EMS Documentation

Mercyhealth Prehospital and Emergency Services Center CME Series

February 2023

Mercyhealth™

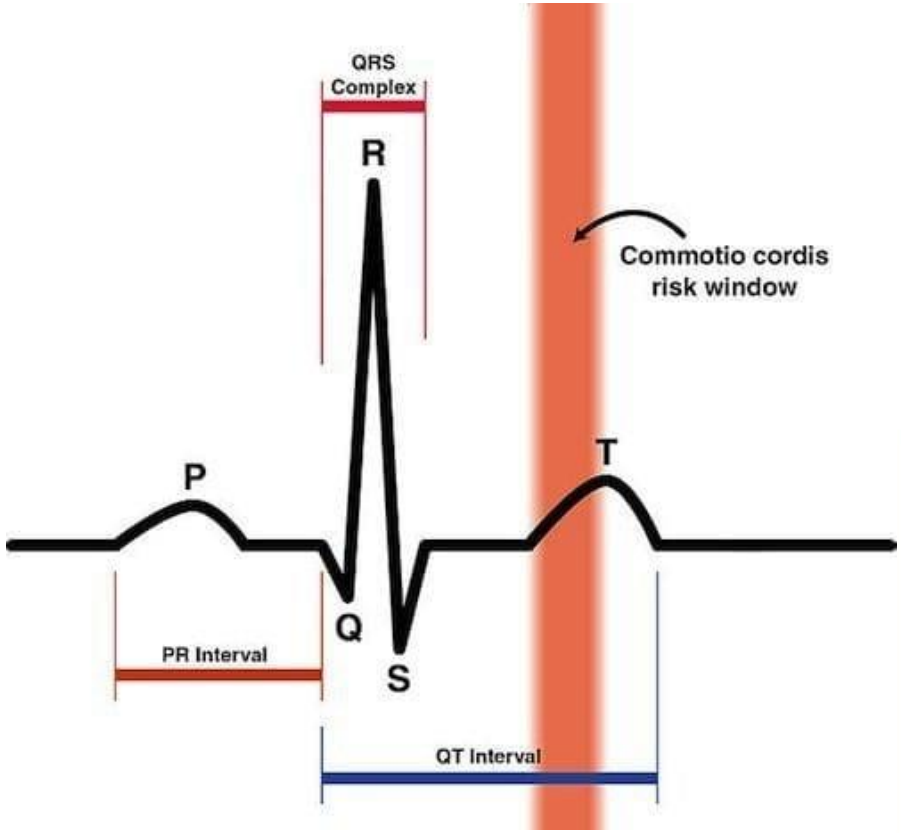
Objectives

- Identify the principals of EMS documentation
- Discuss Patient Confidentiality
- Identify EMS System Requirements of Documentations
- Identify special documentation considerations concerning patient refusals, restrains, minors, and behavioral emergencies

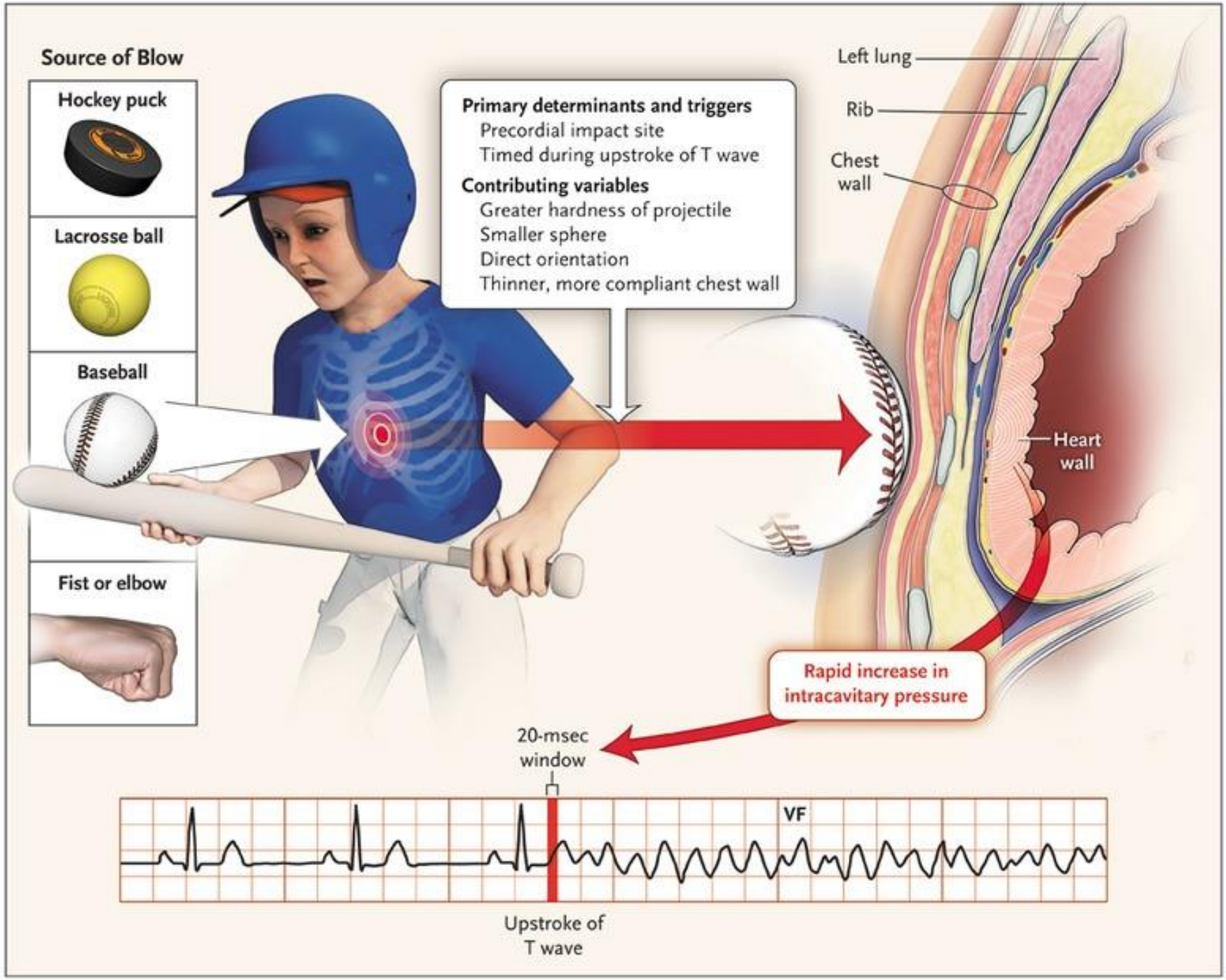
Mercyhealth™

But first… Commotio Cordis

- Blunt trauma to the chest induces ventricular fibrillation
- Typically, no damage occurs to the heart
- Impact occurs during vulnerable refractory period of cardiac cycle
  - 20 milliseconds time window



Mercyhealth™


Source of Blow
Hockey puck
Lacrosse ball
Baseball
Fist or elbow
Primary determinants and triggers
Precordial impact site
Timed during upstroke of T wave
Contributing variables
Greater hardness of projectile
Smaller sphere
Direct orientation
Thinner, more compliant chest wall
Left lung
Rib
Chest wall
Heart wall
Rapid increase in intracavitary pressure
20-msec window
VF
Upstroke of T wave

Commotio Cordis Treatment

- Early CPR
- Early Defibrillation
- Good ALS management – e.g.: MCMAID
  - **M**etronome Compressions 100/min
  - **C**ompressions- 2-2.4 in for Adult
  - **M**onitor/AED-Early Defibrillation
  - **A**irway- SGA, ETT
  - **I**V/IO- IV preferred per AHA guidelines
  - **D**rugs- Epinephrine, Amiodarone if indicates

Mercyhealth™

Essential Health Care Skill

"Documentation, like any other clinical intervention, is a skill that can be taught, practiced, and improved upon"

Mercyhealth™

Purposes of Documentation

- Continuity of Care
  - Handoff to other providers
  - Patient's condition on arrival at scene
  - Care that was provided
  - Changes in the patient's condition enroute
  - Condition on arrival at the hospital
- Minimum Requirements and Billing
  - For complete and accurate revenue recovery, you must ensure that all procedures performed are documented, insurance codes obtained, and the appropriate medical necessity signature obtained

Mercyhealth™

Purposes of Documentation

- EMS Research
  - Documentation results in compiled data used to justify innovative, lifesaving techniques
  - Call volumes and skills used
  - NEMSIS
- Incident Review and Quality Assurance
  - Medical audits
  - Educational activities
  - Adherence to local protocols
  - Quality monitoring/CQI
  - Number of skills performed
  - Controlled Substances

Mercyhealth™

The Prehospital PCR: Purpose

- The “First” Medical Record
  - Baseline
  - “Copy and Paste”
- Legal Document
  - Malpractice
  - Criminal and civil proceedings
- QA/Research
  - How do we improve the system?
  - Addition of new protocols

Mercyhealth™

Legal Implications of the Patient Care Report

- ✓ Do not document provider bias or personal opinions
- ✓ Omissions and/or errors could lead to further omissions and/or errors
- ✓ Improper and inadequate reports could result in litigation, loss of job or position, and/or a negative reflection on reputation
- ✓ Do not rely on your memory!

Mercyhealth™

4 Pillars of a Good PCR:

- Timely
- Accurate
- Complete
- Professional

Mercyhealth™

Timely

- Your report is needed to make clinical decisions
- Addendums- no problem if they are documented as such
- Should be written as soon as possible
  - Delayed reporting calls into question credibility

Mercyhealth™

Accurate

- Does your report match others on scene?
  - LEO Body Cameras
  - First Responders
  - Transporting Units
  - Cell Phones
- Record Objective Observations only
  - Use Quotations if needed
  - Avoid personal biases

Mercyhealth™

Complete

- “A patient care report shall be completed by each vehicle service provider for every emergency prehospital or inter-hospital transport.”
- 158 Data points collected in NEMSIS Data Set
  - Delays (Dispatch/Response)
  - Unit Call Sign
  - Demographics
  - Barriers to patient care
  - Cardiac Rhythm
  - GCS
  - Revised Trauma Score

Mercyhealth™

Be Professional

- Correct grammar and spelling
  - Proper medical terminology (“orientated??”)
- Clear
  - Can a colleague read and understand
  - Does your PCR paint a picture
- Concise
  - Document pertinent negatives
  - Does your treatment plan reflect your documentation?
    - Document why procedures were performed
- Sloppy PCR → assumed sloppy care

Mercyhealth™

Subjective vs Objective, Examples:

- **Subjective**- Patient is drunk
  - **Objective**- Patient slurring words with unsteady gait, smells of EtOH.

- **Subjective**- Patient is confined to their bed
  - **Objective**- Patient was lying supine in hospital bed in living room, patient informs EMS that he is unable to get up from bed without the assistance of two people, has two sacral ulcers that prevent him from using a wheelchair, cannot walk and needs to be carried to bathroom by family

Mercyhealth™

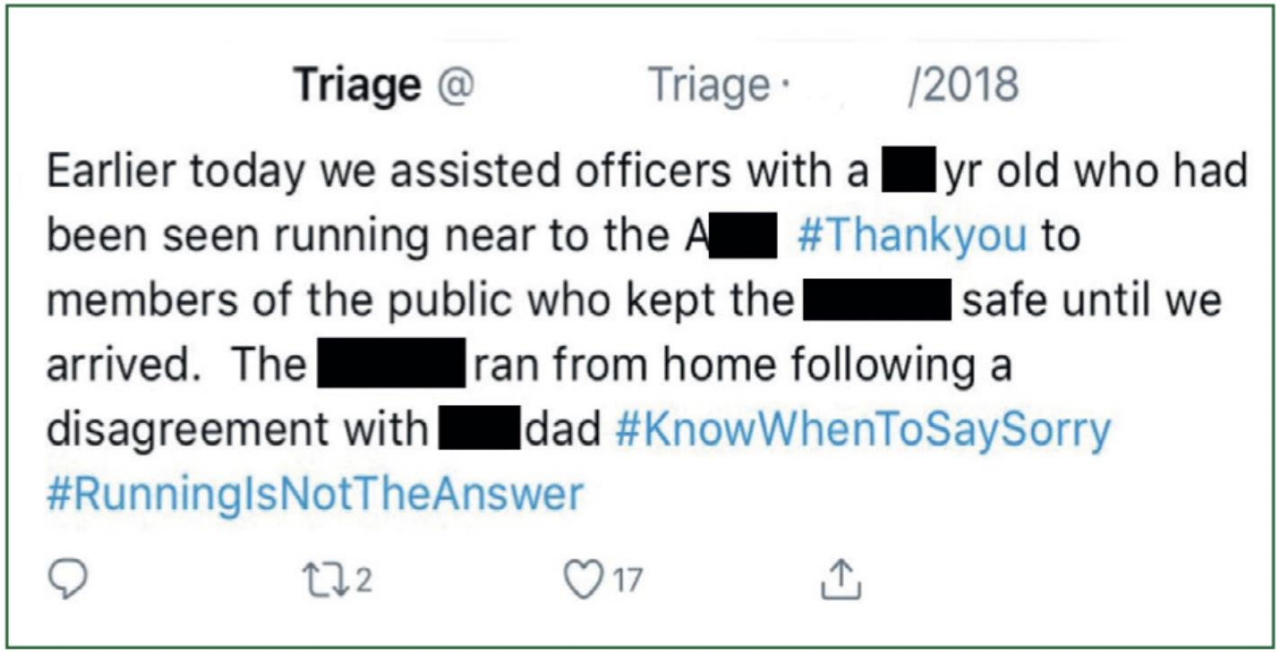
Confidentiality (HIPAA)

- Release of protected health information information if prohibited unless:
  - The patient consents to the release
  - Other medical care providers have a need to know
    - QA
  - It is required by law (subpoena)
  - Billing

Mercyhealth™

Confidentiality Considerations

- Radio Communications
- Social Media



Mercyhealth™

Patient Care Reports - Some Basics

- Record of time sequence
  - Accurate Clock on Cardiac Monitor?
  - Atomic clock (cell phones)
- Minimum of 2 sets of vital signs for all pts
- Document response to treatments

Mercyhealth™

What are the two largest sources of EMS liability?

Mercyhealth™

What are the two largest sources of EMS Liability?

- They are preventable!
  1. **Ambulance collisions**
     - Can be open to civil and criminal liability
     - Operate your vehicle with due regard to the safety of others
  2. **Patient refusals**
     - Have you tried your best to convince the patient to be transported?
     - Have you documented in detail?

Mercyhealth™

Who is considered a “Patient”?

Patient = Any individual meeting the following criteria:

- Has a complaint (request for service) suggestive of potential illness or injury.
- Is evaluated for potential illness or injury.
- Has obvious evidence of illness or injury.
- Has experienced an event that could reasonably lead to illness or injury.
- Is in a circumstance or situation that could reasonably lead to illness or injury (including psychiatric or behavior problems).

Mercyhealth™

Lift Assist Statistics?

- Ontario Study- **within 2 weeks** of the “Lift Assist Only” EMS response…
  - **21%** of patients required transport to the hospital
  - **11%** required admission to the hospital
  - **1%** died
  - 50% of patients had a repeat EMS activation
  - “Based on these findings the request for lift assist was an independent risk factor for morbidity and mortality”

Mercyhealth™

Lift Assist

- Dangerous mindset that the **PATIENT** is not ill/injured
- Shift mindset to “fall victim”
- Liability?
  - Is there a duty to act?
  - Is their a medical condition that does or potentially limits mobility?
  - Do patients require a completed refusal/PCR?
- Questions:
  - Why did they fall? Cause injury? Why are they weak? VS, GFAST, and BGM? Are they safe? Can they call back? Change from baseline?

Mercyhealth™

Special Consideration - Refusals

- Scope: EMT or higher
- Adults who show decision-making capacity may refuse care
  - “The ability to understand and appreciate the nature and consequences of a decision regarding medical treatment and the ability to reach and communicate an informed decision”

Mercyhealth™

Patient Refusal

- Decision-Making Capacity includes:
  - Affect
  - Behavior
  - Cognition/Judgement
  - Communication
  - Decision Insight

Mercyhealth™

Patient Refusal

- Decision Making Capacity
  - **A/O x 4**
  - **Affect-** Is the patient's behavior consistent with the environmental stimuli?
  - **Behavior**: Is the patient able to remain in control?

Mercyhealth™

Patient Refusal

- Decision Making Capacity
  - **Cognition/judgment**: Does the person understand the relevant information?
    - Can they draw reasonable conclusions based on facts?
    - Is the patient able to make rational decisions with respect to his/her need for treatment

Mercyhealth™

Patient Refusal

- Decision Making Capacity
  - **Communication: Patient should be able to communicate a clear choice**:
    - This should remain stable over time. Inability to communicate a choice or an inability to express the choice consistently may demonstrate lack of capacity.
    - Is their speech clear with a normal tempo?
    - Slurred Speech- Intoxication? Stroke? Hypoglycemia?

Mercyhealth™

Patient Refusal

- Decision Making Capacity
  - **Decision Insight**: Can the patient appreciate the implications of the situation and the consequences of their decision?
  - Is the patient able to recognize the **danger** of his/her situation

Mercyhealth™

Patient Refusal

- Always Have Discussion with Patients…
  - Risk of refusal
  - Benefits of treatment/transport
  - Inform the patient that EMS evaluation and/or treatment is not a substitute for medical evaluation and treatment by a doctor.
  - Offer that they may call 911 or present to an Emergency Department at any time

  - …Then DOCUMENT ALL THIS!

Mercyhealth™

Patient Refusal

- **Abandonment:** "The unilateral termination of a health professional patient relationship and/or the unreasonable discontinuation of care by the healthcare provider when there is still a need for continuing medical attention"
  - EMS abandonment may include executing an inappropriate refusal
    - A patient lacking capacity
  - Releasing a patient to a less qualified individual
  - Discontinuing needed medical monitoring before patient care is assumed by another medical professional

Mercyhealth™

Special Consideration-Refusal

- High Risk Refusals Examples
  - Extremes of age (infants/elderly).
  - Serious chief complaint
  - Significant MOI or suspicion of injury.
  - You believe a patient requires evaluation.
  - Suspected abuse situation involving a minor, elderly, or a person with a disability.
  - Any altered mental status
  - Abnormal Vital signs.
  - Patient is unstable or has potentially life or limb threatening condition and is requesting transportation to a further facility

Mercyhealth™

Obtain Patient Consent

- An adult with decision-making capacity must consent to treatment. Consent may be implied, verbal, or gestures indicating their desire for treatment.
- Never advise against Seeking Medical Attention
  - Offer all patients a ride to hospital

Mercyhealth™

Consent - *In Loco Parentis*

- Latin for “in place of, or instead of, the parent”
- Relationship is similar to that of a parent and child, but with limitations
  - Established by the parent, e.g.: babysitter
- Original intent was for the care, supervision, and discipline of a child
- Parents, guardian, or person in loco parentis can consent to emergency medical treatment
- Document who provided consent

Mercyhealth™

Care to Minors:

- Burden of proof falls on medical professional when treating minor without proper consent
- Need to justify and document that emergency actions were necessary to prevent imminent and significant harm to child
- Generally considered as emergent conditions, includes treatment of fractures, infections, pain control
- Always act in best interest of the patient
- Clearly document nature of emergency and reason minor required immediate treatment and/or transportation and efforts made to contact legal guardian

Mercyhealth™

Special Consideration-Refusals

- What if the patient refuses evaluation or refuses to sign the refusal

Mercyhealth™

Special Consideration-Refusals

- What if the patient refuses evaluation or refuses to sign the refusal.
  - “Doorway Assessment”
  - The patient is awake and alert, They are in no apparent distress, They are ambulatory with a normal gait, their speech is normal and not slurred. They are not confused. They are moving all extremities. There are in no respiratory distress and is speaking in full sentences. Eyes track. Sclera are non-icteric and not injected, head is normocephalic and atraumatic. Patient moves all extremities spontaneously

Mercyhealth™

Special Consideration-Refusals

- Witness Signature
  - This should preferably be someone who witnessed your explanation of risks, benefits, and alternatives of transport/treatment.
  - Witnesses should sign in the following order of preference
    - Police Officer
    - Family member
    - Crew member
  - If permission for release is gained over the phone in the case of a minor, document this as well as the parent's name

Mercyhealth™

Scenario

- You are dispatched to a bar for 3 patients,
- Friday evening following local football game,
- Partial roof collapse and all patients have been drug outside,
- PD/FD/USAR/Tech Rescue on scene and scene is safe

Mercyhealth™

Mr. A

35 y/o M No PMH

Struck in head bleeding

Requesting to refuse

Doesn't believe he was struck despite bleeding

Passes out

GCS 6

- E2V2M2

Mr. B

35 y/o M No PMH

Struck in head bleeding

States nothing bad happens to him and will go to hospital if he flips his lucky coin and lands on heads

States this is how he makes all of his decisions

Family disagrees and thinks he is acting strange

Mr. C

35 y/o M No PMH

Struck in head with obvious bleeding

Smells of alcohol

Admits to "2 Beers" tonight

States that he knows that he has a head injury and possibility of death or permanent disability

What can we do?

Mercyhealth™

EMS MCI Form

Mercyhealth Prehospital Emergency Multiple Patient Prehospital Refusal Form

Date: Location of Call_____

Time: Dispatched:_____Enroute:_____Arrived:_____Completed:_____

Agency: Unit#: Call-#:_____

Type-of incident:_____

Medical ControlContacted? M.D./ECRN Name:_____

RELEASE FROM RISKS OF MEDICAL RESPONSIBILITY

I, *listed below,* hereby release the Hospital EMS System and its physicians, nurses, and employees and the EMS agency and its' Personnel of any responsibility and liability for the worsening of medical condition of multiple victims involved in this incident. I acknowledge that I have been informed of the risks and I voluntarily assume all responsibility. I acknowledge that all refusals carry the inherent risks of deterioration of medical condition up to and including death.

Print Name	**Signature**	**DOB**

1. _____
Address_____

2. _____
Address_____

3. _____
Address_____

Mercyhealth™

Diabetics

- Ensure patient safety prior to obtaining a refusal
  - The patient has access to food and ability to eat
  - Adult caregiver must be present with pediatric patient.
  - Patient must have a known history of diabetes and not be taking any oral or non-insulin injectable diabetic agents. The patient is not ill or in need of immediate medical attention
  - Document IV removal, site inspection, and hemostasis
  - Hypoglycemic patients who have had a seizure should be transported to the hospital regardless of their mental status and response to therapy!

Mercyhealth™

Diabetics

- Ensure patient safety prior to obtaining a refusal
  - IF symptoms of hypoglycemia resolved after treatment, still advise of transport, release without transport should only be considered if **all** of the following are true:
    - Patient is refusing transport
    - Repeat glucose is greater than 80mg/dL
    - Patient take only insulin or metformin to control diabetes and dose not take oral agents.
    - Patient returns to normal mental state, clinically has capacity and has with no focal neurologic signs/symptoms after receiving glucose/dextrose
    - Patient can promptly obtain and can ingest a meal

Mercyhealth™

Use of Restraints

- Indications for Restraints: protecting the non-decisional patient, the public, and emergency responders from substantial probability of immediate injury, facilitate emergency assessment, or allow for treatment of life-threatening injury or illness.

Mercyhealth™

Use of Restraints

- Considerations
  - If restrains are needed, summon **law enforcement**
  - The use of appropriate **de-escalation techniques** should take precedence over physical restraint or pharmacologic management whenever possible
  - Never apply physical restraints for punitive reasons, or in a manner that restricts breathing and circulation, or in places that restrict access for monitoring the patient

Mercyhealth™

Use of Restraints

- Risk ~ Positional Asphyxia, Hobble Position
- LA County 1992-1998 Study 18 In Custody Deaths
  - 100% hobble-restrained, 81% prone***

Mercyhealth™

Use of Restraints

- Important Actions:
  - No Prone Positioning
  - Continuous monitoring, including the following, as soon as able:
    - Apply o2
    - Obtain Vitals
    - Placed on monitor and capnography
    - Obtain blood sugar

Mercyhealth™

Springfield IL EMS Workers Charged With 1st Degree Murder

https://www.wandtv.com/news/police-release-body-cam-footage-from-fatal-ems-incident/article_60ac0d16-9118-11ed-8a09-43e4be2bb405.html

Mercyhealth™

What observations did you make from the video, important lessons?

Just to name a few…

- Knowing pathophysiology of alcohol withdrawal
- Role of EMS vs LE
- Proper assessment of all patients
- Having respect and compassion for all patients
- Risk of provider mentally missing important cues when approaching a patient solely based on past experiences
- Patient capacity to walk, talk, or refuse care
- Recognition of respiratory failure and deterioration
- Risk of prone transport

Mercyhealth™

Mandatory Physical Restraint Documentation

- Document alternative options explored (including verbal de-escalation) and why the restraints were applied (including description of the threat to self/others)
- The time the restraints were applied
- Who (which agency) applied the restraints
- What kind of restraints
- Vital signs and observations about patient status
  Evidence that distal neurovascular function was not impaired by the restraints on initial application and reassessment
- The position of the patient after restraints were applied
- Medication(s) used and their effects, including adverse effects (if any)

Mercyhealth™

Special Considerations - Sepsis

- Hypotension is important indicator of organ disfunction
- CMS allows for fluid administered by EMS to be included in fluid resuscitation bundle (typically 30ml/kg)
  - Document estimated weight

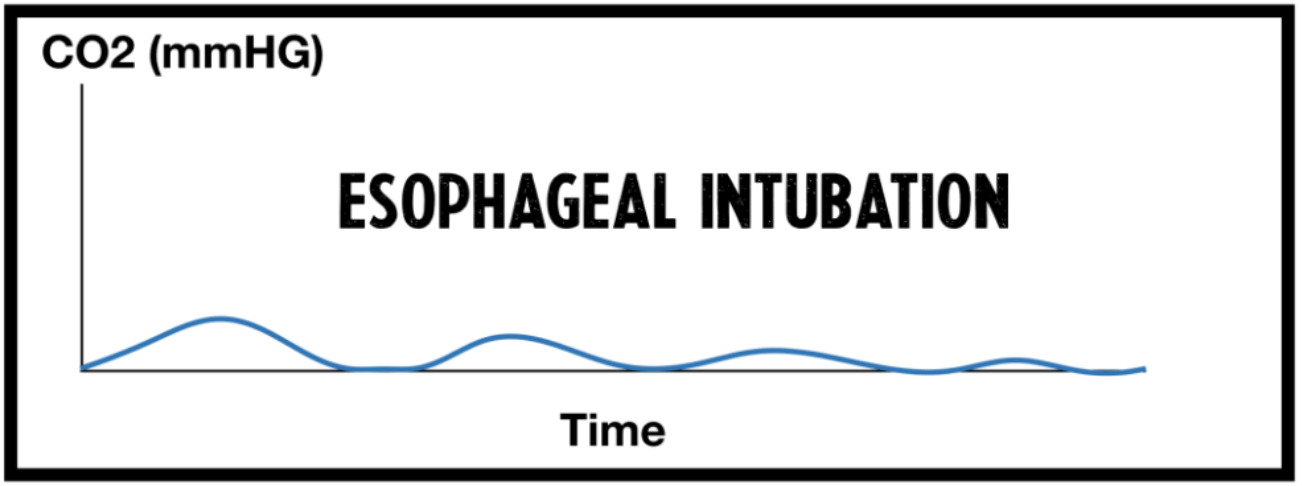
Mercyhealth™

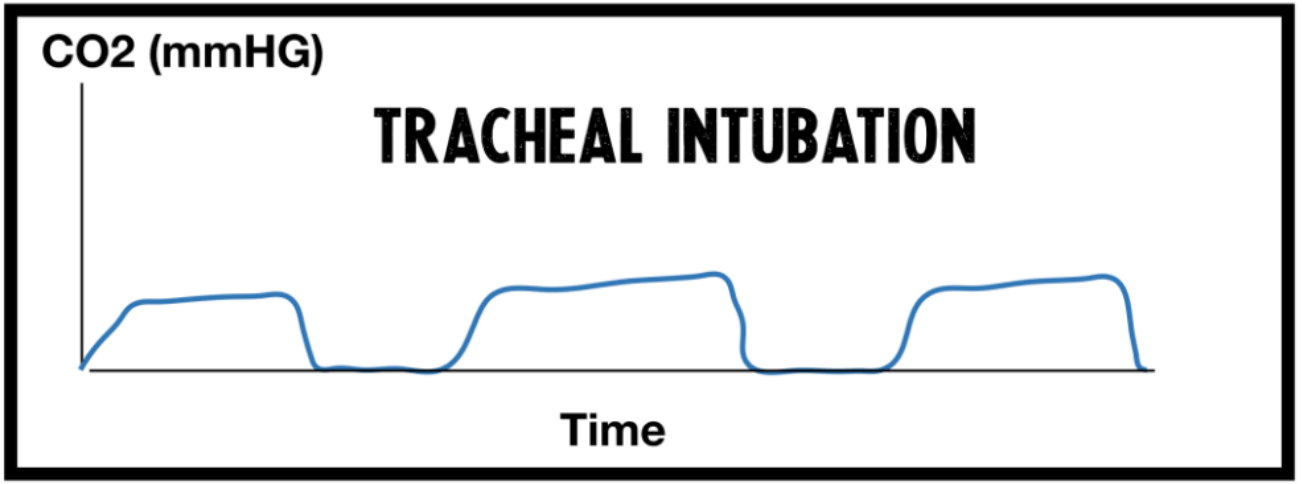
Special Consideration - Airway

- Confirm all advanced airways (supraglottic, endotracheal intubation, cricothyrotomy) and document with a minimum of three of the following:
  - EtCO2 (Capnometry [EMR/EMT] or Capnography [EMT/ALS]) MANDATORY
  - Visualization (ETT placement)
  - Auscultation
  - Absence of gastric sounds
  - Misting in the tube
  - Bilateral chest rise

Mercyhealth™

EtCO2 Waveform





Mercyhealth™

Special Considerations - Delays

- Delays in Response
  - Weather
  - Mechanical
- Delays in Transportation
  - Staging for Police
  - Extrication
  - Need for Lifting Assistance
  - Accessing Patient
- Delays in Handoff
  - Consider intercept, transport

Mercyhealth™

Special Considerations - Controlled Substances

- Every Controlled Substance Administration requires documentation of:
  - Administration on PCR
  - Inventory change
  - Waste (if applicable)
    - incl who it was wasted with

Mercyhealth™

THE PCR Narrative Section

- Probably the most important section
- Allows you to describe in your words, fill any gaps not already mentioned
- The SOAP Method (common standard):
    - **Subjective**
    - **Objective**
    - **Assessment**
    - **Plan (for treatment)**

Mercyhealth™

Subjective

- Chief Complaint
- Mechanism of injury
- What people said
  - Patient, family, witness, RN, LE, etc.
- SAMPLE history

Mercyhealth™

Objective

- What you see, e.g.: blood loss
- Symptom
- Your physical assessment
- Vitals

Mercyhealth™

Assessment and Plan

- Treatment
- Response to Treatment
- Impressions

Mercyhealth™

Procedures

- Place procedures in procedure section not narrative!
  - Research data
  - QA/CQI reports
  - ETT/IV Success Rates

Review your chart and read your narrative aloud (and to partner) prior to signing your chart!

Mercyhealth™

Narratives and Documentation

Mercyhealth™

Narrative – BLS 1

**FD DISPATCHED FOR AN UNRESPONSIVE PATIENT AT A LOCAL STORE. WHILE ENROUTE NOTIFIED THAT CPR WAS IN PROGRESS. ALS AUTOMATICALLY DISPATCHED. UPON ARRIVAL EMS WAS DIRECTED TO THE BATHROOM WERE THE PT HAD COLLAPSED. ONCE INSIDE THE BATHROOM FOUND THAT CPR WAS IN PROGRESS BY BYSTANDERS.

BYSTANDRER NOTE THAT PATIENT BEGAN CLUTCHING CHEST THEN WENT UNRESPONSIVE.

PT. NOTED TO BE APNIC WITH NO CENTRAL PULSES. NO OBVIOUS TRAUMA OR DRUG PARAPHERNALIA. MEDICAL ALERT BRACLET “PENICILLIN ALLERY”. NO OTHER PMH AVAILABLE.

Mercyhealth™

Narrative – BLS 1 continued

THE PATIENT’S SHIRT WAS CUT OFF THE PT'S CHEST AND AED PADS WERE PLACED. AND RHYTHM ANALYZED, NO SHOCK ADVISED. A LUCAS DEVICE WAS PLACED TO OPTOMIZE COMPRESSION A SIZE 4 I-GEL WAS PLACED, WITH HI FLOW O2 AND CAPNOGRAPHY 20MMHG WITH GOOD WAVEFORM (YELLOW COLOR CHANGE), EQUAL BREATH SOUNDS, EASY TO BAG AND GOOD CHEST RISE AND FALL. LUCAS PLACED TO CONTINUOUS COMPRESSIONS. CARE TRANSFERRED TO **FD ALS.

Mercyhealth™

Narrative – ALS 1

UPON ARRIVAL TO LOCATION FOUND PT. IN CARE OF **FD BLS. CPR IN PLACE WITH LUCAS. MECHANCIAL VENTILATION WITH #4 IGEL +LEAK. CONNECTED TO ETC02 WITH ETCO2 30MMHG WITH GOOD WAVEFORM, EQUAL BREATH SOUNDS AND NO GASTRIC SOUNDS

BLS REPORTS WITNESSED ARREST FOLLOWING CLUTCHING HIS CHEST, BYSTANDER CPR PREFORMED, INITIAL AED WITH NO SHOCK ADVISED.

NO PULSE OR SPONTANEOUR RESPIRATIONS NOTED. PT WITH NARROW COMPLEX PEA RATE OF 20 NOTED ON MONITOR.

A LEFT HUMERAL IO WAS ESTABLISHED PER PROCEDURE SECTION AFTER UNSUCCESSFUL IV ATTEMPT. NORMAL SALINE BOLUS INITIATED UNDER PRESSURE, GOOD FLOW NOTED WITHOUT EXTRAVASATION. 1 MG EPINEPHRINE GIVEN VIA IO PUSH WITH FLUSH.

Mercyhealth™

Narrative – ALS 1 continued

ON NEXT PULSE CHECK VENTRICULAR FIBRILLATION NOTED AND DEFIBRILLATION AT MAX JOULES.

PATIENT INTUBATED WITH 8.0 ETT, 24 CM AT THE TEETH USING DIRECT VISUALIZATION, ETCO2 30MMHG. EQUAL BREATH SOUNDS AND NO GASTRIC SOUNDS.

ON NEXT PULSE CHECK PATIENT AGAIN NOTED TO BE IN VENTRICULAR FIBRILLATION AND IMMEDIATELY DEFIBRILLATED USING MAX JOULES. 300 MG AMIODARONE GIVEN WITH FLUSH.

ETCO2 NOTED TO HAVE A RAPID RISE TO 60MMHG WITH GOOD WAVEFORM AND CENTRAL PULSES NOTED. SINUS TACHYCARDIA NOTED ON MONITOR WITH BP 82/42. CLEAR LUNGS AND FLUID BOLUS CONTINUED. 12-LEAD PERFORMED NOTED SINUS TACHYCARDIA WITH ST ELEVATION IN 2, 3, AVF.

Mercyhealth™

Narrative – ALS 1 continued

MECHAINCAL VENTILATIONS CONTINEUD WITH BVM AND ETC02 TITRATED TO 40MMHG. A C-COLLAR WAS PLACED TO LIMIT HEAD MOVEMENT AND PATIENT MOVED TO STRETCHER AND SECURRED WITH STRAPS. AN EARLY INBOUND WITH STEMI ALERT WAS GIVEN TO HOSPITAL.

DESPITE 500ML NORMAL SALINE BOLUS BLOOD PRESSURE 76/40 AND 40MCG PUSH DOSE EPINEPHRINE GIVEN VIA IO WITH IMPROVEMENT OF BLOOD PRESSURE TO 104/70.

PATIENT NOTED TO HAVE SPONTANEOUS MOVEMENT OF B/L UPPER EXTREMITIES AND GRIMICING AND GIVEN 50MCG FENTNYL AND 2.5 MG VERSED WITH GOOD IMPROVEMENT.

Mercyhealth™

Narrative – ALS 1 continued

CONTINUOUS EKG MONITORING THROUGHOUT TRANSPORT NOTED NO ECTOPY OR ARRTHYMIAS. GCST3, PATIENT CARE TRANSFERRED TO ED RN MARY T2. HR 94, BP 106/72. ETC02 42MMHG WITH GOOD WAVEFORM.

2.5 MG VERSED AND 50MCG FENTNYL WASTED AND 5MG VERSED AND 100MCG FENTNYL RESTOCKED WITH MARY RN WHO SIGNED WASTE AND RESTOCK FORM.

SEE PROCEDURE/MEDICATION SECTION FOR TIMES.

Mercyhealth™

Thoughts?

What type of documentation method do you use?

Are all required elements for a good narrative here?

Did we paint a picture?

What was good?

What can be improved on?

Mercyhealth™

Narrative #3

84 y/o female w/ PMH cardiac stent placement c/o midsternal also chest pressure radiating to neck began 30 minutes prior to arrival.

Complains of associated shortness of breath denies nausea. Pain started while pt at rest. Vitals obtained per report and 12 lead EKG acquired. Report and pt handed off to EDRN.

We cleared

Mercyhealth™

Narrative #4

Upon our arrival to location, EMS found the patient lying on the ground. The patient fell, unwitnessed, about ten feet. The patient had coworkers who came to her aid immediately, and they called 911.

We took manual c-spine until an ALS ambulance arrived. When ALS arrived, we placed a c-collar on the patient and assisted ALS with loading the patient into their ambulance.

Mercyhealth™

Narrative #5

EMS dispatched for a motor vehicle crash with multiple patients and multiple injuries. On arrival crew was given a restrained driver of a passenger car which struck another vehicle. Major front end damage noted. Patient states she struck a vehicle when the ran a stop sign.

Pt. is alert times 4, ABC's intact. Pt. denies loss of consciousness and is already in neck collar. Pt. to cot, secured with straps to ambulance. Pt. denies and neck pain but c.c. of chest pain from presumed seat belt, R hand pain 8/10, L shoulder pain 8/10 and mid spine back pain. Pt. states she was wearing safety belt and airbags deployed.

Mercyhealth™

Narrative #5 Continued

*CMS intact distally times 4. No other areas of trauma noted other than a small abrasion to forehead above eye from presumed glass. Rapid trauma unremarkable. L/S clear. No abdominal pain. IV initiated, IV zofran as pt. became nauseated. IV Fentanyl given for pain control 50 mcg * 2 IVP during transport. Pt. pain more tolerable post giving pain medication.*

ETCO2 WNL. Report with no questions. Arrived at HOSPITAL (Level 2 Trauma). Report to medical control physician working er M.D. No questions. Signatures obtained and care endorsed to Mercy Trauma care team woi. No waste of controlled substance. Tags noted in controlled substance.

Mercyhealth™

Radio Reports

- Hospital Inbound to
- Unit
- Classification
  - Alert (STEMI, Stroke, Trauma, Sepsis, Burn, OB, Peds)
- Age/sex
- MIST patient summary
- ETA

Mercyhealth™

Radio Report - Special Circumstances

- Stroke Alert
  - Blood Glucose
  - IV?
  - Last Known Well

Mercyhealth™

Department QA/CQI Process

- Every call should be reviewed at the department level
- 2023 MPESC Review Topics
  - Airway
    - RSA
    - ETT Success Rates/Documentation of confirmation
    - EMT/EMR- Documentation of confirmation
  - Needle Decompression Location
  - Time to 12 lead EKG
  - IV Success Rate

Mercyhealth™

Department Run Review

Any cases you would like to discuss?

Mercyhealth™