## **Documentation** Update

#### Goals of this training

- Talk about some of the basic tidbits of our charting
- Talk about why this is important
- To enable you to complete a "fake chart" so we can identify areas to improve your documentation (EMTs/AEMTs/Medics only!)

- No Patient Found or Patient Refusal?
- What's a "Full Set" of vitals?
- What do I need to do with insurance information?
- Do I need to get signatures?

#### • No Patient Found or Patient Refusal?

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#### No Patient Found vs. Patient Refusal

- Someone who is not ill or presenting with an injury.
- Someone who has not suffered an event that could have caused injury (a fall).
- Should be documented as a "subject". If you use the term "patient", you should have completed a Patient Refusal.

Example: Subject needs assistance getting from toilet to their bed/chair, but didn't fall.

- Someone who is presenting to be ill or has been involved in an event that could have caused an injury (fall, MVC, etc.)
- Should be documented as a "patient".

#### No Patient Found vs. Patient Refusal

- If you suspect that a patient fell, but they give no complaints, GET A REFUSAL!
- If you are called to the scene of an MVC and the parties involved deny any treatment, offer a brief evaluation and set of vital signs, and GET A REFUSAL!
  - If they absolutely insist on not having interaction with EMS, collect their demographics and document that you made contact with them and they denied interaction.

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## A Full Set of Vital Signs

When documenting vitals, you should be documenting the following factors for EVERY SET of vital signs:

- Blood Pressure (including the assessed side and position of the patient)
- Pulse Rate
- Respiratory Rate
- AVPU and GCS score
- Pain Rating
- SpO<sub>2</sub> preferred, but not needed. Should have on all respiratory patients!

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#### **Insurance Information**

- Be diligent to obtain all insurance information at the time of each call. Having this information gets our chart billed quicker and easier!
- Insurance information does not need to be entered in ESO, but should be attached to the attachments on the chart.
- Do your best to make a copy of all cards or at least take a picture of them and attach.
- THE MORE INFORMATION, THE BETTER!

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#### Do we really need to get signatures?!

# YESIIII

#### **Patient Signatures**

Section 1 - Patient or a parent for a minor

Section 2 - Legal guardian, Power of Attorney, nursing home staff, etc.

Section 3 - Only to be obtained when the first two sections are not an option!

### Misc. Call Types

Fire Calls

- Only need to document the first page with the scene information and the narrative to include the following:
  - What you were dispatched for?
  - Who were you dispatched with?
  - If you had no patients, state that.
  - Who released you from the scene?

### Misc. Call Types

#### DOA

- In your narrative, be sure to document the following elements, in addition to the rest of your usual narrative:
  - Did the patient have any recent complaints?
  - Who found the patient?
  - When was the patient last seen alive/spoken to?
  - How was the patient when someone discovered them?
  - Were they moved in any way prior to your arrival?
  - What did the scene look like when you arrived?

### Earning your Con-Ed credit

In order to consider this course completed, you will need to take a scenario we gave you and create a chart in ESO!

The scenario will contain all of the information needed to complete a chart. Once you click the "NEW RECORD" button, please take a moment to rename the "Incident Number" to FirstnameLastname/Con-Ed (i.e. LorenMiller/Con-Ed)

## Earning your Con-Ed credit

Once you have completed all the steps, please send an email to <u>education@sems160.com</u> informing us that you have completed your practice chart. We will work with you on any corrections and ensure that you have completed the task!

### Earning your Con-Ed credit

The Con-Ed session will be open until Saturday March 26 at 2300. If we don't get your email/completed practice chart by then, we cannot give you credit!