Operations Subcommittee
of the Emergency Medical Care Committee

Meeting Agenda:
9 A.M.,Thursday April 6th, 2023
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*
Deputy Chief Sammy Fox, *Fire Service*
Vacant, *Law Enforcement*
Chief Casey Bryson, *Fire Service*
Roger Colombo, *Field Provider-Paramedic*

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

AGENDA	ITEM	LEAD
Call to Order	Introductions Public Comment	Jay Wells
Summary Notes	Review of Summary Notes February 2nd, 2023	
Discussion	Policy #124: Documentation Revision	David Goss
Adjourn	Declaration of Future Agenda Items - Communication and Scene Management Next Meeting Date: June 8th, 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, February 2, 2023
SLO EMSA Conference Room – 2995 McMillan Ave, Suite 178, San Luis Obispo

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

AGENDA ITEM / DISCUSSION	ACTION / FOLLOW-UP
CALL TO ORDER—9:12 am	
Introductions	
Public Comment – None	
APPROVAL OF MINUTES – Approved	
DISCUSSION ITEMS	

Policy 124: Documentation Revision
- Changes to ePCR upload time requirements
  ○ Discussion of making time requirements more attainable for non-transporting agencies and for travel time
- Extended on-scene Dry Run time requirements
  ○ Include an explanation for on-scene time exceeding 5 minutes
- Auto-Narratives
- Definition additions
  ○ R. Jenkins suggests adding a definition for "non-patient involved party"
- Addition of Image Trend HospitalHub for emergency departments
- Addition of SLO EMSA repository requirements
- CEMSIS additions for ePCR information
 	
Items Moving Forward
Review of Scene Management Policy 200
	David Goss

ADJOURN – 10:30 am	
Next Meeting: April 6, 2023, 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*

MEETING DATE	April 6th, 2023
STAFF CONTACT	David Goss, EMS Coordinator 805.788.2514 dgoss@co.slo.ca.us
SUBJECT	Policy #124: Documentation Revision
SUMMARY	In late 2022, the SLO EMSA purchased an ePCR repository. This new SLOEMSA Repository required some additions and changes to Policy #124: Documentation of Prehospital Care. During the initial staff review, it was determined the current documentation policy required a larger update. Areas needing improvement that are part of this proposed revision include addition of new definitions, removal of paper PCR language and addition of ePCR language to align with current state law, alteration to ePCR upload timelines, addition of Hospital Hub language, removal of Auto-Narrative utilization, addition of required NEMSIS codes for ePCR forms, required fields for specialty care, and other changes highlighted in the attached documentation.
REVIEWED BY	Vince Pierucci, Dr. Thomas Ronay, SLOEMSA Staff
RECOMMENDED ACTION(S)	Recommend Policy #124 revision for Operations adoption and move to EMCC agenda.
ATTACHMENT(S)	Operations PowerPoint Presentation, Policy #124 Draft

Operations Subcommittee

APRIL 6TH, 2023

Policy #124: Documentation of Prehospital Care Revision Summary

- Changes to ePCR upload time requirements.
- Addition of Image Trend HospitalHub for Emergency Departments.
- Auto-Narrative restriction and outline
- Addition of SLOEMSA Repository Language
- CEMSIS additions for ePCR information
- Specialty Care System Incident requirements
- Definition additions
- Other Additional changes

ePCR Upload Time Requirements

- Current Requirements:
  - Transport: No greater than 24 hours after transfer of patient care.
  - Non-Transport: Completed by end of shift
- Draft Revisions
  - Transport:
    - "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 calls:
      - Step 1 / Step 2 Trauma Alerts.
      - Any patient that is in cardiac arrest or was in cardiac arrest and achieved ROSC.
      - STEMI Alerts
      - Stroke Alerts
      - Any code-3 transport"
    - "For any other patient not categorized in section M (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"

ePCR Upload Time Requirements

- Draft Revisions continued:
  - "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."
  - "Non-Transport personnel shall upload their ePCRs no later than 12 hours after clearing the incident or by end of shift, whichever occurs sooner."
- Why is this taking place?
  - SLOEMSA Repository is adding Hospital Hub to Base Hospital contracts that will allow Emergency Departments to immediately view EMS ePCRs as soon as the ePCR is sent to the Repository.
  - 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 currently practice.
  - 53% of LEMSAs have a time requirement less than or equal to 2 hours for ePCR upload.

ePCR County Data

TOC = transfer of care Crit = critical calls non-crit = non critical calls

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		

Auto-Narrative Restriction & Outline

- "Auto Narratives are not permitted in SLO County. Documenters shall write their own narrative which shall include, but not be limited to:
  - Patient Description
  - Chief complaint
  - General Observations
  - History of 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 entered 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…

Specialty Care System Documentation Requirements

- Specialty Care System incidents are being missed in the database due to a lack of data element requirement. This is currently affecting data being sent to the state resulting in inaccurate numbers
- This data being missed also affects other elements being monitored:
  - Trauma/STEMI/Stroke system evaluation
  - CARES Database reporting
  - Possible QA/QI issues
  - EMS system inaccuracies
- Draft Addition:
  - "All calls involving specialty care systems (Stroke, STEMI, Trauma, and Cardiac Arrest) shall be properly labeled/documented via the following data fields and be made required fields in ePCR forms:
    - STEMI: Primary Impression (eSituation.11) or Secondary Impression (eSituation.12).
    - Trauma: Trauma Center Criteria (eInjury.03) or Vehicluar, Pedestrian, or Other Injury Risk Factor (eInjury.04).
    - Stroke: Primary Impression (eSituation.11) or Secondary Impression (eSituation.12).
    - Cardiac Arrest: Primary Impression (eSituation.11) or Secondary Impression (eSituation.12)."

Definition Additions

- PCR definition has been removed and replaced with ePCR to match current law.
- Definition of a patient:
  - "Any person who seeks or appears to require assessment and/or treatment."
- Definition of a patient contact:
  - When an EMS Provider encounters a patient and initiates the patient-provider relationship. The patient-provider relationship is established by either phone, radio, or personal contact. It is the provider's responsibility to ensure all patients are offered the opportunity for evaluation, treatment, and/or transport."
- Definition of system surge:
  - A county wide instance where an overabundance of calls leaves no available units
- Definition of a 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.
- Definition of an EMS Provider:
  - Any EMT/Paramedic authorized by sLOEMSA to respond to emergencies in the County of San Luis Obispo.
- Definition of the SLOEMSA Repository:
  - An ImageTrend database managed by SLOEMSA where all reports and data generated by each EMS Provider are submitted and then transferred to CEMSIS.
- Definition of Hospital Hub:
  - An ImageTrend database that funnels ePCRs from the SLOEMSA Repository to each individual hospital for review.

Other Additional Changes

- Extended on-scene time addition from previous draft has been removed.
- Language change requiring providers participate in an approved ePCR program.
- CEMSIS value requirements added to ePCR information to provide standardization of ePCR data between providers. Changes to these values may be changed to ensure compliance is met through schematron and version updates.
- Providers 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 to be added to ePCRs and assigning individual provider identification to every element of care along with indicating any care provided by bystanders.
- Various language changes from “must” to “shall”.
- Requirement that any ECG rhythms obtained during care be attached to the ePCR.

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 who seeks or appears to require assessment and/or treatment.

D. Patient Contact: When an EMS Provider encounters a patient and initiates the patient-provider relationship. 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: A 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 ImageTrend 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 ImageTrend 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 writing an ePCR 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.

1. Additions/Subtractions from this list shall be made by SLOEMSA following updates to Schematron files and/or updates to NEMSIS/CEMSIS data version requirements.

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 not permitted in SLO County. Documenters shall write their own 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 facility transfer of care. This applies to any of these types of patients:

   a. Step 1 / Step 2 Trauma Alerts
   b. Any patient that is in cardiac arrest or was in cardiac arrest and achieved ROSC.
   c. STEMI Alerts
   d. Stroke Alerts
   e. Any code 3 transport

N. For any other patient not categorized in section M (a-e), their ePCRs shall be completed and uploaded to the SLOEMSA Repository within 2 hours following transfer of care to a facility or after clearing the scene.

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. Non-Transport personnel shall upload their ePCRs no later than 12 hours after clearing the incident or by end of shift, whichever occurs sooner.

Q. All calls involving specialty care systems (Stroke, STEMI, Trauma, and Cardiac Arrest) shall be properly labeled / documented via the following data fields and be made required fields in ePCR forms:

1. STEMI: Primary Impression (eSituation.11) or Secondary Impression (eSituation.12).
2. Trauma: Trauma Center Criteria (eInjury.03) or Vehicular, Pedestrian, or Other Injury Risk Factor (eInjury.04).
3. Stroke: Primary Impression (eSituation.11) or Secondary Impression (eSituation.12).
4. Cardiac Arrest: Primary Impression (eSituation.11) or Secondary Impression (eSituation.12).

R. 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 (M–P).

S. 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: CEMSIS 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

Abbreviations and Acronyms List

AED	AUTOMATIC EXTERNAL DEFIBRILLATOR		DOB	DATE OF BIRTH
A-FIB	ATRIAL FIBRILLATION		DSG	DRESSING
A-FLUT	ATRIAL FLUTTER		DT'S	DELIRIUM TREMENS
A-TACH	ATRIAL TACHYCARDIA		D5W	5% DEXTROSE IN WATER
ABD	ABDOMINAL / ABDOMEN		DX	DIAGNOSIS
AGCH	ARROYO GRANDE COMMUNITY HOSPITAL		EBL	ESTIMATED BLOOD LOSS
ALF	ASSISTED LIVING FACILITY		ECF	EXTENDED CARE FACILITY
ALOC	ALTERED LEVEL OF CONSCIOUSNESS		ED	EMERGENCY DEPARTMENT
A/0 x 3	ALERT AND ORIENTED TO TIME PLACE AND NAME		ED MD	EMERGENCY DEPARTMENT PHYSICIAN
A/O x 4	ALERT AND ORIENTED TO TIME PLACE NAME AND		ECG (EKG)	ELECTROCARDIOGRAM
AM	MORNING		EMT	EMERGENCY MEDICAL TECHNICIAN
AMA	AGAINST MEDICAL ADVICE		EMT-P	EMERGENCY MEDICAL TECHNICIAN - PARAMEDIC
AMB	AMBULATE		ePCR	ELECTRONIC PATIENT CARE RECORD
AMP	AMPULE		EPI	EPINEPHRINE
AMT	AMOUNT		ER	EMERGENCY ROOM
ANT	ANTERIOR		EST	ESTIMATED
APPROX	APPROXIMATELY		ETA	ESTIMATED TIME OF ARRIVAL
APPY	APPENDECTOMY		ET	ENDOTRACHEAL TUBE
ASA	ASPIRIN		ETI	ENDOTRACHEAL INTUBATION
ASAP	AS SOON AS POSSIBLE		ETOH	ETHANOL ALCOHOL
ASHD	ARTERIOSCLEROTIC HEART DISEASE		EVAL	EVALUATION
BBB	BUNDLE BRANCH BLOCK		EXAM	EXAMINATION
BICARB	SODIUM BICARBONATE (NAHCO3)		EXT	EXTERNAL
BID	TWICE DAILY		F	FEMALE
BILAT	BILATERAL		FB	FOREIGN BODY
BM	BOWEL MOVEMENT		FHMC	FRENCH HOSPITAL MEDICAL CENTER
BOW	BAG OF WATER		FHR	FETAL HEART RATE
B/P	BLOOD PRESSURE		FHT	FETAL HEART TONES
BPM	BREATHS PER MINUTE		FREQ	FREQUENT
BS	BREATH SOUNDS		FUO	FEVER OF UNKNOWN ORIGIN
BVM	BAG VALVE MASK		FX	FRACTURE
C/P	CHEST PAIN		G	GRAVIDA (NUMBER OF PREGNANCIES)
C/O	COMPLAINS OF		GI	GASTROINTESTINAL
CA	CANCER		GM	GRAM
CAD	CORONARY ARTERY DISEASE		GSW	GUN SHOT WOUND
CAP	CAPSULE		GTT(S)	DROPS(s)
CATH	CATHETER		GU	GENITOURINARY
C/C	CHIEF COMPLAINT		GYN	GYNECOLOGY
CC	CUBIC CENTIMETER		H/A	HEADACHE
CCU	CORONARY CARE UNIT		HCTZ	HYDROCHLOROTHIAZIDE
CHB	COMPLETE HEART BLOCK		HEENT	HEAD, EARS, EYES, NOSE, THROAT
CHF	CONGESTIVE HEAR FAILURE		H2O	WATER
CMS	CIRCULATION, MOTION , SENSATION		HR	HEART RATE
COPD	CHRONIC OBSTRUCTIVE PULMONAY DISEASE		HT	HEIGHT
CPAP	CONTINUOUS POSITIVE AIRWAY PRESSURE		HTN	HYPERTENSION
CPR	CARDIO PULMONARY RESUSCITATION		HX	HISTORY
CSF	CEREBRAL SPINAL FLUID		I.E.	THAT IS, AS EXAMPLE
CVA	CEREBRAL VASCULAR ACCIDENT		ICS	INTERCOSTAL SPACE/INCIDENT COMMAND SYSTEM
D&C	DILATION AND CURETTAGE		ICU	INTENSIVE CARE UNIT
D/C	DISCONTINUE		IM	INTRAMUSCULAR
DEC	DECREASE		INC	INCREASE
DIAB	DIABETIC		INCONT	INCONTINENT
DISCH	DISCHARGED		INSPIR	INSPIRATION/INSPIRATORY
DK	DARK		INVOL	INVOLUNTARY
DM	DIABETES MELLITUS		I/O	INTAKE/OUTPUT
DNR	DO NOT RESUCITATE		IO	INTRAOSSEOUS
DOA	DEAD ON ARRIVAL		IV	INTRAVENOUS

IVP	INTRAVENOUS PUSH		O2	OXYGEN
IVPB	INTRAVENOUS PIGGYBACK		OB	OBSTETRICS
J-TACH	JUNCTIONAL TACHYCARDIA		OD	OVERDOSE
JVD	JUGULAR VENOUS DISTENTION		ORTHO	ORTHOPEDICS
KG	KILOGRAM		OS	MOUTH
L	LITER		OZ	OUNCES
LAB	LABORATORY		P	PULSE
LAT	LATERAL		PARA	NUMBER OF LIVE BIRTHS
LB	POUND		PAT	PAROXYSMAL ATRIAL TACHYCARDIA
LBBB	LEFT BUNDLE BRANCH BLOCK		PCR	PATIENT CARE RECORD
LBP	LOWER BACK PAIN		P/E	PHYSICAL EXAM
LG	LARGE		PE	PULMONARY EDEMA
LIDO	LIDOCAINE		PEA	PULSELESS ELECTRICAL ACTIVITY
LIQ	LIQUID		PERL	PUPILS EQUAL, REACTIVE TO LIGHT
LLL	LEFT LOWER LOBE		PERRL	PUPILS EQUAL, ROUND, REACTIVE TO LIGHT
LLQ	LEFT LOWER QUADRANT		PID	PELVIC INFLAMMATORY DISEASE
LMP	LAST MENSTRUAL PERIOD		PM	AFTERNOON
LOC	LEVEL OF CONSCIOUSNESS		PMD	PRIVATE PHYSICIAN
L.O.C.	LOSS OF CONSCIOUSNESS		PMS	PREMENSTRUAL SYNDROME
LR	LACTATED RINGERS		P/M/S	PULSE / MOTOR / SENSORY
LS	LUNG SOUNDS		PO	BY MOUTH
LT	LEFT		POS	POSITIVE
LUL	LEFT UPPER LOBE		POSS	POSSIBLE
LUMB	LUMBAR		POLST	PHYSICIANS ORDERS FOR LIFE SUSTAINING TREATMENT
LUQ	LEFT UPPER QUADRANT		POST	POSTERIOR
LVN	LICENSED VOCATIONAL NURSE		POST OP	POST OPERATIVE
M	MALE		PRE	BEFORE
MAE	MOVES ALL EXTREMITIES		PREG	PREGNANCY
MCG	MICROGRAM		PRN	WHENEVER NECESSARY (AS NEEDED)
MAL	MID AXILLARY LINE		PROX	PROXIMAL
MCI	MULTI-CAUALTY INCIDENT		PT	PATIENT
MCL	MID CLAVICULAR LINE		PTA	PRIOR TO ARRIVAL
MEDS / RX	MEDICATIONS		PVC	PREMATURE VENTRICULAR CONTRACTION
MEQ	MILLIEQUIVALENT		Q	EVERY
MG	MILLIGRAM		Q.H.	EACH OR EVERY HOUR
MI	MYOCARDIAL INFARCTION		Q.D.	EACH OR EVERY DAY
MIVT	MECAHNISM,INJURIES,VITAL SIGNS, TREATMENT		Q.I.D.	FOUR TIMES DAILY
ML	MILLILITER		R.N.	REGISTERED NURSE
MMC	MARIAN MEDICAL CENTER		R/O	RULE OUT
MOD	MODERATE		RBBB	RIGHT BUNDLE BRANCH BLOCK
MO	MONTH		RE:	REGARDING / IN REGARDS TO
M.S.	MORPHINE SULFATE		REG	REGULAR
MVA	MOTOR VEHICLE ACCIDENT		REHAB	REHABILITATION
N/A	NOT APPLICABLE		REM	RAPID EYE MOVEMENT
NC	NASAL CANNULA		RESP	RESPIRATION
N/C	NO COMPLAINT		RLL	RIGHT LOWER LOBE
N/G	NASOGASTRIC		RLQ	RIGHT LOWER QUADRANT
N/V	NAUSEA / VOMITING		ROM	RANGE OF MOTION
N/V/D	NAUSEA / VOMITING / DIARRHEA		ROSC	RETURN OF SPONTANEOUS CIRCULATION
N.S.	NORMAL SALINE		RR	RESPIRATORY RATE
NEG	NEGATIVE		RT	RIGHT
NEURO	NEUROLOGICAL		RUQ	RIGHT UPPER QUADRANT
NITRO	NITROGLYCERINE		S.L.	SUBLINGUAL
NKA	NO KNOWN ALLERGIES		SM	SMALL
NPO	NOTHING BY MOUTH		SNF	SKILLED NURSING FACILITY
NRB	NON-REBREATHER MASK		SOB	SHORTNESS OF BREATH
NSR	NORMAL SINUS RHYTHM		SOL	SOLUTION
NTI	NASAL TRACHEAL INTUBATION		SPO2	SERUM PERCENTAGE 02
N/V	NAUSEA /VOMITING		SPONT	SPONTANEOUS

SQ	SUBCUTANEOUS			
SR	SINUS RHYTHM			
SRC	STEMI RECEIVING CENTER			
S/S	SIGNS AND SYMPTOMS			
STAT	IMMEDIATELY			
STEMI	S-T ELEVATION MYICARDAL INFARCTION			
SUP	SUPERIOR			
SURG	SURGERY, SURGICAL			
SVRMC	SIERRA VISTA REGIONAL MEDICAL CENTER			
SVT	SUPRAVENTRICULAR TACHYCARDIA			
SX	SYMPTOM			
SYS	SYSTOLIC			
TAB	TABLET			
TACH	TACHYCARDIA			
TB	TUBERCULOSIS			
TCCH	TWIN CITIES COMMUNITY HOSPITAL			
TIA	TRANSIENT ISCHEMIC ATTACK			
TID	THREE TIMES A DAY			
TKO	TO KEEP OPEN			
TRACH	TRACHEOSTOMY			
TRANS	TRANSFER			
TV	TIDAL VOLUME			
TX	TREATMENT			
U/A	UPON ARRIVAL			
URI	UPPER RESPIRATORY INFECTION			
VF / V-FIB	VENTRICULAR FIBRILLATION			
VT / V-TACH	VENTRICULAR TACHYCARDIA			
VAG	VAGINAL			
VENT	VENTRICULAR			
VS	VITAL SIGNS			
W/	WITH			
W/C	WHEELCHAIR			
WD	WOUND			
WK(S)	WEEK(S)			
WNL	WITHIN NORMAL LIMITS			
W/O	WITHOUT			
WPW	WOLFE PARKINSON WHITE			
W/S	WATT-SECOND			
WT	WEIGHT			
X	TIMES			
Y/O	YEAR(S) OLD			
YR	YEAR			
#	NUMBER			
>	GREATER THAN			
<	LESS THAN			

Policy #124 Attachment B CEMSIS Values v3.4

	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.23	eVitals.02	eVitals.20	eVitals.21	eVitals.19	eVitals.22
	Level of Consciousness/AVPU	eVitals.01	eVitals.02	eVitals.26			

Policy #124 Attachment B CEMSIS Values v3.4

	PCR Information	CEMSIS Values					
Vitals	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	eVitals.02	eVitals.04	eVitals.03	eVitals.05	eDevice.03
		eDevice.07	eDevice.08	eDevice.05			
	Waveform Capnography (ALS Only)	eVitals.01	eVitals.02	eVitals.16	itVitals.040		
Physical Assessment	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			
Patient History	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				
Care Rendered	Procedures	eProcedures.01	eProcedures.09	eProcedures.10	eProcedures.02	eProcedures.03	eProcedure.04
		eProcedures.13	eProcedures.05	eProcedures.06	eProcedures.07	eProcedures.13	eProcedures.08
	Medications	eMedications.01	eMedications.02	eMedications.09	eMedications.10	eMedications.11	eMedications.03
		eMedications.04	eMedications.05	eMedications.06	eMedications.07	eMedications.08	
Transfer of Care	Patient disposition	eDisposition.12	eDisposition.19	eDisposition.20	eOther.02		
	Destination name/address	eDisposition.01	eDisposition.23	eDisposition.21	eDisposition.03	eDisposition.04	eDisposition.05
		eDisposition.07	itDisposition.051				
	Transfer of care signature (trans. only)	eOther.19	eOther.12	eOther.13	eOther.15	itOther.032	eOther.21
		eOther.20	eOther.18	eTimes.12			
	Signature of the documenter	eOther.19	eOther.12	eOther.13	eOther.15	itOther.032	eOther.21
		eOther.20	eOther.18	eTimes.12			