

COVID-19 emsCharts Documentation

Please print and post conspicuously in your charting areas.

Page 1. Referring: Please make sure to include the name of the Referring Location (if applicable). This will allow for bio surveillance through reporting and assess for clusters of flu like symptoms.

678

Referring

Type: Hosp EMS Other

Other Type: Business

Location: ABC Office Corporation
44 Celebration Drive
2-100
Rochester, NY 14642
United States

County: Monroe

Requester: ECD

Scene Grid:

Page 1. Patient Category:

Symptomatic Patients: Select the appropriate Patient Category from the drop down menu such as Sick Person or Respiratory.

Asymptomatic Patients: select "Facility Algorithm for COVID Used" as the patient category. This will allow your agency to complete a prompt review of algorithm uses.

TEST Chart

Patient Record ID: 61508203 Incident Number: COVID-19 Demo CAD: 20-12

General

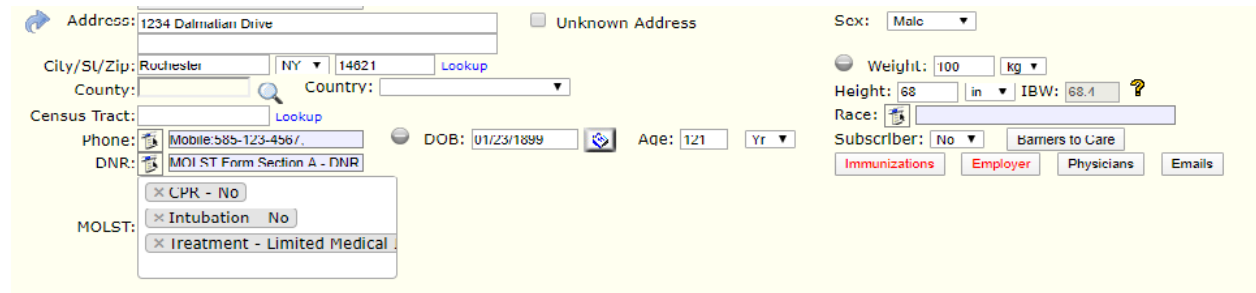
Base: Main Station
Unit: BLS Unit 02 First Responder
Dispatch Priority: Priority 4
EMD: Yes, Pre-Arrival Instr. 36A3
Type of Svc.: Scene Unsched
Pt Category: Facility Algorithm for COVID Used
Dispatched As: 36 Pandemic/Epidemic/Outbreak
Disposition: Patient Treated/Evaluated and/or Refused Evaluation/Transport
Amb. Transport Code: Initial Trip
Mass Casualty: No
Vehc. Grid: Quarters

Crew Members

D	Cushman, Jeremy	AEMT-P
P	Sensenbach, Benjamin	AEMT-P
S	Cassin, James	EMT-B

Other:

Patient Page. Obtain and complete all available patient demographics. Documenting the patient's phone number will facilitate contact with the Department of Health when applicable.



Address: 1234 Dalmatian Drive Unknown Address Sex: Male

City/State/Zip: Rochester NY 14621 Lookup

County: Country: Weight: 100 kg

Census Tract: Lookup Height: 68 in IBW: 68.1

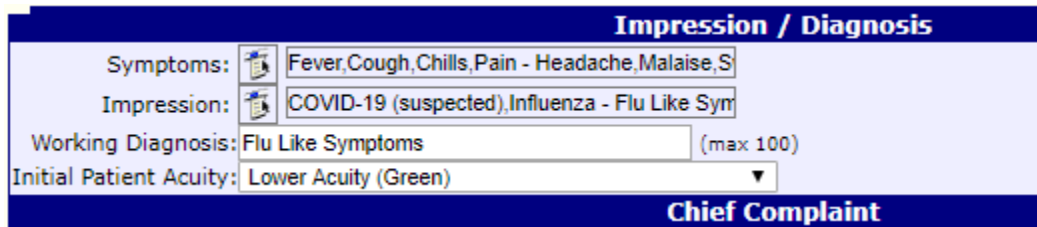
Phone: Mobile: 585-123-4567 DOB: 01/23/1899 Age: 121 Yr Race: Subscriber: No Barriers to Care

DNR: MOI ST Form Section A - DNR Immunizations Employer Physicians Emails

MOLST: CPR - No Intubation No Treatment - Limited Medical

Page 2. Symptoms: Document all appropriate flu like symptoms utilizing the symptoms interactive menu.

Page 2. Impression: Select the impression box and Select COVID-19 (suspected) as your Primary Impression. You may then also select an appropriate secondary impression if applicable.



Impression / Diagnosis

Symptoms: Fever, Cough, Chills, Pain - Headache, Malaise, S

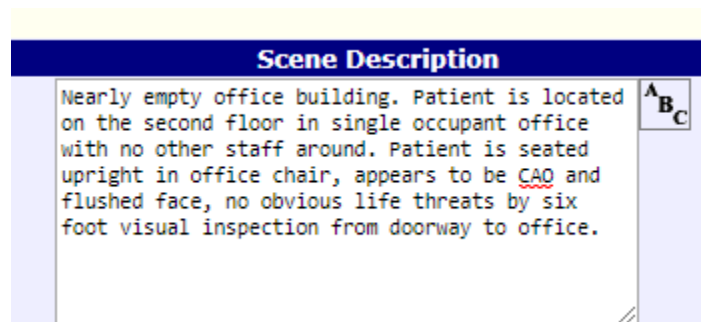
Impression: COVID-19 (suspected), Influenza - Flu Like Sym

Working Diagnosis: Flu Like Symptoms (max 100)

Initial Patient Acuity: Lower Acuity (Green)

Chief Complaint

Page 2. Scene Description: Document your visual assessment from six feet away in the scene description.



Scene Description

Nearly empty office building. Patient is located on the second floor in single occupant office with no other staff around. Patient is seated upright in office chair, appears to be CAO and flushed face, no obvious life threats by six foot visual inspection from doorway to office.

Page 2. Exposure: Click the exposure box under the scene description.

Scene Description

Nearly empty office building. Patient is located on the second floor in single occupant office with no other staff around. Patient is seated upright in

Patients at Scene: 1

First Agency Unit On Scene?: Yes

Other EMS/Public Safety on Scene:

Name	Type of Service	Agency Number
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Edit

Other Agencies on Scene (Generic):

Disaster:

Exposure

Page 2. Exposure: This will then allow you do document all appropriate PPE for all crew members.

Exposure/Bioterrorism

Crew

- Cushman, Jeremy
- Cassin, James
- Sensenbach, Benjamin**
- Other EMS Personnel
- Non-EMS Individual

Exposure/Bioterrorism

Protective Equipment: Eye Protection,Gloves,Mask-N95,Other

Suspected Exposure/Injury: No

Type of Exposure: Other Not Listed

Exposed To (primary): Other

Save Close Delete

Page 8. Protocol: With the addition of the COVID-19 Assessment Protocol, this list has been updated. The COVID-19 Assessment Protocol should be selected with any utilization of the protocol.

Protocol: COVID-19 Assessment **Assessed By:** Benjamin Sensenbach

Comments

Advised patient that this EMS unit does not have or is authorized to conduct the testing for COVID-19. Advised patient to contact his PMD or the County COVID-19 telephone line to be referred for testing. Pt states he will go home and call his PMD for testing. Patient stood up and ambulated

Save Delete Cancel **Add Action:**

Special Report:

Symptomatic Patients: Follow the guidance of your EMS Agency. There is not a Regional Special Report for COVID-19 reporting but numerous agencies created Agency Special Reports for Quality Improvement reasons.

Asymptomatic Patients: Upon completing your ePCR, please complete the “Facility Algorithm for COVID Used” Regional Special Report with any comments on the operationalization of the algorithm.

Special Report	
Your Name:	Sensenbach, Benjamin
Crew 1:	Cushman, Jeremy
Crew 2:	Sensenbach, Benjamin
Crew 3:	Cassin, James
Crew 4:	

Patient Record Fields	
<input type="checkbox"/>	
<input type="checkbox"/> Airway Problem	<input type="checkbox"/> Clinical Equipment Failure
<input type="checkbox"/> Damage	<input type="checkbox"/> Damage - Vehicle
<input type="checkbox"/> Dispatch Issue	<input checked="" type="checkbox"/> Facility Algorithm for COVID Used
<input type="checkbox"/> Greater than 12 hour Chart lock time	<input type="checkbox"/> Infectious Exposure
<input type="checkbox"/> Intubation Confirmation	<input type="checkbox"/> Narcan Admin
<input type="checkbox"/> Other - Clinical	<input type="checkbox"/> PR Request
<input type="checkbox"/> Personnel	<input type="checkbox"/> Protocol Deviation
<input type="checkbox"/> Regulatory Issue	<input type="checkbox"/> Supplies / Equipment