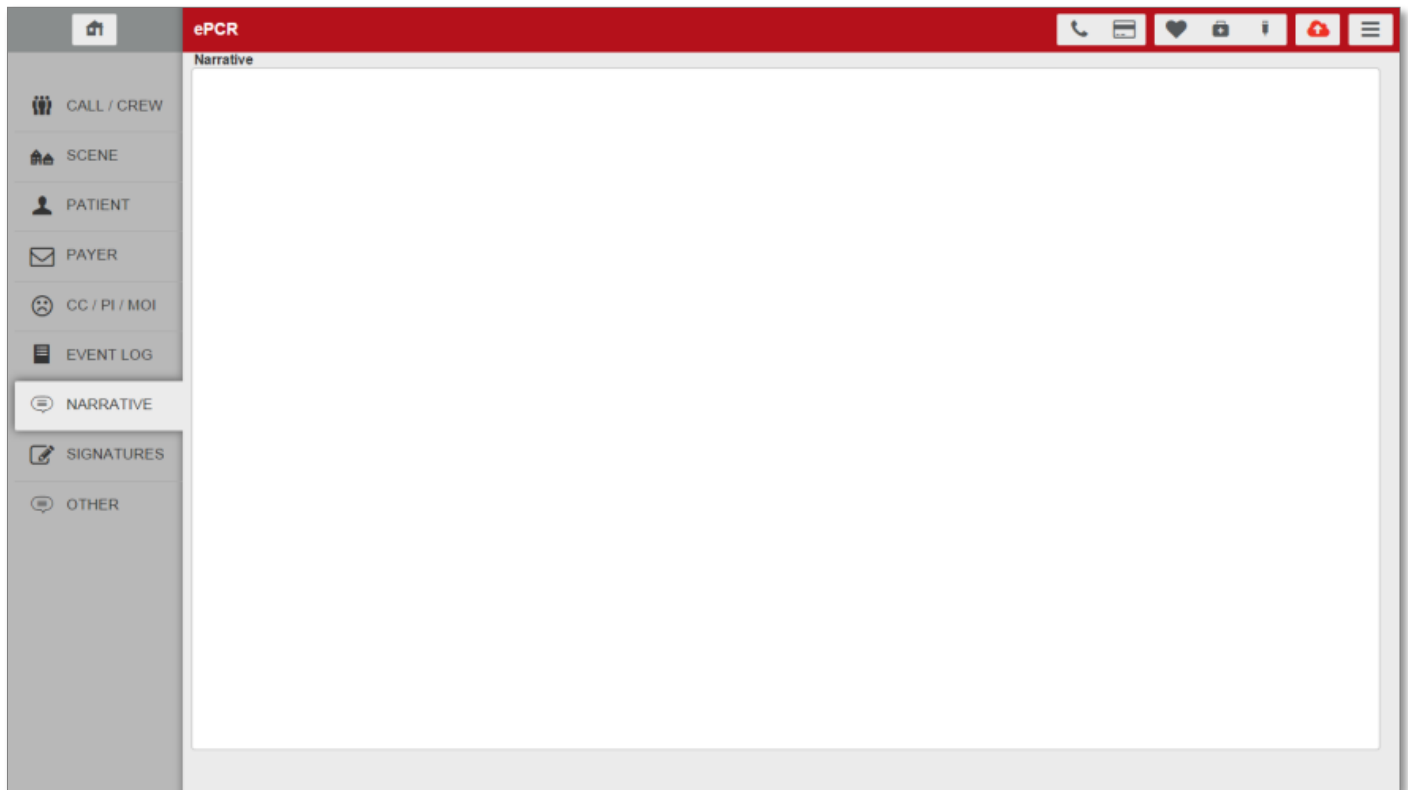
## Reflex Irritability:

- Reflex Irritability (radio)

---

## Narrative

In this category, you will find a free text field for typing in a narrative.



The narrative field is a free text field. It uses the web browser's spell checking functionality. This is not a medical dictionary.

The ***Narrative*** field is required when any of the Run Dispositions (except "Cancelled") is selected on the Scene tab.

# Signatures

In this category, you will find groups of fields for documenting:

NOTE: Many of these fields are mirrored from other categories.

Category	Item	Status
Required	PCS Required	✓
Required	MTC Required	✓
Required	Patient Unable To Sign	✓
Signatures	Patient's Signature	Not Signed
Signatures	Privacy Notice	Not Signed
Signatures	Guarantor Signature	Not Signed

---

## Validations:

1. Require either a **Patient Signature** or check the **Patient Unable to Sign** field or check the **Patient Refused to Sign** field when "Treated/Transported" is selected in the *Run Disposition* field on the Scene tab.
2. **Pt. Refused Treatment/Transport signature** if "No Transport/Refused Care" is selected as the *Run Disposition* on the Scene tab.
3. **Unable to Sign Reason** field be completed if the **Patient Unable to Sign** field has been checked.
4. Require the **Technician 1 Signature** be obtained for the following *Run Dispositions*:
  - Treated/Transported
  - Treated/Transferred Care
  - Treated/No Transports(AMA)
  - Treated/No Transport(Per Protocol)
  - Transported/Refused Care
  - No Transport/Refused Care
  - Dead Prior To Arrival
  - Dead After Arrival
  - Treat/Trans By Priv. Veh.
  - Assist

## Physician Certification Statement (PCS)

- PCS Required (checkmark)
  - Used to show medical necessity when transporting non-emergent patients between facilities. PCS requires an attestation of medical necessity and a signature.
- Ambulance transportation is medically necessary for the following reasons (radio)
- Signature of Attestation
  - Signature
    - Print Name (text)
      - Maximum of 50 characters.
    - Signature Text (select)
    - Signature (sign)
  - Date (date)
  - PCS Signature Obtained From (dropdown)

The screenshot shows a software interface for the Physician Certification Statement (PCS). At the top, there is a checkbox labeled "PCS Required" which is checked. Below this, a red banner states "Ambulance transportation is medically necessary for the following reasons". Underneath, there are three radio button options: "Bedridden", "Other means of transportation are contraindicated because it would be harmful to the patient's condition", and "Ambulance transport is not medically necessary". The "Signature of Attestation" section includes a "Signature" field with a "Not Signed" status, a "Date" field, and a "PCS Signature Obtained From" dropdown menu.

## Medical Transport Certification (MTC)

- MTC Required (checkmark)
  - A configuration option has been added to display the **MTC Required** section on the Signatures tab. When enabled, the **Medical Transport Certification (MTC)** fields are displayed to allow ambulance services to document medical necessity when transporting non-emergent patients between facilities. The MTC requires an attestation of medical necessity and signatures.
  - This configuration option is Off by default. To enable this option for your organization, please review HealthEMS Manager User Guide – Setup – Applications Settings – MobileTouch Configuration.
  
- Section I (To Be Completed by MD/PAINP/CNS/RN/Facility)
  - Patient requires level of medical transportation (radio)
  - Initials (text)
  - Patient transported reason (radio)
  - Other Reason Description: (text)
  - Initials (text)
  
- Section II (To Be Completed by Treating MD/PAINP/CNS)
  - Understand and agree/disagree (radio)
  - Disagree with determination reasons (text)
  - Medical Professional Signature
    - Print Name (text)
      - Maximum of 50 characters.
    - Signature Text (select)
    - Signature (sign)
  - Initials (text)
  
- Section III (To Be Completed by Ambulance Driver(s))
  - Documenter Signature
    - Print Name (text)
      - Maximum of 50 characters.
    - Signature Text (select)
    - Signature (sign)
  - Driver Signature
    - Print Name (text)
      - Maximum of 50 characters.
    - Signature Text (select)
    - Signature (sign)

MTC Required
✓

---

**SECTION I (To Be Completed by MD/PAINP/CNS/RN/Facility)**

**Patient requires the level of medical transportation noted below**

Emergency Ambulance: Patient's medical condition requires immediate transport and may require medical treatment en route	<input type="radio"/>
Non-Emergency Ambulance: The patient is bed-confined, i.e. unable to get up from bed without assistance; unable to ambulate; and unable to sit in a chair or wheelchair, and requires non-emergency ambulance transport, either scheduled or unscheduled, or the patient may require some simple medical care en route, but is stable, and is not likely to require the attendance of an EMT	<input type="radio"/>
Non-Ambulance, Non-Emergency: Patient is stable, not expected to require any medical attention en route, is ambulatory or wheel chair-bound, and can be transported in an automobile or van	<input type="radio"/>

**I confirm that the above information is accurate**

Initials

---

**Patient transported to the above named facility for the following reason:**

Nearest Facility	<input type="radio"/>
Preference of Physician	<input type="radio"/>
The patient needs services available there	<input type="radio"/>
Other	<input type="radio"/>

**Other Reason Description:**

Other:

---

**I confirm that the above information is accurate**

Initials

---

**SECTION II (To Be Completed by Treating MD/PAINP/CNS)**

Note to Medical Professional: Signing this certification indicates that, in your professional judgement, transportation of the above named patient was necessary based on the patient's condition and in accordance with the statements in Section #1 above. Payment and satisfaction of this claim will be from federal and state funds; any false claims, statements, or documents, or concealment of a material fact may be prosecuted under applicable federal or state laws.

**I have read the above certification and I understand the instructions.**

I agree with the determination	<input type="radio"/>
I disagree with the determination	<input type="radio"/>

I disagree with the determination for the following reason(s):

Medical Professional Signature Not Signed

---

**I confirm that the above information is accurate**

Initials

---

**SECTION III (To Be Completed by Ambulance Driver(s))**

Documenter Signature Not Signed

Driver Signature Not Signed

## Patient Unable To Sign

- **Patient Unable To Sign (checkmark)**
  - Field mirrored from the same field under the Patient category.
- **Reason**
  - A hidden field, revealed when Patient Unable To Sign is selected. Mirrored from the same field found under the Patient category.
- **Unable to Sign Comments**
  - A hidden field, revealed when Patient Unable To Sign is selected. Mirrored from the same field found under the Patient category.

**Unable To Sign**

The following must be provided in order to meet CMS signature requirements:

1. Select the **Reason** why the patient is not able to sign, AND either
2. Select the **Authorized Representative Type** and obtain the **Authorized Representative Signature**. OR, if **No Authorized Representative** is selected, then #3
3. Select **Secondary Documentation Type**. Note: the Employee Signature, Transport to Facility, and Destination Time need to be filled out in the ePCR

Reason ☰

**Unable to Sign Comments**

## Authorized Representative

- **Representative Type**
    - A hidden field, revealed when Patient Unable To Sign is selected. Mirrored from the same field found under the Patient category.
  - **Signature**
  - **Print Name (text)**
    - A hidden field, revealed when Patient Unable To Sign is selected. Mirrored from the same field found under the Patient category.
    - Maximum of 50 characters.
  - **Signature Text (dropdown)**
    - A hidden field, revealed when Patient Unable To Sign is selected. Mirrored from the same field found under the Patient category.
  - **Signature**
    - A hidden field, revealed when Patient Unable To Sign is selected. Mirrored from the same field found under the Patient category.
- 
- **Representative Address**
    - A hidden field, revealed when Patient Unable To Sign is selected. Mirrored from the same field found under the Patient category.
  - **Representative Phone**
    - A hidden field, revealed when Patient Unable To Sign is selected. Mirrored from the same field found under the Patient category.

**Authorized Representative**

Representative Type ☰

Signature Not Signed

**Signature**

Print Name

Signature Text ☰

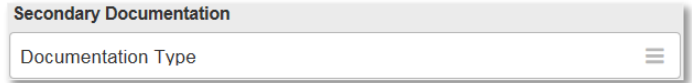
Representative Address

Representative Phone ---

---

## Secondary Documentation

- **Documentation Type**
  - A hidden field, revealed when Patient Unable To Sign is selected. Mirrored from the same field found under the Patient category.
- **Signature**
- **Print Name (text)**
  - A hidden field, revealed when Patient Unable To Sign is selected. Mirrored from the same field found under the Patient category.
  - Maximum of 50 characters.
- **Signature Text (dropdown)**
  - A hidden field, revealed when Patient Unable To Sign is selected. Mirrored from the same field found under the Patient category.
- **Signature**
  - A hidden field, revealed when Patient Unable To Sign is selected. Mirrored from the same field found under the Patient category.

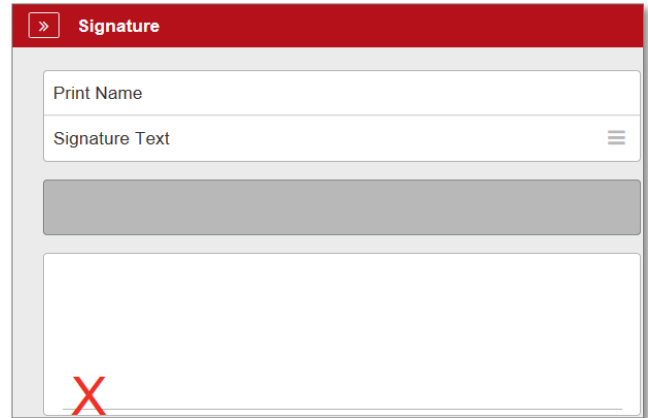


Secondary Documentation

Documentation Type ☰



Signature Not Signed



» Signature

Print Name

Signature Text ☰

X

## Signatures

- Patient's Signature
- Print Name (text)
  - Patient's printed name, mirrored from the same field found under the Patient category.
  - Maximum of 50 characters.
- Signature Text (dropdown)
  - Patient signature text, mirrored from the same field found under the Patient category.
- Signature
  - Patient's signature, mirrored from the same field found under the Patient category.

Patient's Signature	Not Signed
---------------------	------------

» Patient's Signature

Print Name
Signature Text <span>☰</span>
<div style="background-color: #cccccc; height: 20px;"></div>
<div style="border: 1px solid #ccc; height: 60px; width: 100%;"></div>

X

- Privacy Notice
- Print Name (text)
  - Maximum of 50 characters.
- Signature Text (dropdown)
- Signature

Privacy Notice	Not Signed
----------------	------------

» Privacy Notice

Print Name
Signature Text <span>☰</span>
<div style="background-color: #cccccc; height: 20px;"></div>
<div style="border: 1px solid #ccc; height: 60px; width: 100%;"></div>

X



- **Guarantor Signature**
- **Print Name (text)**
  - Guarantor's printed name, mirrored from the same field found under the Payer category.
  - Maximum of 50 characters.
- **Signature Text (dropdown)**
  - Guarantor signature text, mirrored from the same field found under the Payer category.
- **Signature**
  - Guarantor's signature, mirrored from the same field found under the Payer category.

Guarantor Signature	Not Signed
---------------------	------------

»
**Guarantor Signature**

Print Name

Signature Text ☰

X

## Destination Signatures

- **Receiving Agent/RN/MD**
- **Print Name (text)**
  - Receiving Agent/RN/MD's printed name, mirrored from the same field found under the Scene category.
  - Maximum of 50 characters.
- **Signature Text (dropdown)**
  - Receiving Agent/RN/MD signature text, mirrored from the same field found under the Scene category.
- **Signature**
  - Receiving Agent/RN/MD's signature, mirrored from the same field found under the Scene category.

Receiving Agent/RN/MD	Not Signed
-----------------------	------------

»
**Receiving Agent/RN/MD**

Print Name

Signature Text ☰

X

- Technician 1
  - The **Technician 1** field is required when any of the Run Dispositions (except "Cancelled") is selected on the Scene tab.
- Print Name (dropdown)
  - Technician 1 printed name.
  - Maximum of 50 characters.
- Signature Text (dropdown)
  - Technician 1 signature text.
- Signature
  - Technician 1 signature.

Technician 1 Not Signed

» Technician 1

Print Name ≡

Signature Text ≡

X

- Technician 2
- Print Name (dropdown)
  - Technician 2 printed name.
  - Maximum of 50 characters.
- Signature Text (dropdown)
  - Technician 2 signature text.
- Signature
  - Technician 2 signature.

Technician 2 Not Signed

» Technician 2

Print Name ≡

Signature Text ≡

X

## Refusal Signatures

- Patient Refused To Sign (checkmark)
- Pt. Refused Treatment/Transport
- Print Name (text)
  - Pt. Refused Treatment/Transport's printed name.
  - Maximum of 50 characters.
- Signature Text (dropdown)
  - Pt. Refused Treatment/Transport signature text.
- Signature
  - Pt. Refused Treatment/Transport's signature.

Refusal Signatures  
Patient Refused To Sign ✓  
Pt. Refused Treatment/Transport Not Signed

>> Pt. Refused Treatment/Transport

Print Name

Signature Text

[Red X]

Witness Refusal Not Signed

>> Witness Refusal

Print Name

Signature Text

[Red X]

- Witness Refusal
- Print Name (text)
  - The person who witnessed the refusal's signature.
  - Maximum of 50 characters.
- Signature Text (dropdown)
  - Witness Refusal signature text.
- Signature
  - The Witness Refusal's signature.

## Medication Wasted

NOTE: When a narcotic medication is setup to be tracked and is documented in the Event Log, a row will be automatically added to the Medication Wasted section (*Setup -> Clinical -> Medications -> Track Amount Wasted (Narcotics) check box is checked*).

- Time (date/time)
- Crew Name (dropdown)
- Medication
- Amount Wasted (numeric)
- Unit
- Box #
- Seal #
  - Maximum of 25 characters.

## Medication Wasted Signatures

- Wasted Signature
  
- Print Name (dropdown)
  - The printed name for the wasted signature.
  - Maximum of 50 characters.
- Signature Text (dropdown)
  - The signature for the wasted signature.
  
- Signature
  - The signature for wasted signature.

---

- Witness Signature



- Print Name (text)
  - The printed name for the witness signature.
  - Maximum of 50 characters.
- Signature Text (dropdown)
  - The signature for the witness signature.
- Signature
  - The signature for witness signature.

