



DATA
SOLUTIONS

HealthEMS®

MobileTouch v6.9 User Guide

Last updated: Oct 2016

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 continually being updated. 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copy or distributing the PDF version is permitted for HealthEMS MobileTouch users, however this copy may already be outdated.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

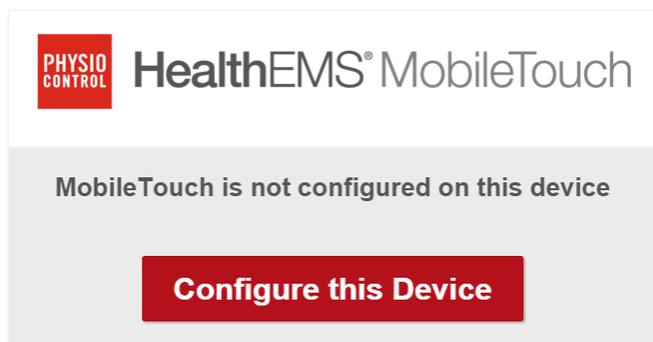
The following document was used to design, develop and document the HealthEMS MobileTouch application. For additional information visit [http://www.nemsis.org/.NEMSYS – Version 3.3.4 Data Dictionary \(March 2014\)](http://www.nemsis.org/.NEMSYS – Version 3.3.4 Data Dictionary (March 2014))

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”.

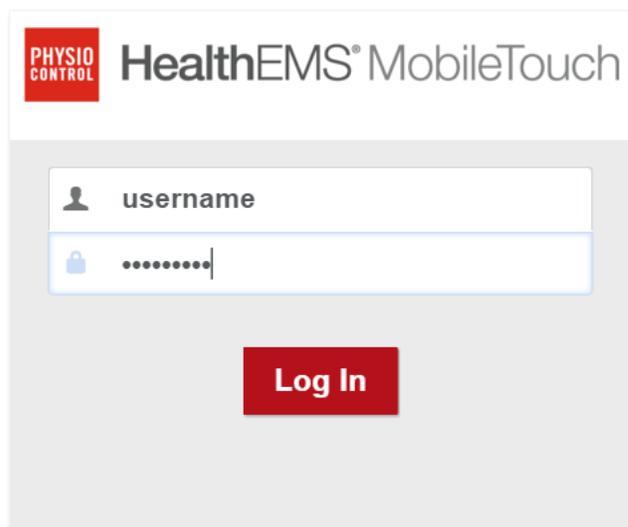


NOTE: If your browser is not supported, you will be displayed with a blank screen upon navigation to the MobileTouch URL or you will see the message, “MobileTouch is not supported in this browser. Please use Internet Explorer 11+, Safari (iOS 8.4 or 9+), Chrome, or Edge.”



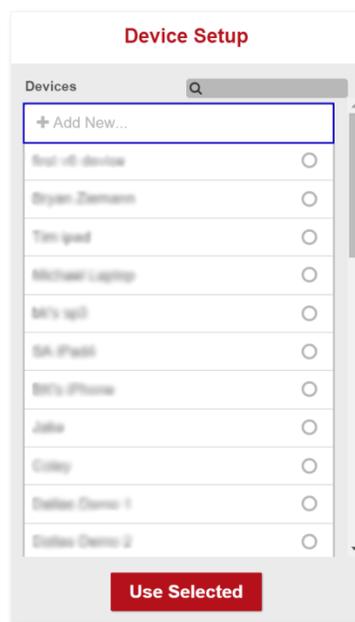
Step 2) Enter your HealthEMS Manager credentials, then select “Log In”.

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.



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

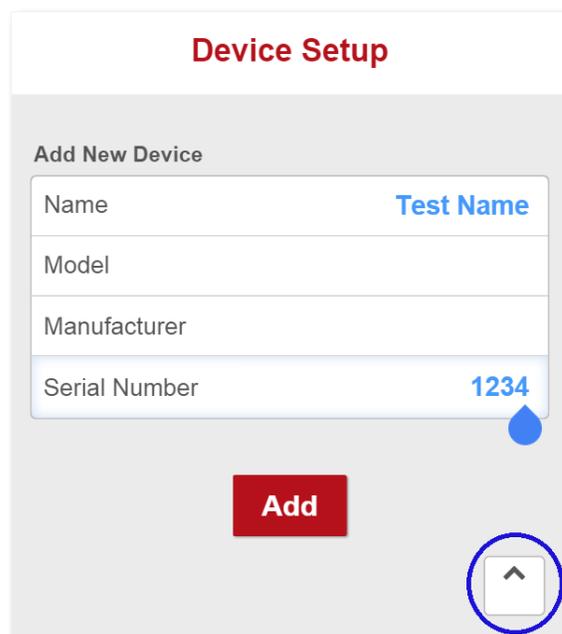
If selecting a previously added device name from the list proceed to Step 6.



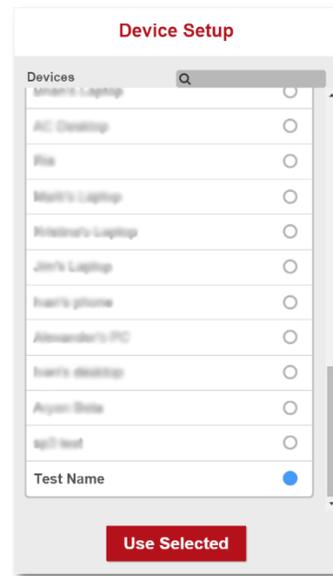
Step 4) To add a new device, a name is required. The other fields are optional.

Click the “Add” button.

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

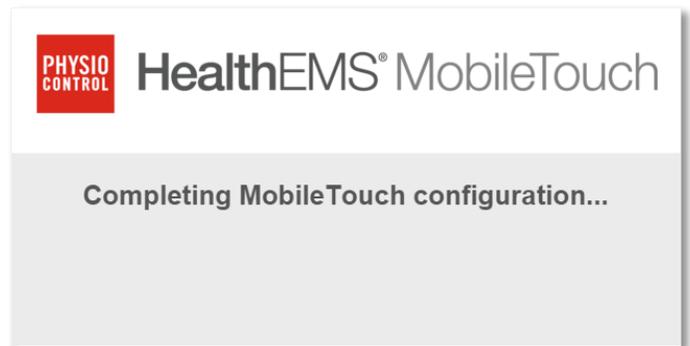


Step 5) Select the desired device name, then click “Use Selected”.

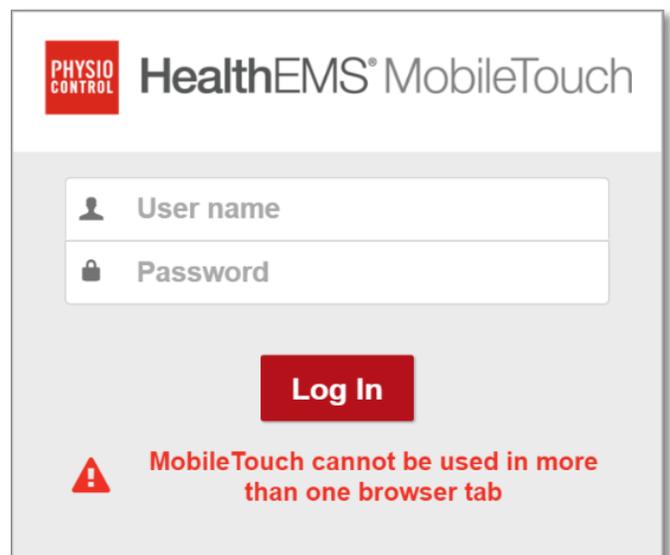


Step 6) MobileTouch will complete configuring.

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



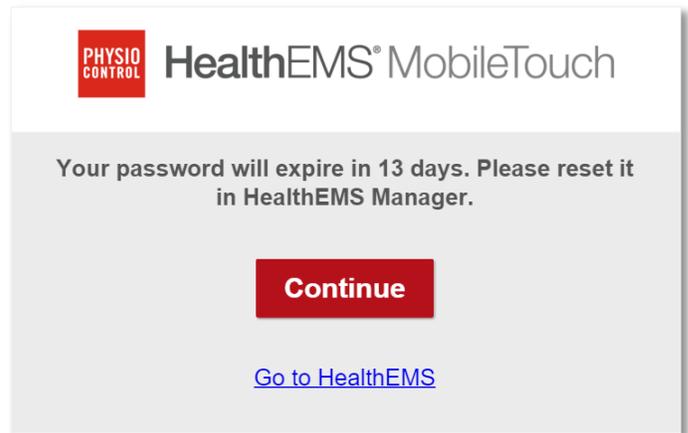
NOTE: Authenticating in more than one web browser tab on the same device is not supported. Duplicate sessions will be automatically logged out.



Password Changes:

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

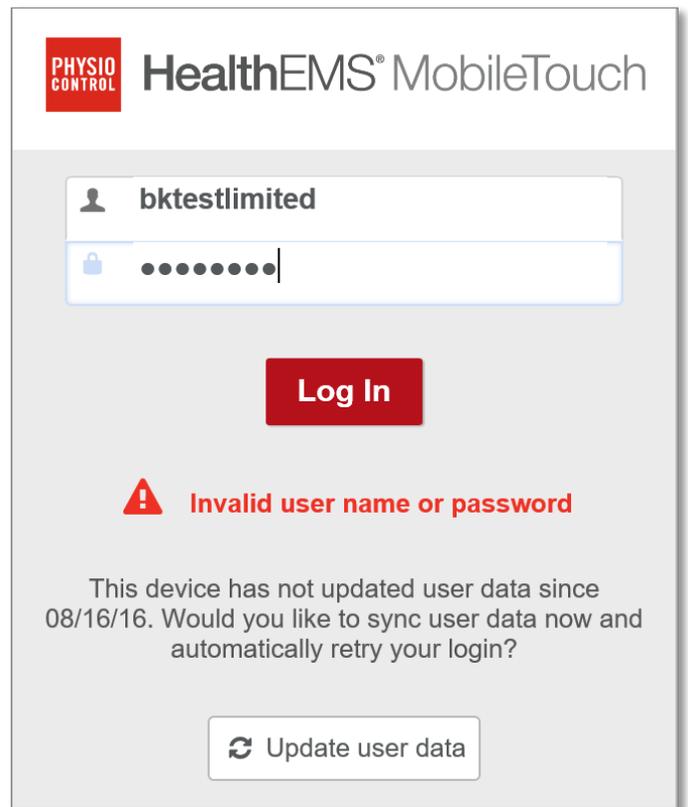
Click Continue. After changing your password, return to MobileTouch and log in using your new password.



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.



Navigating the Dashboard

Use the side navigation to move between dashboard views.

The screenshot shows the HealthEMS MobileTouch dashboard. At the top, there is a red header with the text "HealthEMS MobileTouch" and a "Log Out" button. On the left side, there is a vertical navigation menu with icons and labels for "ePCR", "CAD", "Shift", "Messages", "Documents", and "Support". The main content area displays a table with the following data:

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 HealthEMS MobileTouch dashboard as the previous one, but with truncated text in the table. The data is as follows:

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.

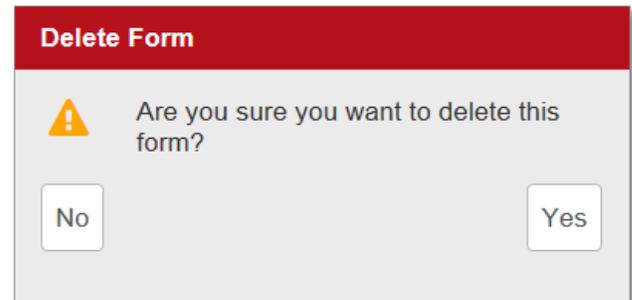
Click the button to delete a form.

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.

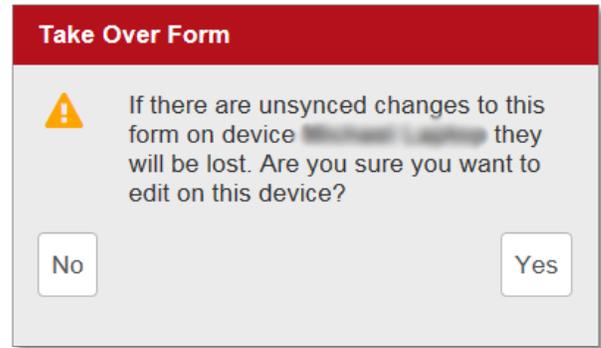


Take Over Form

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
---	--

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

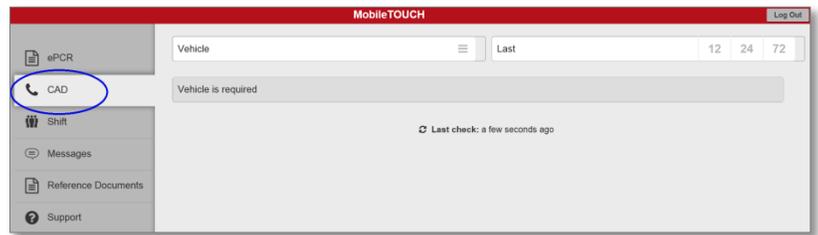


The icon signifies the ePCR form has been shared from one vehicle to another vehicle.

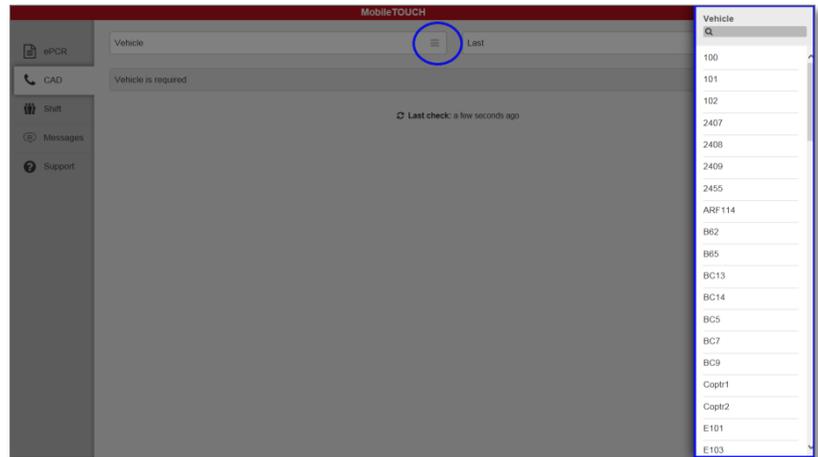
E1	test	BrianK PhysioSupport		Sent / Not Received
----	------	----------------------	--	---------------------

CAD

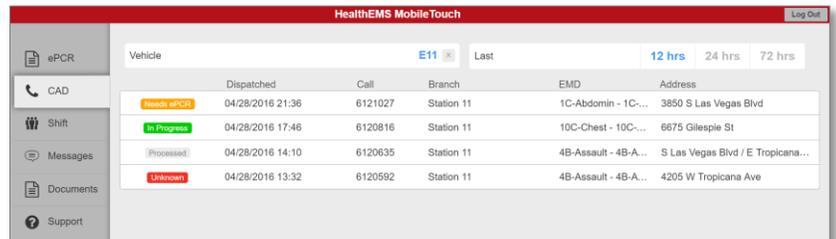
Select the CAD button.



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	

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	

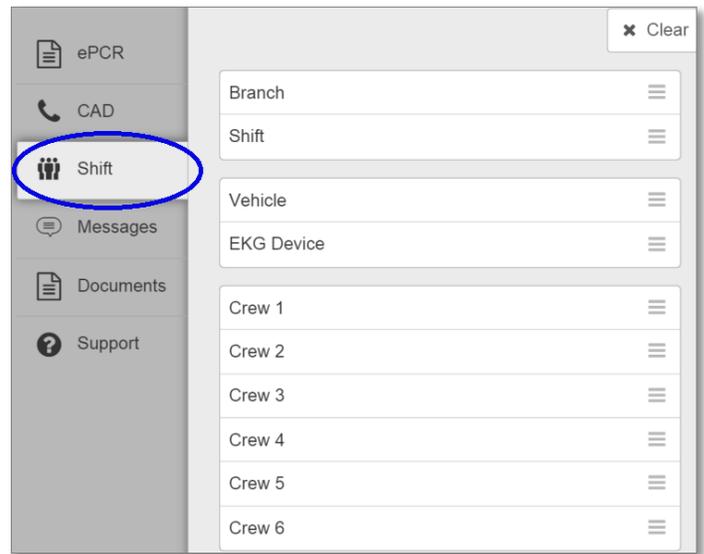
Shift

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.



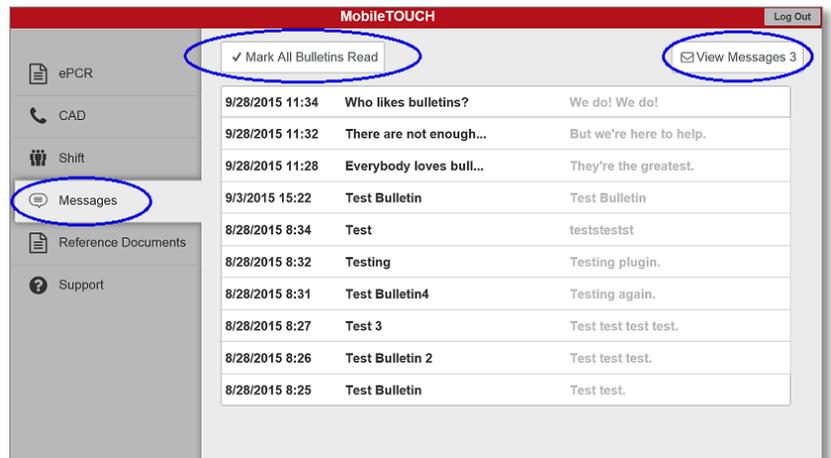
Messages

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.



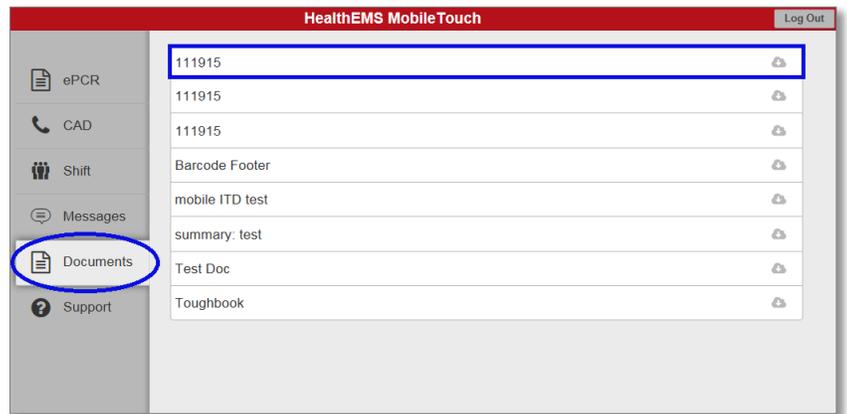
The View Messages button will open Messages in HEMS Manager in a new browser tab.



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 support page. The header is red with the text "HealthEMS MobileTouch" and a "Log Out" button. 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".

MobileTouch	Device
VERSION 6.5.979	NAME bk's sp3 chrome
RELEASED Tue Mar 15, 23:35	UNIQUE ID aa6a6c59-0c8f-4e5f-966b-7e473e4eefa5
USER Physio-Control Support <input type="text" value="username"/>	CONFIGURED Fri Feb 26, 10:40

Below the table are four buttons: "Last Sync a few seconds ago", "Update Config", "Refresh Reference Tables", and "Send Diagnostics".

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.

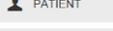
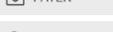
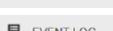
If a sync fails, the text will turn red and the message will convey the approximate amount of time since the last sync.

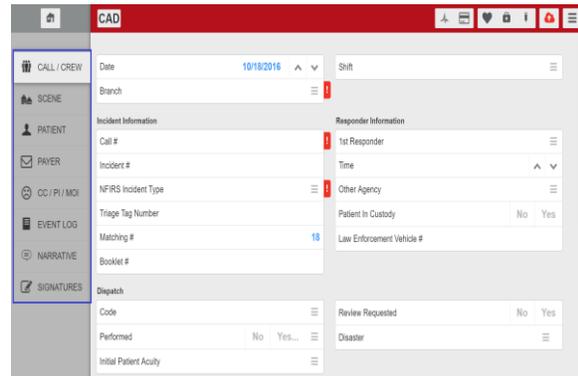
Last Sync a few seconds ago

Last Sync  4 days ago

Navigating the ePCR

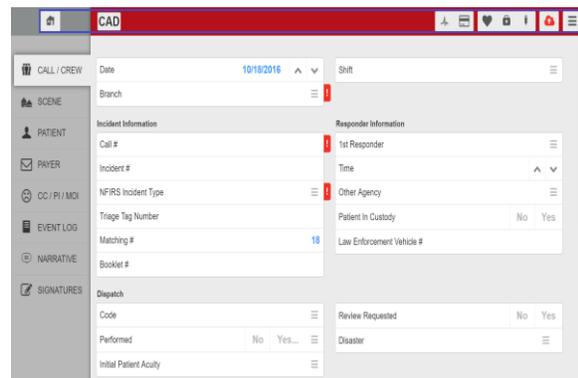
Use the side tabs to navigate the different categories:

-  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

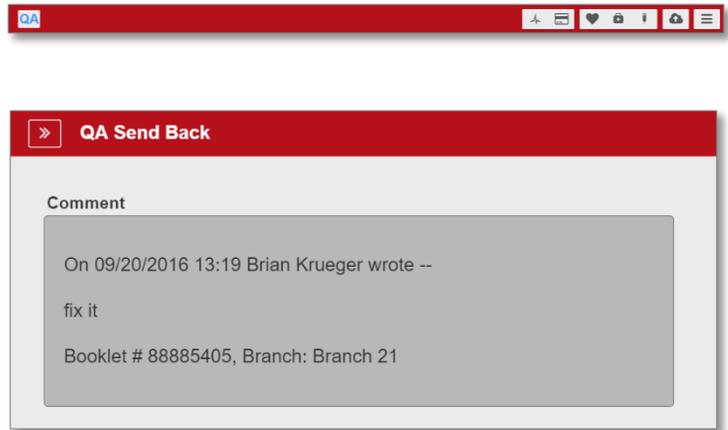


Quick Buttons

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.



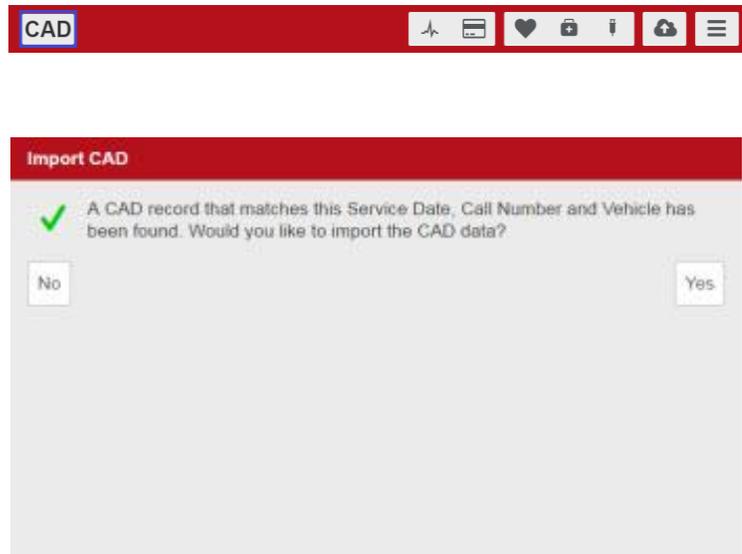
CAD

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:

1. The device must be **online**
2. 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.



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.

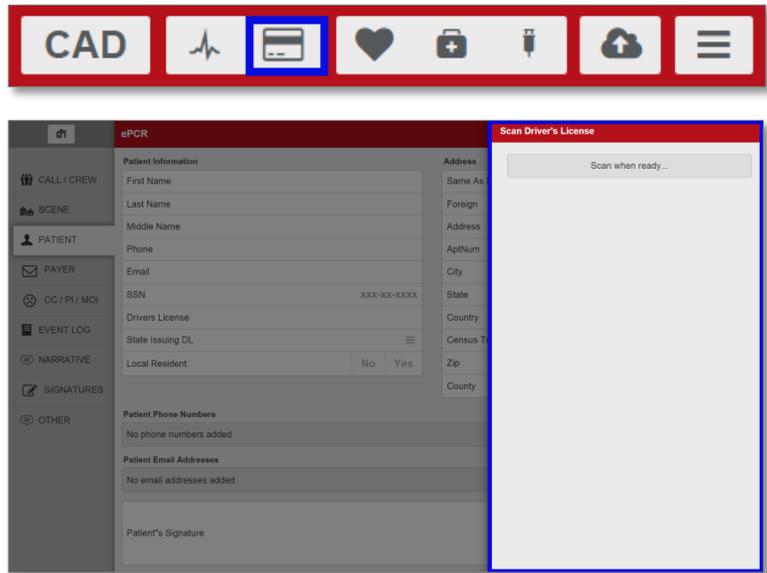
Click the ECG/EKG button to open the popup window.



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 is a close-up of the 'Scan Driver's License' panel. At the top left is a 'Re-scan' button with a refresh icon. At the top right is a 'Select All' button with a checkmark, circled in blue. Below these are several sections of fields, each with a checkmark in a column on the right, indicating they are selected. The sections are:

- Name**: First Name (MICHAEL), Middle (CHARLES), Last Name (FERGUSON)
- Address**: Street, City, State, Zip
- Details**: License Number (027884823716), 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 / Export

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

Data Validation

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:

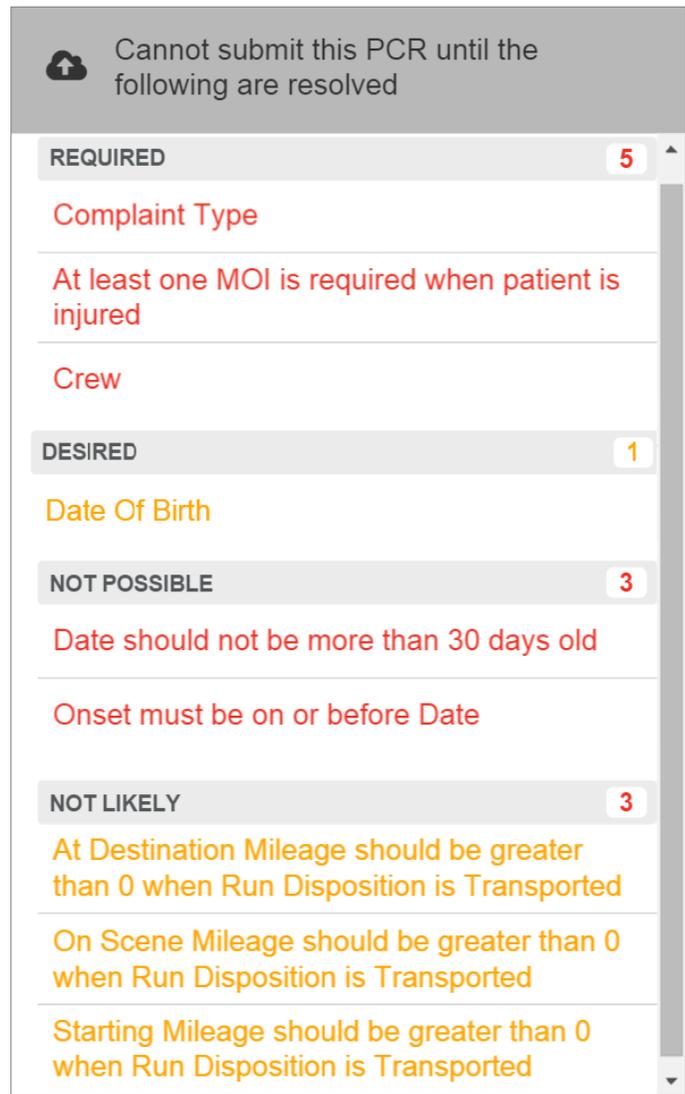
- Required – Data input field, mandatory
- Desired – Data input field, optional
- Not Possible – Data validation check (invalid/not possible) and must be corrected.
- Not Likely – Data validation check (improbable/not likely) and should be reviewed for accuracy.

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.

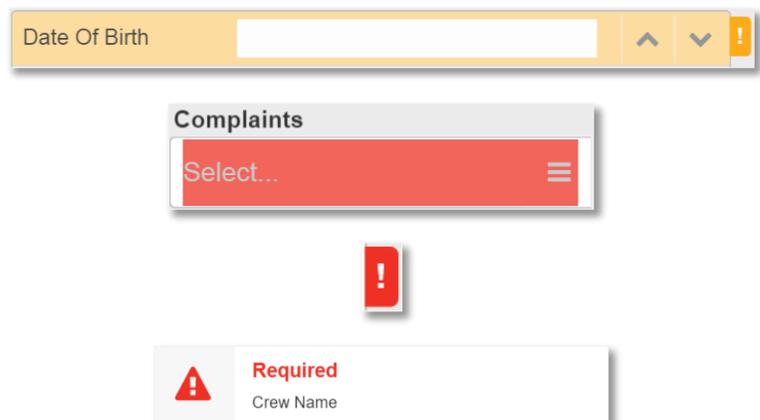
The background color of the field will temporarily change to signify which field requires validation. The background color will match the type of validation.

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



Cannot submit this PCR until the following are resolved

Validation Type	Count
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   

Complaints
Select... 



 **Required**
Crew Name

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

Cannot submit this PCR until the following are resolved

REQUIRED 6

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

DESIRED 1

- 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.



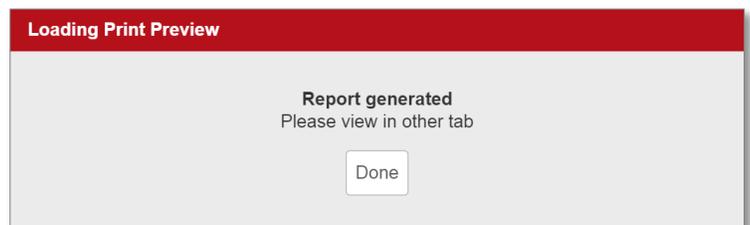
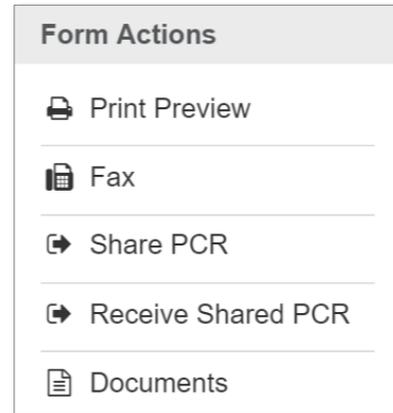
Form Actions

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



The Form Actions button provides easy access to:

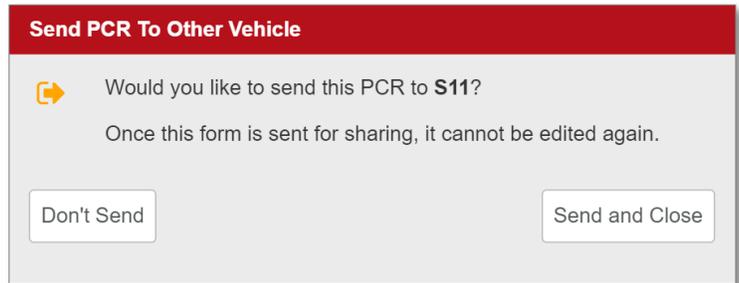
- Print Preview
 - Generate printed PDF view of the ePCR report.
- Fax
 - Sending a Fax of an ePCR to a Destination Facility is now available from the Forms Action side bar within the ePCR edit view. The page also displays history previous Fax attempts for the PCR.
- Share PCR
 - MobileTouch forms can 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*



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.



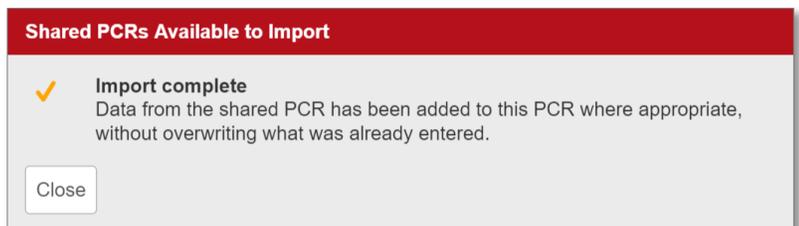
Shared PCRs Available to Import

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.

Shared PCRs Available to Import

Select PCR to import

09/28/2016 08:42 - from 1093 by Physio-Control Support

Cancel Select booklet number

Shared PCRs Available to Import

Select PCR to import based on Booklet Number

Current booklet number (CF1672504680)

Original booklet number (CF1672504679)

Cancel Import

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.

Close

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 buttons are circled in blue.

Free Text Field

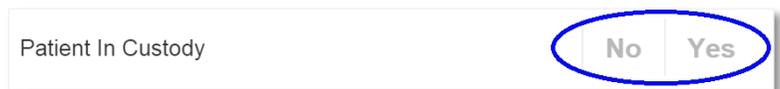
Any text may be freely entered. The fields are limited only by the maximum number of characters allowed.



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

Yes / No Buttons

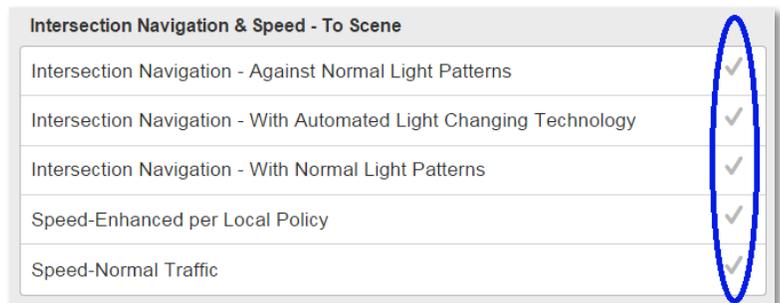
Choose either Yes or No if applicable.



A text input field labeled "Patient In Custody". To the right of the field are two buttons: "No" and "Yes". Both buttons are circled in blue.

Checkmark Buttons

Multiple options may be selected.



A list titled "Intersection Navigation & Speed - To Scene" with 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.

CAD Date	03/13/2016
CAD Branch	Station 11
Incident Information	
CAD Call #	6072303
CAD 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.

DL First Name	MICHAEL
DL Last Name	PERROWE
DL Middle Name	CHARLES

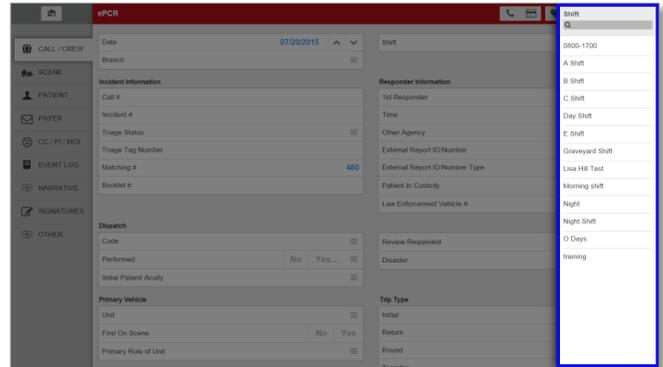
ECG/EKG Fields

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

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

Dropdown List

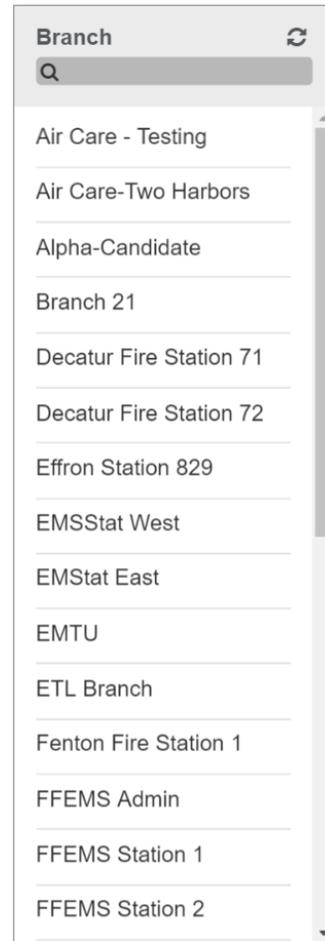
Clicking on the field will open a side panel with a list of options to choose from.



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

Only one option can be selected.

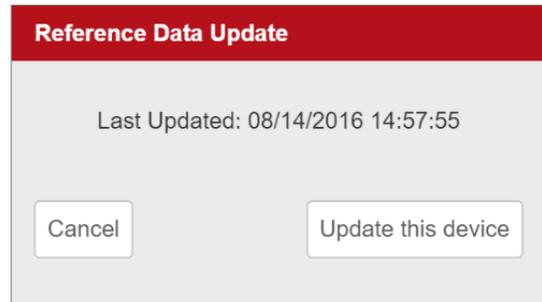
NOTE: Reference Table lists downloaded from the HealthEMS Manager website Setup pages are alphabetized in ascending order A-Z (not case sensitive) and sort numbers and asterisks before letters. This sort order does not apply to hard coded drop down lists (such as Triage Status, which has been manually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



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.



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

+Add

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



Crew	DRIVER		DOC	PRIMARY		OTHER		+ADD
	TO SCENE	TO DEST		TO SCENE	TO DEST	AT SCENE	TO DEST	
None	<input type="radio"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="button" value="X"/>				

Clone

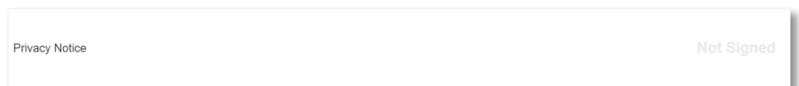
Click the **Clone** button to duplicate the entry.

Set All Normals

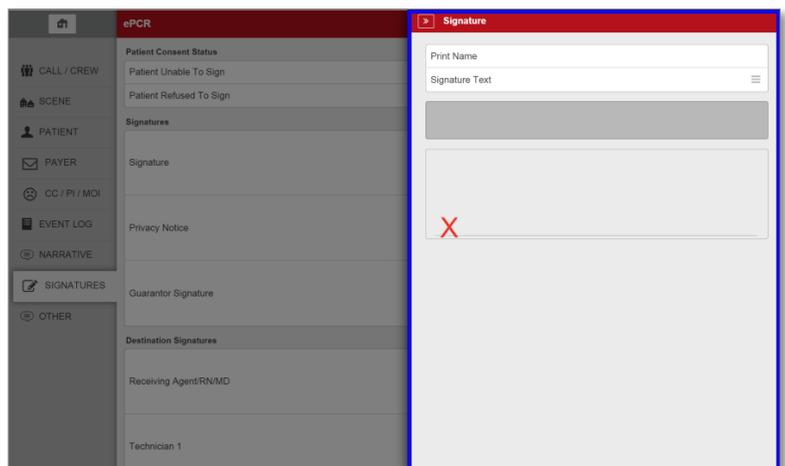
Click the **Set All Normals** button to select all normal values.

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.



Privacy Notice Not Signed



ePCR

- CALL / CREW
- SCENE
- PATIENT
- PAYER
- CC / PI / MOI
- EVENT LOG
- NARRATIVE
- SIGNATURES
- OTHER

Signature Panel:

- Print Name
- Signature Text
- Signature Capture Area (with red X)

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:**
 - Review Requested: No Yes (dropdown)
 - Disaster: (dropdown)
 - Trip Type: Initial (radio button)

- **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 fields: Date (01/18/2016), Branch (dropdown), and Shift (dropdown). A red exclamation mark icon is visible next to the Branch field.

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.
- A configuration option is required to display and require the **NFIRS Incident Type** field under the *Incident #* field.
- 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 #	1234567890
Incident #	
Triage Status	☰
Triage Tag Number	
Matching #	697
Booklet #	0015071922105

Responder Information

- 1st 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 1st 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 *1st Responder* field.
- External Report ID/Number Type

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

(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 *1st Responder* field.
- Patient In Custody (yes/no)
- Law Enforcement Vehicle # (text)
 - Associated with dPersonnel.34

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"/>

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).

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	

-
- 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.

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

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

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.

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 PCRs 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.

Crew	DRIVER			PRIMARY		OTHER			
	TO SCENE	TO DEST	DOC	TO SCENE	TO DEST	AT SCENE	TO DEST		
Select...	<input type="radio"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

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)

Vehicle		ROLE	ON SCENE	TRANSFER	+ ADD
Select...	☰	Select...	☰	10:07:12 ^ v	10:06:15 ^ v x

Scene

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

The screenshot displays a CAD interface with a red header bar containing the text 'CAD' and several utility icons. On the left is a vertical navigation menu with icons and labels for 'CALL / CREW', 'SCENE', 'PATIENT', 'PAYER', 'CC / PI / MOI', 'EVENT LOG', 'NARRATIVE', and 'SIGNATURES'. The 'SCENE' option is currently selected. The main content area is divided into two sections:

- Run Disposition**: A list of 15 options, each with a radio button to its right. The options are: Treated/Transported, Treated/Transferred Care, Treated/No Transport(AMA), Treated/No Transport(Per Protocol), Transported/Refused Care, No Transport/Refused Care, Cancelled, Dead Prior To Arrival, Dead After Arrival, Treat/Trans By Priv. Veh., Assist, Other, and No Patient Found.
- Run Type To Scene**: A section with two radio button options: 'Emergent (Immediate Response)' and 'Non-Emergent'. Below these is a 'Scheduled' section with 'No' and 'Yes' radio buttons.

At the bottom of the 'Run Type To Scene' section is a **Lights & Sirens - To Scene** section with four radio button options: 'Lights and Sirens (Code 3)', 'No Lights and Sirens (Code 1)', 'Initial Lights and Sirens, Downgraded to No Lights and Sirens', and 'Initial No Lights and Sirens, Upgraded to Lights and Sirens'.

- 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"/>

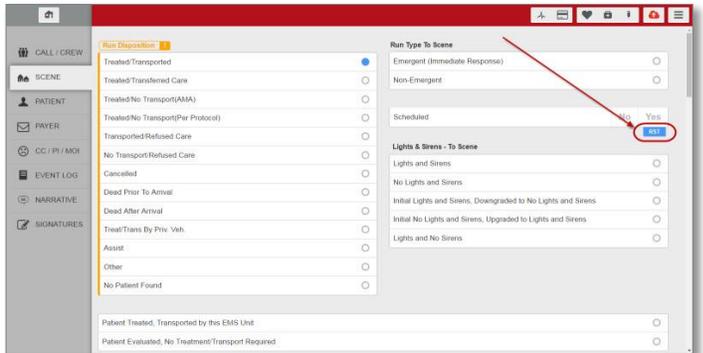
- When **Treated/No Transport(AMA)** is selected:
 - Either the *Pt. Refused Treatment/Transport* signature must be captured
 - Or the *Patient Refused to Sign* field check mark must be checked.
- When **Treated/Transferred Care** is selected, the following are required:
 - *Transfer of Care* on the 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

- 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**.
- When **Treated/Transported** or **Transported/Refused Care** is selected, a selection in the **Light & Sirens - To Destination** and **Move From Ambulance By** sections will now be required.

- 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).
- 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.

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

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"/>

- Intersection Navigation & Speed – To Scene (checkmark)
 - The documentation of response mode techniques used for this EMS response.
 - **The Intersection Nav & Speed to Scene section has been temporarily hidden.**

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"/>

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 = 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"/>

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"/>

This field shows when Run Disposition = Assist.

- Assist

Assist	<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

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

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

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

- Mutual Aid
- Public Assistance/Other Not Listed
- Stand-By

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:

- Transferring/Referring Physician (text)
- Resource Code (dropdown)

Transferring/Referring Physician	
Resource Code	<input type="text"/>  

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

- Stand-By Purpose (dropdown)

Stand-By Purpose	<input type="text"/> 
------------------	--

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 screenshot shows a form titled "Incident Address". It contains the following fields and controls:

- Incident Location Type (dropdown menu)
- Incident Facility (dropdown menu)
- Address (text input field)
- Apt # (text input field)
- City (text input field)
- State (dropdown menu)
- Zip (text input field)
- County (dropdown menu)
- A blue button labeled "Use Patient Address" is positioned to the right of the Address field.

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

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.

Destination Type	!
Destination Facility	!
Destination Facility Location	!
Destination Reason	!
Hospital Capability	!

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.
- Apt # (text)
 - The number of the specific apartment, suite, or room the patient was transported to.
- City (text)
 - The city name of the destination the patient was transported to.
- 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.
- Reason for Transport (dropdown)
 - The reason the unit chose to deliver or transfer the patient to the destination.

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

Intersection Navigation & Speed – To Destination

- Intersection Navigation & Speed – To Destination (checkmark)
 - The documentation of transport mode techniques for this EMS response.
 - **The Intersection Nav & Speed to Scene section has been temporarily hidden.**

Intersection Navigation & Speed - To Destination	
Intersection Navigation - Against Normal Light Patterns	✓
Intersection Navigation - With Automated Light Changing Technology	✓
Intersection Navigation - With Normal Light Patterns	✓
Speed-Enhanced per Local Policy	✓
Speed-Normal Traffic	✓

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.
- Registration # (text)
 - Hospital registration number assigned the patient.

Hospital Receiving	
Condition of Patient at Destination	☰
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.
- Signature Text (dropdown)
 - Signature of the receiving agent, nurse or doctor who acknowledges receipt of the patient.
- 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	☰
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	^	v
Nearest Facility Passed	☰	
Miles Beyond	^	v
Miles to Nearest Facility Passed	^	v

T

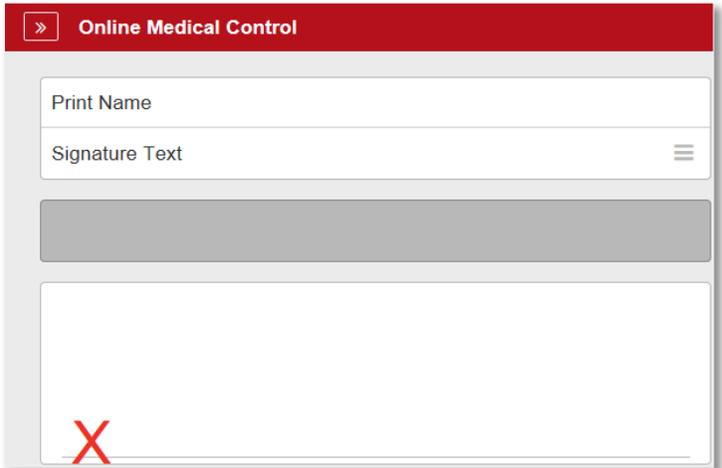
Transporting Agency	☰
---------------------	---

Online Medical Control

- Print Name (text)
 - The printed name of the online medical control personal.
- Signature Text (dropdown)
- Signature
 - The individual's signature associated with eOther.15 (Signature Status).



Online Medical Control Not Signed



» Online Medical Control

Print Name

Signature Text ☰

X

When the Online Medical Control signature is filled out, a field for Online Medical Control Facility will show. The pick list is filtered to only facilities of type "Online".



Online Medical Control *Med Control*

Med Control

Online Facility ☰

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.



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	<input checked="" type="checkbox"/>
Carried	<input checked="" type="checkbox"/>
Chair	<input checked="" type="checkbox"/>
Other (Not Listed)	<input checked="" type="checkbox"/>
Stairchair	<input checked="" type="checkbox"/>
Stretcher	<input checked="" type="checkbox"/>
Walked With Assist	<input checked="" type="checkbox"/>
Wheelchair	<input checked="" type="checkbox"/>

Transport Position

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

Transport Position	
Car Seat	<input checked="" type="checkbox"/>
Left Lateral Recumbent	<input checked="" type="checkbox"/>
Prone	<input checked="" type="checkbox"/>
Right Lateral Recumbent	<input checked="" type="checkbox"/>
Reverse Trendelenburg	<input checked="" type="checkbox"/>
Semi / Full Fowlers	<input checked="" type="checkbox"/>
Sitting	<input checked="" type="checkbox"/>
Shock	<input checked="" type="checkbox"/>
Supine	<input checked="" type="checkbox"/>
Trendelenburg	<input checked="" type="checkbox"/>

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:

Patient

First Name	Jane
Last Name	Doe
Middle Name	
SSN	____-____-____
Driver's License	
State Issuing DL	
Local Resident	No Yes
Homeless	✓

Address

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

Demographics

Date Of Birth	01/01/1950
Age	66
Units	Years
Approximate Age	✓
Weight (lbs)	
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	✓

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

The screenshot shows the 'Patient' tab selected in a sidebar menu. The main area displays a form with the following fields: First Name, Last Name, Middle Name, SSN (with a blue link icon and the value 516-80-4468), Driver's License, State Issuing DL, Local Resident (with 'No' and 'Yes' radio buttons), and Homeless (with a checked checkbox).

1. Select the **View Patient Matches** button to display the possible matches found.

2. Then, select the patient name.

The screenshot shows a red header 'Patient Matches' above a white box containing the following information: **HOMER SIMPSON** (in blue), 60 years old Male, 8585 PICARDY AVENUE, BATON ROUGE, LA.

3. Select the data fields for import.

- All
 - None
 - Select
- Use the dropdown to "Show Patient Demographics"

4. Select "Import data".

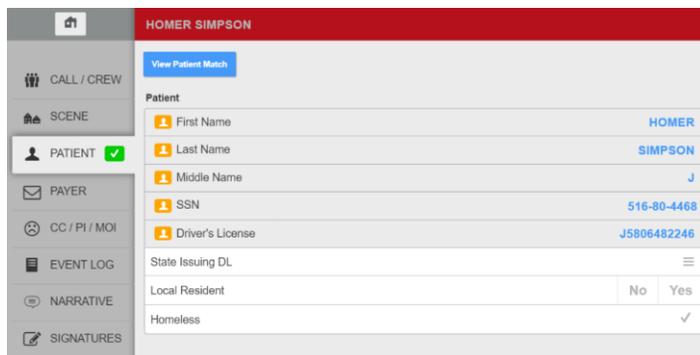
NOTE: The patient's master record is stored in HealthEMS Manager. The available data fields for import are based on information documented in previously submitted PCRs from within the same agency.

The screenshot shows a red header 'Patient Match Import' above a form with the following sections: 'Import data' (text input), 'Patient Demographics' (with 'All' and 'None' buttons and a 'Show Patient Demographics' dropdown), 'Phone Numbers' (None found), 'Email Addresses' (None found), 'Payers' (None found), and 'Guarantor Information' (None found).

Successful patient data import will display a  icon.

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.



HOMER SIMPSON	
View Patient Match	
Patient	
 First Name	HOMER
 Last Name	SIMPSON
 Middle Name	J
 SSN	516-80-4468
 Driver's License	J5806482246
State Issuing DL	<input type="checkbox"/>
Local Resident	<input type="checkbox"/> No <input type="checkbox"/> Yes
Homeless	<input checked="" type="checkbox"/>

Patient

5. First Name (text)
 - The patient's first (given) name.
6. Last Name (text)
 - The patient's last (family) name.
7. Middle Name (text)
 - The patient's middle name, if any.
8. SSN (numeric)
 - The patient's social security number.
9. Driver's License (text)
 - The patient's driver's license number.
 - Limited to 20 characters.
10. State Issuing DL (dropdown)
 - The state that issued the driver's license.
11. Local Resident (yes/no)
12. Homeless (checkmark)

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

Address

- Use Incident Address (button)
 - Imports in the data in the fields under Incident Address.
- Foreign (checkmark)
 - Indicates the patient is a foreigner (not a USA citizen).
- Address (text)
 - The patient's home mailing or street address.
- Apt # (text)
 - The number of the specific apartment, suite, or room of the patient.
- City (text)
 - The patient's home city or township or residence.
- 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.

Address	Use Incident Address
Foreign	✓
Address	
Apt #	
City	
State	☰
Country	☰
Census Tract	
Zip	
County	☰

- Zip (numeric)
 - 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.
- 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.



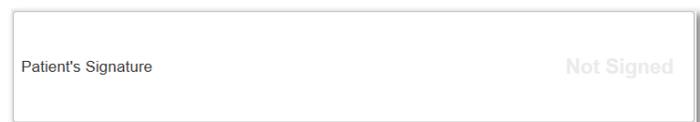
Patient Email Addresses

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



Patient's Signature

- Print Name (text)
 - The printed name of the patient.
- 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

- 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)

Validation has been added to require all **Medical Need** and **Medical Need: Special Handling** items be completed on the Patient tab 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 Need: Special Handling		
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

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

Medical History		COMMENT	+ADD
Select...	☰		✕

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.



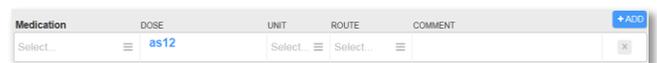
Medication Allergies

- 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.



A screenshot of a patient immunization form. The form has a title bar with the word "Immunization" on the left and a blue "+ADD" button on the right. Below the title bar, there are three columns: "Immunization" with a dropdown menu showing "Select...", "DATE" with the value "01/19/2016", and "COMMENT" with a dropdown menu showing "^^". There is a small "X" button in the bottom right corner of the form.

Payer

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

The screenshot shows the ePCR interface with the Payer section active. The sidebar on the left contains navigation icons and labels: CALL / CREW, SCENE, PATIENT, PAYER (highlighted), CC / PI / MOI, EVENT LOG, NARRATIVE, SIGNATURES, and OTHER. The main content area has a red header with 'ePCR' and a utility bar with icons for home, list, heart, ambulance, and a menu. Below the header, the 'Payers' section is displayed. It includes a '+ ADD' button and a message 'No payers added'. The 'Guarantor Information' section contains text input fields for First Name, Last Name, Middle Name, Phone, and Email. The 'Address' section contains text input fields for Address, Apt #, City, State, Zip, and Country. Below these are fields for Guarantor Relationship and Comments. A 'Signature' field is present with a 'Not Signed' status. At the bottom, there is a 'Representative Information' section with fields for First Name and Last Name, and another 'Address' section with fields for Address and Apt #.

Payer

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

The screenshot shows the Payer dropdown menu. The menu is titled 'Payer' and contains the following options: Order, Type, Payer, Policy Number, Name, and Group Number. Each option has a dropdown arrow icon on the right side.

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

»
Payer

Medicare Beneficiary Questionnaire

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 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

- 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

- 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)
 - 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.

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

Guarantor Relationship	☰
Comments	

Guarantor's Signature

- Print Name (text)
 - The printed name of the guarantor.
- 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

- 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.

Address	Use Patient Address
Address	
Apt #	
City	
State	☰
Zip	

Representative Type	☰
Comments	

Representative's Signature

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

Signature Not Signed

» Signature

Print Name

Signature Text mobile touch x

mobile touch unable to sign

X

CC / PI / MOI

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

Patient Complaints

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

Data validation on the **Complaints (Complaint Type)** field requires the patient **Complaint**, while **Complaint Durations** and **Duration Units** fields are desired. Only one "Chief (Primary)" complaint be documented in the **Patient Complaints** field.

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

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.



A screenshot of a form field titled "Onset". The field contains the text "Chief Complaint Onset" and has two small arrow icons (up and down) to its right.

Patient Activity

The **Patient Activity** field (between the *Onset* and *Provider Impression* fields) on the CC/PI/MOI tab has been temporarily hidden.

- Patient Activity (dropdown)
 - The activity the patient was involved in at the time the patient experienced the onset of symptoms or experienced an injury. Examples: Sports or Other extracurricular activities. Can enter more than one.

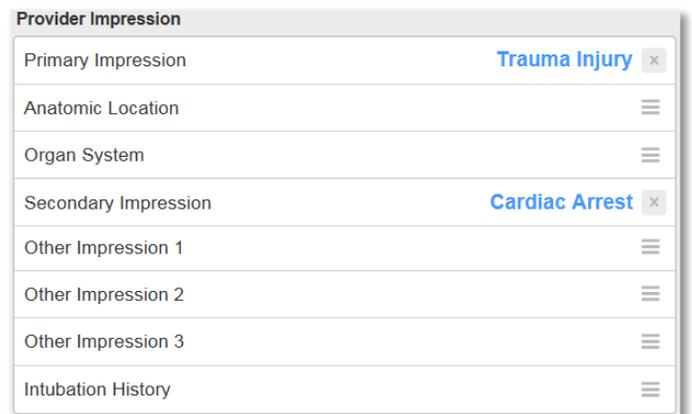


A screenshot of a form field titled "Patient Activity". The field contains a dropdown menu with the text "Select...". To the right of the dropdown is a blue button with a white plus sign and the text "+ADD". There is also a small "x" icon in a square box to the right of the dropdown.

Provider Impression

The EMS care provider's impressions 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



A screenshot of a form field titled "Provider Impression". The field contains a list of impression types with their corresponding values and a small "x" icon to the right of each value. The values are: Primary Impression (Trauma Injury), Anatomic Location, Organ System, Secondary Impression (Cardiac Arrest), Other Impression 1, Other Impression 2, Other Impression 3, and Intubation History.

- 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.
- Trauma Reason (radio)

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

Cardiac Arrest Assessment

- Arrest After Arrival of EMS (checkmark)
- Arrest Witnessed (radio)

Pre-Arrival Details	
Arrest After Arrival of EMS	<input checked="" type="checkbox"/>

Arrest Witnessed	
Witnessed by Family Member	<input type="radio"/>
Witnessed by Healthcare Provider	<input type="radio"/>
Witnessed by Lay Person	<input type="radio"/>
Not Witnessed	<input type="radio"/>

- Presumed Cardiac Arrest (radio)

Presumed Cardiac Arrest	
Drowning	<input type="radio"/>
Drug Overdose	<input type="radio"/>
Electrocution	<input type="radio"/>
Presumed Cardiac Etiology	<input type="radio"/>
Respiratory	<input type="radio"/>
SeveredBloodLoss	<input type="radio"/>
Trauma	<input type="radio"/>
Other	<input type="radio"/>
Unknown	<input type="radio"/>

CPR Details

- Type of Bystander CPR (radio)

Type of Bystander CPR	
Compressions and Ventialations	<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"/>

- Who Initiated CPR (radio)

Who Initiated CPR	
1st Responder	<input type="radio"/>
Lay Person	<input type="radio"/>
Family Member	<input type="radio"/>
Lay Person Medical Provider	<input type="radio"/>
Not Applicable	<input type="radio"/>
Other	<input type="radio"/>
Responding EMS Personnel	<input type="radio"/>

- Dispatcher CPR Instructions (radio)

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

- Resuscitation Attempted (yes/no)

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

- Type of CPR Provided (checkmark)

Type of CPR Provided	
Compressions-Continuous	<input checked="" type="checkbox"/>
Compressions-External Band Type Device	<input checked="" type="checkbox"/>
CompressionExternalPlunger	<input checked="" type="checkbox"/>
CompressionExternalThumper	<input checked="" type="checkbox"/>
Compressions-Intermittent With Ventilation	<input checked="" type="checkbox"/>
Compressions-Other Device (Not Listed)	<input checked="" type="checkbox"/>
Ventilation-Bag Valve Mask	<input checked="" type="checkbox"/>
Ventilation-Impedance Threshold Device	<input checked="" type="checkbox"/>
Ventilation-Mouth To Mouth	<input checked="" type="checkbox"/>
Ventilation-Pocket Mask	<input checked="" type="checkbox"/>

- Date/Time Resuscitation (date/time)
- Pronouncing Physician Name (text)

Date/Time Resuscitation	^	v
Discontinued		
Pronouncing Physician Name		

AED Details

- AED Applied Prior To Arrival (radio)

AED Applied Prior To Arrival	
Yes - With Defibrillation	<input type="radio"/>
Yes - Without Defibrillation	<input type="radio"/>
No	<input type="radio"/>

- Who First Applied the AED (radio)

Who First Applied the AED	
Lay Person	<input type="radio"/>
Lay Person Family Member	<input type="radio"/>
Lay Person Medical Provider	<input type="radio"/>
1st Responder	<input type="radio"/>

- Who Used AED Prior To Arrival (checkmark)

Who Used AED Prior To Arrival	
Family Member	✓
First Responder (Fire, Law, EMS)	✓
Healthcare Professional (Non-EMS)	✓
Lay Person (Non-Family)	✓
Other EMS Professional (not part of dispatched response)	✓

- First To Defibrillate Patient (radio)

First To Defibrillate 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"/>
1st Responder	<input type="radio"/>
Responding EMS Personnel	<input type="radio"/>

- Was AED Applied by Police? (yes/no)
- Did the Police defibrillate the patient? (yes/no)

Was AED applied by Police?	No	Yes
Did the Police defibrillate the patient?	No	Yes

ROSC Information

- Any ROSC (checkmark)

Any ROSC	
No	<input checked="" type="checkbox"/>
Yes, at Arrival at the ED	<input checked="" type="checkbox"/>
Yes, Prior to Arrival at the ED	<input checked="" type="checkbox"/>
Yes, Sustained for 20 Consecutive Minutes	<input checked="" type="checkbox"/>

- 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 the end of EMS care (or ED arrival)	<input type="radio"/>
Yes, pulse at end of EMS care (or ED arrival)	<input type="radio"/>
No	<input type="radio"/>

- End Of Event (radio)

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

- Reason CPR/Resuscitation Discontinued (radio)

Reason CPR/Resuscitation Discontinued	☰
---------------------------------------	---

Hypothermia Information

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

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

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	<input checked="" type="checkbox"/>
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 then 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

Treatment - Burn Care	
Burn Depth	☰
Burn Percentage	^ v

- 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.

- 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.

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

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.

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 (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.

Drug Overdose or Poison Name

Treatment – Burn Care

- Burn Depth (dropdown)
- Burn Percentage (numeric)

Treatment - Burn Care

Burn Depth ☰

Burn Percentage ^ v

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	✓
Motorcylce / ATV Crash > 20mph	✓
MVC - Death in Same Vehicle	✓
MVC - Ejection	✓
MVC - Fire	✓
MVC - Rollover/Roof Deformity	✓
MVC - Side Post Deformity	✓
MVC - Space Intrusion > 1 foot	✓
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 gray; 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

- 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 ▲ ▼

Est Speed ▲ ▼

Case Number

Time of Extrication ▲ ▼

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 the ePCR software interface. On the left is a sidebar with navigation icons and labels: CALL / CREW, SCENE, PATIENT, PAYER, CC / PI / MOI, EVENT LOG (highlighted), NARRATIVE, SIGNATURES, and OTHER. The main content area has a red header bar with 'ePCR' and several utility icons. Below the header are input fields for 'Time Override' (with up/down arrows), 'Crew Name' (with a dropdown arrow), and 'Protocol' (with a dropdown arrow). Underneath is an 'Events' section with a horizontal scrollable menu of event types: ABC, Neuro, Vitals, Treatment, Medication, Injury, Head To Toe, CPSS, Influenza, and Psyc. Below the menu, it says 'No events added'.

This is a close-up of the 'Events' section. It features a horizontal scrollable menu with event types: ABC, Neuro, Vitals, Treatment, Medication, Injury, and Head To Toe. Below the menu is a form field for an event entry. The time '08:54:44' is displayed on the left. The form field contains 'Select...' and 'ABC'. On the right side of the form field are icons for a clipboard, a delete button (x), and a validation button (red exclamation mark).

- 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

Events												
ABC	Neuro	Vitals	Treatment	Medication	Injury	Head To Toe	CPSS	Influenza	Psychiatric	Appar		
09:42:13	^	▼	EKG						Vitals	BP: 0/0 Pulse: 66	♥	×
09:34:13	^	▼	EKG						Epinephrine		⊥	×

- 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

Set All Normals

- Clone
 - Duplicate the entry

Clone

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

Airway – General:

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

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)

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)

Circulation - General		
No	Normal	Yes

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

Heart Assessment:

The **Heart Assessment** section has been temporarily hidden.

- Normal (yes/no)
- Clicks (yes/no)
- Heart Sounds Decreased (yes/no)
- Murmur – Diastolic (yes/no)
- Murmur – Systolic (yes/no)
- Rubs (yes/no)
- S1 (yes/no)
- S2 (yes/no)
- S3 (yes/no)
- S4 (yes/no)

Heart Assessment		
No	Normal	Yes
No	Clicks	Yes
No	Heart Sounds Decreased	Yes
No	Murmur - Diastolic	Yes
No	Murmur - Systolic	Yes
No	Rubs	Yes
No	S1	Yes
No	S2	Yes
No	S3	Yes
No	S4	Yes

Neuro

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

The screenshot shows a top navigation bar with tabs for 'ABC', 'Neuro', 'Vitals', 'Treatment', 'Medication', 'Injury', 'Head To Toe', and 'CPSS'. The 'Neuro' tab is highlighted with a blue border. Below the tabs, there is a timestamp '11:33:18', a dropdown arrow, a 'Select...' button, a hamburger menu icon, and the text 'Neuro'. On the right side, there are icons for a clipboard and a close button (X), and a red exclamation mark icon.

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

The screenshot shows a form for a Neuro event. It has four rows: 'Time' with a date '01/06/2016' and a time '21:51:28', 'Crew Name' with a dropdown arrow, 'PTA' with a checkmark, and 'Comments' with a text input field. A red exclamation mark icon is visible on the right side of the form.

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

No	Yes	Facial Droop	No	Yes
No	Yes	Weakness	No	Yes
No		Weakness - Normal for Patient (left)		Yes
No		Weakness - Normal for Patient (right)		Yes
No	Yes	Hemiplegia	No	Yes
No		Hemiplegia - Normal for Patient (left)		Yes
No		Hemiplegia - Normal for Patient (right)		Yes

AVPU ☰

Vitals

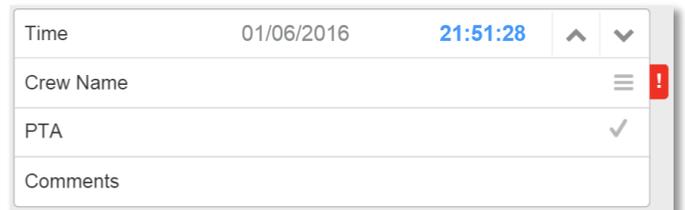
Document vitals assessments performed by the crew during the patient event.



The screenshot shows a horizontal menu titled "Events" with several tabs: ABC, Neuro, Vitals (highlighted with a blue border), Treatment, Medication, Injury, and Head To Toe. Below the menu, there is a time display "08:54:44", 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 data entry form for Vitals. It has a header row with "Time" (01/06/2016 21:51:28), a dropdown arrow, and a red warning icon. Below the header are four rows: "Crew Name" with a dropdown arrow and a red warning icon, "PTA" with a checkmark, and "Comments" with a text input 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)
- Blood Sugar (3 digits)
- Temperature (5 digits)



The screenshot shows a numeric input panel titled "Systolic" in a red header. It has two buttons at the top: "Not Taken" and "Clear". Below these are three rows of three buttons each, containing the digits 1 through 9. The bottom row contains a decimal point button (.), a 0 button, and a "Del" button. At the very bottom are "Prev" and "Next" buttons.

Validation requires one **Systolic** blood pressure and **Diastolic** blood pressure be documented in the Event Log tab 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.

Systolic	
Not Taken	Clear
Not Applicable	<input type="radio"/>
Not Recorded	<input type="radio"/>
Exam Finding Not Present	<input type="radio"/>
Refused	<input type="radio"/>
Unable to Complete	<input type="radio"/>
Not Reporting	<input type="radio"/>
Prev	Next

- 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

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

Heart Rate/Pulse	
Type	☰
Respiration	
Effort	☰

- 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.

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

Glasgow Coma Score	Incomplete
Qualifiers	
Eye Obstruction Prevented Eye Assessment	✓
Patient Chemically Paralyzed	✓
Patient Chemically Sedated	✓
Patient Intubated	✓

-
- 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 (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"/>

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

Age Type	Adult	Child
Pediatric Glasgow Coma Score	15	
Revised Trauma Score (Pediatric)	≡ 0	

- Weight (radio)
Select one

0-5: Life Threatening - Trauma Center Needed

Pediatric RTS	0
Weight	
> 20 kg (44lbs)	<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

Sytolic 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.



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

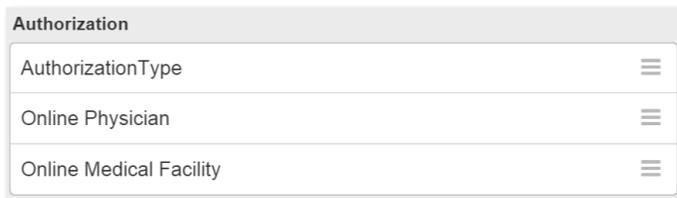
Time	01/06/2016	21:51:28	^	v
Crew Name	☰			
PTA	☑			
Comments				

Treatment	☰		!
Authorization	No	Yes	
Reason Not Performed	☰		
Success	No	Yes	
Patient Response	☰		
Complication	☰		

The following fields are added when Authorization is marked as Yes.

Authorization:

- Authorization Type (dropdown)
 - Fixed list
- Online Physician (dropdown)
 - Variable list
 - Setup – Region – Physicians – Type = “Online” in HealthEMS Manager*
- Online Medical Facility (dropdown)
 - Variable list
 - Setup – Region – Facilities – Transport = “Online” in HealthEMS Manager*



Validation has been added 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



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.

- *Setup – Clinical – Treatment Codes – Edit – Treatment Type (dropdown) in HealthEMS Manager.*

IV:

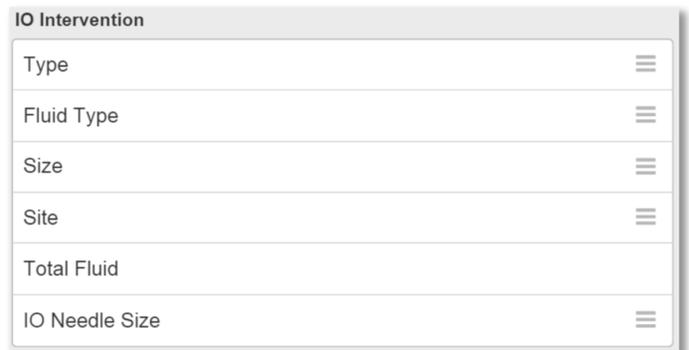
- Fluid Type (dropdown)
 - Fixed list
- Size (dropdown)
 - Fixed list
- Site (dropdown)
 - Fixed list
- Total Fluid (text)
 - Total fluid used
 - Limited to 25 characters



The screenshot shows a form titled "IV Intervention" with the following fields: Fluid Type (dropdown), Size (dropdown), Site (dropdown), and Total Fluid (text). Each dropdown field has a menu icon on the right side.

IO:

- Type (dropdown)
 - Fixed list
- Fluid Type (dropdown)
 - Fixed list
- Size (dropdown)
 - Fixed list
- Site (dropdown)
 - Fixed list
- Total Fluid (text)
 - Total fluid used
- IO Needle Size (dropdown)
 - Fixed list



The screenshot shows a form titled "IO Intervention" with the following fields: Type (dropdown), Fluid Type (dropdown), Size (dropdown), Site (dropdown), Total Fluid (text), and IO Needle Size (dropdown). Each dropdown field has a menu icon on the right side.

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	^	v
Total Gravida	^	v
Date of last menstrual cycle (approx)	^	v
Labor		
Onset Date/Time	^	v
Membrane Intact	No	Yes
Contraction length in Seconds	^	v
Minutes between Contractions	^	v
Delivery		
Onset Date/Time	^	v
Birth Date/Time	^	v
Complications		
Bleeding Uncontrolled	<input checked="" type="checkbox"/>	
Breech Presentation	<input checked="" type="checkbox"/>	
Limb Presentation	<input checked="" type="checkbox"/>	
Meconium Present	<input checked="" type="checkbox"/>	
Occiput Posterior	<input checked="" type="checkbox"/>	
Prolapsed Cord	<input checked="" type="checkbox"/>	
Placenta Previa	<input checked="" type="checkbox"/>	

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	^	v
Advanced Airway Verification	^	v
Intubation Tube Size		
Syringe Aspiration performed without resistance	No	Yes
Advanced Airway Attempt Abandoned	^	v

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

I	aVR
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"/>
II	aVL
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"/>
III	aVF
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"/>
V1	V4
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"/>
V2	V5
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"/>
V3	V6
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"/>

Right Left or Lateral

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

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

Cardioversion	
Cardioversion Joules	☰

Social Services

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

Social Services		
Social Service Program	Yes	No
Social Service Notes		

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 (yes/no)
- Rate (numeric)
- Tidal Volume (numeric)
- Positive End-Expiratory Pressure (numeric)
- Peak inspiratory pressure (numeric)
- Fraction Inspired Oxygen (numeric)
- Inspiratory – Time (numeric)
- Frequency (numeric)
- Mean Airway Pressure (numeric)
- Centimeters of Water Pressure (numeric)

Ventilator	
Mode of Ventilation	<input type="text"/>
Assist Control (AC)	<input type="radio"/> No <input type="radio"/> Yes
Rate	<input type="text"/>
Tidal Volume (Vt)	<input type="text"/>
Positive End-Expiratory Pressure	<input type="text"/>
Peak inspiratory pressure (PIP)	<input type="text"/>
Fraction Inspired Oxygen (FiO2)	<input type="text"/>
Inspiratory - Time	<input type="text"/>
Frequency (Hz)	<input type="text"/>
Mean Airway Pressure (MAP)	<input type="text"/>
Centimeters of Water Pressure	<input type="text"/>

Medication

Document medications administered by the crew during the patient event.

The screenshot shows a top navigation bar with tabs for ABC, Neuro, Vitals, Treatment, Medication (highlighted), Injury, Head To Toe, and CPSS. Below the tabs, there is a timestamp '11:14:56', a dropdown arrow, a 'Select...' button, a hamburger menu icon, and the word 'Medication' in blue text. On the far right, there is a microphone icon, a close 'x' button, and a red warning icon.

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?

The screenshot shows a form with the following fields: Time (01/06/2016 21:51:28), Crew Name (dropdown), PTA (checkbox with checkmark), and Comments (text area). A red warning icon is visible on the right side.

The screenshot shows a dropdown menu for Medication with the following options: Dose (dropdown), Unit (dropdown), Route (dropdown), and Authorization (radio buttons for No and Yes). A red warning icon is visible on the right side.

Validation has been added to require **Dose**, **Unit**, and **Route** fields be completed when a **Medication** has been entered.

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

The screenshot shows a form with the following fields: Reason Not Given (dropdown), Success (radio buttons for No and Yes), Patient Response (dropdown), and Complication (dropdown). A red warning icon is visible on the right side.

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)

Authorization	
Authorization Type	☰
Online Physician	☰
Online Medical Facility	☰

On Scene Physician:

- Physician ID# (text)
- Phone Number (numeric)
- Physician Name (text)

On Scene Physician	
Physician ID#	
Phone Number	__-__-__
Physician Name	

Injury

Document patient injuries related to the patient event.

The screenshot shows a horizontal toolbar titled 'Events'. It contains several tabs: 'ABC', 'Neuro', 'Vitals', 'Treatment', 'Medication', 'Injury', and 'Head To Toe'. The 'Injury' tab is highlighted with a blue border. Below the tabs, there is a time display '08:54:44', a dropdown arrow, a 'Select...' button, a hamburger menu icon, the text 'Injury', a clipboard icon, a close 'x' button, and a red warning icon.

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

The screenshot shows a form with the following fields:

- Time: 01/06/2016 21:51:28 (with up/down arrows)
- Crew Name (with a hamburger menu icon)
- PTA (with a checkmark)
- Comments (text input area)

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

The screenshot shows a form with the following fields:

- Location (dropdown menu)
- Location Modifier (dropdown menu)
- Injury Type (dropdown menu)
- Injury Modifier (dropdown menu)

Head To Toe

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

The screenshot shows a software interface with a header labeled 'Events'. Below the header is a row of tabs: 'ABC', 'Neuro', 'Vitals', 'Treatment', 'Medication', 'Injury', and 'Head To Toe'. The 'Head To Toe' tab is highlighted with a blue border. Below the tabs is a data entry area containing a timestamp '08:54:44', a dropdown menu with an upward arrow, a 'Select...' label, a hamburger menu icon, the text 'Head To Toe', a clipboard icon, and a close 'x' button.

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

The screenshot shows a form titled 'Injury' with the following fields:

- Time**: 01/06/2016 21:51:28 (with up and down arrows)
- Crew Name**: (with a dropdown arrow and a red warning icon)
- PTA**: (with a checkmark)
- Comments**: (text input field)

There are four sections: (select one)

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

The screenshot shows a vertical dropdown menu with four options: 'Head & Neck', 'Chest & Back', 'Arms & Legs', and 'Abdomen & Pelvis'. The 'Head & Neck' option is currently selected and highlighted.

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)

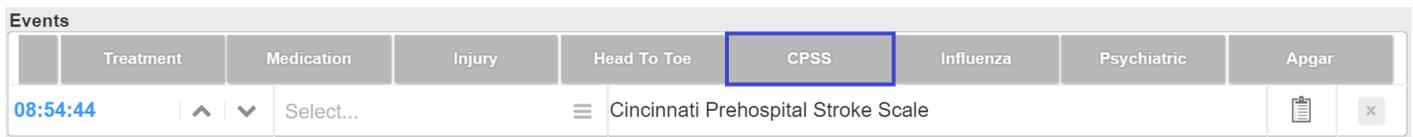
Left		Upper Abdomen	Right	
No	Yes	Normal	No	Yes
No	Yes	Ascites	No	Yes
No	Yes	Bowel Sounds	No	Yes
No	Yes	Distended	No	Yes
No	Yes	Hard/Rigid	No	Yes
No	Yes	Tender/Pain	No	Yes
No	Yes	Rash	No	Yes

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

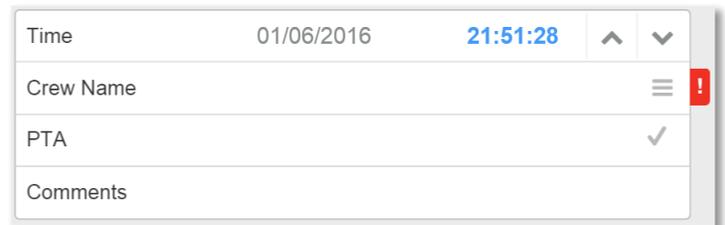
CPSS

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



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



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)



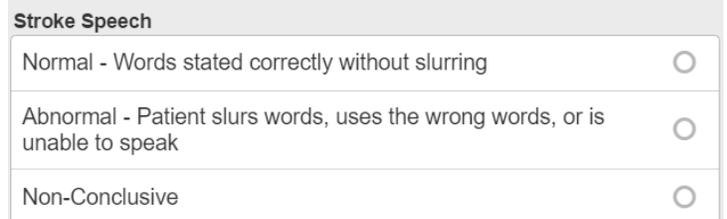
Stroke Arms:

- 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)



LAPSS

Document Los Angeles Prehospital Stroke Scale assessment performed by the crew during the patient event.

Events												
ABC	Neuro	Vitals	Treatment	Medication	Injury	Head To Toe	CPSS	LAPSS	Influenza	Psychiatric	Apgar	
09:34:39	▲ ▼	Select...	LA Prehospital Stroke Scale				☰	☰	☰	☰	☰	☰
										📄	✕	

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

- Age of the Patient - years (numeric)
- Duration of Symptoms – hours (numeric)
- 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)

Facial Smile / Grimace:

- Does the left side of the Patient's mouth droop when trying to smile? (yes/no)
- Does the right side of the Patient's mouth droop when trying to smile? (yes/no)

Time	04/30/2016	09:34:39	▲ ▼
Crew Name	☰		
PTA	✓		
Comments			

Age of the Patient (years)	▲ ▼
Duration of Symptoms (hours)	▲ ▼
Whole Blood Glucose	▲ ▼
Is the Patient known to have a history of seizures or epilepsy?	No Yes
Is the Patient wheelchair bound or bedridden?	No Yes
Facial Smile / Grimace	
Does the left side of the Patient's mouth droop when trying to smile?	No Yes
Does the right side of the Patient's mouth droop when trying to smile?	No Yes

Grip:

- Strength of Left Side Hand Grip (radio)
- Strength of Right Side Hand Grip (radio)

Grip	
Strength of Left Side Hand Grip	
Normal	<input type="radio"/>
Weak	<input type="radio"/>
Absent	<input type="radio"/>
Strength of Right Side Hand Grip	
Normal	<input type="radio"/>
Weak	<input type="radio"/>
Absent	<input type="radio"/>

Arm Weakness:

- Strength of Outstretched Left Arm (radio)
- Strength of Outstretched Right Arm (radio)

Arm Weakness	
Strength of Outstretched Left Arm	
Stable	<input type="radio"/>
Drifts Down	<input type="radio"/>
Falls Rapidly	<input type="radio"/>
Strength of Outstretched Right Arm	
Stable	<input type="radio"/>
Drifts Down	<input type="radio"/>
Falls Rapidly	<input type="radio"/>

Influenza

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

Events		Treatment	Medication	Injury	Head To Toe	CPSS	Influenza	Psychiatric	Apgar
08:54:44	^ v	Select...					Influenza		📄 x

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

	Treatment	Medication	Injury	Head To Toe	CPSS	Influenza	Psychiatric	Apgar
08:54:44	^	v	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.

The screenshot shows a horizontal menu titled 'Events' with several tabs: Treatment, Medication, Injury, Head To Toe, CPSS, Influenza, Psychiatric, and Apgar. The 'Apgar' tab is highlighted with a blue border. Below the tabs, there is a timestamp '08:54:44', a dropdown arrow, a 'Select...' button, a hamburger menu icon, and the text 'Apgar'. On the right side, there are icons for a clipboard and a close button (X).

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

The screenshot shows a form with the following fields: 'Time' with a date '01/06/2016' and a time '21:51:28'; 'Crew Name' with a dropdown arrow and a red exclamation mark icon; 'PTA' with a checkmark icon; and 'Comments' with a text input area.

APGAR:

- Apgar (radio)
- Total (numeric)

The screenshot shows a section titled 'APGAR' with three radio buttons: 'One Minute', 'Five Minute', and 'Ten Minute'. Below these is a 'Total' field.

Heart Rate:

- Heart Rate (radio)

The screenshot shows a section titled 'Heart Rate' with three radio buttons: 'Absent', 'Below 100', and 'Above 100'.

Muscle Tone:

- Muscle Tone (radio)

The screenshot shows a section titled 'Muscle Tone' with three radio buttons: 'Limp', 'Some Flexion', and 'Active Motion'.

Color:

- Color (radio)

The screenshot shows a section titled 'Color' with three radio buttons: 'Blue, Pale', 'Body Pink, Extremities Blue', and 'Completely Pink'.

Respiratory Effort:

- Respiratory Effort (radio)

The screenshot shows a section titled 'Respiratory Effort' with three radio buttons: 'Absent', 'Slow Irregular', and 'Good - Crying'.

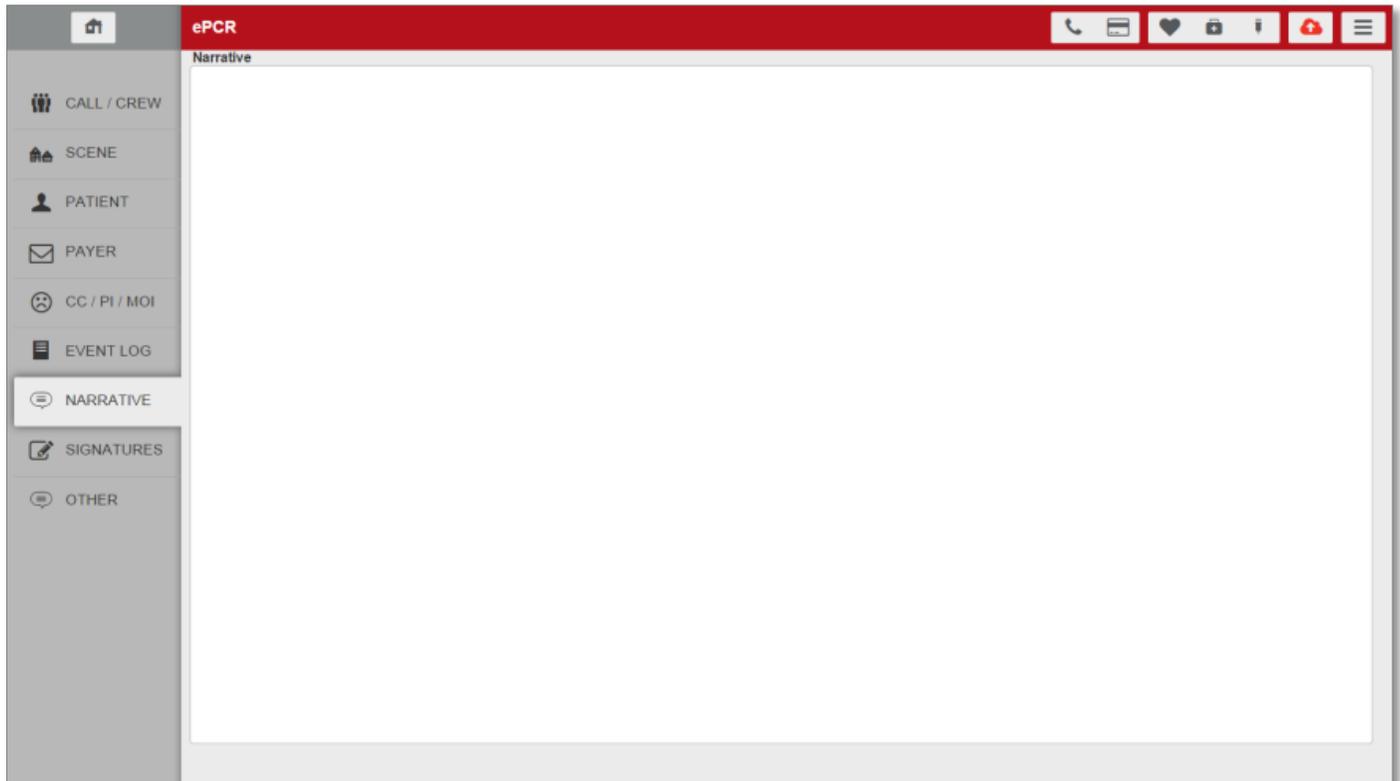
Reflex Irritability:

- Reflex Irritability (radio)

The screenshot shows a section titled 'Reflex Irritability' with three radio buttons: 'No Response', 'Grimace', and 'Cough, Sneeze'.

Narrative

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



The screenshot displays the ePCR software interface. At the top, there is a red header bar with the text "ePCR" on the left and several utility icons (phone, calendar, heart, camera, location, home, and menu) on the right. Below the header is a sidebar menu with the following items: CALL / CREW, SCENE, PATIENT, PAYER, CC / PI / MOI, EVENT LOG, NARRATIVE (which is highlighted with a white background), SIGNATURES, and OTHER. The main content area is a large, empty white text field labeled "Narrative" at the top left corner.

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.

Signature Type	Status
Patient's Signature	Not Signed
Privacy Notice	Not Signed
Guarantor Signature	Not Signed
Destination Signatures	
Receiving Agent/RN/MD	Not Signed
Technician 1	Not Signed
Technician 2	Not Signed

Validation has been added to 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.
- the **Pt. Refused Treatment/Transport signature** if "No Transport/Refused Care" is selected as the *Run Disposition* on the Scene tab.
- the Unable to Sign **Reason** field be completed if the **Patient Unable to Sign** field has been checked.

Validation has been added to 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
 - Date
 - PCS Signature Obtained From (dropdown)

PCS Required	<input checked="" type="checkbox"/>
Ambulance transportation is medically necessary for the following reasons	
Bedridden	<input type="radio"/>
Other means of transportation are contraindicated because it would be harmful to the patient's condition	<input type="radio"/>
Ambulance transport is not medically necessary	<input type="radio"/>
Signature of Attestation	
Signature	Not Signed
Date	<input type="text"/>
PCS Signature Obtained From	<input type="text"/>

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.
- 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.

Authorized Representative

Representative Type ☰

Signature Not Signed

Signature

Print Name

Signature Text ☰

X

- 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.

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
 - A hidden field, revealed when Patient Unable To Sign is selected. Mirrored from the same field found under the Patient category.
- Print Name (text)
 - A hidden field, revealed when Patient Unable To Sign is selected. Mirrored from the same field found under the Patient category.
- 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.
- 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 ☰

X

- Privacy Notice
- Print Name (text)
- Signature Text (dropdown)
- Signature

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

> Privacy Notice

Print Name
Signature Text ☰

X

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

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

- Payer category.
 - Signature
 - Guarantor's signature, mirrored from the same field found under the Payer category.

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.
 - 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.

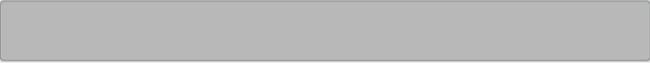
- Technician 1
 - The **Technician 1** field is required when any of the Run Dispositions (except "Cancelled") is selected on the Scene tab.
 - Print Name (text)
 - Technician 1's printed name.
 - Signature Text (dropdown)
 - Technician 1 signature text.
 - Signature
 - Technician 1's signature.

- Technician 2
- Print Name (text)
 - Technician 2's printed name.
- Signature Text (dropdown)
 - Technician 2 signature text.
- Signature
 - Technician 2's signature.

» Technician 1

Print Name

Signature Text 



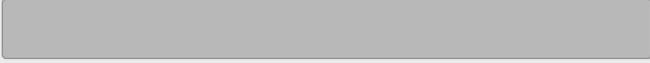


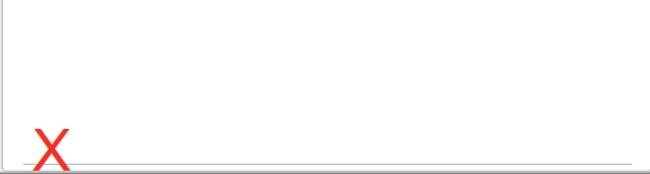
Technician 2 Not Signed

» Technician 2

Print Name

Signature Text 





Refusal Signatures

- Patient Refused To Sign (checkmark)
 - Pt. Refused Treatment/Transport
 - Print Name (text)
 - Pt. Refused Treatment/Transport's printed name.
 - Signature Text (dropdown)
 - Pt. Refused Treatment/Transport signature text.
 - Signature
 - Pt. Refused Treatment/Transport's signature.
-
- Witness Refusal
 - Print Name (text)
 - The person who witnessed the refusal's signature.
 - Signature Text (dropdown)
 - Witness Refusal signature text.
 - Signature
 - The Witness Refusal'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]

Medication Wasted

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

When the narcotic is deleted, it will also be deleted from the Medication Wasted section. There will be a separate row for each narcotic medication added (including duplicates).

Medications Wasted					
10:20:11	^ v	Tester, Test	x	Acetaminophen Unit: mg	
10:22:17	^ v	Tester, Test	x	Adenosine Injection 12mg Unit: mcg/kg	
10:24:19	^ v	Tester, Test	x	Adenosine Injection 12mg	

Medication Wasted Signatures

- Wasted Signature
- Print Name (text)
 - The printed name for the wasted signature.
- Signature Text (dropdown)
 - The signature for the wasted signature.
- Signature
 - The signature for wasted signature.

Wasted Signature Not Signed

» Wasted Signature

Print Name

Signature Text ≡

X

- Witness Signature
- Print Name (text)
 - The printed name for the witness signature.
- Signature Text (dropdown)
 - The signature for the witness signature.
- Signature
 - The signature for witness signature.

Witness Signature Not Signed

» Witness Signature

Print Name

Signature Text ≡

X
