	<b>Lower Providence Emergency Medical Service Standard Operating Guidelines</b>	
	<b>Subject:</b> <i>Documents &amp; Documentation- Documentation (ePCR)</i>	<b>SOG #102-003</b>
	<b>Approved:</b> Chief Christopher J. Reynolds	<b>Initiated:</b> February 2023  <b>Revised:</b> June 2024

**Description:** All individuals that are involved as patients or potential patients should receive proper evaluation, treatment, and transport. All patient encounters will be documented in the electronic patient care report ESO system. This guideline in conjunction with PA ACT 30, PA DOH regulations, and NEMSIS will outline the appropriate means of documentation and situations that require documentation.

**Purpose:** The intention of this SOG is to ensure the organization and staff comply with established general guidance and policies for patient care reporting.

**Procedure:** All documentation is to be completed utilizing the ESO platform. An ePCR is required to be completed for all calls with the arrival on location of an EMS unit.

All ePCR's are to be completed within 24 hours of the unit's available time or before the end of the scheduled shift, whichever is shorter.

In the event of an *extremely busy shift or a situation that requires the member to immediately leave after the shift the following procedure must be followed to remain in compliance with LPEMS and DOH Policies and Procedures.*

1. Member has a bonified reason for needing to leave prior to ePCR completion.
2. Late PCR form completed and submitted prior to leaving the assigned station.
3. All monitor imports are completed.
4. All paper documents are completed, signed, and scanned into the ePCR before leaving.
5. Paperwork is properly stapled and secured in PCR bin.
6. ePCR is completed within 48 hours of available time.

**Situations Requiring ePCR Completion.**

1. Emergency call where the LPEMS crew has arrived on location.
2. Stand-by or special event where a transport occurs, or a refusal has been obtained.
3. In the event of an Emergency Interfacility Transport

**Documentation:** Electronic Patient Care Reports will vary based on provider and situation, however, in general reports should generally be similar in format.

Supporting documents are to be scanned and attached to the PCR utilizing the Attachment Section.

**Calls with multiple patients (Same unit completion):**

For multiple patients on the same incident with ePCR being completed by a single crew: One member should complete the Incident Section of first ePCR. For all corresponding patients click arrow at the top of the page (Next to Unnamed Patient) select New Patient. All incident information from Incident Tab will be duplicated. Run Number should remain the same, Incident Number should not be edited. *There is no need to add and number or letters after Run Number.*

The provider monitoring and treating a patient in the back of the unit during a transport is to be the lead provider and complete the PCR, under No circumstance shall a provider that is operating the unit be listed as the lead provider for transported patient(s).

**Calls with multiple patients (Multiple unit completion):**

For multiple patients on the same incident multiple charts for the same unit/crew shall use the same process as described above. For completion by a different unit/crew ePCR shall be completed in accordance with this SOG. Run Number should remain the same across all ePCR's, Incident Number should not be edited. *There is no need to add and number or letters after Run Number.*

**Patient Care Report Completion Parameters**

**1. Assisting Another Unit**

- a. Calls where LPEMS assisted another EMS unit with care and/or lifting, primary care remains with other EMS crew.
  - i. These calls should include information in the Incident, Patient, Narrative, and Signature Sections.
    - 1. Incident Section Information Needed
      - a. Incident Number
      - b. Run Number
      - c. Run Type
        - i. Emergency Response (Mutual Aid)
          - 1. Mutual Aid Type
      - d. Response Mode
        - i. Emergent
      - e. Station
      - f. Shift
      - g. Unit
      - h. Unit Capability
        - i. Ground Transport (ALS Equipped)
        - ii. Ground Transport (BLS Equipped)
      - i. Vehicle
      - j. EMD Complaint
        - i. No Appropriate Choice
      - k. Requested By
        - i. Other
      - l. First EMS Unit on Scene
        - i. No
      - m. Scene
      - n. Personnel
        - i. Personnel on your crew
      - o. Unit Disposition
        - i. Patient Contact Made
      - p. Patient Evaluation and/or Care Disposition
        - i. Patient Support Services Provided
      - q. Crew Disposition
        - i. Provided Care Supporting Primary EMS Crew
      - r. Transport Disposition
        - i. Transport by Another EMS Unit, with a Member of this Crew
        - ii. Transport by Another EMS Unit

- iii. No Transport
- s. Times
- t. Additional Factors
  - i. Additional Agencies
    - 1. EMS organization you assisted.
  - ii. First agency to provide patient care.
    - 1. EMS organization you assisted.
  - iii. Additional Agencies- if applicable

2. Patient Section Information Needed

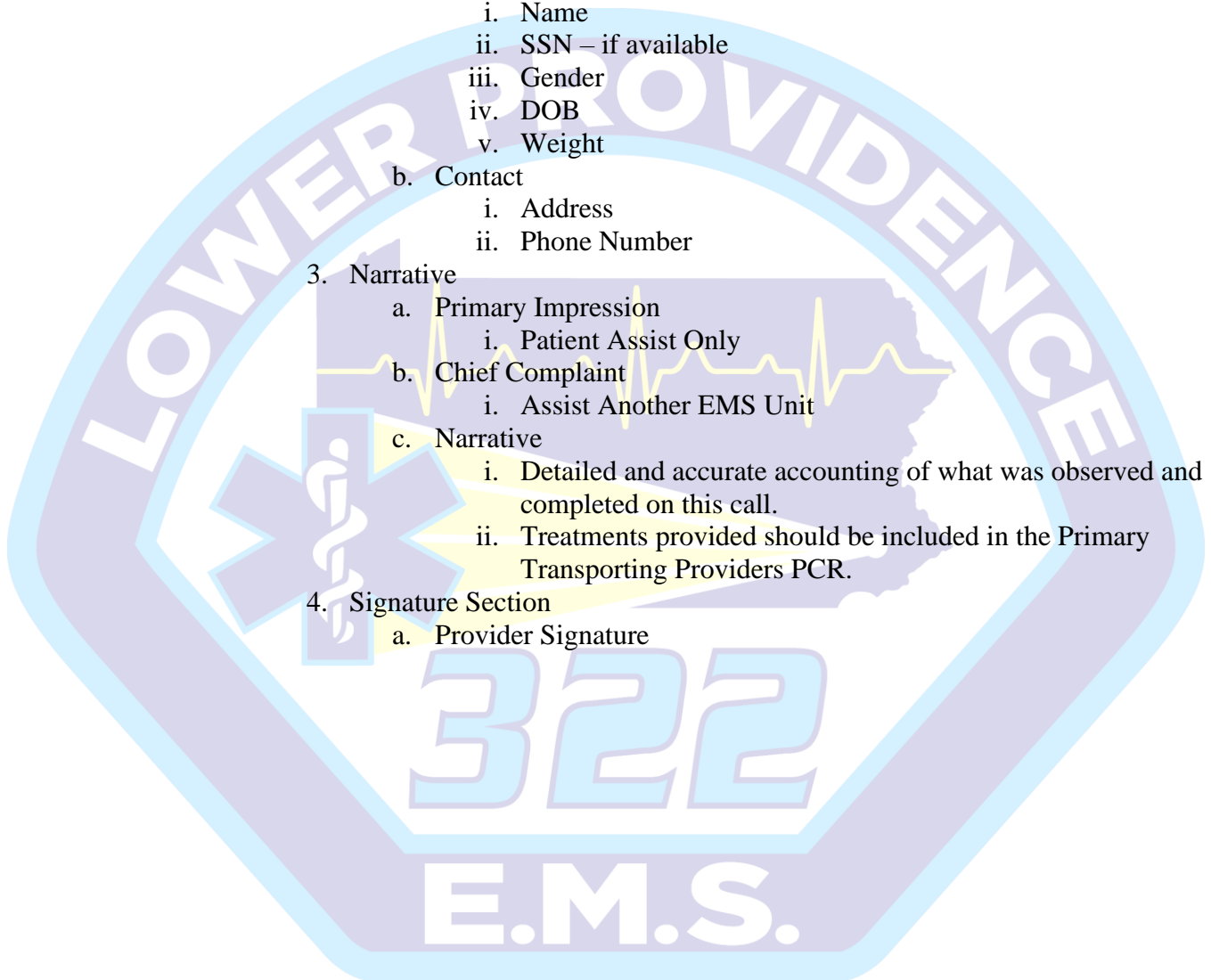
- a. Demographics – Driver’s License Scan available
  - i. Name
  - ii. SSN – if available
  - iii. Gender
  - iv. DOB
  - v. Weight
- b. Contact
  - i. Address
  - ii. Phone Number

3. Narrative

- a. Primary Impression
  - i. Patient Assist Only
- b. Chief Complaint
  - i. Assist Another EMS Unit
- c. Narrative
  - i. Detailed and accurate accounting of what was observed and completed on this call.
  - ii. Treatments provided should be included in the Primary Transporting Providers PCR.

4. Signature Section

- a. Provider Signature



**2. Cancelled Calls, Patient Dead on Scene (No Resuscitation Attempted), No Services, Unfounded, Police Matter, Fire S/B, Police S/B.**

a. Calls with no EMS interventions.

i. These calls should include information in the Incident, Narrative, and Signature Section.

1. Incident Section Information Needed

a. Incident Number

b. Run Number

c. Run Type

i. Emergency Response (Primary Response Area)

1. For calls in LPEMS Local

ii. Emergency Response (Mutual Aid)

1. For Calls outside LPEMS Local

a. Mutual Aid Type

d. Response Mode to Scene.

e. Station

f. Shift

g. Unit

h. Units Capability

i. Ground Transport (ALS Equipped)

ii. Ground Transport (BLS Equipped)

i. Vehicle

j. EMD Complaint

i. What unit was initially dispatched for.

k. Requested By

l. First EMS Unit on Scene

m. Scene

n. Personnel

o. Unit Disposition

i. Canceled on Scene

ii. Non-Patient Incident (Not otherwise Listed)

p. Crew Disposition

i. Back in Service, No Care or Support Services Required

ii. Incident Support Services Provided (Including Stand-by)

q. Times

r. Additional Factors

2. Narrative

a. Chief Complaint

b. Initial Patient Acuity

c. Final Patient Acuity

d. Detailed and accurate accounting of what was observed and completed on this call.

3. Signature Section

a. Provider Signature

### 3. Legal Blood Draw

- a. Calls where blood is requested to be obtained for an authorized police department.
  - i. These calls should include information in the Incident, Assessment, Narrative, and Signature Sections.

#### 1. Incident Section Information Needed

- a. Incident Number
- b. Run Number
- c. Run Type
  - i. Law Enforcement Assist
- d. Response Mode
  - i. Non-Emergent
- e. Station
- f. Shift
- g. Unit
- h. Unit Capability
  - i. Ground Transport (ALS Equipped)
- i. EMD Complaint
  - i. EMS Special Service
- j. Requested By
  - i. Law Enforcement
- k. First EMS Unit on Scene
  - i. Yes
- l. Scene
- m. Personnel
- n. Unit Disposition
  - i. Non-Patient Incident (Not Otherwise Listed)
- o. Crew Disposition
  - i. Incident Support Services Provided (Including Stand-by)
- p. Transport Disposition
  - i. No Transport
- q. Times
- r. Additional Factors
  - i. Additional Agencies
    1. Police Department you assisted.

#### 2. Narrative

- a. Chief Complaint
  - i. Legal Blood Draw
- b. Narrative
  - i. Detailed and accurate accounting of what was observed and completed on this call.
  - ii. Subject Full Name
  - iii. Subject Address
  - iv. Subject Date of Birth
  - v. Subject SSN
  - vi. Police Incident Number
  - vii. Police Officer Name

#### 3. Signature Section

- a. Provider Signature

#### 4. Lift and Public Assist

- a. Calls where a service was provided.
  - i. These calls should include information in the Incident, Patient, Narrative, Billing, and Signature Sections.
  - ii. *Optional – Information may be entered in Vital, Flowchart, and Assessment section(s) at providers discretion.*

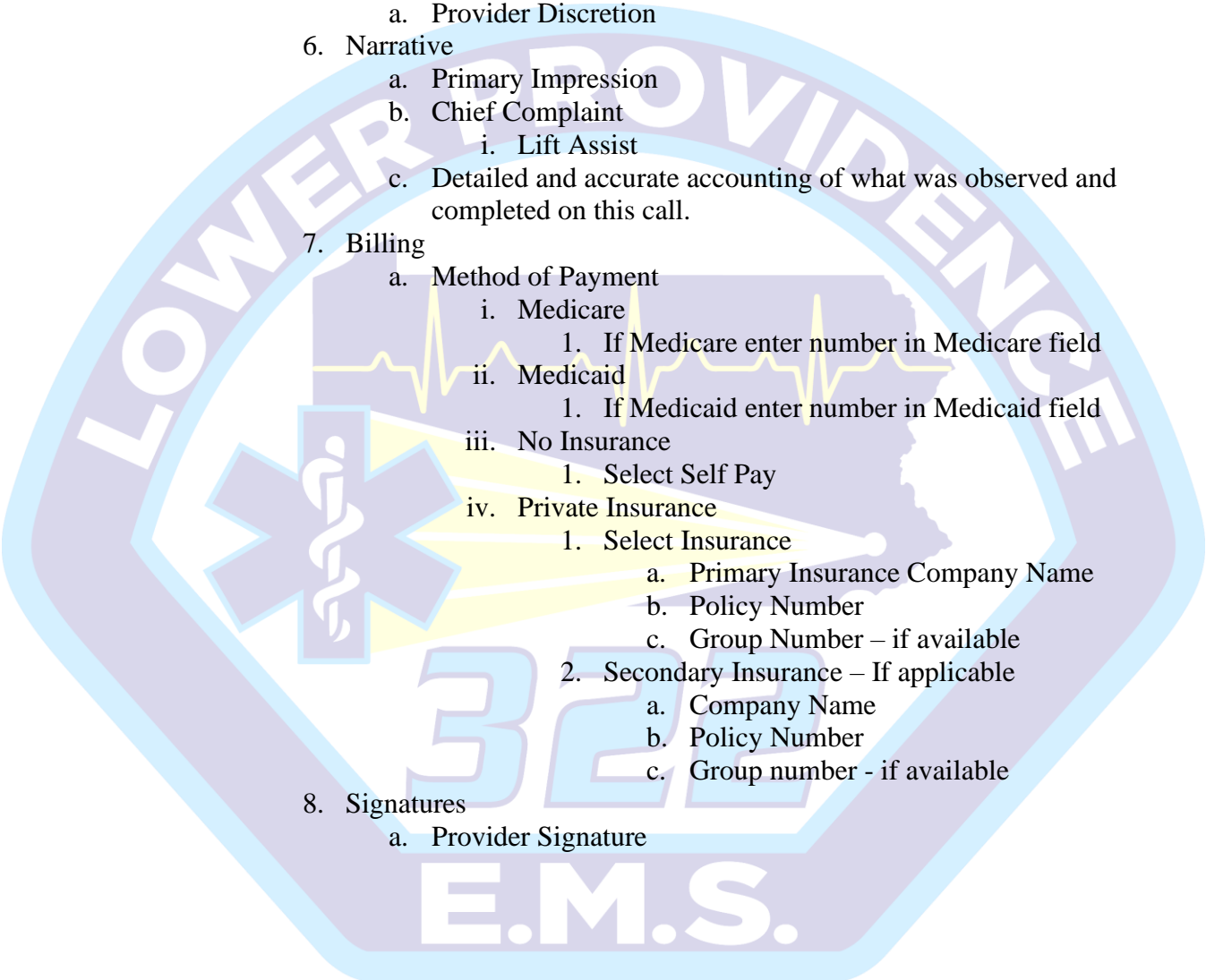
##### 1. Incident Section Information Needed

- a. Incident Number
- b. Run Number
- c. Run Type
  - i. Emergency Response (Primary Response Area)
  - ii. Emergency Response (Mutual Aid)
    1. Mutual Aid Type
- d. Response Mode
- e. Station
- f. Shift
- g. Unit
- h. Unit Capability
  - i. Ground Transport (ALS Equipped)
  - ii. Ground Transport (BLS Equipped)
- i. Vehicle
- j. EMD Complaint
- k. Requested By
- l. First EMS Unit on Scene
  - i. Yes
- m. Scene
  - i. Check the predefined list for most facilities.
  - ii. If not located in predefined use address tab.
- n. Personnel
- o. Unit Disposition
  - i. Patient Contact Made
- p. Patient Evaluation and/or Care Disposition
  - i. Patient Evaluated, No Care Required
- q. Crew Disposition
  - i. Incident Support Services Provided (Including S/B)
- r. Transport Disposition
  - i. No Transport
- s. Reason for Refusal or Release
  - i. Patient/Guardian indicates Ambulance Transport is not necessary
- t. Times
- u. Additional Factors
  - i. Additional Agencies- if applicable

##### 2. Patient Section Information Needed

- a. Demographics – Drivers License Scan available
  - i. Name
  - ii. SSN – if patient willing
  - iii. Gender
  - iv. DOB
  - v. Weight
- b. Contact



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- i. Address
      - ii. Phone Number
    - c. History
    - d. Allergies
    - e. Medications
  - 3. Vitals
    - a. Provider Discretion
  - 4. Flow Chart
    - a. Provider Discretion
  - 5. Assessment
    - a. Provider Discretion
  - 6. Narrative
    - a. Primary Impression
    - b. Chief Complaint
      - i. Lift Assist
    - c. Detailed and accurate accounting of what was observed and completed on this call.
  - 7. Billing
    - a. Method of Payment
      - i. Medicare
        - 1. If Medicare enter number in Medicare field
      - ii. Medicaid
        - 1. If Medicaid enter number in Medicaid field
      - iii. No Insurance
        - 1. Select Self Pay
      - iv. Private Insurance
        - 1. Select Insurance
          - a. Primary Insurance Company Name
          - b. Policy Number
          - c. Group Number – if available
        - 2. Secondary Insurance – If applicable
          - a. Company Name
          - b. Policy Number
          - c. Group number - if available
  - 8. Signatures
    - a. Provider Signature

## 5. Refusals and Treat No-Transport

a. Calls where a service was provided and patient refuses transport to the Hospital.

- i. These calls should include information in the Incident, Patient, Vitals, Assessment, Narrative, Billing, and Signature Sections.
- ii. Optional – Information may be entered in Flowchart section if a treatment was provided or for assessment purposes at providers discretion.

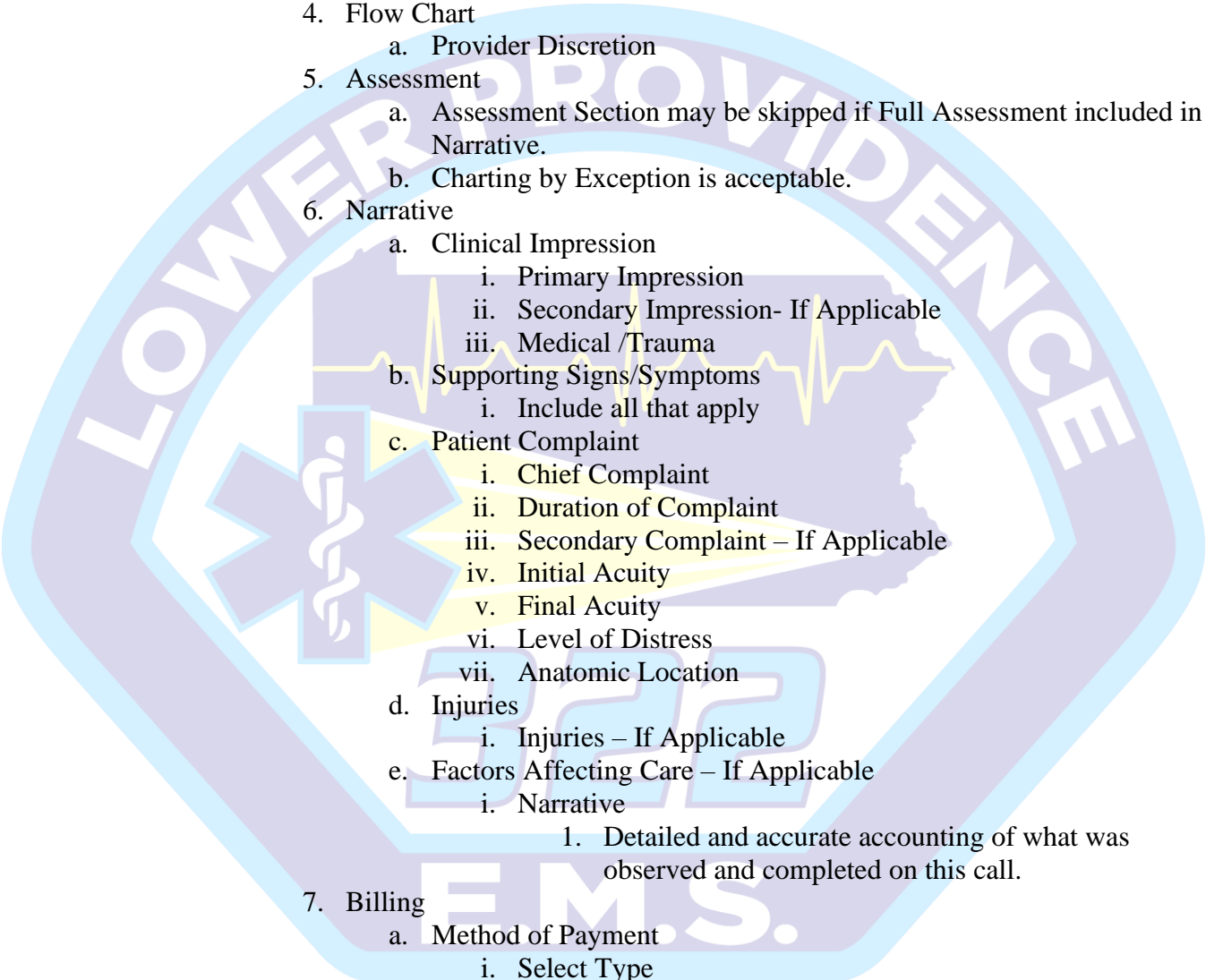
### 1. Incident Section Information Needed

- a. Incident Number
- b. Run Number
- c. Run Type
  - i. Emergency Response (Primary Response Area)
  - ii. Emergency Response (Mutal Aid)
    1. Mutal Aid Type
- d. Response Mode
- e. Station
- f. Shift
- g. Unit
- h. Unit Capability
  - i. Ground Transport (ALS Equipped)
  - ii. Ground Transport (BLS Equipped)
- i. Vehicle
- j. EMD Complaint
- k. Requested By
- l. First EMS Unit on Scene
- m. Scene
  - i. Check the predefined list for most facilities.
  - ii. If not located in predefined use address tab.
- n. Personnel
- o. Unit Disposition
  - i. Patient Contact Made
- p. Patient Evaluation and/or Care Disposition
  - i. Patient Evaluated and Refused Care
  - ii. Patient Evaluated and Care Provided
  - iii. Patient Refused Evaluation and Care
- q. Crew Disposition
  - i. Back in Service, Care or Support Services Refused
- r. Transport Disposition
  - i. Patient Refused Transport
- s. Reason for Refusal or Release
  - i. Against Medical Advice (AMA)
  - ii. Patient/Guardian Indicates Ambulance Transport is not Necessary.
  - iii. Patient/Guardian States intent to Transport by other means
  - iv. Released Following Protocol Guidelines
  - v. Released to Law Enforcement.
- t. Times
- u. Additional Factors

### 2. Patient Section Information Needed

- a. Demographics – Driver's License Scan available
  - i. Name
  - ii. SSN – if patient willing



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- iii. Gender
  - iv. DOB
  - v. Weight
  - b. Contact
    - i. Address
    - ii. Phone Number
  - c. History
  - d. Allergies
  - e. Medications
  - 3. Vitals
    - a. At least 1 Set
  - 4. Flow Chart
    - a. Provider Discretion
  - 5. Assessment
    - a. Assessment Section may be skipped if Full Assessment included in Narrative.
    - b. Charting by Exception is acceptable.
  - 6. Narrative
    - a. Clinical Impression
      - i. Primary Impression
      - ii. Secondary Impression- If Applicable
      - iii. Medical/Trauma
    - b. Supporting Signs/Symptoms
      - i. Include all that apply
    - c. Patient Complaint
      - i. Chief Complaint
      - ii. Duration of Complaint
      - iii. Secondary Complaint – If Applicable
      - iv. Initial Acuity
      - v. Final Acuity
      - vi. Level of Distress
      - vii. Anatomic Location
    - d. Injuries
      - i. Injuries – If Applicable
    - e. Factors Affecting Care – If Applicable
      - i. Narrative
        - 1. Detailed and accurate accounting of what was observed and completed on this call.
  - 7. Billing
    - a. Method of Payment
      - i. Select Type
        - 1. Medicare
          - a. If Medicare enter number in Medicare field
        - 2. Medicaid
          - a. If Medicaid enter number in Medicaid field
        - 3. No Insurance
          - a. Select Self Pay
        - 4. Private Insurance
          - a. Select Insurance
            - i. Primary Insurance Company Name
            - ii. Policy Number
            - iii. Group Number – if available

- iv. Secondary Insurance – If applicable
  - v. Company Name
  - vi. Policy Number
  - vii. Group number - if available
5. Workers Compensation
- a. Complete Work-Related Section
8. Signatures
- a. Billing Authorization
    - i. Select Appropriate Option
  - b. Standard Signatures
    - i. Provider Signature
    - ii. Refusal Form Signatures



## 6. Patient Dead on Scene Resuscitation Attempted

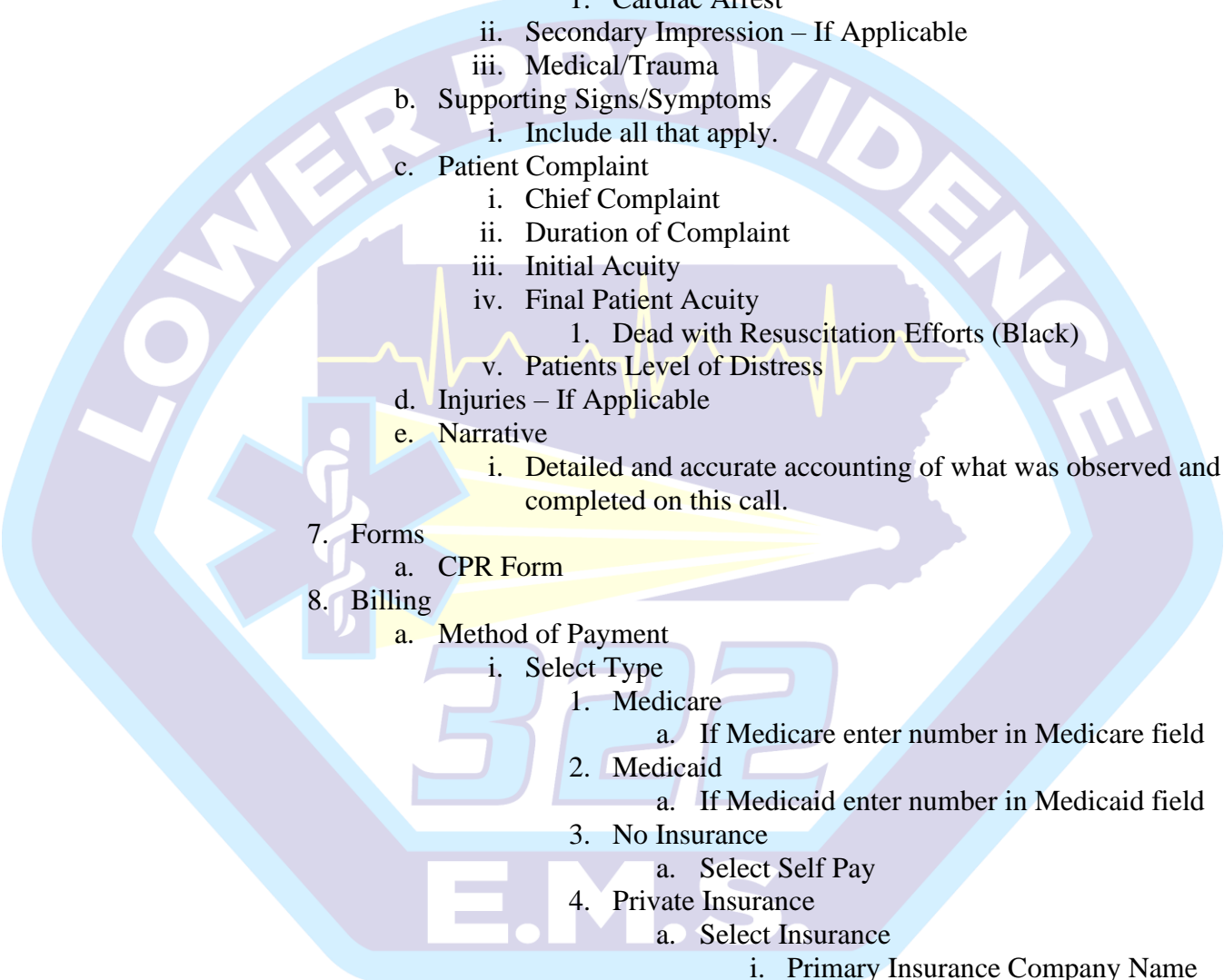
- a. Calls where a service was provided, and Field Termination authorized by Medical Command.
  - i. These calls should include information in the Incident, Patient, Vitals, Flowchart, Assessment, Narrative, Forms, Billing, and Signature Sections.

### 1. Incident Section Information Needed

- a. Incident Number
- b. Run Number
- c. Run Type
  - i. Emergency Response (Primary Response Area)
  - ii. Emergency Response (Mutual Aid)
    1. Mutual Aid Type
- d. Response Mode
- e. Station
- f. Shift
- g. Unit
- h. Unit Capability
  - i. Ground Ambulance (ALS Equipped)
  - ii. Ground Ambulance (BLS Equipped)
- i. Vehicle
- j. EMD Complaint
  - i. Cardiac Arrest/Death
- k. Requested By
- l. First EMS Unit on Scene
- m. Scene
  - i. Check the predefined list for most facilities.
  - ii. If not located in predefined use address tab.
- n. Personnel
- o. Unit Disposition
  - i. Patient Contact Made
- p. Patient Evaluation and/or Care Disposition
  - i. Patient Evaluated and Care Provided
- q. Crew Disposition
  - i. Initiated and Continued Primary Care
- r. Transport Disposition
  - i. No Transport
- s. Reason for Refusal or Release
  - i. Released Following Protocol Guidelines
- t. Times
- u. Additional Factors

### 2. Patient Section Information Needed

- a. Demographics – Driver's License Scan available
  - i. Name
  - ii. SSN – if patient willing
  - iii. Gender
  - iv. DOB
  - v. Weight
- b. Contact
  - i. Address
  - ii. Phone Number
- c. History

- 
- d. Allergies
  - e. Medications
  - 3. Vitals
  - 4. Flow Chart
  - 5. Assessment
    - a. Assessment Section may be skipped if Full Assessment included in Narrative.
    - b. Charting by Exception is acceptable.
  - 6. Narrative
    - a. Clinical Impression
      - i. Primary Impression
        - 1. Cardiac Arrest
      - ii. Secondary Impression – If Applicable
      - iii. Medical/Trauma
    - b. Supporting Signs/Symptoms
      - i. Include all that apply.
    - c. Patient Complaint
      - i. Chief Complaint
      - ii. Duration of Complaint
      - iii. Initial Acuity
      - iv. Final Patient Acuity
        - 1. Dead with Resuscitation Efforts (Black)
      - v. Patients Level of Distress
    - d. Injuries – If Applicable
    - e. Narrative
      - i. Detailed and accurate accounting of what was observed and completed on this call.
  - 7. Forms
    - a. CPR Form
  - 8. Billing
    - a. Method of Payment
      - i. Select Type
        - 1. Medicare
          - a. If Medicare enter number in Medicare field
        - 2. Medicaid
          - a. If Medicaid enter number in Medicaid field
        - 3. No Insurance
          - a. Select Self Pay
        - 4. Private Insurance
          - a. Select Insurance
            - i. Primary Insurance Company Name
            - ii. Policy Number
            - iii. Group Number – if available
            - iv. Secondary Insurance – If applicable
            - v. Company Name
            - vi. Policy Number
            - vii. Group number - if available
  - 5. Workers Compensation
    - a. Complete Work-Related Section
9. Signatures
  - a. Billing Authorization
    - i. Section II – Authorized Representative

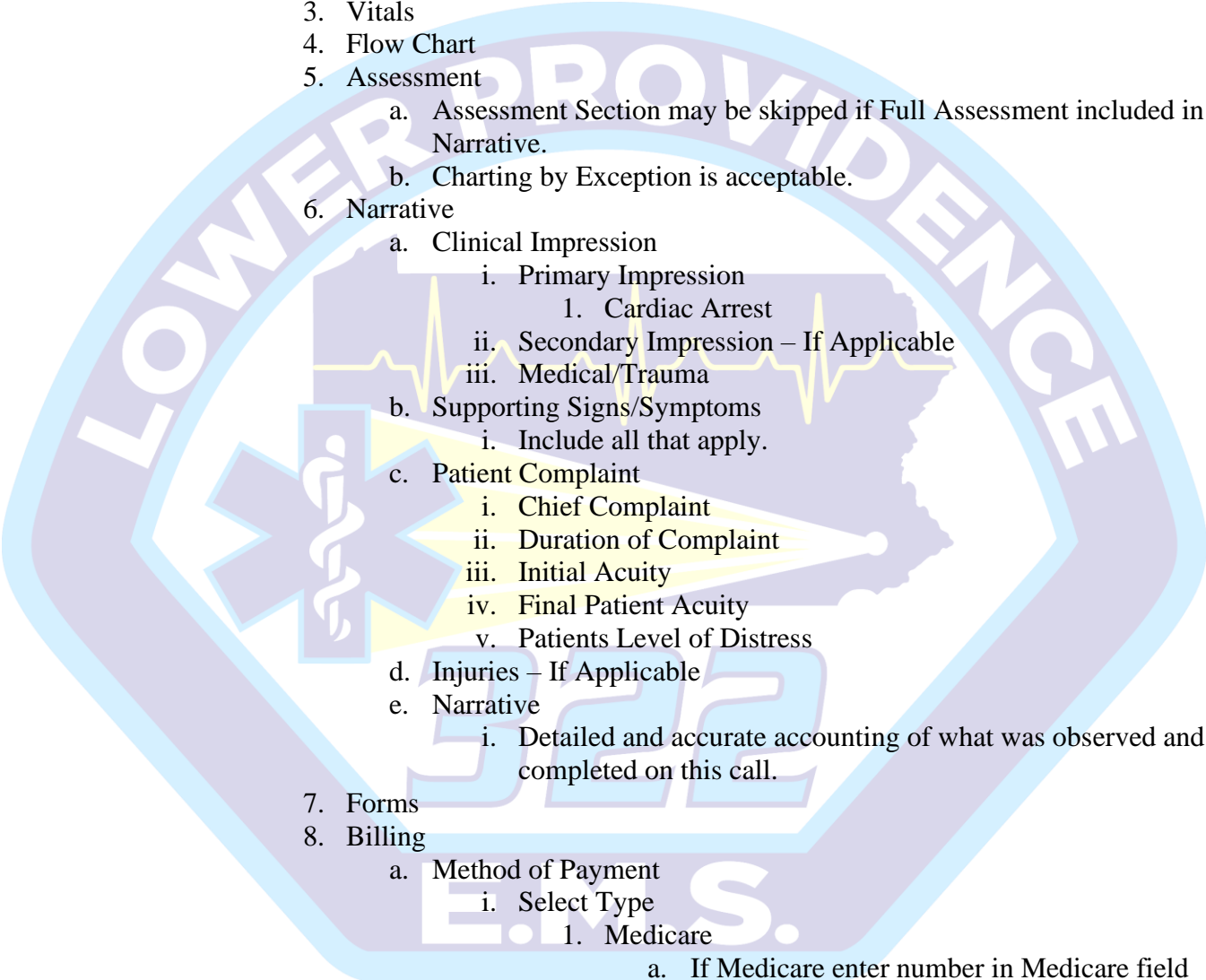
1. Family if appropriate at the time
  2. Police Department if not appropriate to approach family.
- b. Standard Signatures
- i. Provider Signature



## 7. Medic Assist

- a. Calls where an LPEMS Paramedic treated and transported a patient in another agency's unit.
  - i. These calls should include information in the Incident, Patient, Vitals, Flowchart, Assessment, Narrative, Billing, and Signature Sections. Dependent on situation Forms section may be required.
    1. Incident Section Information Needed
      - a. Incident Number
      - b. Run Number
      - c. Run Type
        - i. Emergency Response (Mutual Aid)
          1. Mutual Aid
            - a. Automatic Aid – If both units dispatched together.
            - b. Mutual Aid Given – If requested after BLS unit arrival.
      - d. Response Mode
      - e. Station
      - f. Shift
      - g. Unit
      - h. Unit Capability
        - i. Ground Transport (ALS Equipped)
        - ii. Ground Transport (BLS Equipped)
      - i. Vehicle
      - j. EMD Complaint
      - k. Requested By
      - l. First EMS Unit on Scene
      - m. Scene
      - n. Personnel
      - o. Unit Disposition
        - i. Patient Contact Made
      - p. Patient Evaluation and/or Care Disposition
        - i. Patient Evaluated and Care Provided
        - ii. Patient Evaluated, No Care Provided – If Downgrading back to BLS
      - q. Crew Disposition
        - i. Assumed Primary Care from Another EMS Crew
        - ii. Initiated Primary Care and Transferred to Another EMS Crew – If first arrival and transferring to BLS
      - r. Transport Disposition
        - i. Transport by another EMS unit, with a member of this crew
        - ii. Transport by another EMS unit – If transferred to BLS.
      - s. Transferred to
        - i. EMS Provider (Ground)
      - t. Transferred Unit
        - i. Transport Agency
      - u. Times
      - v. Additional Factors
    2. Patient Section Information Needed
      - a. Demographics – Driver's License Scan available



- 
- i. Name
      - ii. SSN – if patient willing
      - iii. Gender
      - iv. DOB
      - v. Weight
    - b. Contact
      - i. Address
      - ii. Phone Number
    - c. History
    - d. Allergies
    - e. Medications
  3. Vitals
  4. Flow Chart
  5. Assessment
    - a. Assessment Section may be skipped if Full Assessment included in Narrative.
    - b. Charting by Exception is acceptable.
  6. Narrative
    - a. Clinical Impression
      - i. Primary Impression
        1. Cardiac Arrest
      - ii. Secondary Impression – If Applicable
      - iii. Medical/Trauma
    - b. Supporting Signs/Symptoms
      - i. Include all that apply.
    - c. Patient Complaint
      - i. Chief Complaint
      - ii. Duration of Complaint
      - iii. Initial Acuity
      - iv. Final Patient Acuity
      - v. Patients Level of Distress
    - d. Injuries – If Applicable
    - e. Narrative
      - i. Detailed and accurate accounting of what was observed and completed on this call.
  7. Forms
  8. Billing
    - a. Method of Payment
      - i. Select Type
        1. Medicare
          - a. If Medicare enter number in Medicare field
        2. Medicaid
          - a. If Medicaid enter number in Medicaid field
        3. No Insurance
          - a. Select Self Pay
        4. Private Insurance
          - a. Select Insurance
            - i. Primary Insurance Company Name
            - ii. Policy Number
            - iii. Group Number – if available
            - iv. Secondary Insurance – If applicable
            - v. Company Name

- vi. Policy Number
- vii. Group number - if available
- 5. Workers Compensation
  - a. Complete Work-Related Section
- 9. Signatures
  - a. Billing Authorization
  - b. Standard Signatures
    - i. Provider Signature



## 8. Transfer Care to Another Unit (ALS TO BLS – BLS to ALS)

- a. Calls where an LPEMS ALS unit transfers care to an LPEMS BLS unit or an LPEMS BLS unit transfers care to an ALS unit.
- b. The transport unit will complete an ePCR in accordance with the Transport guideline.
- c. The unit transferring care will complete the ePCR in accordance with this guideline.
  - i. These calls should include information in the Incident, Patient, Vitals, , Flowchart, Assessment, Narrative, Billing, and Signature Sections. Dependent on situation Forms section may be required.

### 1. Incident Section Information Needed

- a. Incident Number
- b. Run Number
- c. Run Type
  - i. Emergency Response (Primary Response Area)
  - ii. Emergency Response (Mutual Aid)
    1. Mutual Aid
- d. Response Mode
- e. Station
- f. Shift
- g. Unit
- h. Unit Capability
  - i. Ground Transport (ALS Equipped)
  - ii. Ground Transport (BLS Equipped)
- i. EMD Complaint
- j. Requested By
- k. First EMS Unit on Scene
- l. Scene
- m. Personnel
- n. Unit Disposition
  - i. Patient Contact Made
- o. Patient Evaluation and/or Care Disposition
  - i. Patient Evaluated and Care Provided
- p. Crew Disposition
  - i. Initiated Primary Care and Transferred to Another EMS Crew.
- q. Transport Disposition
  - i. Transport by Another EMS Unit
- r. Transferred To
  - i. EMS Provider (Ground)
  - ii. EMS Provider (Air)
  - iii. Transferred Unit

### 1. Unit completing transport

- s. Times
  - t. Additional Factors
- ### 2. Patient Section Information Needed
- a. Demographics – Driver’s License Scan available
    - i. Name
    - ii. SSN – if patient willing
    - iii. Gender
    - iv. DOB
    - v. Weight
  - b. Contact
    - i. Address

- 
- ii. Phone Number
    - c. History
    - d. Allergies
    - e. Medications
  - 3. Vitals
  - 4. Flow Chart
  - 5. Assessment
    - a. Assessment Section may be skipped if Full Assessment included in Narrative.
    - b. Charting by Exception is acceptable.
  - 6. Narrative
    - a. Clinical Impression
      - i. Primary Impression
        - 1. Cardiac Arrest
      - ii. Secondary Impression – If Applicable
      - iii. Medical/Trauma
    - b. Supporting Signs/Symptoms
      - i. Include all that apply.
    - c. Patient Complaint
      - i. Chief Complaint
      - ii. Duration of Complaint
      - iii. Initial Acuity
      - iv. Final Patient Acuity
      - v. Patients Level of Distress
    - d. Injuries – If Applicable
    - e. Narrative
      - i. Detailed and accurate accounting of what was observed and completed on this call.
  - 7. Forms
  - 8. Billing
    - a. Method of Payment
      - i. Select Type
        - 1. Medicare
          - a. If Medicare enter number in Medicare field
        - 2. Medicaid
          - a. If Medicaid enter number in Medicaid field
        - 3. No Insurance
          - a. Select Self Pay
        - 4. Private Insurance
          - a. Select Insurance
            - i. Primary Insurance Company Name
            - ii. Policy Number
            - iii. Group Number – if available
            - iv. Secondary Insurance – If applicable
            - v. Company Name
            - vi. Policy Number
            - vii. Group number - if available
    - 5. Workers Compensation
      - a. Complete Work-Related Section
  - 9. Signatures
    - a. Standard Signatures
      - i. Provider Signature

## 9. Transport

- a. Calls where a service was provided, and the patient was transported to the Hospital.
  - i. These calls should include information in the Incident, Patient, Vitals, Flowchart, Assessment, Narrative, Billing, and Signature Sections. Dependent on situation Forms section may be required.

### 1. Incident Section Information Needed

- a. Incident Number
- b. Run Number
- c. Run Type
  - i. Emergency Response (Primary Response Area)
  - ii. Emergency Response (Mutual Aid)

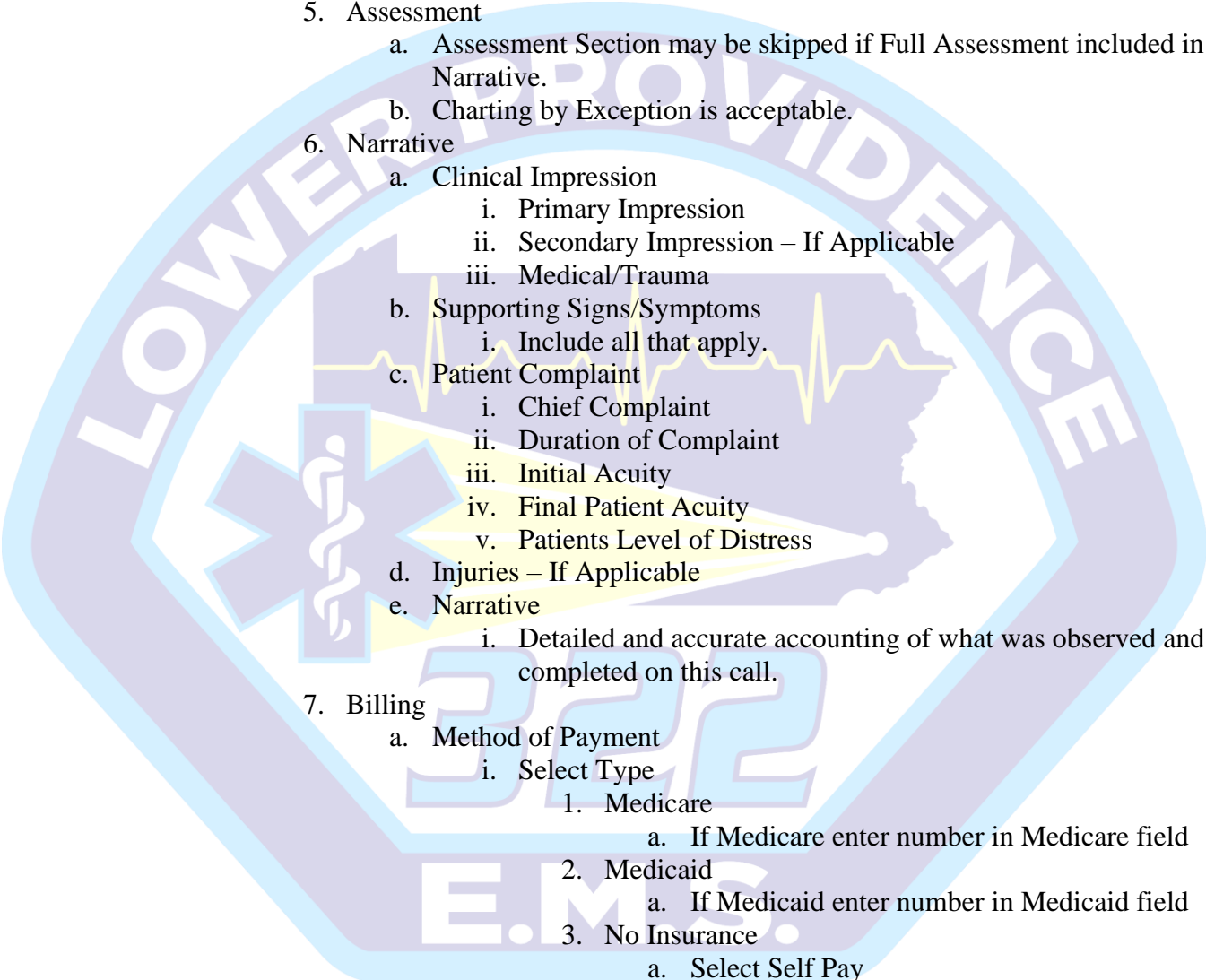
#### 1. Mutual Aid

- a. Automatic Aid Given

- d. Response Mode
- e. Station
- f. Shift
- g. Unit
- h. Unit Capability
  - i. Ground Transport (ALS Equipped)
  - ii. Ground Transport (BLS Equipped)
- i. Vehicle
- j. EMD Complaint
- k. Requested By
- l. First EMS Unit on Scene
- m. Scene
  - i. Check the predefined list for most facilities.
  - ii. If not located in predefined use address tab.
- n. Personnel
- o. Unit Disposition
  - i. Patient Contact Made
- p. Patient Evaluation and/or Care Disposition
  - i. Patient Evaluation and Care Provided
- q. Crew Disposition
  - i. Initiated and Continued Primary Care
- r. Transport Disposition
  - i. Transport by this EMS Unit (This Crew Only)
- s. Transport Mode
- t. Transport Method
  - i. Ground-Ambulance
  - ii. Ground- Bariatric
  - iii. Air Medical – Rotor Craft
- u. Transport Due To
- v. Destination
- w. Times
- x. Milage
- y. Additional Factors

### 2. Patient Section Information Needed

- a. Demographics – Driver's License Scan available
  - i. Name
  - ii. SSN – if patient willing
  - iii. Gender

- 
- iv. DOB
        - v. Weight
      - b. Contact
        - i. Address
        - ii. Phone Number
      - c. History
      - d. Allergies
      - e. Medications
    - 3. Vitals
      - a. At least 2 Sets
    - 4. Flow Chart
    - 5. Assessment
      - a. Assessment Section may be skipped if Full Assessment included in Narrative.
      - b. Charting by Exception is acceptable.
    - 6. Narrative
      - a. Clinical Impression
        - i. Primary Impression
        - ii. Secondary Impression – If Applicable
        - iii. Medical/Trauma
      - b. Supporting Signs/Symptoms
        - i. Include all that apply.
      - c. Patient Complaint
        - i. Chief Complaint
        - ii. Duration of Complaint
        - iii. Initial Acuity
        - iv. Final Patient Acuity
        - v. Patients Level of Distress
      - d. Injuries – If Applicable
      - e. Narrative
        - i. Detailed and accurate accounting of what was observed and completed on this call.
    - 7. Billing
      - a. Method of Payment
        - i. Select Type
          - 1. Medicare
            - a. If Medicare enter number in Medicare field
          - 2. Medicaid
            - a. If Medicaid enter number in Medicaid field
          - 3. No Insurance
            - a. Select Self Pay
          - 4. Private Insurance
            - a. Select Insurance
              - i. Primary Insurance Company Name
              - ii. Policy Number
              - iii. Group Number – if available
              - iv. Secondary Insurance – If applicable
              - v. Company Name
              - vi. Policy Number
              - vii. Group number - if available
      - 5. Workers Compensation
        - a. Complete Work-Related Section



8. Signatures

a. Billing Authorization

- i. Select Appropriate Option

b. Standard Signatures

- i. Provider Signature

- ii. Co- Signature

1. If the call was dispatched ALS and care deemed appropriate for BLS transport Paramedic will co-sign ePCR.

