

TEMSIS Users Manual

www.nhtemsis.org

State of New Hampshire Department of Safety
Division of Fire Standards & Training
and
Emergency Medical Services



NH  **TEMSIS**
New Hampshire's Trauma & EMS Information System

For EMS Providers

EMSIR 4.0.0

November 30th, 2012

Preface

We, at the New Hampshire Bureau of EMS, continuously work to improve the online reporting system to reduce provider's frustrations by maximizing runform efficiency and ultimately increase the quality and completeness of the data that is collected. To better facilitate this, the Bureau of EMS has assembled this document with the goal of providing service level providers with an up-to-date resource that matches the run form that they are completing so they can better understand how the runform works and what each element is asking for.

Our intent is for this to be a "living document" that can be updated quickly and frequently. As a result, we recognize that it may sometimes contain grammatical errors, or sections may become temporarily out-dated as Image Trend releases new functions that we have not yet been able to incorporate into the manual. This is intended to be a helpful resource and we will do our best to keep it current and accurate, but recognize that we sometimes make errors too. If you detect any errors within this document, or have suggestions for improvement, we ask that you submit a Help Desk tick at <http://www.nhoodle.nh.gov/osticket/upload/>. This will assist us in assuring this document is as accurate, up to date, and correct as possible to benefit the EMS community here in New Hampshire.

Furthermore, this is a downloadable document, if the manual you are currently using seems out-dated, check the TEMSIS site or the BEMS website to make sure you are using the most current version of the manual.

We hope that we can continue to provide a progressive reporting system that is user-friendly for the provider that is entering the data, and by doing this we can generate accurate, quality data on our EMS responses and treatments to assist in moving the Emergency Medical Services profession forward into the future.

Thank you,

Chip Cooper, Ron Fitzgerald, and Jack Hedges
New Hampshire Bureau of EMS TEMSIS Staff

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TEMSIS Frequently Asked Questions

Who came up with TEMSIS in the first place?

Starting in 1998, there were various ongoing meetings of EMS stakeholders talking about electronic EMS records in NH. In 2003, a group of 34 EMS stakeholders from around the state got together to formally design the system requirements for TEMSIS. There were three work committees for this group: clinical and operational data elements, finance and legislation and education and marketing. The systems specs that this group developed were used to create an RFP (Request For Proposal –or a bid proposal) for a software vendor that could meet the specs that went out in 2004. Many of the stakeholders who were in this group continue to actively work in EMS in NH as providers and/or service leaders.

Who decided to use Image Trend as a software vendor for TEMSIS?

The original RFP/bid request that went out was 112 pages long and including a significant number of technical requirements. There were originally 17 software vendors who expressed interest in the RFP. Only two vendors submitted an actual proposal: Optistat and Image Trend. The proposals were scored using a structured review by 4-5 reviewers with a possible 1000 points for the review being awarded. Image Trend scored best overall and was awarded the contract for five years. Image Trend and NH turned on the TEMSIS system in January 2005.

Why do we keep using Image Trend as a vendor? There seems like there are lots of other ePCR vendors out there.

True, there are probably dozens of ePCR vendors out there today. The quality of these programs, what they can do and how well they are supported by the software creator varies greatly. Most of these software vendors are willing and able to support customization for individual services to make it easier for a service to enter and capture the information they want to capture.

However, there are almost no ePCR vendors out there who are willing and able to support software at a state level. Being able to do this adds a significant degree of complexity to an ePCR system because of the many layers of permission levels, customization for state and service controls, connectivity to licensing databases and size and complexity of the overall database needed.

Image Trend is one of the very few software vendors who is willing to do this. Consequently, there are now at least 26 other states who use Image Trend software as their statewide EMS software, because there isn't really any other vendors that have the capacity and experience needed to support a statewide system.

How does TEMSIS work? Why can't we just add in elements we want anytime?

TEMSIS is a relational database, this means that every answer to a drop down menu has a specific home within the database and the software connects the individual cells to create the run form that you see. Having TEMSIS designed this way makes it very easy to search a specific element, but not very flexible to add new elements or change options within a drop down list.

The elements that are in TEMSIS are based on National EMS Information System (NEMSIS) data elements that have been adopted as the national standard. This allows EMS services, states and national agencies to store, share, and analyze data in the same way by using the same names and rules. Unfortunately, this also means that it can often be hard to add new things to the list and have it work for everyone.

NEMSIS compared to NFIRS, why do we need to report to both?

Both systems are nationally defined datasets, however they are not related and are managed by two different federal agencies that do not share any data or infrastructure. NFIRS is defined, managed and stored federally by the US Fire Administration. EMS data is defined, managed and stored through NEMSIS under the National Transportation Highway Safety Administration. While similar data elements do exist between the two systems that is coincidental and they are not linked and do not cross over at the state or federal level.

Similar to the federal level, at the state level in NH, NFIRS is managed by the Fire Marshall's Office and TEMSIS is managed by the Bureau of EMS. No link exists between the two. Completing one does not link to the other and both are submitted to different places. Some software programs will allow you to populate the similar information into both reports at the service level, but services are required to purchase and manage that software on their own at this point.

Is there anything that can be done to make TEMSIS faster or more efficient?

The Bureau of EMS has been working the EMS Data Advisory Committee to review all the data elements collected and eliminate any elements that are not required or do not benefit EMS agencies in NH (these meetings are open to anyone to attend). The EMS Data Advisory Committee has voted many elements off the list and those changes have already been incorporated into EMSIR Version 4.0.

Furthermore, the Bureau has made layout changes to consolidate the form, rewritten the auto-narrative function to work much better, improved PDF printouts in an attempt to save time and money, obtained a statewide Field Bridge license that will allow every service to use laptops starting in 2013 and obtained a statewide CAD integration function that will allow services to import run information from their CAD systems also starting in 2013. The Bureau is constantly looking for ways to improve the system and increase the ability for providers to enter accurate run forms more quickly.

When is a Service required to Report into TEMSIS?

All services who respond to EMS events, regardless of whether the service is transporting or non-transport or the incident is emergent or non-emergent, must report their EMS incidents into TEMSIS. Services are required to submit patient care reports to TEMSIS within 24 hours of the EMS incident as stated by Administrative Rule: Saf-C 5902.08 and 5902.09.

Services may enter patient care reports by direct entry into TEMSIS at www.nhtemsis.org or through a third party software program of their choosing, so long as it meets all NEMSIS requirements, has been approved by the Bureau of EMS, and it can be exported to TEMSIS. If a service chooses to enter records into TEMSIS via third party software, they must still export the run into TEMSIS within the 24-hour window; merely entering the run into your software within 24 hours does not meet the reporting requirement.

What incidents need to be entered into TEMSIS?

All incidents that your EMS agency is asked to respond to are required to be entered into TEMSIS within 24-hours of the event, including all emergent and non-emergent EMS incidents. This includes all 911 calls, paramedic intercepts, mutual aid calls, refusals of care, no treatment required (i.e. lift or public assists), canceled calls, no patient found, inter-facility transfers, medical transfers (such as dialysis runs) and standbys with no patients (fires, police incidents, games, etc.) If you are a non-transporting service and you first respond to a patient that gets transported by another service, your service still needs to report that incident.

Who should be entering incidents into TEMSIS?

EMS Incident reports should only be entered by someone who was on scene and was considered the "primary" or "primary caregiver" for the incident. Reports should not be submitted by administrative personnel or Officers who are not licensed EMS providers and who were not at the incident.

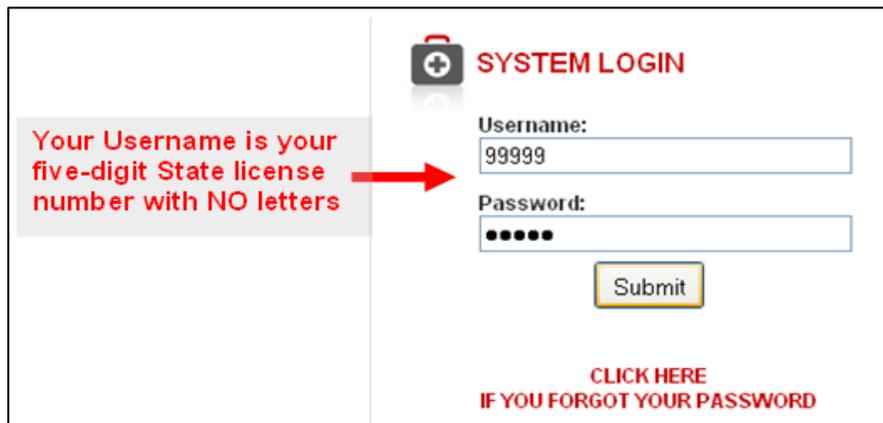
Are there penalties for not reporting to TEMSIS?

Yes. Starting in 2013, services and providers will be subject to the following penalties if they are found to not be in compliance with reporting requirements: 1st offense is a \$500 fine; 2nd offense is 1 year suspension of license, 3rd offense is a 5 year revocation of license. The Bureau of EMS will primarily be looking to hold services responsible for reporting. However, individual providers may be subject to the penalties if a service or Medical Director submits a complaint about a specific provider for failing to comply with reporting requirements despite the service's or Medical Director's best efforts to get them to do so.

Logging into TEMSIS

Username

To log into TEMSIS go to www.nhtemsis.org. You will need your five digit numeric State of New Hampshire Providers License number. This five-digit number will be your Username. After you have entered your username and password* click on Submit, this will bring you to our Privacy statement



Your Username is your five-digit State license number with NO letters

SYSTEM LOGIN

Username:
99999

Password:

Submit

CLICK HERE IF YOU FORGOT YOUR PASSWORD

***Passwords for First Time Log-ins**

If it is your first time logging into TEMSIS, your Username and Password will be the same five digit state license number with no letters.

Forgotten Passwords

If you have forgotten your password you have two options to recover your password.

1) Click on where it says “CLICK HERE IF YOU FORGOT YOUR PASSWORD” this will make a pop-up appear prompting you for your e-mail address. NOTE this will only work if you have previously entered a valid e-mail into your TEMSIS account. The Bureau of EMS does NOT do this for you.

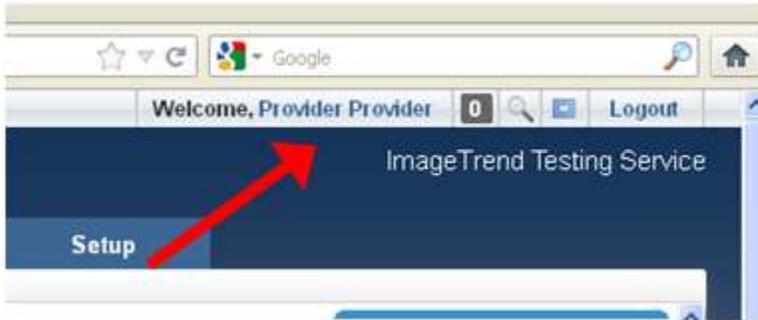
2) Contact your service’s TEMSIS Rescue Service Administrator and they can reset your password for you.

Privacy Statement

Once you have entered a valid username and password combination your screen will next display our privacy statement, you will see this every time you log-in to TEMSIS. After you read our Privacy Statement select YES stating you agree with it. If you select NO it will direct you back to www.nhtemsis.org and you will have to re-enter your log in information to proceed.

Updating Your Account Information

To update your personal information after logging in, click on your name in the upper right hand corner of the screen where it says “Welcome, your name.”



The next screen you will see is the User Information screen, this page displays your personal information entered by yourself, your service’s administrator or the Bureau of EMS. To change the information in this window click on **EDIT**.

Name:	
First Name:	Provider
Last Name:	Provider
Certification Information:	
State:	
Certification ID:	234324
Certification Level:	EMT-Paramedic
Career Information	
Total Length of Service (years):	0
Date Documented:	06/02/2010
Employment Information	
Personnel ID:	
Position:	Training Site Only
Employment Status:	Full Time Paid Employee
Primary Contact:	No
Medical Director:	No
Service Director:	No
Inspector:	No
Contact Information:	
Street Address:	You CANNOT create a user account here , NH
Work Phone:	603.223.4200
E-mail:	TEMSIS@dos.nh.gov





*****NOTE: YOU must enter your e-mail address here; this is not entered by the New Hampshire Bureau of EMS. *****

The next screen you see allows you to edit your demographic information. Be sure to enter a valid e-mail address that you can easily check, this is how your password will be sent to you if you lose your password. Once you have entered your information click on “OK” to save it.

The screenshot shows a web form for editing user information. The form is divided into sections: "Name", "Contact Information", and "Picture".

- Name:** Fields for First Name (Provider), Middle Name, Last Name (Provider), and Name Viewable Publicly (checkbox).
- Contact Information:** Fields for Street Address (You CANNOT create a user account here), City, State (New Hampshire), Postal Code, Home Phone, Cell Phone, Work Phone (603.223.4200), Pager, and E-mail (TEMSIS@dos.nh.gov).
- Picture:** Fields for Upload Picture (Browse...) and Remove Current Picture (checkbox).

Red callouts highlight the E-mail field with the text "Enter Your E-mail" and the OK button with the text "Click 'OK' when Finished".

Changing Your Password

To Change your password, enter the User Information screen by following the steps in “Updating Your Account Information” above. Across the top of your screen you will see several tabs that will vary based on your level of permissions in TEMSIS. To change your password click on the “Permissions” tab.

The screenshot shows the AGE TREND SERVICE BRIDGE interface. The top navigation bar includes "Data Exchange", "Dispatch", and "More". The main content area shows a tabbed interface with tabs for "Employment", "Certifications", "Permissions", "Emergency Contacts", and "Training". The "Permissions" tab is selected and highlighted in pink. Below the tabs, the user information form is visible, showing the same fields as in the previous screenshot. The "E-mail" field is highlighted with a red box and an arrow pointing to it from the "Permissions" tab.

From the “Permissions” tab follow these steps:

- 1) Click the blue text that says “Update Password.” *NOTE this automatically clears your old password.* Your new password must be at least 4-digits and cannot be the same as your state license number.
- 2) Enter your new password next where it says “password”.
- 3) Next, confirm your new password by entering it again in the “verify” box.
- 4) Click “OK” to save your changes.

Login Information

User ID: provider

1 Update password

2 Password

3 Verify

Permission Group: Rescue Service Administrator

User Permissions: View Permissions

Reset User Password:

Account Status

Current Status: Active Inactive (NOTE: Only system administrators can reactivate staff)

Lock Status: Unlock Lock

Synchronize Staff Record

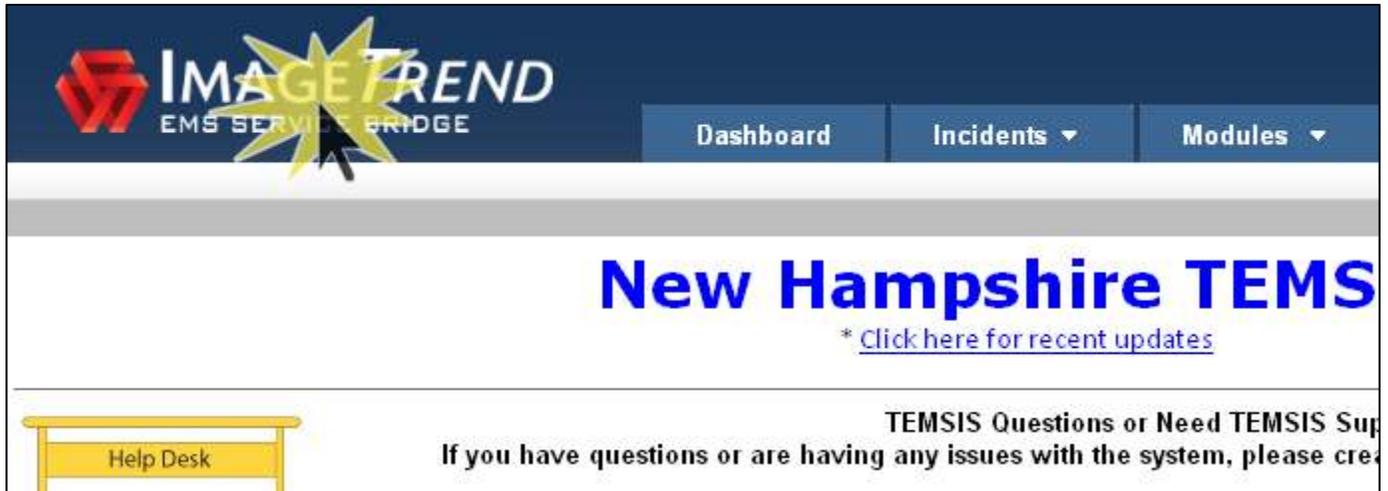
Yes, Synchronize this User to Field Bridge

4 OK Reset

* Required Fields

Navigating TEMSIS

Returning Home



To return to the original home page at anytime, click on the Image Trend Logo in the upper left corner of your screen.

NOTE: This will work even if you are in the process of entering an incident, be sure to SAVE your work prior to returning to the home page.

Dashboard

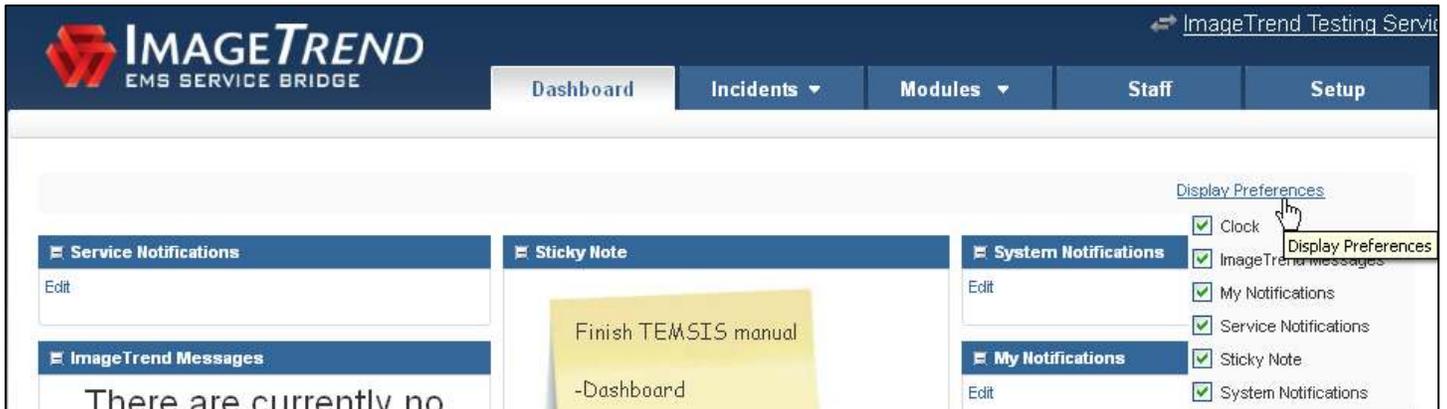
The Dashboard is a new feature put forth by ImageTrend, which replaced the old “Home” page. The Dashboard contains a customizable layout that allows each provider to control which widgets they see as well as where on the page they are displayed.



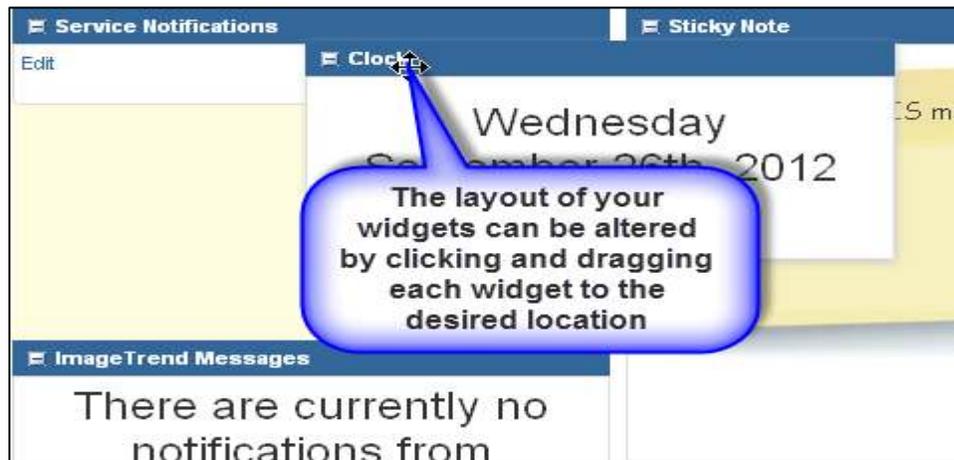
To enter the dashboard log into TEMSIS and click on the Dashboard tab as shown above.

NOTE: This will work even if you are in the process of entering an incident, be sure to SAVE your work prior to leaving your incident report.

Selecting available widgets Once you have entered the Dashboard click on “Display Preferences” in the upper right hand corner to select the widgets you would like displayed.

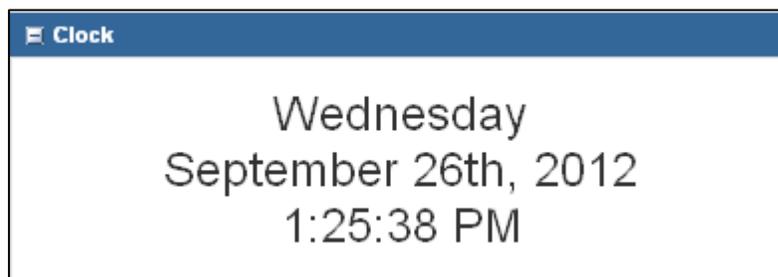


To select a widget check the check box next to each widget you would like to display, to hide the display preferences menu click on “Display Preferences” again and the menu will disappear.

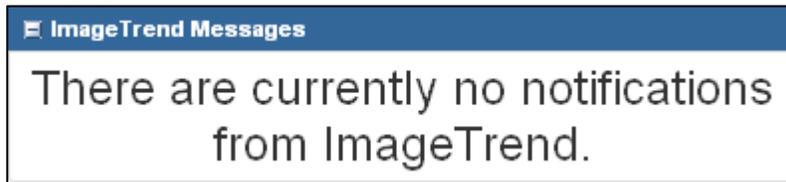


The layout of your selected widgets can be selected by clicking on the blue title bar and dragging them to the spot you would like them displayed.

 **Clock** The clock displays the day and time down to the second.



 **ImageTrend Notifications** This menu allows messages from Image Trend to be distributed directly to the provider level.



 **My Notifications** This menu allows providers to post notes and reminders to themselves.



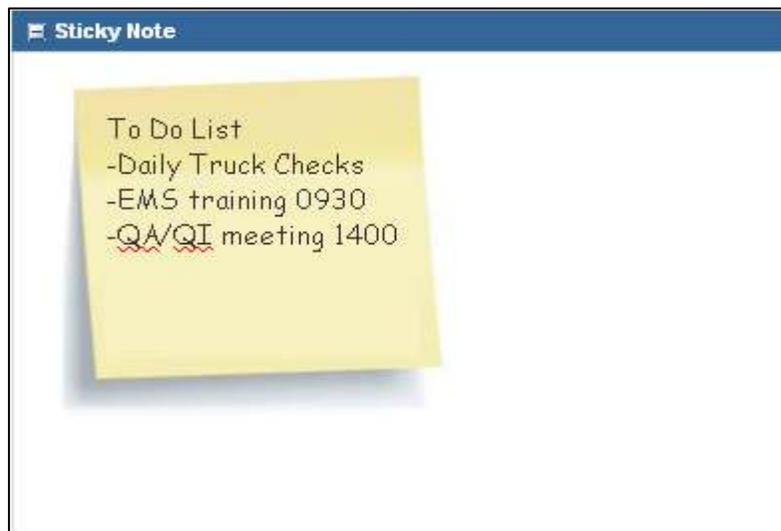
If you want to edit the notification that you have added and the "Edit" text is not visible, refresh your page and it should again be visible.

 **Service Notifications** This menu allows messages from service administrators to be distributed directly to all providers affiliated with your service.



Only Service Administrators may post messages here.

 **Sticky Note** This menu allows providers to post notes and reminders to themselves.



menu allows notes and reminders to themselves.

 **System Notifications** In this menu you will see messages from The New Hampshire Bureau of EMS, this will allow us another avenue to get information out to the individual provider.



User Voice

To gain customer feedback ImageTrend has launched “User Voice” to allow you, the end user to voice your opinion as to what upgrades should be made to TEMSIS, this will help Image Trend develop a better platform to document patient care reports.



Accessing User Voice To access User Voice click the “More” drop down menu at the top of the page, and then click on User Voice, as shown above. This will bring you to the User Voice site where you may enter your ideas and vote on other people’s ideas that you like. The more votes an idea receives the more likely it is for Image Trend to develop the suggestion. When accessing User Voice you will see the most popular ideas (based on the number of votes received) listed first.

How can we improve ImageTrend EMS and Fire Applications?

Enter your idea

Hot

Top ideas

New

Status



My feedback



47

votes

Vote

A User Friendly Interface to change the PDF reports produced.

It would be very helpful to have a user interface that will allow changing the PDF reports. With the option of adding or deleting fields and adding or deleting lines and boxes for information to to formatted neatly.

10 comments



PLANNED

Amanda Hiley (Lead Software Developer, ImageTrend) responded

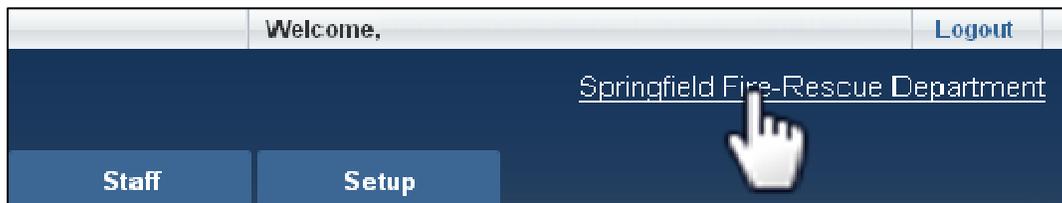
The ability to edit a PDF using the existing Layout Editor interface for EMS will be available by the end of the year or first part of next year. It will be an addition to the current PDF functionality so users who already have customized PDFs will still be able to use them.

Selecting Other Services

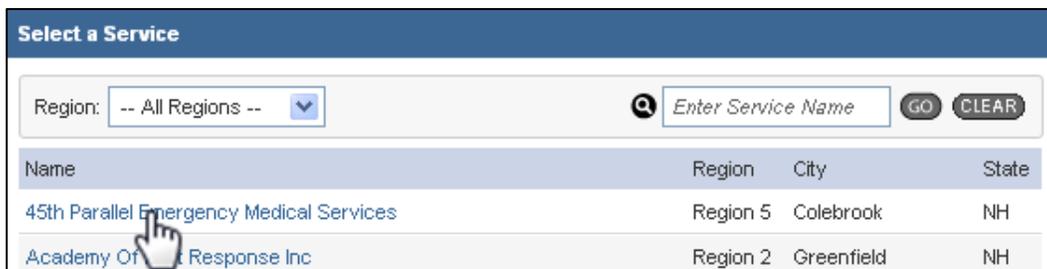
➤➤➤ **THIS SECTION ONLY APPLIES TO PROVIDERS WHO ARE AFFILIATED WITH MULTIPLE SERVICES** ⚡⚡⚡

When you log into TEMSIS, your account defaults to your Primary Service Affiliation, you may change your primary service affiliation by submitting a helpdesk request to the BEMS (see page 62). To select a different service:

1) Click in the upper right hand corner of your screen where it displays the service you are currently logged in under. The pop up that is now displayed on your screen will display all of the services you are affiliated with.



2) Click on the service that you would like to work under.

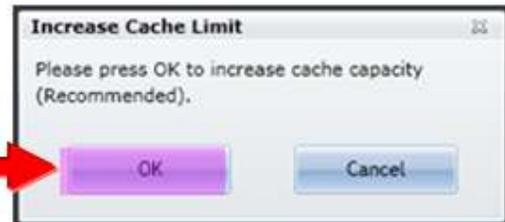


Cache Limit

If your computer has not added a run to TEMSIS before, you may get a message asking you to increase your "Cache Limit." Increasing your Cache Limit will speed up the rate that the run form downloads, so we recommend you allow it. You will only see this message once per computer. If you receive this message, select "OK." Next, you will get a message asking you if you want to increase your available storage, select "YES." This is necessary to be able to load the Incident Form on your computer.

If you receive this message Click "OK"

Click Here →



Then select "YES"

Adding Cache Space if you selected "NO"

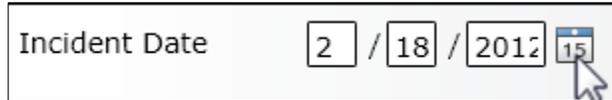
- 1) Go to Start 
- 2) All Programs 
- 3) Microsoft Silverlight
- 4) Click Microsoft Silverlight 
- 5) Once the Microsoft Silverlight Configuration window opens click on the "Application Storage" tab
- 6) Next select `https://www.nhtemsis.org/`
- 7) Click Delete
- 8) Click OK
- 9) Now re-open TEMSIS and select "Add Run" and follow the steps above.



Calendar Function

When entering dates into TEMSIS you may manually enter the date by clicking in the date field and typing it or click on the calendar icon.  To use it, follow these steps:

1) Click on the icon



Incident Date / / 

2) The arrows to scroll the month back and fourth to find the needed month

3) Click on the day you wish to enter



Saving

TEMSIS allows saving three primary ways:

1) The Primary Save button located at the top left of your page, this will save any data that has been entered into the run form.



2) Changing Tabs, When you change tabs the run form will automatically save any unsaved data in your run form

3) Specific Save buttons, these buttons appear below several fields in TEMSIS and in most cases work better than the primary save button or changing tabs. These buttons will only save the information entered in the panel that the button appears in.

TIP: When entering your narrative use the specific save button prior to running spell check and then again after running spell check, as there appears to be fewer occurrences of people losing narratives this way.

Entering an Incident

To enter a new incident from your home page, move your mouse over the Incidents tab. When the drop down menu appears, click “Add Run.”

➤➤➤NOTE: IF YOU ARE AFFILIATED WITH MULTIPLE SERVICES, BE SURE YOU HAVE SELECTED THE CORRECT SERVICE FOR THIS REPORT PRIOR TO CLICKING “ADD RUN.”◀◀◀



Dispatch Info tab

Date/Incident Number Panel

Date/Incident Number ⤴

Incident Date	<input type="text" value="2"/> / <input type="text" value="18"/> / <input type="text" value="2012"/> <input type="text" value="15"/>	
Service Assigned Call #	Dispatch Assigned Incident #	Patient #
<input type="text" value="NHTEST-12-0241"/>	<input type="text" value="NHTEST-12-0241"/>	<input type="text" value="1"/>

➤➤➤IMPORTANT INFORMATION ABOUT THESE NUMBERS◀◀◀

When TEMSIS saves a run report it saves it based on five primary elements: Service Name, Incident Date, Services Assigned Call #, Dispatch Assigned Call #, and Patient #. This is how TEMSIS “names” your incident report and if you set all of these numbers the same on more than one report you risk having TEMSIS overwrite your previous report. If you are entering an additional report for another patient from the same incident, be sure to change the Patient #.

Incident Date

This defaults to the date on which you start the run report. Pay close attention and make sure you enter the correct date for the incident, especially if your run started before midnight and ended after midnight or you don't enter a run until the next day. If you need to change the date you can:

- 1) Click in the text box and type in the new date, or
- 2) Click on the calendar and scroll through available dates and select the specific date you need by clicking on it.(see Calendar Function above)

Service Assigned Call #

The Service Assigned Call Number is the incident number that your service has assigned the call. This can be a unique number created by your service; some services set this number to auto-fill.

Dispatch Assigned Call #

The Dispatch Assigned Call Number is the incident number that your dispatch has assigned the call and must be obtained through your dispatch following your local guidelines.

Patient #

The Patient # box allows you to enter in the patient number to differentiate between multiple patients from the same incident. For example if you responded to vehicle accident that had four occupants you would use the same call numbers for all reports, but enter a number 1 through 4 to make a distinction between which report was for which patient.

Dispatch Information Panel

Type of Call

Select the most appropriate response from the menus provided (See Appendix for list, page 78)

Dispatch Reason

Select the most appropriate reason given for your dispatch from this menu. Only one option can be chosen. Choose the option that most clearly matches the reason dispatch gave you for your response. (See Appendix for list, page 67)

EMD Performed

This menu prompts you to answer whether **Emergency Medical Dispatch** was performed; it is defaulted to Yes, with pre-arrival instructions. This is because when a caller dials 911, EMD is automatically done when the call taker asks set questions to determine the severity of the call. In many cases they will give callers instructions, such as CPR, to be initiated by the caller prior to your arrival.

Pre-Arrival Instructions are a set of instructions given by the e911 call taker or dispatch to the caller to begin patient care, (e.g. how to do CPR or administer aspirin). If you are entering a call such as a transfer, or your patient walked in to your station and 911 was never part of the dispatch, you would want to select NO. All calls in New Hampshire can get Pre-Arrival Instructions. It is nearly impossible for the EMS provider to tell if this actually occurred, so we have defaulted this to “Yes.” This is a national data element and not a state element, so don’t get worried about how accurate this answer is.

EMD Designation

This menu prompts you to answer if the dispatch included Alpha, Bravo, Charlie, Delta, Echo or Omega level designation in the dispatch, select the appropriate **Emergency Medical Dispatch** Designation that was given at the time of dispatch. (See Appendix for list, page 69)

Response Mode to Scene

In this Menu select the most appropriate response as to whether or not you used lights and sirens at any point in your response. (See Appendix for list, page 78)

Treatment and Transport Disposition

The Treatment and Transport Disposition is *very important to the function of the dynamic run form*. Different answers will alter what you see displayed in the run form as you progress. For example if you select “treated, transferred care to other EMS” the billing tab will be grayed out as it does not apply to this type of call. Select the most appropriate answer from the Menu (See Appendix for list, page 77)

Dispatch Info	Call Conditions	Patient Info	History	Assessment	Vitals/Treatment
Date/Incident Number					
Dispatch Information					
Type of Call	911 Response (Scene / Walk-in / Fire/PD Standby)				
Dispatch Reason	Auto vs. Pedestrian				
EMD Performed	Yes, Without Pre-Arrival Instructions				
EMD Designation	Bravo				
Response Mode to Scene	Lights and Sirens				
Treatment and Transport Disposition	Treated at BLS, Transported by EMS				

Incident Address Panel

Location Type Select the most appropriate type from the menu (See Appendix for list, page 69)

Incident Address The street address or best approximate street address where the patient was located. In the case that there was no patient, the address you where dispatched to. Enter the Incident street address in line #1 (i.e. 521 Main Street) and the location name if applicable in line #2 (i.e. Smitty’s Pub).

Favorite Locations Toolbar

The favorite locations toolbar is used to help input the town names from frequently used locations quickly.

Using this feature:

- 1) Click anywhere on the drop down menu and select the location you would like to add.
-OR-
- 2) Click on the blue plus sign and make your selection from the list displayed and click "OK."

A screenshot of the software interface showing the 'Favorite Locations' toolbar. The toolbar includes fields for 'Incident Address 2', 'Postal Code' (03301), and 'City' (Concord). A blue plus sign button is highlighted with a blue arrow and labeled 'PLUS SIGN' BUTTON. A red arrow points to the dropdown menu area, labeled 'DROP DOWN MENU'. Other buttons visible are 'Location Lookup' and 'Set from Postal Code'.

A screenshot of the 'Favorite Locations' dropdown menu. The menu title is 'Favorite Locations'. It contains a list of locations with their full names and ZIP codes, such as 'NH 03301', '99999', 'Antlers Park, Dakota, MN 55044', 'Ascutney, Windsor, VT 05030', 'Claremont, Sullivan, NH 03743', 'Concord, Merrimack, NH 03301', 'Cornish (Town of), Sullivan, NH 03745', 'Cottleville, St. Charles, MO 63376', 'DUNBARTON, Merrimack, NH 03046', 'Milford (Town of), Hillsborough, NH 03055', 'Newport (Town of), Sullivan, NH 03773', and 'Unity (Town of), Sullivan, NH 03603'. Below the list is a search field and 'Clear' and 'OK' buttons.

If you used the Plus Sign Button this menu will appear allowing you to search through all of your services Favorite locations.

Note: if you do not have anything in your favorite Locations, they have not yet been added into TEMSIS by your service's administrator.

Location Lookup

A screenshot of the 'Location Lookup' dialog box. It features input fields for 'State' (New Hampshire), 'County', 'City' (Grantham), and 'Postal Code'. A 'Search' button is located below these fields. Below the search area is a table with columns for 'City', 'County', 'State', and 'Postal Code'. The table contains four rows of data. At the bottom are 'OK' and 'Cancel' buttons.

City	County	State	Postal Code
East Grantham	Sullivan	NH	03753
Grantham	Sullivan	NH	03753
Grantham (Town of)	Sullivan	NH	
North Grantham	Sullivan	NH	03766

The location look-up  allows you to search by ZIP Code or city and state, this will automatically populate the remaining fields of Postal Code, City, State, and County.

Responding Unit Panel

Dispatched Unit Call Sign Select your unit's call sign from the drop down menu; the options in this menu must be set up by your service's administrator.

Primary Role of Unit Select your unit's primary role specific to the incident you are entering. Note this is not asking what your role is on most calls, it is asking what your role is on *this specific call*. For example, if you are a licensed transporting unit that performed a paramedic intercept with another service, which was transporting the patient in their ambulance, your primary role would be Non-Transport.

Responding Unit ID Select your vehicles unique ID number, this is entered by your service's administrator and it could be a value such as the vehicle's VIN number.

Shift The shift menu is set up by your service's administrator(s) and is to be answered in accordance with your agency's policies. This is not a required field for NH reporting.

Responding Personnel Panel

Add Personnel To add personnel click the "Add Personnel" button, then from the drop down select the provider you would like to add to the incident report. If you do not see a crewmember's name then:

1. They are a provider from another service and you may select "Not Available" to document their presence.
2. Your provider is new to your service and has not yet been licensed and legally is not yet a part of your service, as they have not yet been licensed.



Crew Level The crew level may automatically populate if your service has set this up on your profile. If not, select the appropriate provider level.

Crew Role Under Crew Role you can select the crew member's role. It is important to note that most ambulance responses will have the crew roles of Primary Patient Caregiver the person who goes in the back of the ambulance with the patient and the Driver the person that drives the ambulance. (For more details about these terms see the Appendix, page 66)



Call Conditions Tab

The Call Conditions Tab is very important to the dynamic run form as your responses to the drop down menus affect which tabs will be available to make entries later on in the run form.

Cardiac/Trauma/Work Panel

Possible Injury Answer yes if:

1. The patient has and actual traumatic injury.
2. The Mechanism of Injury indicates they should have and injury.

If you select “Yes” the Trauma Tab will be available to enter data if you select “No” the Trauma tab will be grayed out.

Cardiac Arrest This panel asks you to select Yes or No. If you select “Yes” the Cardiac Arrest Tab will be available to enter data if you select “No” the Cardiac Arrest Tab will be grayed out.

Is This Illness or Injury Work Related? This panel asks you to select Yes or No based whether this patient’s condition is work related. If you select “Yes” you will be prompted to enter the patient’s job and industry in the free text field.

Cardiac/Trauma/Work

Possible Injury? Yes

Cardiac Arrest? No

Is This Illness or Injury Work Related? Yes

Based ONLY on a MECHANISM (Not an ACTUAL Injury): Is an injury POSSIBLE (Yes) or NOT POSSIBLE (No)?

What is the Patient's Job and Industry? Trail Maintenance Supervisor Recreation Industry

If you select YES, you will see this

Unit Delays During Call Panel

Delays to Response, Delays During Transport, Delays on Scene/at Sending Facility, Turn Around Delays

These menus allow you to make multiple selections to highlight all delays you may have faced during your incident from language barriers to directions. These are defaulted to “None” you must de-select “None” if you select anything else. If you receive a red outline around your menu after selecting a delay it is most likely because you have not de-selected “None”.

1st Responding Agencies and Times Panel

This panel is used if at your incident there was another agency on scene such as a non-transporting Fire Department or Law Enforcement, these fields are used to establish what kind of prior aid was provided to the patient and when it was established.

1st Responding Agencies and Times

1st Responding (Non-Transport) EMS Agency: Engine

Other EMS or Public Safety Agencies on Scene: Community First Responders, Police, Rescue 1, Fire Department

Date/Time Non-Transporting Unit: 15:07:48, 8/17/2012

First Responder and EMS Unit Arrival On Scene: < 5 Minutes

You can document other responding units and times

Received Patient Care From Panel

In this panel you can establish what service transferred the patient to you and what their incident number is, this information allows you to reference the other agency's TEMSIS report. If the incident is ever to be reviewed this information will be useful to document that there is another incident report and will help build a better understanding of what went on during the incident. If your service gets CAD Integration, this will allow you to link your run report to another service's run report (e.g. non-transporting records are linked to the transporting record.)

Received Patient Care From

Service or Unit Receiving Patient From: Fire Department

Call Number Received Patient From: 12-0012

Prior Aid to Patient Panel

In this Panel you can document any aid that was provided to the patient prior to your arrival. For example if you worked for an Ambulance that handled transports from a ski area that has a ski patrol and you get dispatched for an adult in Anaphylaxis Shock and the ski patrol administered an Epi-Pen Adult dosage you can document they received this care and what the outcome was.

Prior Aid to Patient

Prior Aid

- Aspirin (ASA)
- Atropine Sulfate
- Atrovent (Ipratropium Bromide)
- Blood Glucose Analysis

Prior Aid Performed By

- Lay Person
- Other Healthcare Provider
- Patient
- Not Applicable

Outcome of Prior Aid

- Improved

You can document aid your patient received prior to your arrival here

Pt. Info Tab (Patient Info)

Number of patients on Scene Panel

Number of Patients on Scene Like other drop down menus in the dynamic run form your response in the drop down menu directly impacts the rest of the incident report. If you select multiple, the “Add Patient to this Incident Panel” will appear. Select the appropriate response for your incident i.g. “Multiple” if you have two or more patients, “None” if you have no patients, and “Single” if you have one patient.

Mass Casualty Incident A Mass Casualty Incident is when the number of patients on scene exceed or overwhelm the capabilities of the local responders. If you select Yes in this menu you must also select “Multiple” under number of patients.

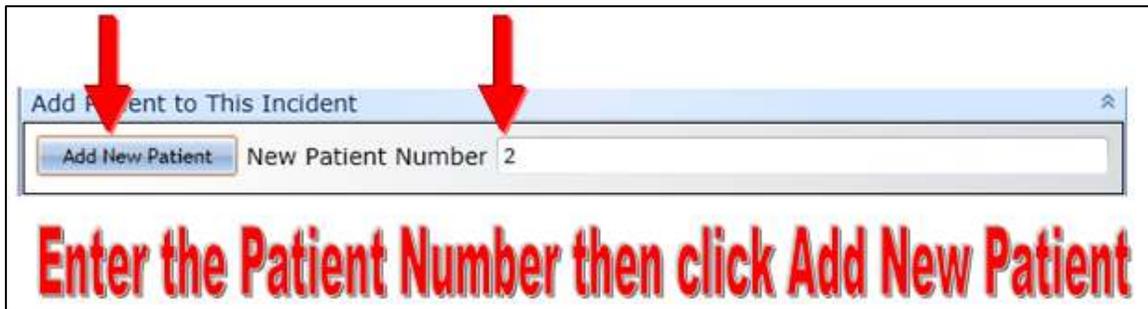
Number of Patients on Scene

Number of Patients on Scene Multiple

Mass Casualty Incident Yes

Add Patient to This Incident Panel

Add New Patient After selecting “Multiple” in the “Number of Patients on Scene” Panel as described above, the “Add Patient to This Incident” panel will appear. Enter the new patient’s number then click “Add New Patient.” Next you will see a new window appear, first you will be asked to confirm your patient number and click “Add New Patient to this Incident” if you choose this option the report will retain the dispatch info and call conditions you entered and have the entire incident linked together.



Enter the Patient Number then click Add New Patient



Enter New Patient Number

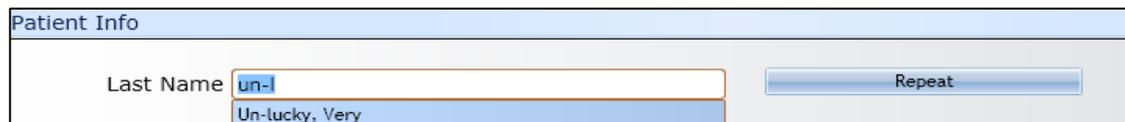
Add New Patient

▶▶▶ You may also add additional patients by using the option under the “Actions” toolbar as described on page 57. ◀◀◀

Patient Info Panel

The Patient info Tab has several features to help save time when entering reports.

The **Repeat** button is useful for repeat patients, this feature allows you to search through your past patients and when you select them, it will populate all of their previously entered demographic information and medical history. **NOTE** it is important to proof-read this information to check for errors and update changes. This feature is only available in the Service Bridge and Field Bridge, it is not available in the Field Bridge Xpress.



With the repeat patient function as you type in the last name as soon as the run form has 4 characters to search by a drop down menu will appear with past patients with a matching last name.

The image shows two panels from a software application. The top panel, titled "Patient Info", contains the following fields: Last Name (Un-lucky), First Name (Very), Middle Initial, Suffix, Date Of Birth (1/15/1893), Age (119 Years), Gender (Male), Social Security #, Weight (lbs) (175.00), Weight (Kg) (79.38), Pediatric Color (Not Applicable), Race (White), and Ethnicity (Not Known). A "Repeat" button is located next to the Last Name field. The bottom panel, titled "Patient Address Info", contains a "Get Incident Address" button, Address (1 Fake Place), Room/Apartment, Address 2, Favorite Locations, and Postal Code (03301). It also includes "Set from Postal Code" and "Find Postal Code" buttons.

Patient Address Info Panel

To speed up entry for incidents that have occurred at the patients home, you can use the “Get incident Address” button and the patient’s address will populate from the incident address. If the patient’s address is different from the incident address, then enter their street address and apartment number (if applicable). If you have the Postal Code of your patient’s home town you can set the remainder of the address off of the ZIP by using the “Set from Postal Code” button. If you do not have the Postal Code, you can look it up by using the “Find Postal Code” button.

Guardian or Closest Relative Panel

This Panel allows you to document the contact information of a patient’s guardian, closest relative, or emergency contact.

Hx Tab (History)

Patient Symptoms and Complaints Panel

***History of Event Primarily Obtained From** What was the relation to the patient of the person who provided the description of what happened or “SAMPLE” history? Answering this question is not required by the NH Bureau of EMS, however information selected here will be queried and inserted into your narrative if you use the auto-narrative option providing improved documentation.

Chief Complaint What is the patient’s primary complaint? If your patient is alert, this field should read something like “My back hurts.” If you have an unresponsive patient or patient that cannot tell you their Chief Complaint, then your entry would be similar to your Primary Impression.

Duration How long has the patient been with this condition?

Secondary Complaint A secondary condition your patient is complaining of, like the Chief Complaint it should be entered in quotation marks, i.e. "I'm really cold"

Primary Symptom What is the primary symptom the patient is presenting with? (See Appendix, page 72)

The screenshot shows a form titled "Patient Symptoms and Complaints". It contains the following fields and values:

- *History of Event Primarily Obtained From: Bystander/Other (with a plus icon)
- *Optional question, answer is used in Autonarrative for good documentation.
- Chief Complaint: "My left hand hurts really bad."
- Duration of Chief Complaint: 12 (with up/down arrows) and Minutes (with a plus icon)
- Secondary Complaint: "My right knee hurts bad also"
- Duration of Secondary Complaint: 12 (with up/down arrows) and Minutes (with a plus icon)
- Primary Symptom: Wound (with a plus icon)

Other Symptoms What other symptoms does your patient report? This menu has the same list of options as the Primary Symptoms list but will allow you to select multiple options.

Alcohol/Drug Use What did your assessment of the patient reveal about alcohol and drug use? More than one response may apply to your incident; your patient may deny Alcohol and Drug use, but you observe drug paraphernalia on a coffee table and a strong odor of alcohol on the patient's breath. In this scenario, more than one option would apply, therefore you should select all appropriate responses. (See Appendix for list, page 65)

Past Medical History Panel

Medical History In this multi choice menu, select all relevant medical conditions that impact your patient's medical history. If you selected a repeat patient this may already be filled out, ensure it is up to date. (See Appendix for list, page 70)

Other Medical History What else exists in the patient's medical history that could not be captured in the Medical History dropdown list? This is a free text box and will allow you to type any appropriate response. *NOTE: There is no spell check for this box, be sure to check your spelling yourself.*

Patient's Medication Allergies Panel

Here you can add in all of the patient's medication allergies. To do this:

- 1) Click "Add Patient Drug Allergy"

Add Patient Drug Allergy

- 2) Begin typing the name of the Medication, when TEMSIS recognizes the spelling a drop down menu will appear and you can select the medication you would like, if you do not see it continue typing and manually complete the form.

ERYTHROMYCIN
ERYTHROMYCIN AND BENZOYL PEROX
ERYTHROMYCIN ESTOLATE
ERYTHROMYCIN ETHYLSUCCINATE
ERYTHROMYCIN ETHYLSUCCINATE AN
ERYTHROMYCIN LACTOBIONATE
ERYTHROMYCIN STEARATE
ERYTHRO-STATIN
Eryt|

- 3) Once you select a medication from the drop down list the remaining fields will automatically populate.

Patient's Medication Allergies		
Name	Generic Name	Description
Name	Erythrocin	
Generic Name	Eythromycin	
Description	Ototoxicity w high doses in ESRD Hepatic clearance. Gr+, gonococcus, M catarrhalis, H flu, Chlamydia, Actinomyces	
<input type="button" value="Save and Add New"/> <input type="button" value="Save"/> <input type="button" value="Cancel"/>		

- 4) Before moving on:

Select Save and Add New to save the current medication and add another
-OR-

Select Save to save the current medication and continue with your run report

Patient's Environmental/Food Allergies Panel

Here you can add in all of the patient's Environmental/Food allergies. To do this:

- 1) Click "Add Patient Allergy"

Add Patient Allergy

- 2) Next select appropriate allergy category in the Name drop down menu

- 3) Enter the allergy description in the space provided

- 4) Before moving on click Save

Save

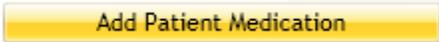
-OR- Save and Add New

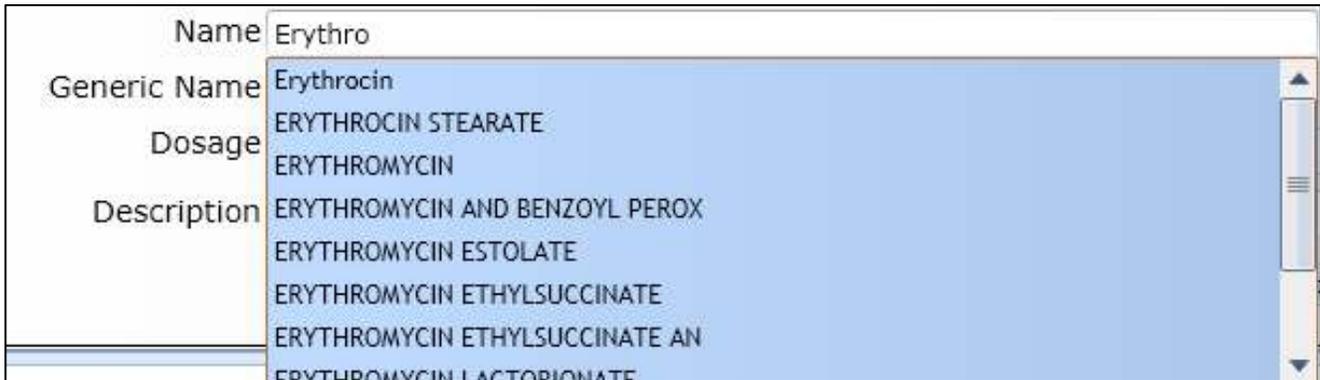
Save and Add New

Allergy	Description
Name	
Description	Insect Sting
	Food Allergy
	Latex
	Chemical

Patient's Medication

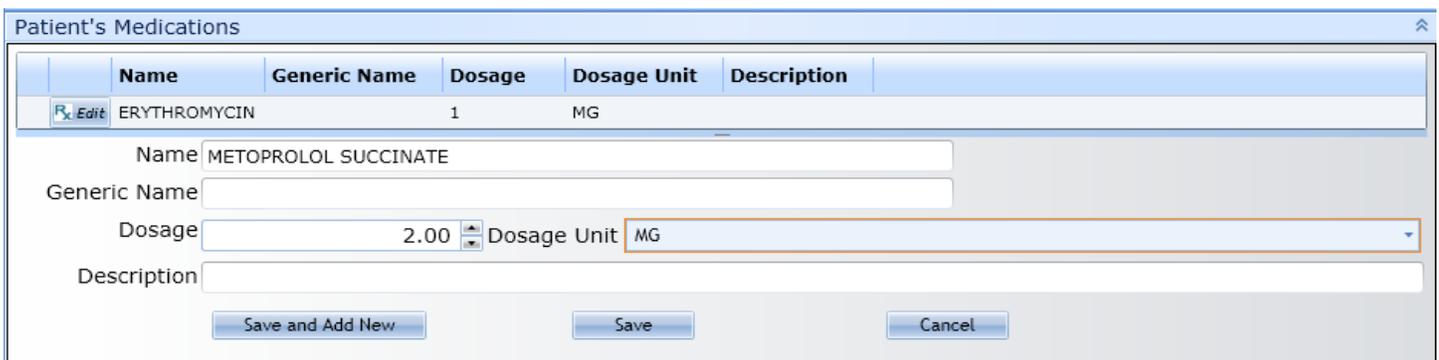
Here you can add in all of the patient's medications. To do this:

- 1) Click Add Patient Medication 
- 2) Begin typing the medication name in the name box, if TEMSIS recognizes the spelling a drop down will appear and you can select the medication name, otherwise fill out the box manually.



Name	Generic Name	Dosage	Description
Erythro	Erythrocin		
	ERYTHROCIN STEARATE		
	ERYTHROMYCIN		
	ERYTHROMYCIN AND BENZOYL PEROX		
	ERYTHROMYCIN ESTOLATE		
	ERYTHROMYCIN ETHYLSUCCINATE		
	ERYTHROMYCIN ETHYLSUCCINATE AN		
	ERYTHROMYCIN LACTONATE		

- 3) Next enter the numeric dosage in the space provided and select the appropriate unit of measure from the drop down provided. (See Appendix for list of dosage units)

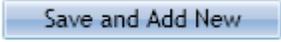


Name	Generic Name	Dosage	Dosage Unit	Description
ERYTHROMYCIN		1	MG	

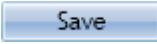
Name: METOPROLOL SUCCINATE
Generic Name:
Dosage: 2.00 Dosage Unit: MG
Description:

Buttons: Save and Add New, Save, Cancel

- 4) Before moving on:

Select Save and Add New  to save the current medication and add another

-OR-

Select Save  to save the current medication and continue with your run report.

Assessment Tab

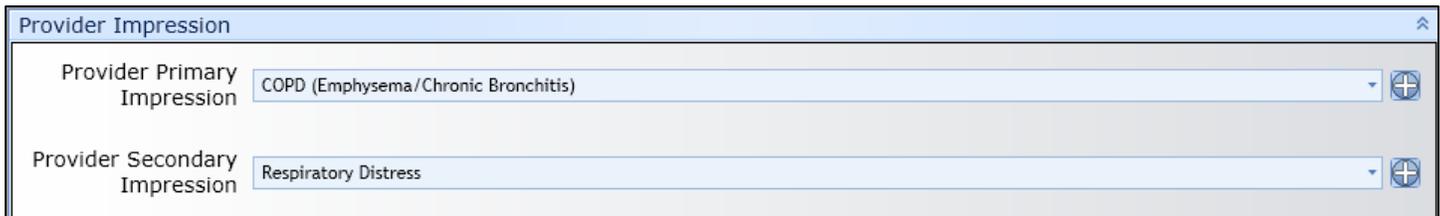
Provider Impression Panel

Provider Primary Impression

In this drop down menu select the choice that most closely fits your Primary Impression of the patient's condition. A primary impression is in essence your working diagnoses and it should be the main problem you think the patient has, and it supports the treatment you provide the patient. Note that nearly all of the options in this menu are medical problems. For all impressions that are trauma are covered under the option of "Traumatic injury." (See Appendix page for list 74)

Provider Secondary Impression

In this drop down menu select the choice that most closely fits your Secondary Impression of the patient's condition. A secondary impression should be what you feel is the second most serious problem affecting your patient, not all patients will have a secondary problem, and in this case you should select "Not Applicable."



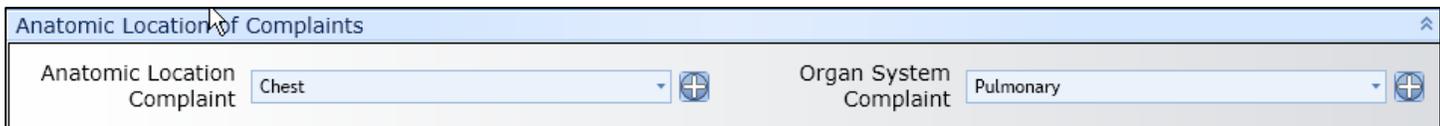
Provider Impression

Provider Primary Impression: COPD (Emphysema/Chronic Bronchitis)

Provider Secondary Impression: Respiratory Distress

Anatomic Location of Complaints Panel

Select from the drop down menu the location of the patient's chief complaint and what organ system it is associated with.



Anatomic Location of Complaints

Anatomic Location Complaint: Chest

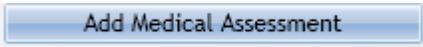
Organ System Complaint: Pulmonary

Medical Assessment Panel

Note on using the assessment panels:

The assessments are currently separated into two sections; medical and injury/burn. The medical section covers all assessments we usually address in a routine physical exam. The Injury/Burn section only covers injury related findings. If you have a medical patient you only need to fill out the medical assessment section to document a complete assessment. To document a complete assessment for an injury or burn patient, you need to fill out both the medical and the injury/burn assessment sections. This will change in late 2013 as both of the sections are scheduled to be merged into one comprehensive assessment section.

To add a Medical Assessment:

- 1) Click the “Add Medical Assessment” button,  next you will notice 3 menus appear titled Exam Sites, Site Options and Selected Exams.



- 2) Enter the time the exam was performed by either typing the time in a 24 hour format or clicking in the box and using the scroll function by clicking to the right of the number you wish to change and scrolling up and down by using the up and down arrows to the right of the time box.

- 3) Enter the date the exam was performed by typing the date in the box provided, or use the calendar function to select the date the exam was performed.

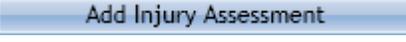


- 4) Select the exam site to be entered and work your way to the right:
- Select the Exam Site under the Exam Sites menu
 - Select the correct Site Options in the Site Options menu (note you can choose multiple options in this menu to add simultaneously)
 - Click the Add>> button to add it to your Selected Exams box
 - Select the next correct Site Option if not already done and add it to the selected Exams box
 - When all Site Options have been selected enter the Exam Details in the Exam Details text box.
 - Select the next Exam Site that you checked within the current assessment and follow the steps listed above, if you have no other exam sites to add select Save Assessment/Exam, if you have an additional exam to add Click Save & Add Another Assessment/Exam



Injury/Burn Assessment

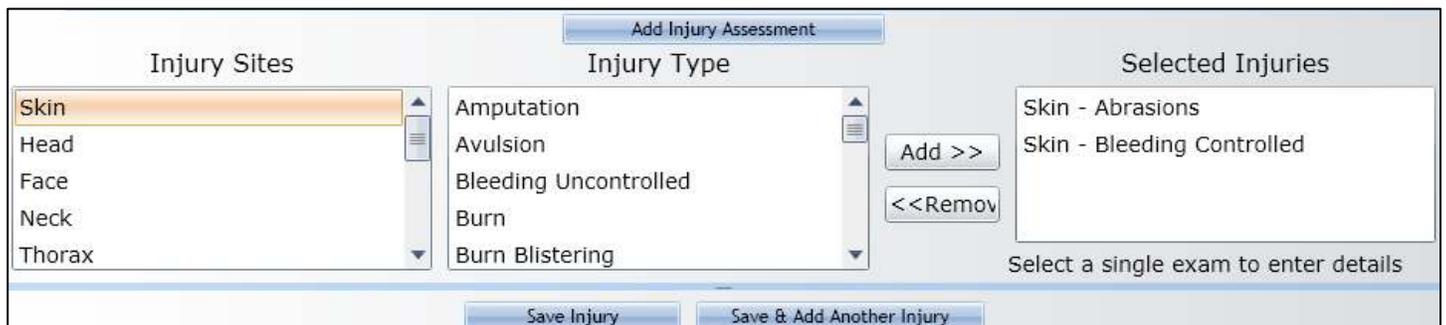
Adding an Injury/Burn Assessment is very similar to adding a Medical Assessment as listed above.

- 1) Click Add Injury Assessment  next you will notice 3 menus appear titled Injury Sites, Injury Type and Selected Injury.



The screenshot shows the 'Add Injury Assessment' interface. It features three main sections: 'Injury Sites', 'Injury Type', and 'Selected Injuries'. The 'Injury Sites' list includes Skin, Head, Face, Neck, and Thorax, with 'Skin' highlighted. The 'Injury Type' list includes Abrasions, Amputation, Avulsion, Bleeding Controlled, and Bleeding Uncontrolled. The 'Selected Injuries' box is currently empty. Between the 'Injury Type' and 'Selected Injuries' sections are two buttons: 'Add >>' and '<<Remov'. Below the 'Selected Injuries' box is the text 'Select a single exam to enter details'.

- 2) Select the Injury Site to be entered and work your way to the right:
 - a. Select the Injury Site under the Injury Sites menu
 - b. Select the correct Injury Type options in the Injury Type menu (note you can choose multiple options in this menu to add simultaneously)
 - c. Click the Add>> button to add it to your Selected Exams box
 - d. Select the next correct Site Option if not already done and add it to the selected Exams box
 - e. When all Site Options have been selected, enter the Exam Details in the Exam Details text box.



This screenshot shows the 'Add Injury Assessment' interface after two items have been added. The 'Injury Sites' list remains the same with 'Skin' selected. The 'Injury Type' list now includes Amputation, Avulsion, Bleeding Uncontrolled, Burn, and Burn Blistering. The 'Selected Injuries' box now contains two entries: 'Skin - Abrasions' and 'Skin - Bleeding Controlled'. The 'Add >>' and '<<Remov' buttons are still present. At the bottom of the interface, there are two buttons: 'Save Injury' and 'Save & Add Another Injury'.

- 3) Select the next Injury Site that you assessed and follow the steps listed above, if you have no other injury sites to add select Save Injury. If you have an additional exam to add Click Save & Add another Injury.

Trauma/Cardiac Tab

This tab will be blank unless you have selected "Yes" to "Possible Injury"? Or "Cardiac Arrest" on the Call Conditions Tab.

Cardiac Arrest Info Panel

This Panel will be blank unless you have selected "Yes, prior to EMS arrival" or Yes, After EMS arrival" in response to "Cardiac Arrest" on the Call Conditions Tab.

Cardiac Arrest Etiology What is believed to be the cause of the cardiac arrest?

Cardiac Arrest Witness Was the arrest witnessed and was the witness a healthcare provider.

Time of Arrest Prior to EMS Arrival How long had the patient arrested prior to the arrival of the first EMS providers? This option will only be displayed if you selected "Yes, prior to EMS arrival." On the call conditions tab.

CPR Care Provided Prior to EMS Arrival? This option will only be displayed if you selected "Yes, prior to EMS arrival." On the call conditions tab.

Who Provided CPR Prior to EMS Arrival? This option will only be displayed if you selected "Yes, prior to EMS arrival." On the call conditions tab.

Who Used AED Prior to EMS Arrival? This option will only be displayed if you selected "Yes, prior to EMS arrival." On the call conditions tab.

Resuscitation Attempted by EMS What resuscitation procedures were attempted? Note this is a multi-choice menu and you can select more than one option.

Initial Cardiac Rhythm Upon your initial assessment of the patient, after the cardiac arrest what was the patient's cardiac rhythm?

Any Return of Spontaneous Circulation Did the resuscitation efforts cause a return of circulation and what was the outcome?

Reason CPR/Resuscitation Discontinued If you had begun CPR, why did discontinue trying to revive the patient?

Date/Time CPR Discontinued Enter the Time and Date CPR was stopped either due to termination of efforts or return of circulation, you may either type the time and date or use the calendar function provided.

Rhythm at Destination When your patient reached the ED what was their cardiac rhythm?

End of EMS Cardiac Arrest Event At what point during the incident did EMS's role in the management of the cardiac arrest cease?

Cardiac Arrest Info	
Cardiac Arrest Etiology	Trauma 
Cardiac Arrest Witness	Witnessed by Lay Person 
Time of Arrest Prior to EMS Arrival	2-4 Minutes 
CPR Care Provided Prior to EMS Arrival	Yes 

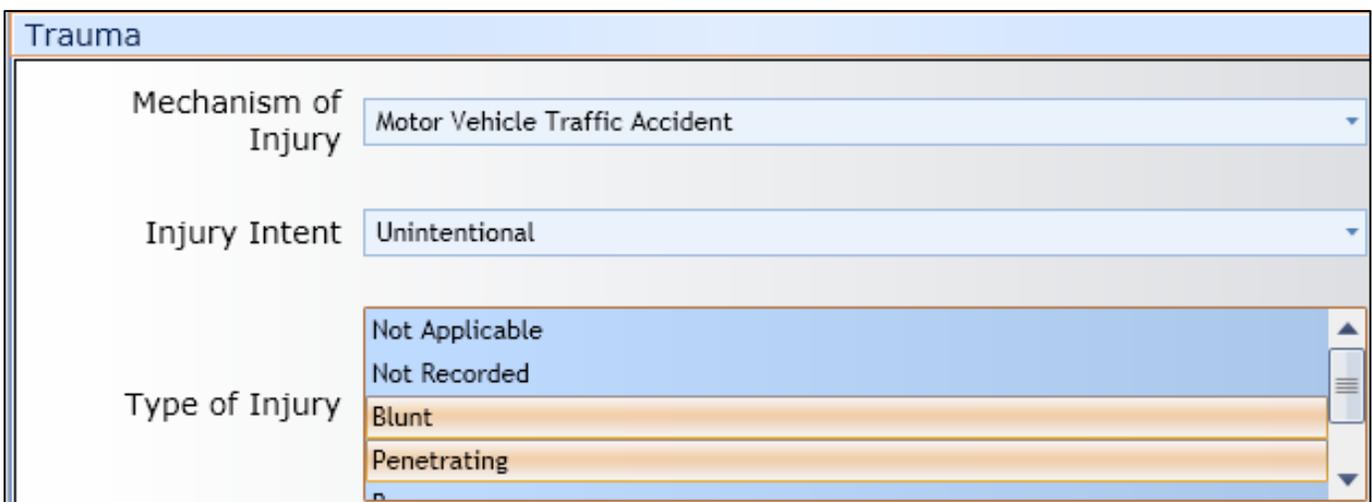
Trauma Panel

This tab will be blank unless you have selected “Yes” to “Possible Injury?” on the Call Conditions Tab.

Mechanism of Injury Select the most appropriate mechanism for your patient’s injury.

Injury Intent Was this an intentional or accidental Injury? Note: This field also applies to suicidal patients that overdosed as an intentional injury.

Type of Injury This menu you can choose multiple options to fit your incident, for example a patient from a motor vehicle crash could have blunt injuries from hitting the an object such as the dash board and penetrating injuries from a ski pole that was in the vehicle. When you choose an option you must un-select “Not Recorded.”



The screenshot shows a web form titled "Trauma". It contains three dropdown menus. The first is "Mechanism of Injury" with "Motor Vehicle Traffic Accident" selected. The second is "Injury Intent" with "Unintentional" selected. The third is "Type of Injury" which is open, showing a list of options: "Not Applicable", "Not Recorded", "Blunt", and "Penetrating". The "Blunt" and "Penetrating" options are highlighted in orange, while "Not Applicable" and "Not Recorded" are in blue.

Patient Safety Equipment used What safety equipment was the patient using? (Such as helmets, safety glasses, seat belts, ect.) When you choose any option you must un-select “Not Recorded.”

Airbag Deployment Was there an airbag present? If yes, did it deploy and where did it deploy from? This question will only be displayed if you have selected a mechanism of injury related to a motor vehicle crash.

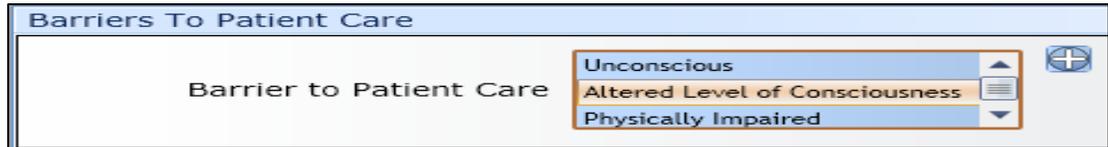
Trauma Referral Center Notified Was a trauma center notified? If you select “Yes” you will see the Trauma Triage Criteria.

Trauma Triage Criteria Does your patient fit any of the options in the drop down menu provided? When you choose any option you must un-select “Not Recorded.” This menu will only be present if you selected “Yes” under Trauma Referral Center Notified.

Vitals/Rx Tab (Treatment)

Barriers to Patient Care Panel

This Panel allows you to document any barriers that may have slowed or hindered your patient care—such as a language barrier. The Barriers to Patient Care menu is a multi-choice menu that will allow you to select more than one relevant barrier to your patient care. If you select any option, you must de-select “None.”



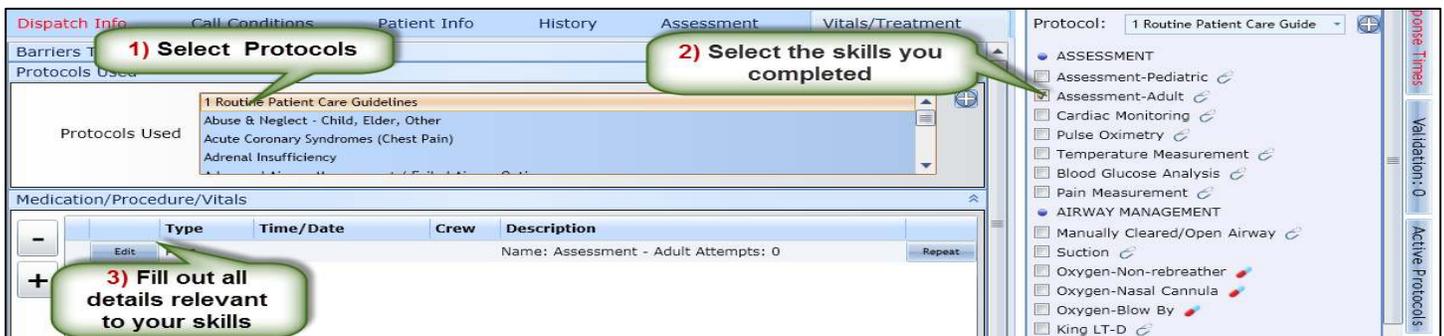
Protocols Used Panel

This Panel allows you to select the protocols you followed on this incident, any selections in this menu will be displayed in your patient care report.

▶▶▶The Protocols Used Panel is the only place, you can document what protocols you followed and have it display on your completed run form. Selections made on the Active Protocols Panel will NOT be displayed on your completed run report. ◀◀◀

When you select a Protocol Used the Active Protocols Panel will appear on the right hand side of your screen. Follow these steps to ensure you completely document the protocols you followed and which skills you used under that protocol:

- 1) Select the first protocol that you followed on this incident in the Protocols Used menu.
 - a. Notice the Active Protocol Board has switched to that protocol.
 - b. Click the check box next to the skills you performed under that protocol.
 - i. The skill you selected on the Active Protocol Panel automatically populates under the Medication/Procedures/Vitals Panel, to complete follow the steps listed under the Medications/Procedures/Vitals Panel instructions below.
- 2) Once you have selected all relevant skills for that protocol select the next protocol used if relevant to your incident.
- 3) Move to the Medications/Procedures/Vitals Panel.



▶▶▶If you have selected a crewmember role of Primary Patient Caregiver the run form will default to this name when you select a skill on the Active Protocols Board. Also if your service has enabled this feature, the time will default to the “Arrived at Patient” time. ◀◀◀

Active Protocols Panel

Any Protocols used that were selected under the Active Protocol Panel will appear with the incident on the Run History Page as notated by this icon  this is intended to be used by your service's administrators to complete QA/QI reviews. When the link is clicked on the following report is displayed:

Protocol	Question	Response
1 Routine Patient Care Guidelines		
	Assessment-Pediatric	No
	Assessment-Adult	Yes
	Cardiac Monitoring	Yes
	Pulse Oximetry	Yes
	Temperature Measurement	No
	Blood Glucose Analysis	Yes
	Pain Measurement	No

Medication/Procedures/Vitals Panel

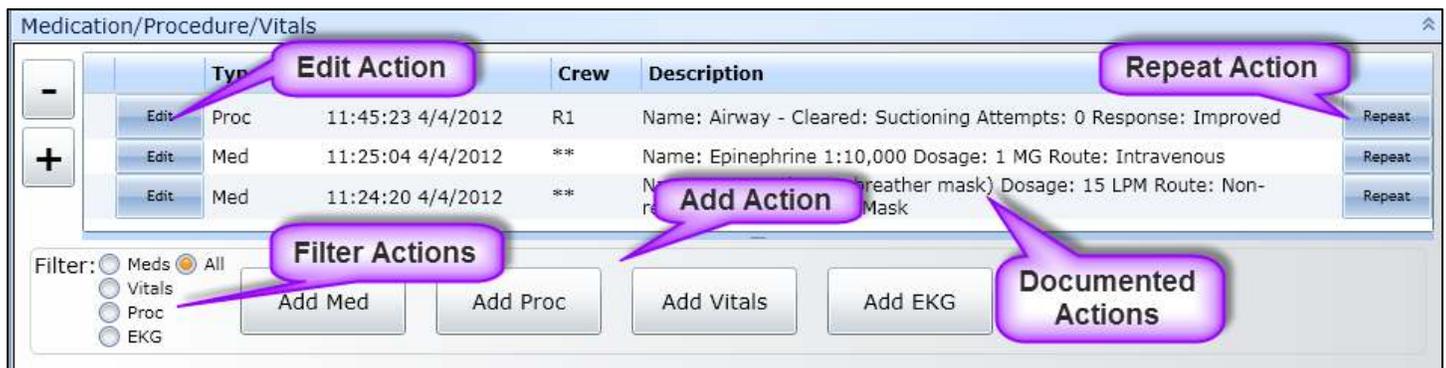
This panel allows you to document all medications given, procedures performed, vital signs taken, and EKGs taken from your patient. This panel contains a menu that displays: medications, procedures, vitals and EKGs you document during your incident, it also contains a filter function to select which category is shown.

Filter Choose which actions you want to see in the menu, options are Medications, Vitals, Procedure, EKG, and All.

Repeat This button acts as a shortcut to duplicate a skill you already performed such as a repeat dosage of a medication, when you use this button all of the fields for this skill or medication will be filled in identically to the original except for the time. Changes can then be made to any section to ensure accuracy (e.g. dosage).

Edit This allows you to edit the action you documented so you can go back and change previous entries.

Add Buttons These buttons allow you to add Medications, Procedures, Vitals, and EKGs



The screenshot shows the 'Medication/Procedure/Vitals' panel. It features a table with columns for 'Type', 'Crew', and 'Description'. The table contains three entries: a procedure (Proc) for 'Airway - Cleared: Suctioning Attempts: 0 Response: Improved', and two medications (Med) for 'Epinephrine 1:10,000 Dosage: 1 MG Route: Intravenous' and 'Non-rebreather mask Dosage: 15 LPM Route: Non-Mask'. Each entry has an 'Edit' button and a 'Repeat' button. Below the table is a 'Filter' section with radio buttons for 'Meds', 'Vitals', 'Proc', 'EKG', and 'All' (selected). Below the filter are four buttons: 'Add Med', 'Add Proc', 'Add Vitals', and 'Add EKG'. A 'Documented Actions' button is also visible. Callouts point to 'Edit Action', 'Repeat Action', 'Add Action', 'Filter Actions', and 'Documented Actions'.

Adding Medications

-	Type	Time/Date	Crew	Description	
+	Med	11:24:20 4/4/2012	sest	Name: Oxygen (non-rebreather mask) Dosage: 15 LPM Route: Non-rebreather/Re-breather Mask	Repeat

Medications Currently saved

Filter: Meds All
 Vitals
 Proc
 EKG

Medication Being Entered

Prior to Arrival? 11:25:04 4/4/2012

Crew Administering Med Epinephrine 1:10,000 MG Intravenous Unchanged

To add medication administered by your crew or medications given prior to your arrival follow these steps:

- 1) Click on the Add Med button and you will see the window expand
- 2) Fill in the menus to document the medication administration
 - a. Prior to Arrival? Was the medication taken prior to arrival? In situations such as chest pain, 911 will, in many cases advise the patient to take 324mg of Aspirin prior to the arrival of EMS.
 - b. Enter the date and time the medication was taken.
 - c. Document who administered the medication (if it was someone other than one of your crewmembers select "Not Available.")

▶▶▶If you have selected a crewmember role of Primary Patient Caregiver the run form will default to this name when you add a medication. Also if your service has enabled this feature the time will default to the "Arrived at Patient" time. ◀◀◀

- d. Choose the Medication Name from the drop down menu provided
 - e. Ensure the proper dosage, dosage unit, and route is documented; for most medications, this will automatically populate. Insure this dosage reflects what you actually gave.
 - f. Select whether the patient's response to the medications was Improved, Unchanged, or Worse.
 - g. Enter any comments relevant to the medication administration
- 3) Save your medication
 - a. The Save and New button will save the current medication and open a fresh window to enter the next medication administered.
 - b. The Save button will save your entry and you will see it appear in the menu at the top of the Panel.

Adding Procedures

The screenshot shows a web-based form for adding procedures. At the top, there are three buttons: 'Add Proc', 'Add Vitals', and 'Add EKG'. A callout bubble points to the 'Add Proc' button with the text 'Click here to add a procedure'. Below the buttons, the form contains several fields: 'Prior to Arrival?' (dropdown menu set to 'No'), 'Time/Date' (input field with '13:03:3'), 'Procedure Performed By:' (dropdown menu with '1Gage, Johnny'), 'Procedure Name' (dropdown menu with 'IV Access - Extremity'), 'Patient Response' (dropdown menu with 'Unchanged'), 'Success' (dropdown menu with 'Yes'), 'Location' (dropdown menu with 'Antecubital-Left'), 'Size of Equipment' (input field with '18'), and 'Attempts' (input field with '1'). A callout bubble points to the 'Attempts' field with the text 'For QA/QI purposes document success and number of attempts here'. Below these fields is a 'Complications' dropdown menu with a list of options: 'Altered Mental Status', 'Apnea', 'Bleeding', and 'Bradycardia'. At the bottom of the form are four buttons: 'Save & New', 'Save', 'Cancel', and 'Delete'. A second callout bubble points to the 'Procedure Name' dropdown menu with the text 'Choose your procedure here'.

To add procedures performed by your crew, follow these steps:

- 1) Click on the Add Proc button  and you will see the window expand
- 2) Fill in the menus to document the procedure performed.
 - a. Prior to Arrival? Was the procedure performed prior to arrival? In some cases bystanders or other 1st responders may initiate patient care and perform simple procedures prior to your arrival, you may document this here.
 - b. Enter the date and time the procedure was performed
 - c. Document the who performed the procedure
 - d. Choose the procedure name from the drop down menu provided
 - e. Be sure to document whether your procedure was successful and how many attempts it took. This information can be pulled later by your service administrators to determine what skills have the highest success rates as a QA/QI tool.

❖ IF YOUR PROCEDURE IS A KING, COMBI-TUBE, LMA, or ETT YOU WILL SEE THE FOLLOWING FIELDS APPEAR: (ALL LEVELS OF PROVIDERS SHOULD FILL THIS OUT AS APPROPRIATE)

- Preoxygenation Done? Answer whether or not you preoxygenated the patient as indicated in the protocols prior to placing your airway.
- If applicable select the airway grade (your view of the larynx when intubating)
 - ✓ Grade I: full view of the cords
 - ✓ Grade II: partial view of the cords
 - ✓ Grade III: view of the epiglottis
 - ✓ Grade IV: No view of the cords or epiglottis
- EDD – Esophageal Detector Device, what were your findings when confirming tube placement using an Esophageal Detector Device.
- Tube Misting- Did you observe condensation or mist in the tube?

- Chest Rise Left, Chest Rise Right? Did you observe chest rise on the right and left sides of the chest?
- Lung Sounds Left, Lung Sounds Right? Could you hear lung sounds on the right and left sides?
- Abdominal Sounds? Was there abdominal sounds?
- End Tidal CO₂
 - a. ETCO₂ Wave Form? Was there a constant wave form when using End Tidal CO₂ to verify tube placement?
 - b. What was the numeric number displayed when using ETCO₂?
 - c. What color changes took place on the indicator of your ventilation device?
- Document the Tube
 - d. What tube size did you use?
 - e. What was the tube depth?
 - f. What did you measure the tube depth off?
- Verify tube placement- Did you use any of the methods listed to verify tube placement?
- What did you secure the tube with?
- What was the name of the MD that verified the tube placement or HealthCare Provider if no MD is available?

Preoxygenation Done	Yes	Airway Grade	Grade 2	EDD	
Tube Misting	Yes	Chest Rise Left	Yes	Chest Rise Right	Yes
Lung Sounds Left	Yes	Lung Sounds Right	Yes	Abdominal Sounds	No

3) Save your Procedure.

- a. The “Save and New” button will save the current Procedure and open a fresh window to enter the next Procedure performed.
- b. The “Save” button will save your entry and you will see it appear in the menu at the top of the Panel.

Adding Vitals

To add vitals performed by your crew, follow these steps:

- 1) Click on the Add Vitals button  and you will see the window expand
- 2) Fill in the menus to document the vitals taken.
 - a. Prior to Arrival? Were the vitals taken prior to arrival? In some cases bystanders or other 1st responders may provide you with some vital signs that were measured prior to your arrival, you may document this here.
 - b. Enter the date and time the vitals were taken.
 - c. Document who took the vitals, use “Not Available” if the person was not a member of your crew.
 - d. Complete the remaining fields as fully as possible documenting all vital signs.

3) Consider the Show/Hide Extra Controls Function.

Show/Hide Extra Controls

- This feature extends the vitals menu allowing you to document additional information including:
 - Patient Position
 - BP Location
 - Stroke Scale used and result
 - Patient's Body Temperature and method of measuring
 - Airway Status
 - Breathing Status
 - Carbon Monoxide Levels
 - Electronic CO₂ Levels
 - APGAR Score
 - Glasgow Coma Scale

The screenshot shows a user interface for entering vital signs. It includes the following fields and controls:

- Pulse:** A numeric input field with the value 90.
- Blood Pressure:** A label 'Blood Pressure' followed by 'Sys' and a numeric input field with 123, and 'Dia.' and a numeric input field with 81.
- Resp:** A numeric input field with the value 16.
- SpO2 %:** A numeric input field with the value 98.00.
- SpO2 Qualifier:** A dropdown menu currently set to 'At Room Air' with a plus icon to its right.
- Responsiveness:** A dropdown menu currently set to 'Alert' with a plus icon to its right.
- Blood Glucose:** A numeric input field with the value 103.00, followed by checkboxes for 'Hi' and 'Lo'.
- Pain Scale (0-10):** A numeric input field with the value 4.
- Show/Hide More Vital Options:** A blue button located at the bottom right of the panel.

4) Save your Vitals

- a. The Save and New button will save the current vitals and open a fresh window to enter the next set of vitals taken.
- b. The Save button will save your entry and you will see it appear in the menu at the top of the Panel.

Note: Blood Pressures taken by palpation should be entered with a diastolic of "P," which is the only letter that may be entered for a blood pressure.

The screenshot shows a close-up of the Blood Pressure input field. The text 'Blood Pressure' is followed by 'Sys' and a numeric input field containing '120', and 'Dia.' and a dropdown menu containing the letter 'P'.

Adding an EKG

To add an EKG, follow these steps:

- 1) Click on the Add EKG button  and you will see the window expand.
- 2) Fill in the menus to document the vitals taken.
 - a. Enter the date and time of the EKG.
 - b. Document who interpreted or administered the EKG.
 - c. Select the type of EKG performed.
 - d. Enter the Interpretation of the EKG.
 - e. Document any change in the rhythm and what lead the change was noted in.
 - i. If paced document the pacing rate and energy.
 - ii. If defibrillated document the Energy level and number of shocks.
- 3) Select either Save & New to save this EKG and add another or Save to save this EKG and continue your report.

Tx Tab (Transport)

Transport Status and Priority Panel

Life Threat (Patient Status) At the time of transport what was the patient status?

Status 1-Critically Unstable

Status 2-Unstable/Potentially Unstable

Status 3-Minor Injury/Illness, Generally Stable

Status 4-Stable Transfer for Testing Only-No ED Visits

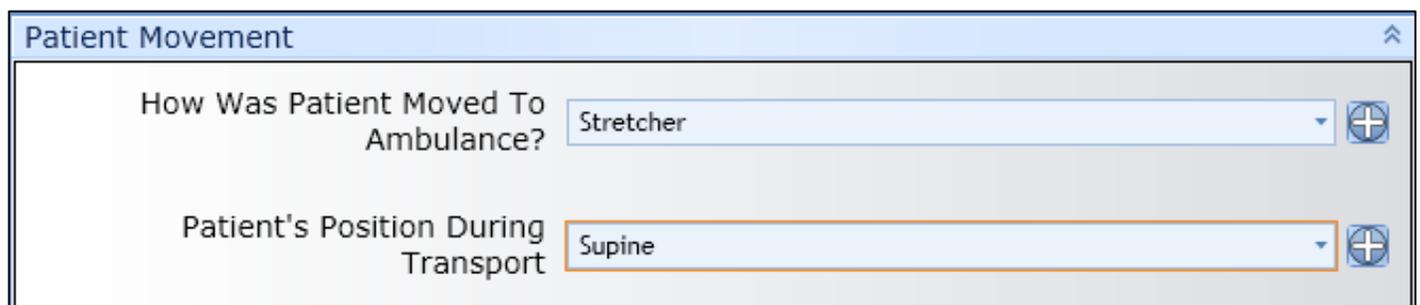
Patient Refused or Did Not Require Ambulance Transport

Response mode from the Scene What was your use of lights and sirens while transporting to the hospital? (See Appendix for list, page 78)

Patient Movement Panel

How was the patient moved to the ambulance? Select the primary means that was used to move your patient to your ambulance, for example if you used a stair chair to move you a patient from within their residence to their front yard were you transferred them to a stretcher before loading them into the ambulance the most appropriate response to this question would be stair chair as it was your *primary* means of moving the patient.

Patient's position during transport Select the position that your patient was in during the transport to the Hospital. (See Appendix for list, page 71)



The screenshot shows a software interface titled "Patient Movement". It contains two dropdown menus. The first menu is labeled "How Was Patient Moved To Ambulance?" and has "Stretcher" selected. The second menu is labeled "Patient's Position During Transport" and has "Supine" selected. Both menus have a plus icon to the right of the dropdown arrow.

Destination Information Panel

Destination Information

How Was Destination Determined?

Destination Type

Destination Name

How was Destination Determined? Why did you choose to transport your patient to that destination?

Destination type What type of facility or EMS (i.e. air medical transport or other ground EMS transport) did you transport your patient to?

Destination Name What was the name of the location you transported your patient to? *Please note this includes Landing Zones for Air Medical Transport.*

Standard for documenting Air Medical Transport

Destination Information

How Was Destination Determined?

Destination Type

Destination Name

Favorite Locations

Street Address

Postal Code

State

City

County

Landing Zones are listed in the drop down menu under Landing Zone: Air Medical Transport (Service Name). This allows TEMSIS to track how many times patients are transferred to each Air Medical Transport service.

After selecting which AMT service you transported the patient to, the panel will expand asking for street address of the Landing Zone. If the city that your Landing Zone is located in is in your favorite locations you may select it from the “Favorite Locations” menu. Services listed in the Destination Name menu include Boston MedFlight, DHART, Lifeflight of Maine, Lifenet of Albany, UMASS Lifeflight, and Other AMT-Fixed or Rotor.

Transport Mileage Panel

The screenshot shows a software interface titled "Transport Mileage". It is divided into two main sections: "Mileage from Trip Meter" and "OR Mileage from Odometer Readings".

- Mileage from Trip Meter:** Contains a single input field labeled "Loaded Trip Meter Mileage:" with the value "12.0". A blue callout bubble points to this field with the text: "This field can be entered either manually or automatically based off of your odometer readings".
- OR Mileage from Odometer Readings:** Contains four input fields:
 - "Starting Odometer" with value "10.0"
 - "At Scene Odometer" with value "11.0"
 - "Destination Odometer" with value "23.0"
 - "Ending Odometer" with value "30.0"A blue callout bubble points to the "Ending Odometer" field with the text: "Your total mileage appears if you have entered a starting and an ending odometer reading".

At the bottom right of the panel, the text "Total Mileage: 20" is displayed.

This panel calculates mileage during the incident. If your service bills for patient transport this is very important and must be filled out to the tenth of a mile. You can use either the trip meter mileage or odometer readings, in accordance with your service's policies.

Loaded Trip Meter Mileage This field can either be manually entered based on your recordings or you may enter in your odometer readings to the right and it will be automatically calculated for you.

Starting Odometer Enter the Odometer reading of your vehicle when the incident began here.

At Scene Odometer Enter the Odometer reading of your vehicle when you arrived at the incident location here.

Destination Odometer Enter the Odometer reading of your vehicle when you arrived at the destination whether it was a landing zone or the final healthcare facility.

Ending Odometer When you have completed the incident and returned to your station enter the Odometer reading here.

Total Mileage The total mileage will automatically calculate based on what your have entered in the other fields of this panel giving you the sum of all miles driven during the incident.

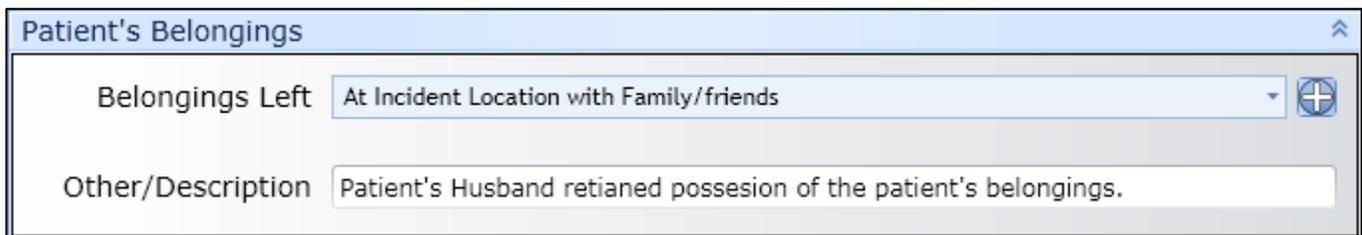
Note: If you use the odometer fields you need to enter a value in each field for the calculation to work. If you use the trip meter tool, it will auto-fill and calculate the odometer fields for you.

Narrative Tab

Patient's Belongings Panel

Belongings Left This panel is designed to prompt you to document the location of the patients personal belongings, it is suggested that you not only select a location in the drop down menu but also fill out the Other/Description to fully document the disposition of the belongings.

Other/Description The Other/Description text box is intended to give you a spot to type in further details about the location of your patients personal belongings, for example an appropriate use of this text box would be after selecting at incident with Law Enforcement you could then type in that personal belongings were left with Officer John of XYZ Police Department.



The screenshot shows a window titled "Patient's Belongings". Inside, there are two main sections. The first is "Belongings Left" with a dropdown menu currently showing "At Incident Location with Family/friends" and a plus icon to its right. The second is "Other/Description" with a text box containing the text "Patient's Husband retained possession of the patient's belongings."

Service Defined Questions Panel

Service Defined Questions are a specific question(s) that your service has decided are important to track that may not have been already documented in the standard report. The administrator for your service sets up these questions.

Narrative Panel

Condition of patient at Destination Enter if your patient was showing signs of improvement, unchanged, or worsening when you delivered them to the healthcare facility.

Narrative The narrative is a very important piece of your patient care report, it is highly recommended you take the time to make as accurate and complete as possible; it is also a place to document anything that you could not document effectively or completely earlier in your patient care report.

Entering a narrative manually:

- 1) Click in the text box and type your narrative
- 2) Save your narrative using the Save button  located below the text box, we recommend using this save button prior to running spell check because we see fewer reported cases of people losing their narrative after doing an initial save
- 3) Click on Spell-Check  to ensure proper spelling in your narrative. *Note: We realize the spell checker does not have many medical terms. We are continuing to work with the*

software vendor to fix this. In the mean time be sure to double check the spelling of medical terms.

- 4) Always proof read your narrative once you think it is complete to ensure proper wording and accuracy.
- 5) Save your narrative one final time before moving on using the same Save button located below the text box.

Narrative

04/04/2012 the ImageTrend Testing Service service reported on incident NHTEST-12-0382, call number NHTEST-12-0382. The incident occurrence located at in the city of Concord within the county of Merrimack of the state of NH. The Mileage to the scene was 10.00. The Mileage to the destination was 10.00.

Factors affecting the delivery of care were None. Factors affecting dispatch were Not Known. Factors affecting scene were None. Factors affecting transport were None. Factors affecting turnaround were None.

Narrative After arriving at the scene the unit found a patient named

Use this **SAVE** button to save your narrative

Spell-Check Save Set Narrative Clear

Set Narrative The set narrative is intended to help speed up your report writing by using information that you entered earlier in the incident report and inserting it into a template.

▶▶▶**NOTE: IF YOU HAVE ALREADY TYPED A NARRATIVE DO NOT CLICK ON SET NARRATIVE AS YOU WILL LOOSE ALL OF YOUR WORK.**◀◀◀

Narrative

Condition of Patient at Destination Improved

C (Chief Complaint) - finger hurts.

H (History) - Dispatched to a Street on approximately 79.380 kg, complaining of Auto vs. Pedestrian. The patient was found wearing a seat belt and was wearing a seat belt.

A (Assessment) - Mental Status: Conscious, Alert, Oriented x3; Skin: Warm, Dry, Pink; Clammy, Cold, Pale, ; Head/Face: Pain/tenderness, ; Chest/Lungs: Decreased Breath Sounds-Right, Flail Segment-Left, Flail Segment-Right, ; LUQ: Tenderness

Rx (Rendered Treatment) - Procedure: Assessment - Blood Glucose Analysis, ; Procedure: Monitoring - Cardiac

Be Sure to use Spell Check

Use this Save Button to save your narrative

Select your narrative format here

Click Here to generate your set narrative

Spell-Check Save Charted Narrative Set Narrative Clear

Using the Set Narrative:

- 1) select a format: **Charted Narrative** Chief Complaint, **H**istory, **A**ssessment, **R**-Treatment on Scene, **T**ransport
- 2) Click Set Narrative
- 3) Answer the questions in the pop-up, it is important to use proper punctuation and grammar here, so that your responses read naturally as a part of the narrative. If you leave a text box

blank here it will not populate the question into your narrative. When finished with your responses click OK.

Answer the following questions completely and use proper punctuation.

Narrative Questions

Q1: History of Patient Illness/Injury: (use punctuation in all fields)
The patient stated that he has suffered from hypertension for the last seven years.

Q2: General Impression of Patient:
The patient seemed very anxious.

Q3: Response to Treatment / Changes to Patient's Condition:
The patient's condition improved greatly after these treatments.

Q4: Who was report given to when care was transferred:
Dr. Healthcare

Q5: Room PT was transported to (ex: ED RM6 Bed A, ICU RM 3):
ED Room Trauma 1

Cancel OK

- 4) Review the narrative to ensure it is accurate and reads logically.
- 5) Save your narrative by using the Save button located below the text box, although the general save button at the top of the page will save your narrative we have noticed fewer people loosing their narrative when they use this save button.
- 6) Click on Spell-Check to ensure proper spelling in your narrative
- 7) Again save your narrative using the save button below the text box

*If you choose to use a set narrative it is very important to take the time to review the set narrative to ensure it is accurate and reads logically, you may make editing changes and type in additional information after using the set narrative. It is very important to proof read and spell check all narratives to ensure there are as few errors as possible and of course be sure to save any changes.

Review Requested In this box select whether you would like a Service Administrator or Medical Director to review your narrative, if you select "Yes" and your service or medical director monitor this information, they will get a request to review this run. Service leaders who wish to receive these requests should contact the Bureau of EMS.

Billing Tab

NOTE: USE OF THE BILLING TAB IS DETERMINED BY YOUR SERVICE'S POLICIES AND IS NOT REQUIRED BY THE STATE OF NEW HAMPSHIRE. EACH SERVICE WILL DETERMINE IF AND HOW MUCH OF THE BILLING TAB IS SHOULD BE COMPLETED.

Payment Panel

Primary Method of Payment

From the drop down menu select the patient's primary method of payment.

CMS Service Level

From the drop down menu select the level of service you provided to your patient.

Condition Code Number

This is a multi choice panel; select all responses that apply to the incident.

Payment

Not intended for EMS providers to determine for official billing.
Internal service information only.

Primary Method of Payment: Insurance

CMS Service Level: BLS, Emergency

Insurance Panel

This panel allows you to enter the patient's insurance information, to do this:

- 1) Click Add Insurance Information
- 2) Enter the insurance company ID/name, as you type if TEMSIS recognizes the name it will give you a drop down menu that you can select from.*
- 3) Complete all fields that your service requires according to their guidelines
- 4) Save Insurance Information

Insurance Company ID/Name: a

- Aetna
- Anthem BC/BS
- Anthem Blue Cross Blue Shield

Insurance

	Company ID/Name	Company City	State	Insurance Policy Number	Relationship to Insured
Edit	Fake Coverage		NH	9999999999999999	Self

Add Insurance Information

**Note: Your service will need to have set up these insurance companies in the service set up.*

Medicare Questionnaire (Transfers Only) Panel

This panel is only intended to be filled out for transfers, not 911 scene response, all fields can be completed through the drop down menus and the appropriate text boxes.

Medicare Questionnaire (Transfers Only)			
Medically Necessary	Yes	Transported To/For	Specialized Care
Moved by Stretcher	Yes	Round Trip Reason	Not Applicable
Visible Hemorrhaging	No	Stretcher Reason	Patient unable to walk
Unconscious/Shock	Yes	Physical Restraints	No
Bed Confined Before	No	Hospital Admit	Yes
Bed Confined After	No	Weight (lbs)	175.00
		Weight (Kg)	79.38
Type of Transport	Initial Trip	Weight (lbs)	175.00

Signatures Tab

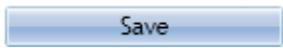
Entering a signature electronically

1. Use a touch screen computer or tablet to capture the signature directly.
- OR-
2. Use the mouse or other device to enter it

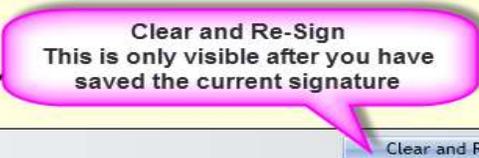
Deleting a Signature

Signatures can be cleared and re-entered, however the “Clear and Re-sign” button is not visible until the signature has been saved. To clear and re-sign:

- 1) Make sure the signature that has been entered is saved by clicking the Save Button

 at the top of the page, once the signature has saved the “Clear and Re-Sign” Button will appear.

- 2) Click the “Clear and Re-Sign” Button 
- 3) Re-sign the form

<input checked="" type="radio"/> I Agree <input type="radio"/> I Disagree <input type="radio"/> Not Applicable	
	
Printed Name <input type="text" value="Dr. Healthcare"/>	Date <input type="text" value="12:38:37"/> <input type="text" value="4/1/2012"/>

Hospital Receiving Agent ID and Signature Panel

This Panel is designed for EMS providers to document who they transferred care to as well as the time and date the transfer of care occurred. This signature is not required by the Bureau of EMS however, many services use this to support billing reimbursement. To complete this panel have the receiving agent check they agree that the patient was transferred to their care, then sign the box below-this can either be completed with a mouse or with the use of a stylus if your computer is equipped with one. After you receive the signature, insure the name is typed in below to be legible later and enter the date.



Hospital Receiving Agent ID and Signature

Hospital/Receiving Agent

I acknowledge that the above patient was transferred to my care.

I Agree I Disagree Not Applicable

Please Sign Here

Printed Name Date

Airway Verification by Receiving Physician Panel

This Panel is used to document the receiving physician verifying your advanced airway, to complete this panel:

- 1) Have the physician check that he agrees to the statement that he verified the airway placement.
- 2) Next ensure his findings are recorded in the following menus:
 - a. Placement- were was the tube placed? Trachea, Mainstem Bronchus, Esophagus, Pharynx/Hypopharynx
 - b. Findings- This menu documents any complications to the airway, this menu allows you to select multiple choices.
 - c. Method- How did the physician verify the airway? This menu allows you to select multiple choices.
- 3) As with the other Signature Panels ensure the printed name and date is entered.



Placement

Findings

Method

Controlled Substance Use/Waste/Restock Record Panel

This Panel is used to document your handling of controlled substances in relation to your incident.

➤➤➤*This Panel's use is optional and to be determined by your service*◀◀◀

The screenshot shows a software interface titled "Controlled Substance Use/Waste/Restock Record". At the top, there are tabs for "Med", "Taken", "Administered", "Wasted", "Returned", and "Units". Below the tabs, there are five buttons: "Add Diazepam Auto Injector", "Add Etomidate", "Add Fentanyl", "Add Lorazepam (Ativan)", and "Add Midazolam (Versed)". A green arrow points to these buttons with the label "Quick Link Buttons". Below these buttons are "Open All" and "Add New" buttons. A pink arrow points to the "Add New" button with the label "Add New Medication Button". The main form area contains several input fields: "Med Name", "Broken Seal #", "New Seal #", "Amount Taken", "Administered", "Wasted", "Returned", and "Units". A blue arrow points to the "Save" button at the bottom with the label "Save Button".

You will notice five commonly used controlled substance already available including Diazepam, Etomidate, Fentanyl, Lorazepam, and Midazolam, these medications have quick link buttons to be added to your report, if you click on the button the window will automatically expand with the medication name already filled out, you will still have to enter the Broken seal number, New Seal number, Amount Taken, Amount Administered, Amount Wasted, Amount Returned and the unit of measure related to all of the amounts you entered. If you need to add a medication that is not listed on one of the quick links then click "Add New" Button then enter the medication name and continue as state above, be sure to save when done.

Patient Billing Authorization and HIPPA Signatures Panel

This Section is for your patient to be informed of their HIPPA Rights, Billing Authorization, and Waiver of Liability. To complete this section work with your patient to ensure they understand each section then have them sign your incident report in the space provided. Also ensure you capture their name in the printed name box and date the signature. If your patient is a minor or if someone else is their legal guardian move on to the next panel

Authorized Representative Signature Panel

This Section is for your Patient's Guardian to be informed of HIPPA Rights that pertain to your patient, Billing Authorization, and Waiver of Liability. To complete this section work with your patients guardian to ensure they understand each section then have them sign your incident report in the space provided, also ensure you capture there name in the printed name box and date the signature. If your patient is an adult or emancipated minor and can legally sign for them selves use the previous panel.

EMS Provider Signatures and Patient Unable to Sign Panel

This section is for you the provider to sign your patient care report stating you have provided the assessments and treatments listed earlier in your report, it also provides a spot to document that your patient was unable to sign for themselves, be sure to sign and date the form before moving on.

Authorized Representative Signature

EMS Provider Signatures and Pt. Unable to Sign

Name
Technician I acknowledge that I have provided the above assessments/treatments for this patient and sign this chart electronically on this date. <input checked="" type="radio"/> I Agree <input type="radio"/> I Disagree <input type="radio"/> Not Applicable
Ambulance Crew Member Statement My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the authorized representatives were available or willing to sign on the patient's behalf. <input type="radio"/> I Agree <input type="radio"/> I Disagree <input checked="" type="radio"/> Not Applicable
Printed Name *Provider *Provide _____ Date 2 / 22 / 2012 15
Reason patient unable to sign _____
<input type="button" value="Save"/> <input type="button" value="Cancel"/>

Example of a completed Signature box

Involuntary Commitment by Police Officer Panel

This final section of signatures is for law enforcement to sign when your patient is taken into their custody. Be sure the Law Enforcement Officer Signs and dates this section when it applies to your incident.

Involuntary commitment by a Police Officer

I, a Peace or Health Officer, have taken the above named person into custody believing that person to be mentally ill, mentally retarded or chemically dependant, and in imminent danger of injuring self or others if not immediately restrained.

I Agree I Disagree Not Applicable

Printed Name Date

Against Medical Advice Panel

The Against Medical Advice panel allows you to document anything the patient refused as well as the conditions of the patient at the time of refusal. *NOTE: to use this panel your Treatment and Transport Disposition must be set to Refused Treatment and Transport, Refused Treatment, Transported by EMS, or Treated, Refused Transport.*

To use this Panel you must:

- 1) Click the "AMA is Attached to this Incident" check box AMA is Attached to this Incident
- 2) Choose what the type of refusal:
 - a. Against Medical Advice- The patient or guardian refused care, transportation, and advice from your service despite your suggestions.
 - b. Refuse Specific- The patient or guardian refused some of your care but not all of it whether it was because they wanted to go to a hospital that you did not think was appropriate or they refused a specific portion of care such as spinal immobilization after a back injury
 - c. Request Release- The patient or guardian does not feel they need transportation and/or care from your service.

- AGAINST MEDICAL ADVICE, refuse medical care, transportation, and/or advice by this agency.
- REFUSE SPECIFIC care, advice, or recommended destination as provided by this agency.
- REQUEST RELEASE, as I do not feel my condition requires emergency care and/or transportation by this agency.

- 3) Enter what was refused by the patient in the "List Specific Items Refused" box, this could be all care and transportation or just one or more items.

List Specific Items Refused The patient refused all care and transportation

- 4) Enter the reason given for the refusal.

Patient/Guardian reason for AMA The patient stated that he was un-injured and does not need assistance from

- 5) Enter the patient's plan to receive medical care if one exists.

Patient/Guardian alternative plan The patient intends to have a family member drive him to the hospital.

- 6) Enter who the patient was left with

Who (family/friends) with patient now? The patient is with his wife

- 7) Complete the Against Medical Advise/Release Checklist.

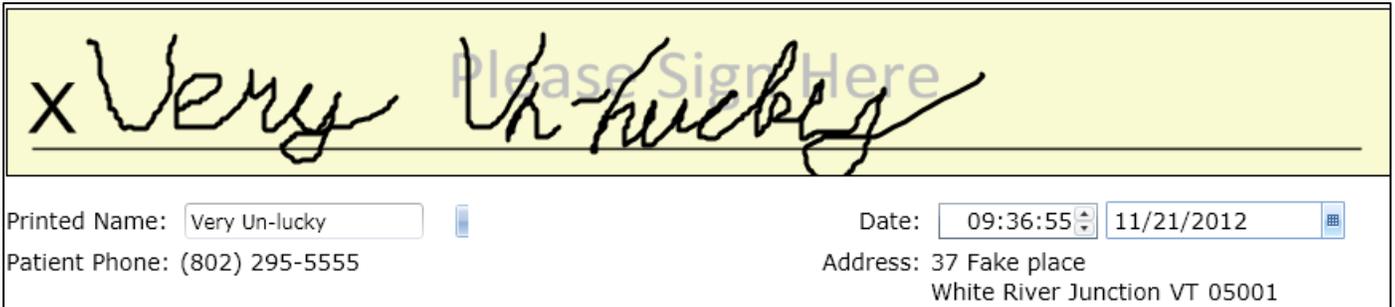
AMA RELEASE CHECKLIST

Contact Online Medical Control for a NO answer to any of the following:

Is Patient (or Guardian) oriented to person, place, time & event? Yes 

Is Patient Unimpaired by drugs or alcohol? Yes 

- 8) Read the Patient Refusal of Service Statement to the patient or allow them to read it themselves, answer any questions the patient may have as accurately as possible. Collect a signature from the patient stating that they refuse the care documented.



- 9) Gather provider signatures on the AMA form
- Click "Add" to the left of the provider's name, If your name is not listed you may also click "Add Signature" However, if your name is not shown you need to return to the Dispatch Info Tab and add your name under Responding Personnel.
 - Select the appropriate radio buttons to answer the three questions that you are prompted.
 - Sign in the space provided.
 - Date the signature
 - Save



Refusal to Sign Release Statement
The above patient refused to initial/sign the Acknowledgement of Receipt of Notice of Privacy Practices.

I Agree I Disagree Not Applicable

Witness to Refusal of Signature
The patient's mental status at the time of the refusal was oriented to person, place, and time. They answered all questions and there was no evidence of impairment.

I Agree I Disagree Not Applicable

Acknowledged Receipt of Notice
The above patient was given full disclosure of risks relative to refusing care and/or transportation and was asked to read and sign the Release of Liability Statement. The patient or person authorized to give or withhold consent for the patient continued to refuse treatment and/or transportation and also refused to sign the Release of Liability Statement.

I Agree I Disagree Not Applicable

Sign

Date

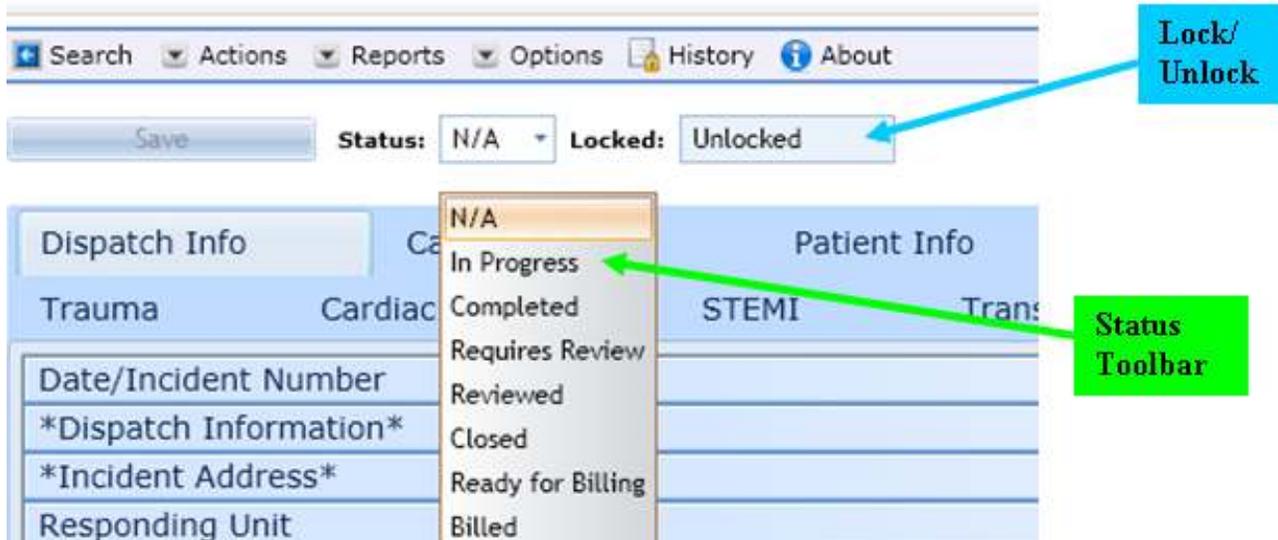
Printed Name: Al 1Demeo Date: 09:46:55, 11/21/2012

Buttons: Save, Cancel, Delete, Clear and Re-Sign

Completing your Run

Once you have finished entering your report be sure to update its status.

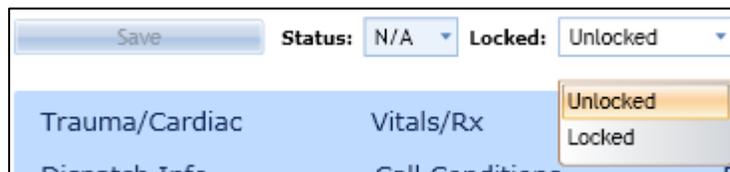
Report Status



Follow your service's policies to select an appropriate status.

Locked Status

Locked Does not allow editing.
Unlocked Allows Editing.



After 24 hours your run will automatically lock and activate the audit tracking feature which will record any changes made to the report down to the keystroke.

Toolbar Options

NOTE: NOT ALL TOOLBAR OPTIONS DESCRIBED WILL BE AVAILABLE TO YOU BASED ON YOUR PERMISSIONS LEVEL WITHIN TEMSIS, IF YOU NEED TO USE ONE OF THESE FUNCTIONS AND CANNOT, SEE YOUR SERVICE'S ADMINISTRATOR FOR ASSISTANCE.



Search

The Search option will bring you back to your service's run history where you can choose a different incident.

Actions



Add Patient

The Add Patient option allows you to add an additional patient to this incident as described on page 27.

Add QA/QI Notes

The Add QA/QI Notes function allows your service's Quality Assurance/Quality Improvement section to add notes that can be e-mailed to selected staff members.

Add Addendums*

The screenshot shows a web form titled "Add Run Form Addendum". The form has a blue header bar with the title. Below the header, there are three input fields: "Date:", "User:", and "* Description:". The "Date:" and "User:" fields are small text boxes, while the "Description:" field is a larger text area. Below the description field is a "File:" label followed by a text box and a "Browse..." button. At the bottom of the form are two buttons: "Submit" and "Close". Below the buttons, there is a red asterisk followed by the text "= required".

The Add Addendums function allows you to go back to an old run form that you have realized that you left something out on and attach an addendum.

To upload an addendum:

- 1) Click "Actions"
- 2) Select "Add Addendums" from the drop down menu
- 3) Check to see if your addendum has already been added by someone else
- 4) Click "Add Addendum"
- 5) Write a brief description of the contents of the addendum
- 6) Click "Browse" to find your addendum that you saved on your computer
- 7) Select the file on your computer you would like to add as an addendum and click "Open."
- 8) Click "Submit" to save your addendum to your incident report

**Note: Addendums do not automatically print when the run form is printed. NH Bureau of EMS recommends that providers and services make changes to their records in a different manner:*

1. *Insure audit tracking is "on" for this record.*
2. *Make changes so the run form reads correctly. Any clinical changes should be entered by the primary provider.*
3. *All changes will be reflected on the printouts.*
4. *The history will reflect all changes to the keystroke.*

Add Attachments

Nearly any type of file or document may be attached including signature forms, ECG Strips, photos, recordings, ect.

To add an attachment to your incident report:

- 1) Click "Actions"
- 2) Click "Add Attachments"
- 3) Click "Add Attachments" note this window displays all currently uploaded attachments
- 4) Click "Browse"
- 5) Select the file you would like to upload and click "Open"
- 6) Click "Submit" to save your attachment to your incident.
- 7) Select "Close" to return to your report when you are finished adding attachments.



Switch Templates

This function is not relevant when using the Smart Incident Report/ EMS Incident Report

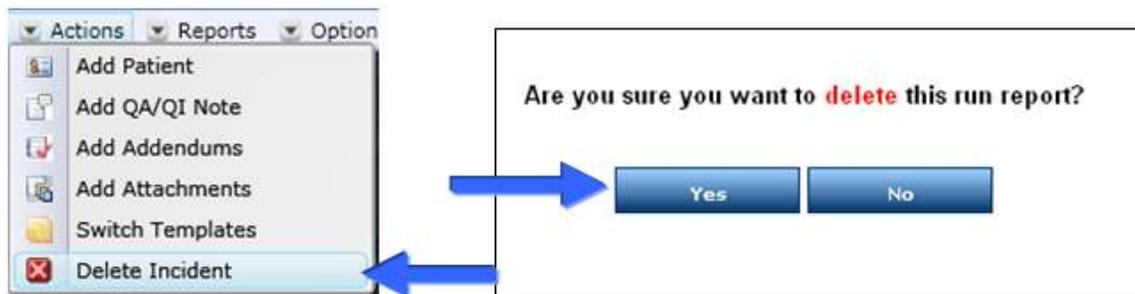
Smart Incident Report 3.1

Delete Incident

➤➤➤**NOTE: ONLY SERVICE ADMINISTRATORS CAN DELETE INCIDENT REPORTS**◀◀◀

To Delete an Incident:

- 1) Click "Actions"
- 2) Click "Delete Incident"
- 3) Click "Yes" to delete or "No" to cancel



Reports

1. Patient Care Report

This option will generate a printable Patient Care Report in a .PDF format, it only will print the fields where you entered data.

2. Drop-off Form

This is an abbreviated version of the Patient Care Report It is meant to generate a short, to the point, printable hand off report that can be given to the health care professionals at the facility you have transported your patient to. If you use this report you will still need to submit a full Patient Care Report once it is complete.

Comprehensive_ Report

This is an all encompassing report that shows all fields from within the report whether you entered anything into it or not. This report is useful for QA and providers to get documents reviewed.

Patient Care Report (no pt info)

This Patient Care Report has had identifying information about your patient removed from the report so the report may be used for QA/QI or other training activities within your service.

★★IF IDENTIFYING INFORMATION WAS ENTERED INTO THE NARRATIVE IT WILL NOT BE AUTOMATICALLY REMOVED FROM THIS REPORT AND YOU MUST CONCEAL IT YOURSELF★★

Quick Billing QA Report

This Report pulls specific information from the report to be verified prior to the report being billed and is only intended for use by service administrators for review purposes.

Options

Expand All Panels- This option will expand all of the panels in the incident report.

QA/QI Notes

Clicking on this will display any QA/QI Notes that have been added to this incident

Addendums

Clicking on this will display any Addendums that have been added to this incident

Attachments

Clicking on this will display all links to any attachments that have been added to this incident

History

Clicking this button will display when editing has taken place on an incident report as well as who accessed it.

About

This will display what bridge version from Image Trend you are currently using.

TEMSIS Accounts

TEMSIS accounts can only be created by The Bureau of EMS, types of accounts are as follows:

-  **Service Provider Accounts** These accounts are automatically generated when an EMS provider is licensed with a service, if you have a provider who is not showing up as a part of your service, it is because they are not legally a part of your service and need to be licensed. Once an EMS Provider is licensed they will appear within TEMSIS and be able to add runs for the service(s) that they are licensed with. If a provider needs to be added to your service contact the NH Bureau of EMS – Licensing at 603-223-4200 or emslicensing@dos.nh.gov.
-  **Service Administrator Accounts** These accounts are created for service administrator and give them access to perform service level administrator tasks including managing vehicles and viewing and deleting run reports. Service Administrator accounts may be created by another service administrator updating an existing account's permissions or by contacting the Bureau of EMS through the Help Desk as described below.
-  **Billing** Billing accounts can only be created by The Bureau of EMS, these accounts allow billing personnel to access your service's TEMSIS account and extract needed data to bill for the ambulance services that have been provided. If your service needs to add billing personnel contact the Bureau of EMS for assistance.

Help Desk

The Bureau of EMS is using an on-line help desk ticketing system to help provide support for our New Hampshire EMS Providers, when you enter a Help Desk ticket it is directed to our in house support staff.



NHODLE
Ticket Tracking

HELP DESK TICKET SYSTEM

[Home](#) [New Ticket](#) [Ticket Status](#)

Welcome to the Help Desk

In order to streamline support requests and better serve you, we utilize a help desk ticket system. Every support request is assigned a unique ticket number which you can use to track the progress and responses online. For your reference we provide complete archives and history of all your support requests. A valid email address is required.

 **Open A New Ticket**
Please provide as much detail as possible so we can best assist you. To update a previously submitted ticket, please use the form to the right.

 **Check Ticket Status**
We provide archives and history of all your support requests complete with responses.

Email:

Ticket#:

Accessing the Help Desk

The Bureau of EMS Help Desk is located at:

<http://nhoodle.nh.gov/osticket/upload/>

You will also find links to the Help Desk located on the TEMSIS Log-in page at

www.nhtemsis.org

LOGGING INTO TEMSIS

TEMSIS Accounts:

Active TEMSIS accounts require:

1. An Active NH EMS Provider License; AND
2. Service affiliations in the State EMS licensing database.

RESETTING PASSWORDS:

Contact your Service's TEMSIS Administrator FIRST to have them reset your password. If you have more than one service affiliation your password can only be changed by your PRIMARY service's TEMSIS administrator. Your primary service is at the top of the list when you are choosing which service you need to document under.

NEW TEMSIS ACCOUNTS or service affiliations must be requested in writing by your service administrator through the State EMS licensing office at ems.licensing@des.nh.gov

A TEMSIS account or affiliation will be automatically created within 72 hours of a successful license application.

SYSTEM LOGIN

Username:

Password:

Submit

[CLICK HERE IF YOU FORGOT YOUR PASSWORD](#)

This function will email you your password. This only works if YOU have entered a valid e-mail address for yourself under the "staff" tab on the left side once you have signed in!

QUICK LINKS

NHOODLE
www.nhoodle.nh.gov

ePROEX
ELECTRONIC PROTOCOL EXAM
www.nhoodle.nh.gov/eproex

Help Desk

Help Desk

Also your homepage within TEMSIS has a link to the Help Desk for your convenience.

New Hampshire TEMSIS

[* Click here for recent updates](#)

TEMSIS Questions or Need TEMSIS Support? :

If you have questions or are having any issues with the system, please create a ticket at our [HELP DESK support site](#).

Notice: Please Enter or Update Your Email Address in TEMSIS

We are encouraging everyone to check their email address on file in the TEMSIS system. You must do this yourself-it does not automatically populate from the information you entered on your EMS license application.

This will allow you to send yourself an email if you forget your password. We will also soon start using a notification system based in the TEMSIS system that will allow us to send out email notices to anyone with an email address in the system. This will include notices about scheduled downtime, important changes to the system and emergency notices. We will not be sending any advertisements or other emails that could be considered "spam" by this method, this is only for TEMSIS related business.

Quick Links:

- [NHOODLE](#)
- [eProEx \(Protocol Exam\)](#)
- [2011 NH EMS Protocols for BEMS Website](#)
- [TEMSIS Help Desk](#)

Reports:

- [Call Summary Report](#)
- [Procedure Competency](#)
- [Amb. Run Data Report](#)
- [QA/QI Report](#)
- [Call Times Report](#)
- [Runs Per Month Report](#)

Image Trend Support:

Help Desk

Help Desk

TEMSIS Help Desk

Uploading a ticket

To upload a Help Desk Ticket follow a link or go to: <http://nhoodle.nh.gov/osticket/upload/> Once at the Help Desk home page select “**Open New Ticket**” this link will bring to a ticketing form where you will need to provide contact information and as much information about your problem as possible.

Please fill in the form below to open a new ticket.

Full Name: *

Email Address: *

Telephone: Ext

Help Topic: *

Subject: *

Message:
HI,
I am trying to _____ and its _____
when I _____. My state providers number is
99999, I am from the Best Fire-Rescue Department. I am
using a PC computer and (Google Chrome, Internet
Explorer, Mozilla Firefox, ect.) as my web browser.
Additional details that may be helpful.....
Thank You,

Priority:



When Uploading a Help Desk Ticket be sure to include the following:

- Your Name
- Contact Information
- Primary Service
- Service you are working under when the issue occurs
- State Five Digit License Number
- Computer Type you are using when the issue happened
- Type to internet Browser you were using when the issue occurred.
- As much detail about your problem as possible

The more information you provide when initiating the Help Desk Ticket the quicker we will be able to diagnose the problem and work to resolve it.

Once you have uploaded your Help Desk ticket it will be logged in our ticketing system and we will contact you through the ticketing system to work through the problem, you will be provided a ticket

number when you upload the ticket, be sure to save it so you can return to our help desk and check on the status of the ticket in the event you have not heard a response. Additionally, once you have created a ticket you can log back into it and upload screen shots and other relevant attachments.

NOTE: The Bureau of EMS Help Desk is only actively staffed during normal business hours, if you enter a ticket on nights or weekends you may not hear a response until the next business day. However, the help desk tickets are generally monitored on nights and weekends. If a critical system problem occurs, such as the TEMSIS server being down, BEMS staff monitoring the tickets will intervene with Image Trend as soon as possible. Routine requests, such as password problems will generally be handled the following business day when staff have full access to the state network.

APPENDIX

Alcohol/Drug Use

Patient Denies Alcohol/Drug Use The patient tells you they have not consumed any alcohol and have not used any drugs for recreational purposes

No Apparent Alcohol/Drug Use While assessing your patient you did not observe any indicators of alcohol or recreational drug use

Alcohol and/or Drug Paraphernalia at Scene While on scene you observed the presence of Alcohol and/or Drugs or drug related items.

Patient Admits to Alcohol Use When speaking to the patient they tell you they have been consuming alcohol

Patient Admits to Drug Use When speaking to the patient they tell you they have been using recreational drugs

Smell of Alcoholic Beverage on Breath/About Person While assessing the patient you smell an odor of alcohol on the patient's breath and/ or just a general smell of alcohol around the patient

Not Applicable This field exists for incidents where there is no patient and should not be selected in other circumstances

Not Recorded This field exists mainly for imported data that does not supply an appropriate choice for this menu

Complications: That Occurred as a Result of a Medication or Procedure given by EMS

M=Medication P=Procedure M/P=Medication or Procedure

M/P Altered Mental Status A level of consciousness other than alert and oriented

M/P Apnea Breathing stops

M/P Bleeding A loss of blood from the vasculature, bleeding resulting from the procedure or medication

M/P Bradycardia A slow heart rate below 60 beats per minute

M/P Diarrhea A loose watery stool

P Esophageal Intubation-Immediately Detected Either while or immediately after intubating a patient you realize the tube was placed in the esophagus

P Esophageal Intubation-Other After intubating a patient you realize the tube was placed in the esophagus

M/P Extravasation The accidental administration of IV drugs or fluids to the extravascular space.

M/P Hypertension An elevated blood pressure, typically in excess of 140mmhg systolic

M/P Hyperthermia An elevated core temperature of the body

M/P Hypotension A low blood pressure typically below 100mmhg systolic

M/P Hypoxia A condition in which part or all of the body has become deprived of oxygen

M/P Injury Harm or damage that has been inflicted to the patient regardless of the mechanism

- M/P Itching/Urticaria** Itching- An irritating sensation that causes the desire to itch. Urticaria- Many round, red welts on the skin that itch intensely
- M/P Nausea** An uneasy feeling in the stomach characterized by the urge to vomit
- M/P None** No complications experienced
- M/P Other** A complication that does not meet any of the other listed categories
- M/P Respiratory Distress** Labored breathing or shortness of breath
- M/P Tachycardia** A heart rate greater than 100 beats per minute
- M/P Vomiting** When the body ejects its stomach contents through the mouth
- P Patient Resisted Intubation** When you attempted to intubate, the patient exhibited behavior that made intubation difficult or prevented it all together
- P Oral or Pharyngeal Trauma** An injury to the mouth or pharynx that either prevented placing an airway, made it difficult to place, or was caused by the placement.
- P Anatomical Abnormality** A portion of a person's body that has developed in a way that is not normal and prevents success of a procedure.
- P Foreign Body in Airway** An object that is not a part of the human body that is found in the patient's airway
- P Vomitus/ Blood/ Secretions in airway** Bodily fluids found in the airway that can create an obstruction
- M/P Not Applicable** A default value when no response has been selected in this menu
- M/P Not Known** A complication was encountered but you could not determine what it was and none of the other options in this menu fit.

Crew Role

- Fire Company** A crew member that has arrived with a Fire Department response and is not crewing the ambulance.
- First Responder** A crew member that has responded in a non-transporting role as a rescue squad member to provide assistance but does not transport.
- Pilot** A crewmember responsible for the operation for a fixed or rotary wing aircraft.
- Ride Along** Personnel on your crew that are not normally associated with service and are there for observation or education reasons.
- Driver** The crew member who drives the ambulance. This person may have also provided patient care. There needs to be a driver for every response where the role of the unit was "transport."
- Other** A crew role that does not fit any of the other roles
- Primary Patient Caregiver** The primary attendant that is, or would be responsible for treatment of the patient from the time patient contact is initiated until patient hand-off to another healthcare provider is complete or a refusal of care has been completed.
- Secondary Patient Caregiver** An EMS caregiver that provides direct patient care, with the duties and responsibilities that support the Primary Patient Caregiver and is not the driver.
- Third Patient Caregiver** An EMS caregiver that provides direct patient care, with the duties and responsibilities that support the Primary Patient Caregiver and is not the driver.

Dispatch Reason

(This is not the necessarily the patients chief complaint or most severe illness/injury, but the reason given by dispatch for EMS request)

Abdominal Pain Pain/Discomfort in the patients abdomen.

Altered Mental Status Mental Status other than normal.

Anaphylactic Reaction A severe adverse reaction to an allergen.

Animal Bite Trauma caused by an animal bite.

Assault Injuries inflicted by another individual.

Assault – Sexual Assault that is of a sexual nature.

Auto vs. Pedestrian Person struck by any type of motorized vehicle.

Back Pain (Non-Traumatic/Non-Recent Trauma) Back Pain caused by either an old injury or a medical condition. *(No mechanism of injury present)*

Breathing Problem Any type of breathing complication, including: asthma, COPD, shortness of breath, respiratory distress, ect.

Burns Any burns, whether chemical, thermal.

Cardiac Arrest Patient appeared to be in cardiac arrest.

Chest Pain Any discomfort in the patients chest (does not have to be cardiac related).

Choking Any apparent airway obstruction.

CO Poisoning/Hazmat Possible CO (Carbon Monoxide) or other Hazardous Materials creating a potentially hazardous environment.

Diabetic Problem Know or suspected Hypoglycemia or Hyperglycemia.

Drowning Asphyxiation caused by the patient being submerged in a liquid.

Electrocution Patient came in contact with an electrical current.

Eye Problem / Injury Any medical or traumatic issues relating to the eye.

Fall Victim Primary observed mechanism of injury was due to falling.

Fire Standby Dispatched to provide medical standby at a fire incident with initially no reported patients at the time of dispatch.

HAZMAT Standby Dispatched to standby at a Hazardous Materials incident with initially no reported patients at the time of dispatch.

Headache Pain that is originating from the head, including migraines.

Heart Problems Known/suspected cardiac problems that due not fall under chest pain such as tachycardia or other rhythm disturbance.

Hemorrhage/Laceration Bleeding.

Heat/Cold Exposure Injury caused by exposure to the elements such as frostbite, chilblains, hypo/hyperthermia, heat exhaustion, heat stroke, ect.

Industrial Accident/Inaccessible Incident/Other Entrapments (Non-Vehicle) Injuries involving industrial equipment, or technical rescue including confined space, extrication, structural collapse, farm equipment, ect.

Ingestion/Poisoning Ingestion/absorption of a harmful substance (see Overdose if applicable)

Transfer/Inter-facility/Medical Transport The transfer of a patient from one health care facility to another

Invalid Assist/Lifting Assist A request for patient assist, regardless of outcome.

Machine/Equipment Injury Mechanism of injury involving machinery or equipment, NOT involving extrication

MCI (Mass Casualty Incident) An Incident with a greater number of patients than can be handled by the initial responding resources

Medical Alarm Dispatched due to the activation of a medical alert system such as lifeline

MVC/Traffic/Transportation Accident An incident with possible injury caused by a crash involving a powered vehicle including cars, trains, and planes

Not Recorded The dispatch reason was not recorded and cannot be recalled through any means

Other Any dispatch reason that cannot fit under a more suitable category

Overdose Accidental or intentional intake of a drug greater than recommended

Pain Generalized pain that would not fit in another category such as “Back Pain (Non-Traumatic/Non-Recent Trauma)”

Pregnancy/Childbirth Any call for help involving a pregnancy including complications related to a pregnancy to childbirth

Psychiatric Problems Behavioral issues including suicidal ideations or attempts, depression or other behaviors that are abnormal and of a medical nature

Respiratory Arrest Breathing has stopped

Seizure/Convulsions Irregular movements of the body that are uncontrollable

Sick Person Undefined sickness

Stab/Gun Shot Wound Trauma caused by the impalement of an object used as a weapon or being shot

Standby Your unit has been assigned to be made available for possible patients for a non Fire/Haz-Mat related event such as a police matter or scheduled sporting event

Stroke/CVA Patient presents symptoms suggesting a possible stroke including facial droop, arm drift, slurred speech

Traumatic Injury Any trauma that does not best fit another more appropriate category

Unconscious/Fainting A patient reported to have lost consciousness or suffered from a syncopal episode

Unknown Problem/Man Down Patient was reported to require medical assistance of an unknown nature, caller was not aware of what type of medical emergency may have occurred, ie: a caller reported someone slumped over the steering wheel.

EMD Designation

<u>Designation</u>	<u>Life Threat</u>
Alpha	Generally Non Life Threatening
Bravo	Possibly Life Threatening
Charlie	Life Threatening
Delta	Serious Life Threatening
Echo	Life Status Questionable
Omega	Public Assist and Transfers

Follow your local protocols when using EMD Designations, for more on the use of EMD Designations See:

“EMS Best Practices a Guide for NH EMS Unit Leaders and Providers”

<http://www.nh.gov/safety/divisions/fstems/ems/boards/documents/FINALBestPractices2008.pdf>

“Determinant Codes Versus Response Understanding How it is done”

<http://www.prioritydispatch.net/uk/documents/DeterminantCodesvsResponse.pdf>

Location Type

Home/Residence A single or Multi-Family dwelling, including the surrounding property other than water bodies that may be within the property

Lake, River, Ocean The location of your patient was in/on a water body.

Trade or Service (business, bars, restaurants, ect.) A place of business that provides a service or product(s) such as a retail outlet.

Street or Highway the incident took place on a public or private way

Mine or Quarry a location in which its primary function is to remove any type of mineral deposit from the ground for later refinement or use.

Airport A tract of land or water used for landing, takeoff, shelter, supply, and repair of aircraft.

Place of Recreation or Sport A location used for pleasure activities such as pools, parks, gyms, tracks, ball fields, public forests, ski slopes, ect.

Farm a parcel of land or water used for raising crops or livestock.

Public Building (schools, government, offices) A place that the general public routinely has access to, whether publicly or privately owned.

Not Known A location type that cannot be determined because the crew could not observe the location.

Health Care Facility (clinic, hospital, nursing home) a location routinely used to provide medical care.

Residential Institution (assisted living, jail/prison) A facility other than health care in which maintains routine population that live in the facility on a permanent or semi-permanent basis.

Other Location A location that does not fit any other option

Industrial Place and Premises A place in which its primary function is manufacturing or processing of goods or a business that does not fit another category.

Not Recorded the provider failed to record the location type.

Medical History Options

Amputee	Hepatic-Hepatitis Other
Asthma	Hepatic- Liver Failure
Cancer	Hepatic-Other Hepatic Condition
Cancer-Bone	HIV/AIDS
Cancer-Breast	Hypertension
Cancer-Colon	Hypotension
Cancer-Kidney	IV Drug Use/Abuse
Cancer-Liver	Migraine Headaches
Cancer-Lung	Neurological-Cerebral Palsy
Cancer-Other Cancer Condition	Neurological-Fibromyalgia
Cancer-Ovarian. Uterine	Neurological-Multiple Sclerosis
Cardiac	Neurological-Other Neurological Condition
Cardiac-Angioplasty	Neurological- Paraplegia
Cardiac-Congestive Heart Failure	Neurological-Past Traumatic Brain Injury
Cardiac-Coronary Artery Disease	Neurological-Quadriplegia
Cardiac-Dysrhythmia/Arrhythmia	Not Applicable
Cardiac-Heart Transplant	Osteoporosis
Cardiac-Myocardial Infraction	Other
Cardiac-Other Cardiac Conditions	Parent/Guardian Denies PMH
Cardiac-Pacemaker	Premature Birth
Cardiac-Stent	Psychiatric/Behavioral Problems
Chronic Renal Failure/ Dialysis	Psychiatric/Behavioral-Anxiety Disorder (Panic Attacks)
Chronic Respiratory (COPD)	Psychiatric/Behavioral-Attention Deficit Disorder
Chronic Respiratory-Bronchitis	Psychiatric/Behavioral-Depression
Chronic Respiratory-Emphysema	Psychiatric/Behavioral-Manic/Depressive (Bi-Polar)
Developmental Delay/Mental Retardation	Psychiatric/Behavioral-Obsessive/ Compulsive Disorder OCD
Diabetes	Psychiatric/Behavioral- Other Condition
Endocrine-Hyperthyroidism	Psychiatric/Behavioral-Schizophrenia
Endocrine-Hypothyroidism	Seizure Disorder
Endocrine-Other Endocrine Condition	Stroke/CVA
GI/GUI-Diverticulitis	Substance Abuse (ETOH/Other)
GI/GUI-Gastric Reflux	TIA (Transient Ischemic Attack)
GI/GUI-Irritable Bowel Syndrome	Tracheotomy
GI/GUI-Ostomy	Tuberculosis
GI/GUI-Pancreatitis	Unable to Obtain PMH
GI/GUI-Ulcers	
GI/GUI-Urinary Tract Infection (UTI)	
Hepatic-Cirrhosis	
Hepatic-Hepatitis A	
Hepatic-Hepatitis B	
Hepatic-Hepatitis C	

Patient Position

Semi-Fowlers A modified supine position that has the head raised approximately 30-45 degrees.

Supine Lying flat on ones back, face up.

Car Seat An infant transported in a car seat appropriately secured in the ambulance as described in the New Hampshire Patient Care Protocols.

Fowlers A sitting position in which the patient's head is reclined slightly typically at an angle of 45-60 degrees.

Lateral Lying on ones side.

Sitting a sitting position is very similar to the fowlers position, but typically allows for the patient's knees to be bent, for instance you are transporting two patients and one is sitting on the bench seat.

Prone Lying flat, face down.

Other a position that is not covered under one of the other listed options.

Not Recorded The provider failed to document the patient's position during transport.

Primary Symptoms

Not Recorded This response exists as a NEMSIS reportable value and should not be selected in your documentation

Not Applicable This option exists in TEMSIS as a default for run reports with no patient contact, if you have patient contact and they have no symptoms select **No Signs or Symptoms**.

Abdominal Pain Pain or discomfort in the patient's abdomen, they area between the chest and pelvis

Back Pain Posterior pain or discomfort

Bleeding The escape of blood from the vascular system

Breathing Problem Breathlessness, respiratory rate outside normal ranges (12-20/min adults, 15-30/min children, and 25-50/min for infants) other respiratory issues

Bright Red Blood in Stool

After a bowl movement there is an observable level of bright red fresh looking blood.

Cardio Respiratory Arrest

Cardiac Arrest- cessation of heartbeat resulting in ineffective circulation.

Respiratory Arrest- absence of breathing or breathing that is inadequate to sustain life.

Change in Responsiveness

Altered mental status.

Chest Pain	Pain or discomfort felt in the chest
Choking	A blockage or obstruction in the airway preventing adequate breathing
Cough	The rapid expulsion of air from the lungs, typically to expel and irritant from the airway
Dark/ Tarry Stool	Patients stool is a very deep brown to black frequently caused by bleeding in the stomach or esophagus
Death	Obvious irreversible death, if you worked the patient CARDIORESPIRATORY ARREST is a more appropriate choice in this menu
Device/ Equipment Problem	It is appropriate to select this option for incidents where devices implanted or attached to your patient have malfunctioned and your patient has no other reported or observable symptoms such as an Automatic Implantable Cardioverter-defibrillator (AICD) firing uncontrollable or a trach problem.
Diarrhea	A loose watery stool
Dizziness	A generalized feeling of light headed typically associated with poor balance.
Drainage/ Discharge	A sign or symptom associated with bodily fluids that wouldn't fit the description of bleeding that are slowly draining.
Ear Pain	Pain or discomfort localized to the patient's ear(s)
Eye Pain	Pain or discomfort localized to the patient's eye(s)
Fever	An elevated body temperature.
Headache	Pain localized to the head
Headache w/ Photophobia	Pain localized to the head, with an abnormal tolerance for light, i.e. a patient states, "bright lights make it hurt worse."
Malaise	A generalized feeling of illness, discomfort, or unease
Mass/Lesion	A growth or abnormality of the tissue
Mental/Psych	Behavior that is not accepted as "normal" and may include but is not limited to developmental disorders (such as cerebral palsy), depression, suicidal ideations or attempts, and violent behavior.
Nausea	An uneasy feeling in the stomach characterized by the urge to vomit
No Signs or Symptoms	After making patient contact you find they are OK and do not require medical treatment, for example you responded for a person slumped over the steering wheel and upon arrival find out they were sleeping in their vehicle and the patient denies any symptoms and you do not observe any signs.
Orthostatic Hypotension	A person's blood pressure suddenly drops when standing or stretching, often referred to as a head rush or dizzy spell.
Other	A sign or symptom that does not fit any of the listed categories
Pain	An unpleasant sensation of varying degrees caused by injury, illness, or an emotional disorder.
Palpations	An unpleasant awareness of one's heartbeat, which may feel as if your heart is racing, pounding, or it skipped a beat, in some cases the feeling is related to arrhythmias

Paralysis	A loss of muscle function in one or more muscles, this condition can be temporary or permanent
Rash/ itching	A rash is a change in the skin which affects its color, appearance or texture. Itching is an irritating skin sensation that causes a desire to scratch
Seizure/ Convulsions	Uncontrolled spasms, a condition where the body's muscles rapidly contract and relax causing uncontrolled shaking of the body
Swelling	An enlargement of the tissue
Syncope	Fainting, a loss of consciousness characterized by rapid onset, short duration, and spontaneous recovery
Unresponsive/ Unconscious	Patient does not respond to any form of stimuli whether painful or verbal and is unaware of their surroundings
Vaginal Hemorrhage	A significant and rapid loss of blood from the female's genitalia
Visual impairment or Loss of Vision	A loss of eye sight either complete or partial
Weakness	A condition characterized by a lack of muscle strength, malaise, dizziness, or fatigue, it may be a condition felt globally or locally by the patient
Wound	An injury to the body caused by a type of trauma, typically presenting with a type of cut, puncture or contusion

Provider Impressions

Abdominal Aortic Aneurysm

An abnormal enlargement of the blood vessel (the aorta) that supplies blood to the abdomen, pelvis, and legs.

Abdominal Pain/Problems

Pain or discomfort in the patient's abdomen, the area between the chest and pelvis

Airway Obstruction

A partial or complete blockage of the airway that either completely stops breathing or makes it difficult

Allergic Reaction A form of hypersensitivity of the body's immune system to outside substances

Altered Level of Consciousness

An observed level of consciousness other than the patient's normal baseline of alertness, AKA Altered Mental Status.

Asthma A disorder that causes the patient's airway to constrict creating varying levels of shortness of breath

Back Pain (Non-Traumatic)

Back Pain caused by either an old injury (no mechanism of injury present) or a medical condition

Behavioral/ Psychiatric Disorder

Behavior that is not accepted as “normal” and may include but is not limited to depression, suicidal ideations or attempts, and violent behavior.

Bowel Obstruction A partial or complete obstruction that results in constipation

Cancer An uncontrolled growth of abnormal cells in the body

Cardiac Arrest Cardio-Respiratory Arrest. This should always be a Primary Impression.

Cardiac Rhythm Disturbance

Abnormal cardiac rhythms

Chest Pain/Discomfort

Pain or discomfort in the patient’s chest that is non-traumatic.

CHF (Congestive Heart Failure)

A condition in which the lungs become congested due to progressive heart failure, other symptoms may include pedal edema.

COPD (Emphysema/Chronic Bronchitis)

Long term lung disease that causes shortness of breath:

Emphysema A long term progressive disease that damages the alveoli leading to air trapping.

Chronic Bronchitis A long term inflammation of the bronchi with a persistent mucus producing cough

Dehydration An excessive loss of bodily fluids.

Diabetic Hyperglycemia

High blood sugar, New Hampshire Patient Care Protocols defines this as a blood sugar greater than 300mg/dl with associated altered mental status. This includes diabetic keto-acidosis and hyperglycemia, and ketotic syndrome.

Diabetic Symptoms (Hypoglycemia)

Signs and Symptoms associated with low blood sugar including but not limited to shaking or trembling, weakness, unclear thinking, fainting, coma, seizures. New Hampshire Patient Care Protocols define Hypoglycemia as blood sugar less than 80mg/dl with associated altered mental status

Electrocution The passage of an electrical current through the body

Diarrhea A loose watery stool

ETOH Abuse An excessive consumption of alcohol

Fever An elevated body temperature, per NH 2011 Patient Care Protocols a temperature above 101.5 in adults and pediatric patients constitutes a fever

Epistaxis (Non-Traumatic)

A nose bleed with no mechanism of injury present

G.I. Bleed Any bleeding (upper or lower) that has started in the Gastrointestinal Tract

General Malaise An overall feeling of weakness, discomfort, or illness

Headache Pain localized to the head (also see Migraine).

Heat Exhaustion/Stroke

Signs and Symptoms including weakness, fainting, and altered mental status associated with an elevated body temperature

Hypertension Elevated blood pressure typically above 140/80

Hyperthermia An elevated body temperature

Hypotension A low blood pressure, frequently accompanied with syncope

Hypothermia	A low body temperature, typically below 95°F
Hypovolemia/Shock	Low fluid volume/Signs of shock (increased heart and respiratory rates, poor perfusion ect.)
Inhalation Injury (Toxic Gas)	Injuries caused by breathing in poisonous gases
Nausea/Vomiting (Unknown Etiology)	An uneasy feeling in the stomach characterized by the urge to vomit/ an actual expulsion of substance from the stomach through the mouth with an unknown cause
No Apparent Illness/Injury	While assessing your patient you cannot determine any illness or injury
OB/Delivery	Patient is pregnant, in labor, or just gave birth
Migraine	A severe headache frequently associated with nausea, vomiting, or light sensitivity
Obvious Death	Obvious death according to New Hampshire Patient Care Protocols, no resuscitation attempted.
Other	Reserved for when no other category fits, this should be avoided if possible.
Other Abdominal/ GI Problem	Illness or Injuries associated with the patient's abdomen or gastrointestinal tract that does not fit any other categories in this section
Other Cardiovascular Problem	Illness or Injuries associated with the patient's cardiovascular system that does not fit any other categories in this section
Other CNS Problem	Illness or Injuries associated with the patient's Central Nervous System that does not fit any other categories in this section
Other Endocrine/Metabolic Problem	An issue with the body's ability to regulate itself through the secretion of hormones or its ability to properly break down nutrients to maintain proper cell function
Other GU Problems	Illness or injuries associated with the body's reproductive organs or urinary system that do not fit any other category
Other Illness/Injury	Poor health or damage to the body caused by trauma, which does not fit any other category listed
Other OB/Gyn	Other problems associated with a female patient's pregnancy or reproductive system
Pain	An unpleasant sensation of varying degrees caused by injury, illness, or an emotional disorder.
Poisoning/Drug Ingestion	Illness/injury caused by the introduction of harmful substances to body
Pregnancy/ OB Delivery	Patient is pregnant, in labor, or just gave birth

Respiratory Arrest Breathing that is insufficient to maintain life, and if uncorrected will lead to cardiac arrest

Respiratory Distress

Labored breathing, respiratory rate outside normal limits, poor skin color, ect.

Seizure Uncontrolled spasms, a condition where the body's muscle rapidly contract and relax causing uncontrolled shaking of the body

Sepsis A severe illness where the bloodstream is overwhelmed by bacteria

Sexual Assault/Rape

An attack that is sexual in nature

Smoke Inhalation Inhalation of products of combustion including but not limited to CO

Stings/Venomous Bites

The patient has had venom injected into them by either a sting or bite

Stroke/CVA Patient presents symptoms suggesting a possible stroke including facial droop, arm drift, slurred speech

Syncope/Fainting A loss of consciousness that has rapid onset and is short in duration

Toxic Exposure The patient has been exposed to a substance that is capable of causing injury or death

Substance/Drug Abuse

The use of drugs or other substances for recreational purposes with the intent of altering what the mind perceives

Traumatic Injury Damage to the body caused by an outside force, trauma of any severity falls under this impression.

Unconscious A mental state in which the patient is not alert to their surroundings or stimuli

TIA (Transient Ischemic Attack)

A temporary blockage of blood flow to a part of the brain, which causes stroke like symptoms and clears on its own.

Unknown Problem It is apparent that something is wrong with the patient, but you cannot form a specific impression.

Vaginal Hemorrhage

A significant and rapid loss of blood from the vagina.

Weakness A condition characterized by a lack of muscle strength, malaise, dizziness, or fatigue, it may be a condition felt globally or locally by the patient

Not Applicable This selection is an appropriate selection as a secondary impression when you cannot detect a second problem with your patient. It also exists as a default value when you have not had patient contact.

Treatment and Transport Disposition

Treated at BLS, Transported by EMS Patient is transported and NO ALS procedures are performed on the patient. This includes all calls in which ALS personnel responded and assessed the patient, but they were only treated at the BLS level. *NON-TRANSPORTING SERVICES SHOULD NOT USE THIS.*

Treated at ALS, Transported by EMS Patient is transported and even ONE ALS procedure is performed on the patient. *NON-TRANSPORTING SERVICES SHOULD NOT USE THIS.*

Treated, Transferred Care to other EMS You are a non-transporting service and you initiate patient care, then when the transporting ambulance arrives you transfer care to the ambulance crew. *A transporting service should only choose this IF they transfer care without transporting the patient at all, for instance if patient care is transferred to air medical transport and the landing zone is ON SCENE, this would be appropriate, otherwise your service treated and transported with a destination of a Landing Zone.*

Refused Treatment and Transport Your patient has refused treatment and transport.

Refused Treatment, Transported by EMS A patient requests transport to the hospital, but refuses most or all treatment offered by EMS. *NON-TRANSPORTING SERVICES SHOULD NOT USE THIS.*

Dead at Scene (Including Terminated Efforts) Patient is obviously deceased or resuscitation efforts where terminated.

Cancelled Your response was cancelled.

Cancelled- Assigned to other Unit Your response was cancelled and another closer unit was assigned the call and responds.

No patient Found You responded but no patient could be found when you arrived.

Standby only- No Patient Contacts You stood by at an incident such as a building fire but had no patients.

No Treatments Required Use when there is no cause for an assessment of illness or injury and a refusal of care is not appropriate. Examples include be you responded on a good intent call for a person slumped over in there car but when you arrive you find they are just sleeping, or a simple lift assist with no indications of possible illness or injury. This option should not be used if the patient was transported, but required no treatment (use one of the transport options).

Type of Call

911 Response (Scene/Walk-in/Fire/PD Standby) Most emergency responses will meet this criteria as long as it is not an Intercept, Mutual Aid, Standby at a scheduled event, inter-facility transfers and other medical transports.

Intercept This option will best fit if you have an intercept with another service to provide ALS or Paramedic and transport in the other services unit.

Mutual Aid This option best fits when you have responded outside of your primary coverage area and your response is other than an Intercept.

Medical Transport (Other than Hospital) Medical Transports that do not fit any of the other criteria, this includes: dialysis runs, doctors office visits, x-ray appointments, ect.

Inter-facility/Hospital Transfer (Scheduled) Transfer from ones Hospital/Health Care Facility to another Hospital/Health Care Facility that is usually planned and not an Emergency.

Inter-facility/Hospital Transfer (Emergent) Un-Scheduled Hospital/Health Care Facility to another Hospital/Health Care Facility that is not planned and is an Emergency.

Standby (Scheduled Event) This option fits best when you go out to a scheduled event such as a sporting event and standby to provide EMS if needed.

Response Modes

Not Recorded Failure to record an answer, this option should not be used.

Lights and Sirens Lights and Sirens were used during the entire response from your time responding until your arrival on scene. If you only used lights and did not activate your sirens your response mode would still fall in this category.

No Lights and Sirens Lights and Sirens were not used at any point in your response to the scene.

Initial Lights and Sirens, Downgraded to No Lights and Sirens When you initially responded to your incident you used lights and sirens and as your response continued you were able to down grade to no lights or sirens for any reason.

Initial NO Lights and Sirens, Upgraded to Lights and Sirens When you initially responded to your incident you used no lights or sirens and as your response continued you were determined a need to upgrade to lights and sirens for any reason.

Units of Measure used in TEMSIS

GMS	Grams
gtts (drops)	1 gtts= 1 drop with an approximate volume of .05ml
Inches	A measurement of length 1inch=2.54centimeters
IU (International Units)	A measurement of the potency of biological material normally used with vaccines, enzymes, and hormones.
KVO (TKO)	KVO=Keep Vein Open, TKO=To Keep Open, it is a slow drip rate with just enough fluid running to keep the end of a catheter from clotting.
L/MIN (Fluid Administration)	The rate of a <i>fluid</i> being administered, pronounced Liter per Minute
Liters	A measure of volume, 1000 milliliters= 1 liter.
LPM (Gas Administration)	The rate of flow of a <i>gas</i> being administered, pronounced Liters per Minute
MCG	1 microgram = .001milligrams
MCG/KG/MIN	A rate of administration that is a function of micrograms per patient weight in kilograms per minute.
MEQ	Milliequivalents
MG	Milligram 1/1000 of a gram
MG/KG/MIN	A rate of administration that is a function of milligrams per patient weight in kilograms per minute.

MG/MIN	A rate of administration that is a function of milligrams per minute. Number of Milligrams per unit time in Minutes
Minutes	A measure of time 1/60 th of an hour
ML	Milliliter a measure of volume 1mL=.001L
ML/HR	Milliliter per Hour
Not Applicable	A default value in TEMSIS if there is no medication
Not Available	A default value in TEMSIS
Not Known	This value should not be used for medications administered by EMS, but would be appropriate if you could not determine the unit of measure of a patient's medication, for instance; a label is worn off the bottle of medications.
Other	This response exists for instances where a patient has discarded the original container their medication came in and all they can't tell you the specific dosage, for example "I take one pill per day."
Puffs	The number of inhalations or "Puffs" of a device such as a metered-dose inhaler.
Units/HR	The number of international units given over 1 hour as a rate of administration.

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