CHARLOTTESVILLE-ALBEMARLE RESCUE SQUAD
CLINICAL REVIEW AND TRAINING

ePCR Documentation Policy

Purpose: To establish guideline for ePCR documentation

Policy: To standardize ePCR documentation and provide expectations and standards to be adhered to

VPHIB will become the primary PPCR for CARS members. Paper PPCRs can be used for drug box exchanges and should not be used as a primary callsheet. Toughbooks will be available in all transport units and ALS zone cars to allow for documentation during calls.

Lost username: Go to the address https://vphib.vdh.virginia.gov/default.cfm?page=login and press the link marked "forgot your password?". Then enter your email account and check your email. In the event that a provider no longer has record of their username or access to the email account they can contact the administrators to recover.

Lost password: If a user has lost their password they will go to the address (https://vphib.vdh.virginia.gov/default.cfm?page=login) and press the link marked "forgot your password?". If your email is correctly linked to VPHIB then you can easily recover your password. Requests for password resets should be handled in this manner rather than contacting VPHIB administrators.

Responding to QA emails: Follow link (vphib.vdh.virginia.gov) in email. Log in using username and password. Once at home screen go to top right corner and go to your inbox (should be red box with a number in it). Once in your inbox there should be a QA email which will direct you to the call in question. You can also email the QA committee member directly with a response, but they may request you to make an addendum or note to the call.

On-duty crew captain should be primary contact for any issues with the software. If there is equipment failure then paper callsheets will be made available.

Guideline for use:

This guideline is detailed and attempts to provide guidance on how to approach ePCR documentation during a patient encounter. 100% completion is expected on all ePCRs including sections not mentioned if at all possible.** This documentation is nearly identical to what we have been doing for years, we are only adding some additional fields to each call. If you have previously used VPHIB as your primary form of documentation then nothing is changing. The only paper documentation that should be filed should be refusals done on paper and ECG forms. All other documentation should be shredded once entered in the computer and uploaded.

1. **At no time should documentation take precedence over appropriate patient care with critically ill patients.**
2. At shift start/during truck check enter your crew into the ambulance Toughbooks. This will populate any calls run today with the crew automatically.
3. **SECURING THE TOUGHBOOK:** 3 easy ways for when not in use: 1) Secure to bench or CPR seat or cot using seatbelt through handle. 2) Put in cabinet next to oxygen with door securely closed. 3) Put up front with map books.

a.   **The laptops must be secured whenever not in use**, even with the unit at the station. If not secured they can become projectiles endangering the crew and are a violation of OEMS regulations. Part of putting the ambulance in service should include securing all items in the box. **If you see one unsecured, then fix it. Don't just leave it out.**

4. Crew should sync the Toughbooks to have up to date patient information on hard drive.

5. Once on a call a crewmember other than the AIC should take the role of scribe on scene and keep the Toughbook on hand at all times. Patient demographics will be entered under the *Patient Information* tab. If the patient is already in the CARS system then this page may auto populate. **Be sure to check patient birthdate and confirm primary address with patient if unsure database patient is correct.** Any changes should be noted. If the patient is not in the database then enter information as needed.

6. Under the *Past History* tab PMHx can be entered as obtained. Below PMHx are patient medication and drug allergy tabs. Enter medications as appropriate in both tabs.*

7. Vital signs can be entered by using the *Quick Vitals* tab on the left side of the screen. This is present on all pages and will automatically record the time when opened. If entering old vitals be sure to change this time later. **Medics should include ECG interpretations here.**

8. IV and medications have identical tabs near the vital signs tabs. Locate the appropriate medication and be sure to check the dosage and route. **Oxygen is listed under medications.** If desired medication responses can also be recorded here. Times also record automatically at the time the quick procedures tab is pressed. If recording procedures after the call be sure to check these times.

9. It is recommended that the short forms be used for patient handoffs so that the hospital receives sufficient documentation of interventions, vitals, and demographics. **The full documentation must be sent to the hospital within 12 hours per OEMS policy.**

10. Once at the hospital a physician signature can be obtained under signatures if medical command was consulted for orders. Interventions done under protocol do not require a physician signature for a drug box exchange. Paper copies can be printed in EMS room at MJH or UVA by plugging USB into Toughbook. Be sure to have patient demographics, nature of call, and procedures/medications used before performing drug box exchange. Drug boxes can also be obtained with short forms as long as the above are all present.

11. It is not required to use the medical or trauma patient quick tabs. An appropriate narrative is still expected under the narrative tab as with paper PPCRs.

12. Providers should try to complete callsheets prior to leaving hospital if not required to respond to other calls. Once providers become proficient at using Toughbooks this will be simple to do.

13. Be sure to POST callsheets when completed. Otherwise they don't get on the online database.

14. **Paper PPCRs will no longer need to be printed and left at the building if you reach 100% completion and have written a complete narrative.** ** Shred any callsheets created for fax purposes. Do not put them in the box in the mail room.**

ePCR Documentation Policy

Cardiac Arrest Documentation:
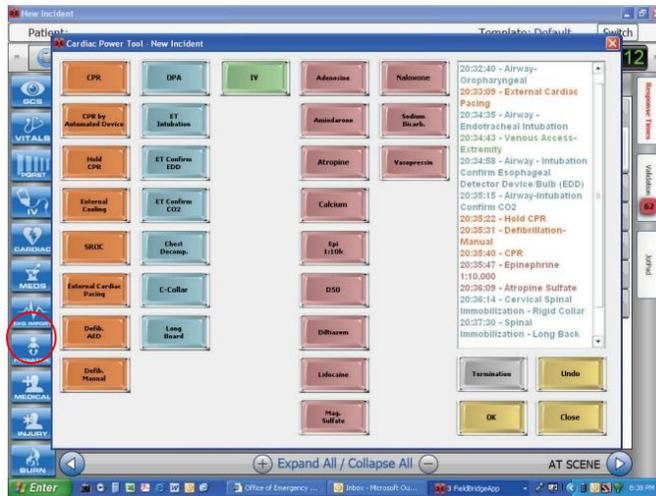
VPHIB has a Cardiac tab specifically for cardiac arrests.

It is recommended that providers use this during a cardiac arrest to improve documentation. **If inadequate resources are on scene then care of the patient is of greatest importance. Documentation can wait.**

Once a critical mass of providers has arrived on scene and the code is in motion then the Toughbook cardiac tab can be used to record interventions in real time by the code scribe. The code scribe can be any provider that is not required for direct patient care and **should not be the code-leader**. If fire is on scene and the patient is being appropriately managed then a good candidate is the ambulance driver or BLS AIC. This can be designated en route to the call. As the code-leader calls out interventions the code scribe should select the intervention on the cardiac power tool. Times will be recorded automatically as the intervention is selected. Don't worry about dosages and routes. The priority is to have accurate times matched to interventions. There are several events that of special interest to record for the Medic.

- Initial CPR
- Vascular access obtained
- ROSC (Return of spontaneous circulation)
- Re-arrest or CPR resumed after ROSC
- Any medication administration
- Any electrical therapy
- Rhythm changes
- Any airway interventions

Important points:

- 2 sets of vital signs must be recorded for calls with patient contact times greater than 15 minutes. If this is not possible then please document why it did not occur.
- Procedures and medications should be documented appropriately.
- As of now PPCRs should be printed and left with the hospital. This policy will be modified and the membership informed if this changes. If you need to print a PPCR to fax over then please shred it.
- **For now ECG will be attached to the ECG documentation sheet, a better way to transfer ECG is coming soon.**
- If you have any other questions on documentation required to reach 100% contact your preceptor or crew captain.

*Note that medications will provide basic descriptions of actions if coded entries are used.

**In the case that patient demographics are unknown (i.e. trauma patient or unresponsive) then a callsheet may be submitted without 100% completion. All other sections should be completed as normal.