

# Operations Subcommittee

of the Emergency Medical Care Committee



**Meeting Agenda:**  
**9 A.M., Thursday February 2<sup>nd</sup>, 2022**  
**Location: SLOEMSA Conference Room**  
**2995 McMillan Ave, STE #178, San Luis Obispo**

**Members**

Jay Wells, *Sheriff's Department, CHAIR*  
 Tim Benes, *Ambulance Providers*  
 Scotty Jalbert, *Office of Emergency Services*  
 Aften Porras, *Med-Com*  
 Adam Forrest, M.D., *Hospitals*  
 Chief Steve Lieberman, *Fire Service*  
 Kris Strommen, *Ambulance Providers*  
 Rob Jenkins, *Fire Service*  
 Lisa Epps, *Air Ambulance Providers*  
 Aaron Hartney, *Air Ambulance Providers*  
 Gerry Perez, *CHP*  
*Vacant, Fire Service*  
*Vacant, Law Enforcement*  
 Chief Casey Bryson, *Fire Service*  
 Roger Colombo, *Field Provider-Paramedic*

**Staff**

STAFF LIAISON, David Goss, *EMS Coordinator*  
 Vince Pierucci, *EMS Division Director*  
 Thomas Ronay, M.D., *Medical Director*  
 Rachel Oakley, *EMS Coordinator*  
 Ryan Rosander, *EMS Coordinator*  
 Sara Schwall, *Administrative Assistant*

AGENDA	ITEM	LEAD
Call to Order  Summary Notes	Introductions Public Comment  Review of Summary Notes December 1 <sup>st</sup> , 2022	Jay Wells
Discussion	Policy #124: Documentation Revision	David Goss
Adjourn	Declaration of Future Agenda Items - Round Table Discussion  Next Meeting Date: April 6 <sup>th</sup> , 2023, 9:00 A.M. Location: SLOEMSA Conference Room 2995 McMillan Ave, STE #178, San Luis Obispo	Jay Wells

**DRAFT**

# Operations Subcommittee of the Emergency Medical Care Committee



## Meeting Minutes

Thursday, December 2<sup>nd</sup>, 2021

SLO EMSA Conference Room – 2995 McMillan Ave, Suite 178, San Luis Obispo

Members		Staff	
<input checked="" type="checkbox"/>	CHAIR Jay Wells, Sheriff's Department	<input checked="" type="checkbox"/>	Vince Pierucci., EMS Division Director
<input checked="" type="checkbox"/>	Tim Benes, Ambulance Providers	<input type="checkbox"/>	Thomas Ronay, MD, Medical Director
<input checked="" type="checkbox"/>	Scotty Jalbert, OES	<input checked="" type="checkbox"/>	Rachel Oakley, EMS Coordinator
<input checked="" type="checkbox"/>	Rob Jenkins, Fire Service	<input checked="" type="checkbox"/>	David Goss, EMS Coordinator
<input type="checkbox"/>	Adam Forrest, MD, Hospitals	<input checked="" type="checkbox"/>	Ryan Rosander, EMS Coordinator
<input checked="" type="checkbox"/>	Chief Steve Lieberman, Fire Service	<input checked="" type="checkbox"/>	Sara Schwall, EMS Administrative Assistant
<input checked="" type="checkbox"/>	Kris Strommen, Ambulance Providers		
<input checked="" type="checkbox"/>	Lisa Epps, Air Ambulance Providers		
<input type="checkbox"/>	Chief Casey Bryson, Fire Service		
<input type="checkbox"/>	Gerry Perez, CHP		
<input type="checkbox"/>	Chief Keith Aggson, Fire Service	Guests:	
<input checked="" type="checkbox"/>	Roger Colombo, Field Provider, Paramedics		
<input type="checkbox"/>	Aften Porras, Med-Com		
<input type="checkbox"/>	Aaron Hartney, Air Ambulance Providers		
<input checked="" type="checkbox"/>	Chief Dan McCrain, Fire Service		
<input type="checkbox"/>	Vacant, Law Enforcement		

AGENDA ITEM / DISCUSSION	ACTION / FOLLOW-UP
<b>CALL TO ORDER</b>	
Introductions	09:00am
Public Comment – None	
<b>APPROVAL OF MINUTES – Approved</b>	
<b>ACTION / DISCUSSION ITEMS</b>	
<b>Supraglottic Airway (SGA) Implementation</b> <ul style="list-style-type: none"> <li>- SGAs received approval from Clinical Advisory Committee as option for primary and backup intubations</li> <li>- Reviewed i-Gel SGA costs and specifications</li> <li>- Next step to bring to EMCC for approval, protocol update in May, implementation in July</li> </ul>	David Goss
<b>Multi Casualty Incident (MCI) Update</b> <ul style="list-style-type: none"> <li>- Current goal to bring plan to Operations Subcommittee in February, EMCC in March, training in May and implementation in July</li> <li>- Reviewed MCI Revisions including a 3-tiered system</li> </ul>	David Goss
<b>Approval of SGA implementation to move to EMCC</b> R. Jenkins – Motions S. Lieberman – Seconds All in favor.	
<b>Items Moving Forward</b> MCI Packet Release and Review	
<b>ADJOURN</b>	
Next Meeting: February 2 <sup>nd</sup> , 2022, 09:00 A.M. Location: SLO EMSA - 2995 McMillan Ave, Suite 178, San Luis Obispo	



**COUNTY OF SAN LUIS OBISPO HEALTH AGENCY**

**PUBLIC HEALTH DEPARTMENT**

**Penny Borenstein, MD, MPH** *Health Officer/Public Health Director*

<b>MEETING DATE</b>	February 2 <sup>nd</sup> , 2023
<b>STAFF CONTACT</b>	David Goss, EMS Coordinator 805.788.2514 dgoss@co.slo.ca.us
<b>SUBJECT</b>	Policy #124: Documentation Revision
<b>SUMMARY</b>	<ul style="list-style-type: none"><li>• Policy #124: Documentation Revision<ul style="list-style-type: none"><li>- Changes to ePCR upload time requirements.</li><li>- Addition of Image Trend HospitalHub for Emergency Departments</li><li>- Addition of SLOEMSA Repository requirements</li><li>- CEMSIS additions for ePCR information</li><li>- Extended on-scene Dry Run time requirements.</li></ul></li></ul>
<b>REVIEWED BY</b>	Vince Pierucci, Dr. Thomas Ronay, SLOEMSA Staff
<b>RECOMMENDED ACTION(S)</b>	Recommended policy revision for Operations approval. Move to EMCC Agenda for recommended approval.
<b>ATTACHMENT(S)</b>	Operations PowerPoint Presentation, Policy #124

**Emergency Medical Services**



# Operations Subcommittee

FEBRUARY 2<sup>ND</sup>, 2023

# Policy #124: Documentation of Prehospital Care Revision Summary



- ▶ Changes to ePCR upload time requirements.
- ▶ Addition of Image Trend HospitalHub for Emergency Departments.
- ▶ Addition of SLOEMSA Repository
- ▶ CEMSIS additions for ePCR information
- ▶ Extended on-scene Dry Run time requirements

# ePCR Upload Requirements

- ▶ Current requirements:
  - ▶ “All patients transported into or out of the County of SLO must have a completed PCR left with the patient’s medical records...prior to clearing the receiving facility.
  - ▶ “If system needs require the transporting unit to clear the receiving facility prior to completion of the PCR, the PCR must be completed and provided to the receiving hospital...no greater than 24 hours after the transfer of patient care.”
  - ▶ “Non-Transporting personnel must complete a PCR for all patient contacts in a timeline as set forth by employing agency policy but in all cases must be completed by end of shift.”
  - ▶ “Paid call firefighters or volunteer responders must complete PCRs within 36 hours...”

# ePCR Upload Requirements



## ▶ Draft additions:

- ▶ “Any patient deemed critical or experiencing a life-threatening illness/injury, that patient’s ePCR shall be completed and uploaded to the SLOEMSA Repository within 60 minutes following transfer of care. This applies to any of these types of patients:
  - ▶ Step 1 or Step 2 Trauma Alerts
  - ▶ Any patient that is in cardiac arrest or had a cardiac arrest with ROSC
  - ▶ STEMI Alerts
  - ▶ Stroke Alerts
  - ▶ Any code 3 transport”.
- ▶ “For any other patient not categorized...their ePCRs shall be completed and uploaded to the SLOEMSA Repository within 2 hours following transfer of care to a hospital or after clearing the scene if transfer of care was not given. This also includes non-transporting personnel and Paid Call Firefighters.”
- ▶ “An exception shall be made to the upload timeframe for cases of system surge or if an additional call is pending which would make that unit the closest available resource. Both ePCRs shall be completed within two hours following the additional transfer of care.”

# ePCR Upload Requirements

## ► Why is this taking place?

- SLOEMSA Repository is adding a HospitalHub module that will allow Emergency Departments to immediately view EMS ePCRs as soon as the ePCR is sent to the Repository. Currently this is not occurring.
- Specialty care system review and management is being delayed due to ePCR availability.
- These changes are matching what numerous other counties in the State of California are currently practicing.
- 53% of LEMSAs have a time requirement less than or equal to 2 hrs for ePCR upload.

ePCR County Data					
LEMSA	Before Leaving Hospital	Minute Requirement	Hour requirement	Day requirement	End of shift
Alameda					
Central California	x				
Coastal Valleys			2 hrs		
Contra Costa				24 hrs	
El Dorado			12 Hrs		
Imperial			12 Hrs		
Inland		30 minutes (after TOC)			
Kern	x				
Los Angeles	x				
Marin		20 minutes (after TOC)			
Merced					
Monterrey	x (crit calls)		1 hr (non crit)		
Mountain Valley	x				
Napa			2 hrs		
North Coast				24 hrs	
NorCal				24 hrs	
Orange	x				
Riverside			2 hrs		
Sacramento				24 hrs	
San Benito				48hrs	
San Diego	x				
San Francisco				24 hrs	
San Joaquin		45 min			
San Luis Obispo			*1hr cri/2hr non crit.*	24 hrs	x
San Mateo				24 hrs	
Santa Barbara		30 min (crit calls)		24 hrs (non crit)	
Santa Clara				24 hrs	
Santa Cruz	Required data elements			48hrs (full ePCR)	
Sierra Sac				24hrs	
Solano				24 hrs	
Stanislaus			2hrs crit/12hrs non crit		
Tuolumne		35 min	12 hrs if system surge		
Ventura		30 min			
Yolo			4 hrs		

# Extended On Scene Dry Run Requirements

- ▶ “If an EMS Provider is on scene but has not made patient contact, that provider may fill out their ePCR as a Dry Run...If the provider has been on scene for more than 5 minutes without any patient contact, that documenter shall provide an explanation for their extended on-scene time in the narrative selection. Information required shall contain at a minimum, but not be limited to:
  - ▶ A description of events occurring while on scene
    - ▶ Ex. (Extended on scene time due to attempt to locate a patient. No patient found following search.)
    - ▶ Ex. (Extended on scene due to cliff rescue, patient refused any assessment or care following extrication.)
  - ▶ Reasoning as to why the documenter was requested to stay at scene
    - ▶ Ex. (ALS Unit on scene requested our unit to standby while finishing their assessment. Following patient refusal, our unit was released.)
    - ▶ Ex. (Patient on scene requesting lift assist, no transport or assessment necessary.)

0:20:28	Standby pending arrival of private transport. No pt contact.
0:20:48	UTL pt, canceled by Fire
0:20:55	11-44 per Mercy 34 first-in. No pt contact.
0:21:00	Pt was assessed by Cambria FD. M11 was told to standby for possible transportation.
0:21:24	CalFire ME20
0:21:47	no medical need
0:21:59	no pt found
0:22:26	no medical need
0:22:54	Lift assist.
0:23:11	Canceled by fire, lift assist.
0:24:14	cx by fire. delay on scene due to fire assessing pt. non-transport.
0:24:38	Cancelled on scene. No patient. The person was making an appointment with her PC
0:25:51	U/A ALS MB Fire advised probable non transport. M31 stood by while fire made cont
0:26:22	Canceled on scene by fire.
0:26:58	Cancelled on scene by fire. No patient.
0:28:16	No PT contact, all PT care performed by CalStar. Pt transported to Sierra Vista hospit
0:28:20	Arrived on the scene to find the Pt being assisted out of the restroom by Fire. Per fir
0:28:55	Cx by fire
0:30:28	911 called by Pt's stepmother who was concerned that Pt was locked in the restroom
0:31:37	Lift assist x2. Waited for the son to arrive. No medical problem.
0:32:03	There was no patient contact. The person wanted to go to the urgent care in POV.
0:38:04	Canceled on scene. No pt contact. Pt was picked by grandma. No medical need at thi
0:42:07	Canceled by fire no contact
0:45:41	Cxl by PD
0:54:14	Cnl

# Auto-Narrative Requirements

- ▶ “Auto Narratives are allowed in SLO County, but documenters shall write their own narrative to supplement the Auto-Narrative which shall include but not be limited to:
  - ▶ Patient description
  - ▶ Chief Complaint
  - ▶ General Observations
  - ▶ History of the present event/pertinent findings
  - ▶ Provider impression/conclusions based on chief complaint
  - ▶ Treatments/Care rendered to the patient.
  - ▶ Disposition
- ▶ This is to ensure that accurate documentation is being provided and to limit redundant documentation already provided in other fields.
- ▶ When reporting information to various agencies and organizations, accurate narratives provide the ability to provide quality data. This includes:
  - ▶ Specialty Care (STEMI, Trauma, and Stroke)
  - ▶ Cardiac Arrest Registry for Enhanced Survival (CARES)
  - ▶ Continuous Quality Improvement (CQI)
  - ▶ Supplemental data for county inquiries
  - ▶ Core Measures / Key Performance Indicators
  - ▶ And more...

# Definition Additions

- ▶ PCR definition has been removed and replaced with ePCR to match current California law.
- ▶ Definition of a patient.
- ▶ Definition of a patient contact and when the patient-provider relationship begins.
- ▶ Definition of system surge to indicate when a delay in ePCR submission is indicated.
- ▶ Definition of a Dry Run.
- ▶ Definition of an EMS Provider
- ▶ Definition of the San Luis Obispo County EMS Agency Repository Database
- ▶ Definition of Hospital Hub supported by the SLOEMSA Repository.

# Other Additional Changes

- ▶ Language change requiring providers participate in an approved ePCR program.
- ▶ All reference to PCR replaced with ePCR to reflect current California law.
- ▶ CEMSI values added to ePCR information to provide standardization of ePCR data between providers.
- ▶ Provider shall be required to keep up to date with all state data requirements and to keep current on all schematron updates as they are provided by the state.
- ▶ Language additions requiring any elements of care be added to ePCRs and assigning provider identification to every element of care along with indicating any care provided by bystanders.
- ▶ Various language changes from “must” to “shall”.

Questions?

## **POLICY #124: DOCUMENTATION OF PREHOSPITAL CARE**

### I. PURPOSE

- A. The purpose of this policy is to define requirements for ePCR documentation and the procedure for completion, distribution and retention of the patient care records by emergency medical service (EMS) provider agencies / organizations in the County of San Luis Obispo (SLO).

### II. SCOPE

- A. This policy applies to all EMS providers and first responders in SLO County.

### III. DEFINITIONS

- A. **Electronic Patient Care Record (ePCR):** Refers to PCRs generated electronically.
- B. **Health Insurance Portability and Accountability Act (HIPAA):** The HIPAA Privacy Rule, which protects the privacy of individually identifiable health information.
- C. **Patient:** Any person that is experiencing a medical symptom, sign, and/or complaint that encounters an EMS provider.
- D. **Patient Contact:** When an EMS Provider comes into contact with a patient and initiates the patient-provider relationship. That provider shall determine whether that person requires medical treatment or transport regardless of whether such treatment is provided. The patient-provider relationship is established by either phone, radio, or personal contact. It is the providers' responsibility to ensure all patients are offered the opportunity for evaluation, treatment, and/or transport.
- E. **System Surge:** An county wide instance where an overabundance of calls leaves no available units.
- F. **Dry Run:** A call in which an EMS Provider does not make any patient contact, resulting in no patient information being entered into an ePCR.
- G. **EMS Provider:** Any EMT / Paramedic authorized by SLOEMSA to respond to emergencies in the County of San Luis Obispo.
- H. **California EMS Information System (CEMSIS):** a centralized data system administrated by the California Emergency Medical Services Authority that provides a standard for patient care information.
- I. **SLOEMSA Repository:** An Image Trend database managed by the San Luis Obispo County Emergency Medical Services Agency (SLOEMSA) where all reports and data generated by each EMS Provider are submitted and then transferred to CEMSIS.
- J. **Hospital Hub:** An Image Trend database that funnels patient reports from the SLOEMSA Repository to each individual hospital for review.

## IV. POLICY

- A. All transporting and non-transporting providers shall participate in an EMS Agency approved ePCR program.
- B. First Responders shall complete an ePCR on all patient contacts regardless of patient outcome.
- C. If an EMS Provider is on scene but has not made patient contact, that provider may fill out their ePCR as a Dry Run with no patient information. If the provider/responder has been on scene for more than 5 minutes without any patient contact, that documenter shall provide an explanation for their extended on-scene time in the narrative section. Information required shall contain at a minimum, but not be limited to:
  - 1. A description of events occurring while on scene
    - a. Ex. (Extended on scene time due to attempt to locate a patient. No patient found following search.)
    - b. Ex. (Extended on scene due to cliff rescue, patient refused any assessment or care following extrication.)
  - 2. Reasoning as to why the documenter was requested to stay at scene.
    - a. Ex. (ALS Unit on scene requested our unit to standby while finishing their assessment. Following patient refusal, our unit was released.)
    - b. Ex. (Patient on scene requesting lift assist, no transport or assessment necessary).
- D. Information obtained during patient care shall include all of the following CEMSIS values found in Policy #124 Attachment B: CEMSIS Values. Individual providers may include additional patient care information to supplement required documentation, but providers shall gather all information when indicated in policy/protocol and when available.
- E. All ePCR documentation shall follow the most up-to-date Schematron posted by the California Emergency Medical Services Authority to ensure all reports are exported and received by the CEMSIS Repository.
- F. If an ALS Provider obtained any ECG rhythms during patient care, that provider shall attach those rhythms to their ePCR by either transferring that information from their cardiac monitors or capturing a picture of printed strips and attaching them to the report.
- G. Any element of care including treatments, assessments, and procedures shall be included in documentation. The documenter shall include the name of any person providing said care including any care rendered by bystanders.
- H. The management of patient care documentation shall be compliant with HIPAA requirements.

- I. Auto-Narratives are allowed in SLO County, but documenters shall write their own narrative to supplement the Auto-Narrative which shall include but not be limited to:
  - a. Patient description.
  - b. Chief complaint.
  - c. General Observations.
  - d. History of the present event/pertinent findings.
  - e. Provider impression/Conclusions based on chief complaint.
  - f. Treatments/Care rendered to the patient.
  - g. Disposition.
- J. Patient care documentation shall meet the EMS provider agency/organization's specific medical record retention requirements. However, ePCRs shall be retained for no less than current requirements stated in California Code of Regulations Title 22, Division 5, Chapter 1, Article 7, Section 70751.
- K. All providers shall participate in the EMS Agency data collection program.
- L. Abbreviations and acronyms used when writing ePCRs shall be from the approved list. This can be found on Policy #124 Attachment A: Abbreviations and Acronyms List.
- M. Any patient deemed critical or experiencing a life-threatening illness/injury, that patient's ePCR shall be completed and uploaded to the SLOEMSA Repository within 60 minutes following transfer of care. This applies to any of these types of patients:
  - a. Step 1 or Step 2 Trauma Alerts
  - b. Any patient that is in cardiac arrest or had a cardiac arrest with ROSC.
  - c. STEMI Alerts
  - d. Stroke Alerts
  - e. Any code 3 transport
- N. For any other patient not categorized in section L (a-e), their ePCRs shall be completed and uploaded to the SLOEMSA Repository within 2 hours following transfer of care to a hospital or after clearing the scene if transfer of care was not given. This also includes non-transporting personnel and Paid Call Firefighters.
- O. An exception shall be made to the upload timeframe for cases of system surge or if an additional call is pending which would make that unit the closest available resource. Both ePCRs shall be completed within two hours following the additional transfer of care.
- P. All patient data and ePCRs shall be transmitted to the SLOEMSA Repository and subsequently to the Hospital Hub database for hospital staff review. All data from the SLOEMSA Repository shall then be transmitted to CEMSIS following upload.

ePCR uploads shall follow the same time requirements mentioned in Section IV (L) and (M).

- Q. The EMS Agency may require additional elements as the system changes and/or for quality improvement (QI) programs.

#### V. ATTACHMENTS

- A. Attachment A: Abbreviations and Acronyms List
- B. Attachment B: CEMISIS Values

#### VI. AUTHORITY

- A. Title 22, California Code of Regulations, Division 9, Section 100170, 10171, 100402.
- B. California Health and Safety Code, Division 2.5, Section 1798a.
- C. California Code of Regulations, Title 22, Division 5, Chapter 1, Section 70751

# Policy #124 Attachment B

# CEMSIS Values

	PCR Information	CEMSIS Values					
Scene Information	Incident/Response number	eResponse.03	eResponse.04				
	Documenting agency name	dAgency.03					
	Location/Address of the scene	eScene.15	eScene.17	eScene.18	eScene.19	eScene.09	eScene.13
	Dispatch Complaint	eDispatch.01					
	Unit number/call sign	eResponse.13	eResponse.14				
	Response mode to scene/from scene	eResponse.23	eResponse.17				
Times	Date/est. Time of Incident	eSituation.05	eSituation.06				
	Date/Time call received by Dispatch	eTimes.01					
	Date/Time unit dispatched to call	eTimes.03					
	Date/Time unit en-route	eTimes.05					
	Date/Time unit on-scene	eTimes.06					
	Date/Time unit at patient	eTimes.07					
	Date/Time unit left scene (trans. only)	eTimes.09					
	Date/Time unit at destination (trans. only)	eTimes.11					
	Date/Time transfer of patient care	eTimes.08					
	Date/Time unit available	eTimes.13					
Patient Information	First and Last name/Middle Initial	ePatient.02	ePatient.03	ePatient.04			
	Date of Birth and Age	ePatient.17	ePatient.15	ePatient.16			
	Gender	ePatient.13					
	Weight in Kilograms	eExam.01					
	Home Address	ePatient.05	ePatient.06	ePatient.08	ePatient.09		
Complaint / Impression	Chief Complaint	eSituation.03	eSituation.04	eSituation.09			
	Protocols	eProtocols.01	eProtocols.02				
	Primary Impression	eSituation.11	eInjury.01	eInjury.02	eInjury.03		
	Secondary Impression (if applicable)	eSituation.12					
	Narrative	eNarrative.01					
Vitals	Pulse / Heart Rate	eVitals.01	eVitals.02	eVitals.10	itVitals.019	eVitals.11	
	Blood Pressure	eVitals.01	eVitals.02	eVitals.06	eVitals.07	eVitals.08	
	Respiratory Rate/Respirations	eVitals.01	eVitals.02	eVitals.14	eVitals.15		
	Oxygen Saturation/SPO2	eVitals.01	eVitals.02	eVitals.12			
	Glasgow Coma Scale/GCS	eVitals.01	eVitals.02	eVitals.20	eVitals.21	eVitals.19	eVitals.22
	Level of Consciousness/AVPU	eVitals.23					
	eVitals.01	eVitals.02	eVitals.26				

**Policy #124 Attachment B**

**CEMSIS Values**

	PCR Information	CEMSIS Values					
<b>Vitals</b>	Airway	eVitals.01	eVitals.02	itVitals.002			
	Temperature	eVitals.01	eVitals.02	eVitals.24	eVitals.25		
	Pain Scale	eVitals.01	eVitals.02	eVitals.27			
	Blood Glucose (Authorized Agencies Only)	eVitals.01	eVitals.02	eVitals.18			
	ECG/EKG (ALS Only)	eVitals.01 eDevice.07	eVitals.02 eDevice.08	eVitals.04 eDevice.05	eVitals.03	eVitals.05	eDevice.03
	Waveform Capnography (ALS Only)	eVitals.01	eVitals.02	eVitals.16	itVitals.040		
<b>Physical Assessment</b>	Skin	eExam.03	eExam.04				
	Head	eExam.03	eExam.05				
	Face	eExam.03	eExam.06				
	Eye	eExam.03	eExam.17	eExam.18	itExam.042		
	Neck	eExam.03	eExam.07				
	Chest/Lungs/Heart	eExam.03	eExam.08	eExam.09			
	Abdomen	eExam.03	eExam.10	eExam.11	itExam.047		
	Pelvis/Genitourinary	eExam.03	eExam.12				
	Extremity	eExam.03	eExam.15	eExam.16	itExam.044		
	Back/Spine	eExam.03	eExam.13	eExam.14	itExam.049		
	Neurological/Mental Status	eExam.03	eExam.20	eExam.19			
<b>Patient History</b>	Past Medical History	eHistory.08	itHistory.11	eHistory.09	itHistory.017		
	Current Medications	eHistory.12					
	Medication Allergies	eHistory.06	itHistory.009				
	Enviornmental Allergies	eHistory.07	itHistory.008				
<b>Care Rendered</b>	Procedures	eProcedures.01 eProcedures.13	eProcedures.09 eProcedures.05	eProcedures.10 eProcedures.06	eProcedures.02 eProcedures.07	eProcedures.03 eProcedures.13	eProcedures.04 eProcedures.08
	Medications	eMedications.01 eMedications.04	eMedications.02 eMedications.05	eMedications.09 eMedications.06	eMedications.10 eMedications.07	eMedications.11 eMedications.08	eMedications.03
<b>Transfer of Care</b>	Patient disposition	eDisposition.12	eDisposition.19	eDisposition.20	eOther.02		
	Destination name/address	eDisposition.01 eDisposition.07	eDisposition.23 itDisposition.051	eDisposition.21	eDisposition.03	eDisposition.04	eDisposition.05
	Transfer of care signature (trans. only)	eOther.19 eOther.20	eOther.12 eOther.18	eOther.13 eTimes.12	eOther.15	itOther.032	eOther.21
	Signature of the documenter	eOther.19 eOther.20	eOther.12 eOther.18	eOther.13 eTimes.12	eOther.15	itOther.032	eOther.21