

GA Medic Documentation v3.5

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OEMST/Medics

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Agenda

- Changes with EMS Documentation
 - Incident Dispositions
- Incident Disposition Documentation Examples
- Patient Acuity
- Not Values/Pertinent Negatives
- Resources
- Contacts

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Incident Disposition

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Incident Dispositions

What is Incident Disposition?

- Incident disposition is what happened at the end of the incident
 - The Unit
 - The Patient
 - The EMS crew
 - Transport Disposition
 - Reason for Refusal
 - Final Patient Acuity
 - Level of Care Provided per Protocol

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Incident Dispositions

3.4 (eDisposition.12) had limited options for what happened during the incident

- Everything documented under one data element
- Limited Options to Chose
- Less Uniform

3.5 (eDisposition.27-eDisposition.32, eDisposition.19) offers multiple responses for what happened during the incident

- Data element is broken down into four elements with fewer codes in each element
- Clear documentation for billing
- Less opportunity for data entry errors
- Increased data accuracy

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Unit Disposition (eDisposition.27)

What happened to the unit during this incident

- No Patient Contact
- Patient Contact Made
- Cancelled Prior to Arrival at Scene
- Cancelled on Scene
- Non-Patient Incident (Not Otherwise Listed)

Can have multiple selections



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Patient Evaluation/Care (eDisposition.28)

What happened to the patient during this incident

- Patient Evaluated, No Care Required
- Patient Refused Evaluation/Care
- Patient Evaluated and Care Provided
- Patient Evaluated and Refused Care
- Not Applicable
- Patient Support Services Provided (Public Assist/Lift Assist)

Can have multiple selections

Crew Disposition (eDisposition.29)

What happened to the crew during this incident

- Incident Support Services Provided (Standby)
- Back in Service, No Care/Support Services Required
- Initiated and Continued Primary Care
- Back in Service, Care/Support Services Refused
- Initiated Primary Care and Transferred to Another EMS Crew

Can have multiple selections

Transport Disposition (eDisposition.30)

What was the transport decision during this incident

- No Transport
- Transport by This EMS Unit (This Crew Only)
- Patient Refused Transport
- Transport by Another EMS Unit
- Non-Patient Transport (Not Otherwise Listed)
- Not Applicable

Reason for Refusal (eDisposition.31)

What was the reason for refusal during this incident

- Against Medical Advice
- Patient/Guardian Indicates Ambulance Transport is Not Necessary
- Released Following Protocol Guidelines
- Released to Law Enforcement
- Patient/Guardian Stated Intent to Transport by Other Means
- DNR
- Medical/Physician Orders for Life-Sustaining Treatment
- Other, Not Listed

Can have multiple selections

Level of Care Provided (eDisposition.32)

What was the level of care provided during this incident

- BLS-All Levels
- ALS-AEMT/Intermediate
- ALS-Paramedic
- EMS and Other Health-Care Staff
- Critical Care
- Integrated Health Care
- No Care Provided

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Incident Disposition Documentation Examples

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Patient Contact with Transport

Unit Disposition (eDisposition.27)

- Patient Contact Made



Patient Evaluation/Care (eDisposition.28)

- Patient Evaluated and Care Provided



Crew Disposition (eDisposition.29)

- Initiated and Continued Primary Care



Transport Decision (eDisposition.30)

- Transport by This EMS Unit (This Crew Only)



Final Patient Acuity (eDisposition.19)

- Low Acuity (Green)



Level of Care Provided Per Protocol (eDisposition.32)

- ALS-Paramedic

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Cardiac Arrest with Transport

Unit Disposition (eDisposition.27)

- Patient Contact Made



Patient Evaluation/Care (eDisposition.28)

- Patient Evaluated and Care Provided



Crew Disposition (eDisposition.29)

- Initiated and Continued Primary Care



Transport Decision (eDisposition.30)

- Transport by This EMS Unit (This Crew Only)



Final Patient Acuity (eDisposition.19)

- Dead with Resuscitation Efforts (Black)



Level of Care Provided Per Protocol (eDisposition.32)

- ALS - Paramedic

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Cardiac Arrest/DOA with Resuscitation, No Transport

Unit Disposition (eDisposition.27)

- Patient Contact Made



Patient Evaluation/Care (eDisposition.28)

- Patient Evaluated and Care Provided



Crew Disposition (eDisposition.29)

- Initiated and Continued Primary Care



Transport Decision (eDisposition.30)

- No Transport



Reason for Refusal/Release (eDisposition.31)

- Released Following Protocol Guideline



Final Patient Acuity (eDisposition.19)

- Dead with Resuscitation Efforts (Black)



Level of Care Provided Per Protocol (eDisposition.32)

- ALS - Paramedic

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Cardiac Arrest/DOA with No Resuscitation

Unit Disposition (eDisposition.27)

- Patient Contact Made



Patient Evaluation/Care (eDisposition.28)

- Patient Evaluated, No Care Required



Crew Disposition (eDisposition.29)

- Back in Service, No Care/Support Service Required



Transport Decision (eDisposition.30)

- No Transport



Reason for Refusal/Release (eDisposition.31)

- Released Following Protocol Guideline



Final Patient Acuity (eDisposition.19)

- Dead without Resuscitation Efforts (Black)



Level of Care Provided Per Protocol (eDisposition.32)

- No Care Provided

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Treat/Transfer of Care

Unit Disposition (eDisposition.27)

- Patient Contact Made



Patient Evaluation/Care (eDisposition.28)

- Patient Evaluated and Care Provided



Crew Disposition (eDisposition.29)

- Initiated Primary Care and Transferred to Another EMS Crew



Transport Decision (eDisposition.30)

- No Transport



Final Patient Acuity (eDisposition.19)

- Emergent (Yellow)



Level of Care Provided Per Protocol (eDisposition.32)

- BLS-All Levels

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Patient Refusal

Unit Disposition (eDisposition.27)

- Patient Contact Made



Patient Evaluation/Care (eDisposition.28)

- Patient Evaluated and Refused Care



Crew Disposition (eDisposition.29)

- Back in Service, Care/Support Services Refused



Transport Decision (eDisposition.30)

- No Transport



Reason for Refusal/Release (eDisposition.31)

- Against Medical Advice



Final Patient Acuity (eDisposition.19)

- Low Acuity (Green)



Level of Care Provided Per Protocol (eDisposition.32)

- No Care Provided

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Public Assist (Including Standby)

Unit Disposition (eDisposition.27)

- No Patient Contact/Non-Patient Incident (Not Otherwise Listed)



Patient Evaluation/Care (eDisposition.28)

- Patient Support Services Provided



Crew Disposition (eDisposition.29)

- Incident Support Services Provided/Back in Service, No Care/Support Services Required



Transport Decision (eDisposition.30)

- Not Applicable



Final Patient Acuity (eDisposition.19)

- Not Applicable



Level of Care Provided Per Protocol (eDisposition.32)

- No Care Provided/ Not Applicable

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Patient Acuity

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Patient Acuity

Patient Acuity- Refers to the over all physical or psychological status of the patient on arrival and at destination. The patient acuity is used to describe the patient's severity of their illness or injury.

RED

YELLOW

GREEN

BLACK

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Patient Acuity

Red - Patient is considered critical. Patient has the chance of survival but can not survive without immediate treatment.

- Head injury, severe burns, severe hemorrhaging, heart attack, obstructed airway, and potential internal injuries.

Yellow – Patient is considered stable but could be serious. Patient is not considered to be in immediate danger of death. Patient can generally follow normal commands.

- Fractures, minor trauma, controlled asthmatics, diabetic emergencies, etc.

Green – Patient is stable, acting normal, but may need medical care.

- Minor injuries, colds, fevers, not in distress, no airway or potential airway compromises, and no obvious signs of internal injuries.

Black – Patient is considered deceased and has no clinical signs of life or has obvious fatal injuries.

Not Values/Pertinent Negatives

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Not Values/Pertinent Negatives

Not Values: Are used when the data element has no real value or is unknown.

Pertinent Negatives: Are used to document why the medic did not perform a procedure.

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Not Applicable Examples

Not Applicable: The data element is not related or pertinent to the EMS event, assessment, or intervention.

Date/Time Medication Administered:

Medication Administered Prior to this Units EMS Care:

Trauma Center Criteria:

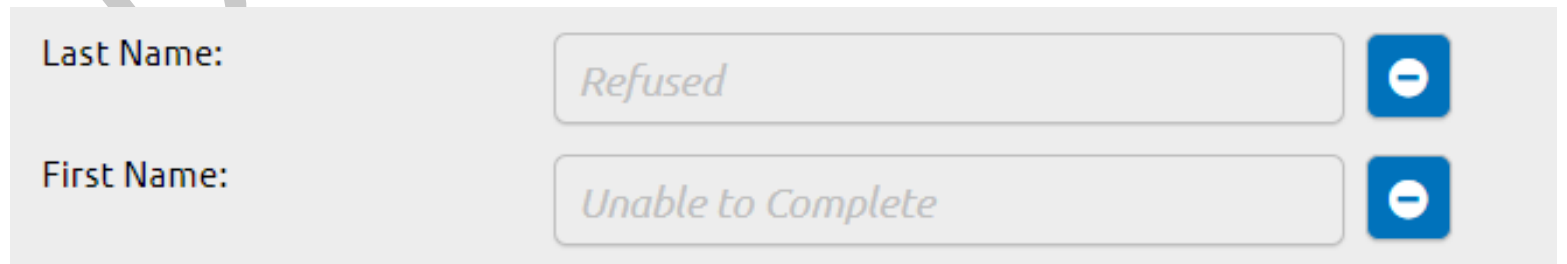
- All penetrating injuries to head, neck, torso, and extremities proximal to elbow or knee
- Amputation proximal to wrist or ankle
- Chest wall instability or deformity (e.g., flail chest)
- Crushed, degloved, mangled, or pulseless extremity
- Glasgow Coma Score ≤ 13
- Open or depressed skull fracture

Refused Examples

Refused: The data element was refused by the patient or patient representative.



A screenshot of a 'Current Medications' form. At the top, the title 'Current Medications' is displayed. Below it is a search bar with the placeholder text 'Add a grid item...'. To the right of the search bar are three icons: a downward arrow, a list icon, and a minus sign. Below the search bar is a table with one row. The first cell of the row contains the text 'Refused'. The right side of the row is a greyed-out area with a small 'x' icon in the top right corner, indicating that the entry is refused.



A screenshot of a form with two rows. The first row is labeled 'Last Name:' and has a text input field containing the word 'Refused' in italics. To the right of the input field is a blue square button with a white minus sign. The second row is labeled 'First Name:' and has a text input field containing the phrase 'Unable to Complete' in italics. To the right of the input field is another blue square button with a white minus sign.


Unable to Obtain/Complete Examples


Unable to Obtain/Complete: The data element is unable to be completed. Example: patient is unresponsive and unable to answer medical history, allergies, or recent travel questions.

Prior to symptom onset, has the patient had close contact with someone with similar symptoms or a confirmed diagnosis of the illness for which you are screening? (i.e. COVID-19 or other potentially infectious disease):

Yes	Unable to Complete	No	Unknown
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Last Name: 

First Name: 

State Requirement and Expectation of Medics

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State Requirements and Expectations

- All PCR reports should be completed and reported to state within 24 hours of call completion.
- Medics are responsible for completing their PCRs electronically and submitting them to their agency by the end of their assigned shift.
- Medics are responsible for providing clear and accurate information to the best of their ability.
- Medics are required to follow all state regulations and protocols related to proper documentation of calls.

Resources

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Resources

- <https://nemsis.org/> (National EMS Data Information)

Stay tuned for more documentation and data webinars!

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