Confidential Facsimile - Cover Sheet

Date :		**Time :**	
To:	Ambulance Service Name Address, City, State		
Telephone:		**Fax:**	
From:	eCare EMS		
Telephone:		**Fax:**	
Callback Number			

Thank you for using eCare EMS and for allowing us to assist you. Please take a moment to fill out the survey to let us know how we are doing and what improvements can be made. Please fax back at your convenience.

~Thank you, eCare EMS

Other Comments :

eCare EMS Physician Documentation

Patient Name:		**DOB:**	
Facility:	Ambulance Service Name	**Facility MD:**	EMS Name and Role
Emergency Encounter:	Date and Time	**Encounter ID:**	

History of Present Illness

Patient is an adult female with a history of CHF being transported via EMS with complaints of chest pain going across her shoulders and throughout the ribs. She was found by her daughter seated at the table with her complaints.

Allergies ☐ NKDA ☐ Unknown

Medications

Past Medical History

Surgical History

Social History ☐ Smoker ☐ Alcohol ☐ Drug

Examination ☐ RN Vitals

Time	TEMP (°F/°C)	HR(bpm)	RR(br…)	BP(…mmH…)	SpO2(%)	ETCO2	PAIN (0-10)

Clinical Staff Signatures

Provider Signature

Date: **Signature:**

eCare EMS Physician Documentation				
	Patient Name:		**DOB:**	
	Facility:	Ambulance Service Name	**Facility MD:**	EMS Name and Role
	Emergency Encounter:	Date and Time	**Encounter ID:**	

HEENT	
Neck	
CVS	
Pulm	
Abd	
Ext	
Back	
Neuro	
Derm	

eEmergency Course

Patient is seated in the EMS cot, currently being transported. Patient has received 4 baby aspirin, 1 spray of nitroglycerin. Glucose was 126. Blood pressure 125/90 with a heart rate of 75, respiratory rate of 16 saturating 99% on room air. EMS crew has evaluated the twelve-lead, and does not see any evidence of ST elevation. Plans for continued transport to the receiving hospital for further evaluation of her chest pain. No further recommendations.

Working Diagnosis

1. Chest pain

Physical Exam / Lab values / EKG / Imaging

Na+	Cl-	BUN		Hgb	
			WBC		Plt
K+	HCO3 -	Crt		Hct	

Clinical Staff Signatures

Provider Signature

Date: **Signature:**

eCare EMS Medication Orders

Patient Name:		**DOB:**	
Facility:	Ambulance Service Name	**Facility MD:**	EMS Name and Role
Emergency Encounter:	Date and Time	**Encounter ID:**	

Medication	Dose	Route	Frequency	
Cardiac				
☐ Adenosine	mg	IVP	ONCE	
☐ Amiodraone	mg	IVP	ONCE	
	450mg/250ml	IV	Titrate per facility protocol	
	900mg/500ml	IV	Titrate per facility protocol	
	300mg/250ml	IV	Titrate per facility protocol	
■ Baby ASA (Aspirin)	324 mg	■ PO ☐ Rectal	■ ONCE	
☐ Diltiazem/Cardizem	mg	IVP	ONCE	
	125mg/100ml	IV	Titrate per facility protocol	
☐ Dopamine	400mg/250ml	IV	Titrate per facility protocol	
	800mg/250ml	IV	Titrate per facility protocol	
☐ Epinephrine/Adrenalin	mg	IVP	ONCE	
	1mg/250ml	IV	Titrate per facility protocol	
	4mg/250ml	IV	Titrate per facility protocol	
	5mg/250ml	IV	Titrate per facility protocol	
	8mg/250ml	IV	Titrate per facility protocol	
☐ Metoprolol/Lopressor	mg	IVP	ONCE	Q5 Minutes x3 Doses
■ Nitroglycerin	1.2 0.4	■ SL	☐ ONCE	■ PRN/Pain x3 Doses
	0.4mg Patch	☐ TRANSDERMAL	ONCE	
	50mg/250ml	☐ IV	☐ Titrate per facility protocol	
	25mg/250ml	☐ IV	☐ Titrate per facility protocol	

Date and time of the order :

Clinical Staff Signatures

Provider Signature

Date: **Signature:**

AVEL eCare EMS

eCare EMS Medication Orders

Patient Name:		**DOB:**	
Facility:	Ambulance Service Name	**Facility MD:**	EMS Name and Role
Emergency Encounter:	Date and Time	**Encounter ID:**	

☐	Norepinephrine/Levophed	4mg/250ml	IV				Titrate per facility protocol
		8mg/250ml	IV				Titrate per facility protocol
	Pain (Nonopioid)						
☐	Acetaminophen/Tylenol	mg	PO		PR		ONCE
☐	Ibuprofen	mg	PO				ONCE
■	Ketorolac/Toradol	15 mg	☐	IM	■	IV	■ ONCE

Date and time of the order :

Clinical Staff Signatures

Provider Signature

Date: **Signature:**

eCare EMS Critical Care Flow Sheet RN Notes

Patient Name:		**DOB:**	
Facility:	Ambulance Service Name	**Facility MD:**	EMS Name and Role
Emergency Encounter:	Date and Time	**Encounter ID:**	

Time	TEMP (°F/°C)	Source	HR (bpm)	RR (bpm)	BP(mmHg)	Source	SpO2(%)	Source	ETCO2	PAIN (0-10)
13:24			75	16	125 | 90 (102)		99	Room Air		
13:24	Avel EMS call activated at this time requesting eER MD consult via camera. Assessments and cares per EMS staff. This RN acting as role of scribe. With camera activation EMS staff report patient was doing some housework when her daughter found her sitting at the dining table and patient had complaints of chest pain that radiated from shoulder to shoulder. Patient rates pain at 4-5/10 at this time. Prior to camera activation EMS have administered 324mg Aspirin and have established IV access and 12-lead EKG. Receiving hospital has been notified and has accepted patient. VS reported as noted above. ***eCare RN Name***									
13:26										
13:26	Patient still rates pain at 5/10 at this time and reports pain radiates throughout rib cage. Patient reports pain as constant and denies anything making it worse but states that laying down is better. ***eCare RN Name***									
13:28					123 | 81 (95)					
13:28	***eCare RN Name***									
13:29										
13:29	EMS staff deny additional needs at this time. eEMS logged off. ***eCare RN Name***									

Clinical Staff Signatures

RN Signature

Date: Date and Time **Signature:**

Ambulance Service Staff Signatures

Date: **RN Signature:** | **Date:** **Provider Signature:**

eCare EMS Critical Care Medication

Patient Name:		**DOB:**	
Facility:	Humboldt Fire and Ambulance Service	**Facility MD:**	EMS Name and Role
Emergency Encounter:	Date and Time	**Encounter ID:**	

START TIME	MEDICATION / INFUSION	DOSE / VOLUME	RATE	ROUTE	SITE	STOP TIME
13:31	Nitroglycerin	1 Spray		Oral		
13:31	***eCare RN Name***					

Clinical Staff Signatures

RN Signature

Date: Date and Time **Signature:**

Ambulance Service Staff Signatures

Date: **RN Signature:** | **Date:** **Provider Signature:**

eCare EMS Notice of Privacy Record

Patient Name:		**DOB:**	
Facility:	Ambulance Service Name	**Facility MD:**	EMS Name and Role
Emergency Encounter:	Date and Time	**Encounter ID:**	

Avel eCare Notice of Privacy Practices provided to EMS personnel for distribution and acknowledgement by patient. The acknowledged notice will remain with patient's record of care.

eCare EMS Satisfaction Survey

Date/Time of Use:

Facility/City Name: Ambulance Service Name/City

eCare EMS Physician/Nurse:

Patient Name:

1. Did you experience any technical issues with this encounter?

Yes ☐ No ☐

1.1. If Yes, what issues were experienced? [check all that apply]

☐ Couldn't connect video ☐ Dropped call ☐ Dropped Video ☐ Dropped Audio ☐ Video lag/Freeze

☐ Audio choppy ☐ Other

1.2. How would you rate the impact of the issue(s) on the effectiveness of care? ?

None 1 2 3 4 5 Severe

2. How valuable was the Avel eCare EMS Consultant service?

Poor 1 2 3 4 5 Excellent

3. How would you rate your experience with the Avel eEmergency Staff?

Poor 1 2 3 4 5 Excellent

4. Anything else you'd like to tell us about?

Thank you! Please fax back to (605) 910-5020