

**Hospital Patch and Documentation Practices for EMS**  
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## INSTRUCTOR GUIDE

Topic: Documentation Practices for EMS

Time Required: 3 hours

Materials: Handouts  
- Sample EMS Patches  
- Sample EMS Narratives  
- Sample EMS Patient Refusal  
- Assessment  
PowerPoint presentation  
Computer with PowerPoint and Internet Connection  
Speakers  
Projector  
Screen

level: Cognitive Domain – Creating (Bloom’s revised)

Attention/Motivation: Being able to assess the scene and patient and creating a short 2-3 minute patch to advise the hospital what you will be bringing them is an important part of being an EMS clinician. This allows the hospital to prepare so that your patient can get the best treatment upon arrival. Good patient care documentation is important for many reasons. Most incidents involve few clinicians, so the report serves as a “memory” of the event for billing purposes, legal purposes, statistics, and the clinician’s own memory long after the incident has passed. The report should be detailed enough that an outsider reading the report, can have a very clear vision of what occurred on the call. Good documentation takes time but is essential. Documentation around patient refusals and DNR/MOLST forms is also important, as well as knowing the legalities and Maryland Medical Protocols around their use in our care and treatment.

Objectives Given an EMS incident and appropriate documentation, participants will simulate giving an appropriate hospital patch.

Given an EMS incident and appropriate documentation programs (i.e. eMeds Elite), participants will complete an appropriate narrative for their given EMS incident.

Given an EMS incident and appropriate incident information about the patient, participants will be able to distinguish between DNR/MOLST orders and refusals that can and cannot be accepted.

### Evaluation

Upon completion of EMS incident narrative, instructors will review the documents completeness and accuracy.

## Lesson

### I. Set Up

- a. This lesson is taught using a lap top computer with provided PowerPoint.
- b. Print out and have for reference the following handouts:
  - a. Sample EMS Patches
  - b. Sample EMS Narratives
  - c. Sample Completed MIEMSS Short Form
  - d. Sample EMS Patient Refusal
  - e. Assessment
- c. Review the PowerPoint and applicable Maryland Medical Protocols (latest edition)

### II. Introduction

- a. Being able to summarize the scene and patient condition within a few short minutes of a hospital patch, is imperative so that the hospital can prepare and provide the best care for the patient.
- b. Most incidents involve few clinicians, so the report serves as a “memory” of the event for billing purposes, legal purposes, statistics, and the clinician’s own memory long after the incident has passed
- c. Documentation around patient refusals and DNR/MOLST forms is also important, as well as knowing the legalities and Maryland Medical Protocols around their use in our care and treatment.

### III. EMS Hospital Patches

- a. There are 13 elements that it is essential you include in your patch:
  - a. Unit identification and level of provider
  - b. Estimated time of arrival (ETA)
  - c. Patient's age and sex
  - d. Chief complaint
  - e. Brief, pertinent history of present illness/injury
  - f. Major past illnesses
  - g. Mental status
  - h. Baseline vital signs
  - i. Pertinent findings of physical exam
  - j. Emergency care given
  - k. Response to medical care
  - l. PATIENT PRIORITY
  - m. Contact Medical Direction if required or if you have a question
- b. If you keep an outline in your head (or even in front of you when you first begin as a clinician), this will greatly help you carry out your patch.
  - a. Review the patch outline on the PPT with students.
- c. Review the sample medical and trauma patch in the PPT

- a. What is good about these patches?
- b. Is there anyway which they could be improved?
- c. What do you do in a situation that isn't ideal and your patient is critical and you don't have the time to give a long patch or any patch at all?
- d. Why is a good patch important to the patient's care?
- d. Review the process of requesting medical orders
- e. Listen to the two YouTube videos which have sample patches. As a class, critique the patches.
- f. Have students practice with a partner utilizing a fake patient and incident of the instructor's choice.
  - a. Students should orally give the patch to their partner, who will give them feedback.
  - b. Students will then reverse roles and do the same.

#### IV. Patient Care Reporting

- a. Review with students the many functions of the PCR
  - a. You may choose to review how Maryland eMeds Elite electronic PCR website works. A handout has been included for students who are shaky with using this platform that gives them step by step instructions.
- b. Review with students the elements of a PCR:
  - a. Run Data
  - b. Patient Information
  - c. Information Gathered During the Call
  - d. Narrative

#### V. Patient Care Report Narratives

- a. Review the 10 common mistakes in the EMS narrative:
  - a. Poor Spelling, Bad Grammar, and use of Improper Acronyms and Abbreviation
  - b. Not 'Painting a Picture' Patient's True Condition
  - c. Making Subjective Conclusions or Stating Opinions
  - d. Internal Inconsistencies
  - e. Improper Addendums or Corrections
  - f. Failure to Adequately Address 'Medical Necessity' and 'Levels of Necessity'
  - g. Failure to Document the Reason for the Transport and Interventions
  - h. Failure to Obtain Necessary Signatures
  - i. Failure to Record Patient-Loaded Miles
  - j. Second Guessing and Making Improper Assumptions
- b. Review the dangers of auto-generated narratives and best practices for when using them.
- c. Give students the handout with the exemplar narratives. Review those with students and discuss why these are exemplar.
- d. Display the practice MIEMSS Short Form in the PowerPoint. Have students write a narrative using that short form.

- a. Optional: You may wish to have students actually use the Maryland eMeds Elite platform demo version. The information for accessing that is:
  1. Go to [www.mdemeds.com/elite](http://www.mdemeds.com/elite)
  2. Username: DemoUser
  3. Password: Welcome1

#### VI. Patient Refusal Forms

- a. Review the Maryland Medical Protocols (including in the PowerPoint) procedures for refusals
- b. Students should know:
  - a. Who can and cannot refuse
  - b. What minors are permitted to refuse
  - c. Those considered incapable of making medical decisions
  - d. When consultation is required.
- c. Give students the handout with a sample refusal form. Review the elements and have students actually read what the statement that patients sign says.

#### VII. DNR/MOLST Forms

- a. Review what a DNR/MOLST is.
- b. Review the Maryland Medical Protocols (including in the PowerPoint) procedures for DNR/MOLSTs.

#### VIII. Conclusion

- a. Have students complete the assessment sheet which reviews all the content from the class. This can be done individually, in pairs, or as a class with the instructor leading.