

EHR Access & Documentation

- Avel eCare relies on the expertise of the bedside team to report relevant patient history, reported lab results, etc. The Avel eCare Emergency team does not access the local facility EHR.
- Avel eCare Emergency does not maintain a legal patient record, this remains within the local facility EHR.
- The Avel eCare team documents patient care within proprietary software which is then shared via fax to a designated local fax machine. The documentation is processed via local policy by either scanning into the EHR or data transfer into the EHR.
- Avel eCare physician orders and notes are part of the permanent medical record, therefore are required to be scanned into the EHR.
- Please keep in mind that the Avel eCare recording team can only document what is seen and heard. The final product is the local facility's responsibility, therefore, the attending nurse/staff is required to review notes for accuracy and completeness prior to bedside nurse signature.
- The following pages are Avel eCare Emergency documentation samples for review including: Fax Cover Sheet, Critical Care Flow Sheet RN Notes, Critical Care Medication, Trauma Record, Code Blue Flow Sheet, Diagnostic Form, Medication Orders, Physician Documentation, and Satisfaction Survey.



Confidential Facsimile - Cover Sheet

Date : _____ **Time :** _____

To: _____ Hospital Name

Telephone: (605) 322-2000 ext-____ **Fax:** _____

From: eCARE Emergency

Telephone: (605) 606-0430 ext-____ **Fax:** (605) 800-1840

Callback Number _____

Thank you for using Avel eCARE Emergency 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, Avel eCARE Emergency Staff

Other Comments :

CONFIDENTIALITY Notice: This fax transmission, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender at the above telephone number and destroy all fax information.



eCARE Emergency
Critical Care Flow
Sheet RN Notes

Patient Name:		DOB:	
Facility:		Facility MD:	
Emergency Encounter:		Encounter ID:	

Time	TEMP (°F/°C)	Source	HR (bpm)	RR (bpm)	BP(mmHg)	Source	SpO2(%)	Source	ETCO2	PAIN (0-10)
15:35										5
15:35	eER call activated by bedside staff. This clinician is scribing via Telemedicine. All cares and assessments per bedside staff. Nursing staff update: Patient presents today with chest pain that started this morning at 0800. He rates the pain as 5/10 pressure to the midsternal, epigastric and bilateral upper abdominal area. Reports shortness of breath. History of stents and a defibrillator placement 2 years ago. PCP is Dr. Brown. Clinician									
15:31			66		139 68 (92)	RT Arm		NC		
15:31	Bilateral blood pressures complete. Clinician									
15:37	97.5 °F /36.39 °C	Temporal	62	14	135 66 (89)	LT Arm	91	Room Air		
15:37	Mary, RN calls the local provider. Lab and x-ray are also notified at this time. eER physician requested for EKG overread. EKG complete. Clinician									
15:38										
15:38	eER physician present via camera at this time, reviewing EKG. Clinician									
15:39								Room Air		
15:39	20g IV placed to the right AC. Labs drawn with IV start. Placed on cardiac monitor. Clinician									
15:40							100	NC		
15:40	Patient does not take any daily medications. Allergy to amoxicillin and penicillin. 20g IV placed to the left AC. Patient stated height: 5'10". Patient stated weight: 210 lbs. Patient placed on 2L oxygen via NC per chest pain protocol. Clinician									
15:42										
15:42	Local provider now present at bedside. Clinician									
15:44										
15:44	Radiology present. Clinician									

eCARE Emergency Clinical Staff Signatures

RN Signature

Date: _____ **Signature:** _____

Hospital Staff Signatures

Date: _____ **RN Signature:** _____

Date: _____ **Provider Signature:** _____

eCARE Emergency
Critical Care Flow
Sheet RN Notes

Patient Name:		DOB:	
Facility:		Facility MD:	
Emergency Encounter:		Encounter ID:	

Time	TEMP (°F/°C)	Source	HR (bpm)	RR (bpm)	BP(mmHg)	Source	SpO2(%)	Source	ETCO2	PAIN (0-10)
15:45			60		132 76 (95)	RT Arm	100	NC		
15:45	Patient takes a baby ASA daily. Provider will plan to give additional 243mg ASA. Nursing verbalizes: No swelling noted to bilateral lower extremities. pedal pulses 2+ and equal bilaterally, radial pulses 2+ and equal bilaterally. Clinician									
15:47										
15:47	Portable chest x-ray complete. Clinician									
15:50										
15:50	Nursing verbalizes her assessment: Scar noted to left upper chest, scar noted from between clavicles down to below breast line. Heart tones are quiet, can hear S1 and S2, possible slight murmur. Patient reports history of a murmur. Nursing reports: Two prior EKGs pulled from the patient's medical record and shown to the provider. Clinician									
15:52										
15:52	Patient reports feeling slightly lightheaded at this time. Had a normal BM yesterday. No vomiting. No issues urinating. Normal active bowel sounds x4 quadrants, soft abdomen, nontender on palpation. Significant nystagmus noted but patient reports this is chronic for him. Nursing will report the nystagmus to provider. Clinician									
15:55										
15:55	Warm blanket provided. Provider returns to the bedside. Clinician									
15:56										
15:56	Phone call placed to the Midwest Heart Hospital, speaking to Samantha. Cardiology consult requested. No recent travel. No significant illnesses within the household. Clinician									
15:57										
15:57	Patient reports he has an appointment with his cardiologist next Tuesday. Clinician									
16:01			62	14	135 72 (93)	RT Arm	100	NC		
16:01	Dr. Smith conferenced with local provider at this time. Clinician									
16:03										

eCARE Emergency Clinical Staff Signatures

RN Signature

Date: _____ **Signature:** _____

Hospital Staff Signatures

Date: _____ **RN Signature:** _____

Date: _____ **Provider Signature:** _____

eCARE Emergency
Critical Care Flow
Sheet RN Notes

Patient Name:		DOB:	
Facility:		Facility MD:	
Emergency Encounter:		Encounter ID:	

Time	TEMP (°F/°C)	Source	HR (bpm)	RR (bpm)	BP(mmHg)	Source	SpO2(%)	Source	ETCO2	PAIN (0-10)
16:03	Phone call ends. Patient has been accepted by Dr. Smith. Nursing have already called their ground ALS ambulance who will arrive in 10 minutes. <i>Clinician</i>									
16:04										
16:04	No further assistance needed, eER Telemedicine call logged off. <i>Clinician</i>									

eCARE Emergency Clinical Staff Signatures

RN Signature

Date:

Signature:

Hospital Staff Signatures

Date:

RN Signature:

Date:

Provider Signature:

**eCARE
Emergency
Critical Care
Medication**

Patient Name:		DOB:	
Facility:		Facility MD:	
Emergency Encounter:		Encounter ID:	

START TIME	MEDICATION / INFUSION	DOSE / VOLUME	RATE	ROUTE	SITE	STOP TIME
15:47	Aspirin chewable	243mg		PO		
15:47	<i>Clinician</i>					

eCARE Emergency Clinical Staff Signatures

RN Signature

Date: _____ **Signature:** _____

Hospital Staff Signatures

Date: _____ **RN Signature:** _____

Date: _____ **Provider Signature:** _____

**eCARE
Emergency
Trauma Record**

Patient Name:		DOB:	
Facility:		Facility MD:	
Emergency Encounter:		Encounter ID:	

ARRIVAL INFORMATION	
Trauma Code / Alert Activated:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date/Time 13:10	
By Whom?	
<input checked="" type="checkbox"/> EMS <input checked="" type="checkbox"/> Hospital Staff	
Patient Arrival Time:	
Arrived by:	
<input checked="" type="checkbox"/> EMS <input type="checkbox"/> POV <input type="checkbox"/> W/C <input type="checkbox"/> Ambulatory <input type="checkbox"/> Law enforcement	
Arrival Times:	
Provider:	
Surgeon:	
Lab:	
X-Ray:	

PATIENT HISTORY
Allergies:
See EMR
Medications:
Metoprolol, Aspirin, Metformin
Comorbidities:
A-fib, CAD, Diabetes

PRE-HOSPITAL SUMMARY	
Injury Date/Time:	12:55
LOC:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unwitnessed
Mechanism of Injury	
<input checked="" type="checkbox"/> MVC - speed: HWY	
<input type="checkbox"/> Rollover	
<input type="checkbox"/> Extrication > 20 min	
<input type="checkbox"/> Ejection from vehicle	
<input type="checkbox"/> Death in same passenger compartment	
<input type="checkbox"/> Intrusion into passenger compartment	
<input type="checkbox"/> Auto: <input type="checkbox"/> Pedestrian <input type="checkbox"/> Bicycle	
<input type="checkbox"/> ATV <input type="checkbox"/> Snowmobile <input type="checkbox"/> GSW	
<input type="checkbox"/> Recreational <input type="checkbox"/> Farm <input type="checkbox"/> Animal vehicle	
<input type="checkbox"/> Fall - feet	
<input type="checkbox"/> Other	
Weight (lb/Kg):	174.55 lb 79.20 Kg
Last tetanus vaccination: Unknown	

PRIMARY ASSESSMENT	
AIRWAY	
<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Obstructed <input type="checkbox"/> Partially obstructed	
Procedures:	
<input type="checkbox"/> Suction <input type="checkbox"/> Intubation	
<input type="checkbox"/> ETT	
<input type="checkbox"/> NTT	
RSI:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Oral Airway <input type="checkbox"/> Nasal Airway <input type="checkbox"/> Combitube <input type="checkbox"/> ETCO2	
<input type="checkbox"/> King Tube <input type="checkbox"/> LMA	
<input type="checkbox"/> Other	
C-Spine protection:	
<input checked="" type="checkbox"/> EMS <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Other	
BREATHING	
<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Labored <input type="checkbox"/> Apneic	
Breath sounds:	
<input checked="" type="checkbox"/> Equal <input type="checkbox"/> Sub Q air	
<input type="checkbox"/> Decreased <input type="checkbox"/> Absent	
<input type="checkbox"/> Other	
Procedure:	
<input checked="" type="checkbox"/> Oxygen : NC 2 L	
<input type="checkbox"/> Chest Tube - Right Size:	
<input type="checkbox"/> Chest Tube -Left Size:	
<input type="checkbox"/> Needle decompression	

eCARE Emergency Clinical Staff Signatures

RN Signature

Date: _____ Signature: _____

Hospital Staff Signatures

Date: _____ RN Signature: _____

Date: _____ Provider Signature: _____

**eCARE
Emergency
Trauma Record**

Patient Name:		DOB:	
Facility:		Facility MD:	
Emergency Encounter:		Encounter ID:	

CIRCULATION

Pulse present
 Absent
 CPR in progress
 Uncontrolled bleeding
 Cardiac rhythm

Skin:

Warm
 Cool
 Dry
 Moist
 Pale
 Cyanotic
 Mottled
 Normal
 Flushed

Procedures:

Time	Device	Site
	Peripheral IV	20g R AC

DISABILITY

Alert Oriented : x2
 Responds to verbal
 Responds to pain
 Unresponsive

Pupils
 L 3
 R 3
 PERRL

GLASGOW COMA SCORE

Date and Time	E	V	M	Total
13:30	3	4	6	13
13:45	3	4	6	13

SECONDARY ASSESSMENT

HEAD No evident trauma
Evident trauma :

NECK No evident trauma
 Tracheal deviation
Evident trauma :

THORAX No evident trauma
 Paradoxical movements
 Retraction
 Seatbelt marking
Evident trauma: bruising to left chest/breast
Breath sounds: equal

ABDOMEN No evident trauma
 Distended
 Rigid
 Tender
 Soft
Bowel sounds:
 Present
 Absent
Evident trauma: bruising across lower seatbelt path

PERINEUM/PELVIS No evident trauma
Blood at meatus:
 Yes
 No
Evident trauma:

EXTREMITIES No evident trauma
 Moves all extremities X 4
Exception:
Distal pulses/cap refill: present, less than 3 seconds
Evident trauma: laceration to right anterior forearm

SPINAL/BACK No evident trauma
Evident trauma:

GLASGOW COMA SCORE LEGEND

E: Eye opening	V: Verbal response	M: Motor
4-Spontaneous	5-Oriented (coos, babbles)	6-Obeys (spontaneous)
3-To speech(shout)	4-Confused (consolable, cry)	5-Localized pain
2-To pain	3-Inappropriate words (persistant cries, screams)	4-Withdrawal to pain
1-No response	2-Incomprehensible words (grunts, restless)	3-Flexion to pain (decorticate)
	1-No response	2-Extension to pain
		1-No response to pain

eCARE Emergency Clinical Staff Signatures

RN Signature

Date: _____ Signature: _____

Staff Signatures

Date: _____ RN Signature: _____ Date: _____ Provider Signature: _____

**eCARE
Emergency
Trauma Record**

Patient Name:		DOB:	
Facility:		Facility MD:	
Emergency Encounter:		Encounter ID:	

DIAGNOSTICS					
	Time Ordered	Time Done		Time Ordered	Time Done
C-Spine X-ray			Chest X-ray		13:23
Pelvis X-ray		13:25	Other X-ray		
CT head			CT C-Spine		
CT chest			CT abdomen		
CT pelvis					

LABS		
Time drawn:	07/09/2025 13:18	
<input type="checkbox"/> CBC	<input type="checkbox"/> BMP/CMP	<input type="checkbox"/> HCG
<input type="checkbox"/> PT/PTT	<input type="checkbox"/> Tox	<input type="checkbox"/> ABG
<input type="checkbox"/> Blood alcohol	<input type="checkbox"/> UA	<input type="checkbox"/> Type & Cross

PROCEDURES		
<input type="checkbox"/> Bair hugger	<input checked="" type="checkbox"/> Warm fluids	
<input checked="" type="checkbox"/> Warm blankets	<input checked="" type="checkbox"/> Cardiac monitor	
<input checked="" type="checkbox"/> C-Collar	<input type="checkbox"/> NG	
<input checked="" type="checkbox"/> Rm. temp increased	<input type="checkbox"/> OG	
<input type="checkbox"/> Direct pressure site Site:	<input type="checkbox"/> EKG	
<input type="checkbox"/> C-Spine cleared <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> TQT	Start: _____ Stop: _____
By Whom:	<input type="checkbox"/> Foley	
<input checked="" type="checkbox"/> Backboard removed Time:	<input type="checkbox"/> Other	<input type="checkbox"/> Splints
<input type="checkbox"/> Pelvic Binder Time		

INTAKE							
Start Time	Medication/Infusion	Dose	Rate	Route	Site	Stop Time	Total Infused
13:20	Normal Saline (warmed)	1000mL	gravity	IV	18g L AC		
13:20	- Clinician						
13:29	Fentanyl	50mcg	IVP	IV	18g L AC	13:30	
13:29	- Clinician						
						TOTAL(ml)	

eCARE Emergency Clinical Staff Signatures

RN Signature

Date: _____ Signature: _____

Hospital Staff Signatures

Date: _____ RN Signature: _____

Date: _____ Provider Signature: _____

**eCARE
Emergency
Trauma Record**

Patient Name:		DOB:	
Facility:		Facility MD:	
Emergency Encounter:		Encounter ID:	

OUTPUT						
Time	Void	Foley Cath	NG/OG	Chest Tube	Emesis	EBL
SUB TOTAL(ml)						
TOTAL(ml)						0

NURSE NOTES										
Time	TEMP (°F/°C)	Source	HR(bpm)	RR(bpm)	BP(mmHg)	Source	SpO2(%)	Source	ETCO2	PAIN (0-10)
13:10										
13:10	eER call activated by bedside staff. This clinician is scribing via Telemedicine. All cares and assessments per bedside staff. Nursing updates: EMS is in route with a patient in a multi-victim trauma. VSS. Minimal details. Short ETA. Clinician									
13:12										
13:12	Local provider, lab, radiology and anesthesia in route. Clinician									
13:15										
13:15	Local provider present. Clinician									
13:16										
13:16	Patient arrives via EMS. Flat on backboard with c-collar on. Patient is awake and talking to staff. EMS updates: She was a restrained passenger in a vehicle that went off the road and struck a tree. Scalp laceration and windshield damage. Airbags deployed. Patient self-extricated and then had a syncopal episode. Currently asymptomatic but hypotensive, not tachycardic. Reports shortness of breath and on 2L oxygen. C-collar in place. Reporting pain to right ribs and abdomen. 20g PIV to the right AC. Clinician									
13:17										
13:17	Transferred on backboard to ED bed with a 5-person assist. Provider verbalizes assessment: Airway clear, lungs clear bilaterally, heart tones regular. Laceration to right scalp, bleeding lightly, manual pressure held. Bruise to right breast, no crepitus. Lab and anesthesia present. Clinician									
13:18										
13:18	Patient confused at times, but answering staff questions. 18g IV placed to the left AC. Labs drawn with IV start. Radiology present. Clothing removed. Warm blankets. Clinician									
13:19			88		101 74 (83)	LT Arm	96	NC		
13:19	Cardiac monitor placed. Patient on 2L oxygen via NC. Provider verbalizes assessment: Abdomen soft, tender RUQ. Bruising noted to lower seatbelt line. Pelvis stable, tenderness to right hip. Clinician									
13:21										

eCARE Emergency Clinical Staff Signatures

RN Signature

Date: _____ **Signature:** _____

Hospital Staff Signatures

Date: _____ **RN Signature:** _____ **Date:** _____ **Provider Signature:** _____

**eCARE
Emergency
Trauma Record**

Patient Name:		DOB:	
Facility:		Facility MD:	
Emergency Encounter:		Encounter ID:	

NURSE NOTES

Time	TEMP (°F/°C)	Source	HR(bpm)	RR(bpm)	BP(mmHg)	Source	SpO2(%)	Source	ETCO2	PAIN (0-10)
13:21	Patient log rolled to the left for posterior assessment with assist of 4 staff. Backboard removed. Provider verbalizes assessment: No tenderness or step-offs to spine on palpation. Bruising noted to right flank. Clinician									
13:23										
13:23	Portable chest x-ray complete. Patient requesting her daughter, Erin, be updated. Clinician									
13:25										
13:25	Portable pelvis x-ray complete. Staff update: Daughter Erin has been updated by phone and is in route to the hospital. Clinician									
13:26	97.3°F /36.28°C	Temporal								7
13:26	Rates pain 7/10 to right ribs. Clinician									
13:30			85		110 82 (91)	LT Arm	96	NC		
13:30	Clinician									
13:32										
13:32	Patient to CT with nurse, on monitor and oxygen. Clinician									
13:41										
13:41	Patient returns from CT scan. Tolerated well. Clinician									
13:44										
13:44	Provider cleanses head laceration and applies staples. 6 staples placed. Clinician									
13:45			91	18	108 78 (88)	LT Arm	99	NC		
13:45	Clinician									
13:48										
13:48	No further assistance needed, eER Telemedicine call logged off. Clinician									

eCARE Emergency Clinical Staff Signatures

RN Signature

Date: _____ **Signature:** _____

Hospital Staff Signatures

Date: _____ **RN Signature:** _____ **Date:** _____ **Provider Signature:** _____

**eCARE
Emergency
Trauma Record**

Patient Name:		DOB:	
Facility:		Facility MD:	
Emergency Encounter:		Encounter ID:	

Patient Disposition

TRANSFER	ADMIT	DEATH
Accepting Facility: Accepting MD: Mode: <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> AIR <input type="checkbox"/> POV Time Initiated: Discharge time: Items sent: <input type="checkbox"/> Records/trauma flow sheet <input type="checkbox"/> Labs <input type="checkbox"/> X-Rays/CT scans and reports <input type="checkbox"/> Prehospital records <input type="checkbox"/> Other	Date / Time: Room #: Admitting MD:	Date / Time: Room #: Provider:
	DISCHARGE	MISCELLANEOUS
	Date / Time: Follow-up with #: D/C instructions given: <input type="checkbox"/> Yes <input type="checkbox"/> No Accompanied by: D/C to:	Date / Time: Follow-up with #: D/C instructions given: <input type="checkbox"/> Yes <input type="checkbox"/> No Accompanied by: D/C to:

eCARE Emergency Clinical Staff Signatures

RN Signature

Date: _____ **Signature:** _____

Hospital Staff Signatures

Date: _____ **RN Signature:** _____

Date: _____

Provider Signature: _____

**eCARE
Emergency
Code Blue Flow
Sheet**

Patient Name:		DOB:	
Facility:		Facility MD:	
Emergency Encounter:		Encounter ID:	

Pre-Hospital Documentation

Arrival Information	Airway/Ventilation	Circulation	Pre-Hospital Medications Given
Ambulance/Flight Service:	BVM: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Patient defibrillated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medication given PTA:
Witnessed Event: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Nasopharyngeal airway: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Number of shocks: 3	Epinephrine: 2 # doses 1 mg
Bystander CPR: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Oral airway: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Last energy dose used:	Atropine: # doses 0.5-1mg
Rhythm on EMS arrival:	Endotracheal Intubation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cardiac Rhythm on arrival to ED: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amiodarone: total dose 300 or 150mg
	Other airway adjuncts used: Size 5 iGel	CPR in Progress Arrival to ED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Narcan: #doses
		IV: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other: 500mL NS
		IO: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		Left proximal tibia	
		Airway confirmed using:	
		Auscultation <input type="checkbox"/>	
		CO2 Detector <input type="checkbox"/>	
		Other <input type="checkbox"/>	

Emergency Department Care

Time	Vital Signs					Bolus Dose IV					Infusion			
	Spontaneous Resp	Spontaneous Pulse	BP	ETCO2	Rhythm	Defib/Cardio joules	Amiodarone (mg)	Atropine (mg)	Epinephrine (rounds)	Narcan	Bicarb	Dopamine mcg/kg/min	Levophed mcg/min OR mcg/kg/min	Epinephrine mcg/min
14:52						Total	300	0	3	0	1			
14:52	eER call activated by bedside staff. This clinician is scribing via Telemedicine. All cares and assessments per bedside staff. With camera activation bedside staff report patient will be arriving via EMS after patient's spouse contacted 911 after patient became unresponsive. No further report known at this time. Local provider at bedside awaiting patient's arrival. Bedside staff preparing room. Lab and radiology staff have been contacted prior to camera activation. Clinician													
14:53														

eCARE Emergency Clinical Staff Signatures

RN Signature

Date: Signature:

Hospital Staff Signatures

Date: RN Signature: Date: Provider Signature:

**eCARE
Emergency
Code Blue Flow
Sheet**

Patient Name:	Test	DOB:	10/10/1950
Facility:	Southeast Colorado Hospital District	Facility MD:	Dr Test
Emergency Encounter:	03/09/2026 11:12	Encounter ID:	2026MAR09000049

Time	Vital Signs					Bolus Dose IV					Infusion			
	Spontaneous Resp	Spontaneous Pulse	BP	ETCO2	Rhythm	Defib/Cardio joules	Amiodarone (mg)	Atropine (mg)	Epinephrine (rounds)	Narcan	Bicarb	Dopamine mcg/kg/min	Levophed mcg/min OR mcg/kg/min	Epinephrine mcg/min
						Total	300	0	3	0	1			
14:53	EMS arrives and patient is taken to ED room. Patient has LUCAS compression device in place administering compressions with BVM ventilations administered through iGel. EMS report Patient was on the couch when spouse witnessed the patient become unresponsive and called EMS at 1432; patient was slouched over on the couch when EMS arrived. EMS report ventricular fibrillation on monitor when defibrillation patches were applied and have shocked a total of 3 times. Additional EMS report includes IO placed to left tibia, 2 mg of Epinephrine administered total. Normal saline 500 ml given and 1 L NS initiated i ED on pressure bag to LLE IO site. Patient is transferred to ED cart per ED and EMS staff via total lift. <i>Clinician</i>													
14:54									1					
14:54	EMS defibrillator patches removed and ED defibrillator patches applied. Epinephrine administered to LLE IO site. <i>Clinician</i>													
14:55							300							
14:55	300mg Amiodarone administered IVP to LLE IO site. <i>Clinician</i>													
14:56					V-fib	200								
14:56	EMS staff report patient was ventilating easily throughout transport. CPR paused for pulse and rhythm check. No palpable pulse present. Ventricular fibrillation on monitor. CPR resumed via LUCAS device while charging AED. Patient continues to be ventilated via ambu bag with iGel remaining in place. Shock delivered at 200J. CPR continues. <i>Clinician</i>													
14:57									1					
14:57	Local provider steps out of patient's room to speak with patient's spouse. Epinephrine administered to LLE IO site. Lab at bedside to obtain lab sample with IV start. #20g placed to Right AC x 1 attempt. IV site secured, patent and flushes well. <i>Clinician</i>													
14:58					V-fib	250								
14:58	CPR paused for pulse and rhythm check. No palpable pulse present. Ventricular fibrillation on monitor. CPR resumed via LUCAS device while charging AED. Patient continues to be ventilated via ambu bag with iGel remaining in place. Shock delivered at 250J. CPR continues. <i>Clinician</i>													
14:59														
14:59	Bedside fingerstick glucose reported at 392mg/dL <i>Clinician</i>													
15:00					PEA				1					
15:00	CPR paused for pulse and rhythm check. No palpable pulse present. PEA on monitor. CPR resumed via LUCAS device. Patient continues to be ventilated via ambu bag with iGel remaining in place. Epinephrine administered IVP to #20g Right AC IV site. <i>Clinician</i>													

eCARE Emergency Clinical Staff Signatures

RN Signature

Date: _____ **Signature:** _____

Hospital Staff Signatures

Date: _____ **RN Signature:** _____ **Date:** _____ **Provider Signature:** _____

**eCARE
Emergency
Code Blue Flow
Sheet**

Patient Name:	Test	DOB:	10/10/1950
Facility:	Southeast Colorado Hospital District	Facility MD:	Dr Test
Emergency Encounter:	03/09/2026 11:12	Encounter ID:	2026MAR09000049

Vital Signs						Bolus Dose IV					Infusion			
Time	Spontaneous Resp	Spontaneous Pulse	BP	ETCO2	Rhythm	Defib/Cardio joules	Amiodarone (mg)	Atropine (mg)	Epinephrine (rounds)	Narcan	Bicarb	Dopamine mcg/kg/min	Levophed mcg/min OR mcg/kg/min	Epinephrine mcg/min
						Total	300	0	3	0	1			
15:01											1			
15:01	Amp Sodium Bicarbonate administered IVP to #20g Right AC IV. <i>Clinician</i>													
15:04					Asystole									
15:04	Spouse requests terminating resuscitation efforts at this time. CPR paused. No palpable pulse present. Asystole on monitor with occasional agonal beat. Pupils reported as "fixed and dilated". No spontaneous respirations or cardiac activity further reported. Time of death called 1504 per bedside provider. No further assistance needed. eER Telemedicine call logged off. <i>Clinician</i>													

Code Blue Medication

START TIME	MEDICATION / INFUSION	DOSE / VOLUME	RATE	ROUTE	SITE	STOP TIME
14:54	Epinephrine	1mg	IVP	IO	LLE IO	14:54
14:54	<i>Clinician</i>					
14:55	Amiodarone	300mg	IVP	IO	LLE IO	14:55
14:55	<i>Clinician</i>					
14:57	Epinephrine	1mg	IVP	IO	LLE IO	14:57
14:57	<i>Clinician</i>					
15:00	Epinephrine	1mg	IVP	IO	LLE IO	15:00
15:00	<i>Clinician</i>					
15:01	Sodium Bicarionate	1 Amp	IVP	IV	#20g Right	15:01

eCARE Emergency Clinical Staff Signatures

RN Signature

Date: _____ **Signature:** _____

Hospital Staff Signatures

Date: _____ **RN Signature:** _____ **Date:** _____ **Provider Signature:** _____

**eCARE
Emergency
Code Blue Flow
Sheet**

Patient Name:	Test	DOB:	10/10/1950
Facility:	Southeast Colorado Hospital District	Facility MD:	Dr Test
Emergency Encounter:	03/09/2026 11:12	Encounter ID:	2026MAR09000049

START TIME	MEDICATION / INFUSION	DOSE / VOLUME	RATE	ROUTE	SITE	STOP TIME
15:01	<i>Clinician</i>					

End of Resuscitation Information

Time resuscitation event ended: 03/09/2026 15:04 Status: Alive Dead

Reason resuscitation ended:

- Restoration of Circulation (ROC) > 20 min
 Efforts Terminated (No Sustained ROC)
 Medical Futility
 Advance Directives
 Request by Family

eCARE Emergency Clinical Staff Signatures

RN Signature

Date: _____ **Signature:** _____

Hospital Staff Signatures

Date: _____ **RN Signature:** _____ **Date:** _____ **Provider Signature:** _____

Avel eCARE Emergency Satisfaction Survey

Date/Time of Use / Encounter ID: 03/09/2026 11:12 2026MAR09000049

Facility/City Name: Southeast Colorado Hospital District / Springfield

eCARE Emergency Physician/Nurse: None / Teresa Johnson

Patient Name: Test

1. Please rate your overall experience with eCARE Emergency.

Poor 0 1 2 3 4 5 Excellent

2. Please rate the professionalism and ease of working with the eCARE Emergency staff.

Poor 0 1 2 3 4 5 Excellent

3. How likely will you use eCARE Emergency service again?

Unlikely 0 1 2 3 4 5 Very Likely

4. Describe any technical difficulties that occurred.

5. Is there anything we can improve upon?

6. What was helpful to you?

7. In your opinion did use of eCARE Emergency prevent transfer of this patient?

YES NO MAYBE

8. Disposition Info

Admit to local hospital Pronounced Deceased Discharged Left AMA Transferred ED Observation

Transferred Time - _____ Destination - _____ Route: FW RW Ground

Thank you! Please fax back to (605) 800-1840

eCARE Emergency Diagnostic Form

Patient Name:		DOB:	
Facility:		Facility MD:	
Emergency Encounter:		Encounter ID:	

LABORATORY	LABORATORY CONT..	CT SCAN ORDERS
<input checked="" type="checkbox"/> CBC with auto diff <input type="checkbox"/> Basic Metabolic Panel <input checked="" type="checkbox"/> Comprehensive Metabolic Panel <input checked="" type="checkbox"/> Troponin <input checked="" type="checkbox"/> BNP <input type="checkbox"/> Digoxin Level <input type="checkbox"/> Protime with INR (PT) on anticoagulation <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Partial Thromboplastin Time (APTT) on anticoagulation <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> D-Dimer <input type="checkbox"/> Amylase <input type="checkbox"/> Lipase <input type="checkbox"/> Lactic Acid <input type="checkbox"/> Ammonia <input type="checkbox"/> Arterial Blood Gases (ABG's) Temp : O2 : <input type="checkbox"/> Type & Screen <input type="checkbox"/> Type & Crossmatch Units () <input type="checkbox"/> (Packed Cells) <input type="checkbox"/> Fresh Frozen Plasma(FFP) Units () <input type="checkbox"/> Sedimentation rate <input type="checkbox"/> C-Reactive Protein <input type="checkbox"/> Phenytoin (Dilantin) Level <input type="checkbox"/> Valproic Acid (Depakote) Level <input type="checkbox"/> Carbamazepine (Tegretol) Level <input checked="" type="checkbox"/> Free T4 <input checked="" type="checkbox"/> TSH <input type="checkbox"/> Acetaminophen Level <input type="checkbox"/> Salicylate Level <input type="checkbox"/> Ethanol <input type="checkbox"/> Serum Ketones <input type="checkbox"/> Rapid Strep Test (RST) Group A <input type="checkbox"/> Culture if negative <input type="checkbox"/> Monospot <input type="checkbox"/> Influenza A, EIA (nasal aspirate)	<input type="checkbox"/> Influenza B, EIA (nasal aspirate) <input type="checkbox"/> RSV by EIA <input type="checkbox"/> Blood Cultures x <hr/> <p style="text-align: center;">URINE</p> <input type="checkbox"/> Cath. <input type="checkbox"/> Void <input type="checkbox"/> UA/Urinalysis <input type="checkbox"/> UA w/microscopic <input type="checkbox"/> UA w/microscopic reflex to culture <input type="checkbox"/> Urine Culture <input type="checkbox"/> Drug Screen Urine Rapid <input type="checkbox"/> HCG (urine) <input type="checkbox"/> HCG (serum) Qualitative <input type="checkbox"/> HCG (serum) Quantitative <input type="checkbox"/> RH Type <hr/> <p style="text-align: center;">PROCEDURES</p> <input checked="" type="checkbox"/> IV <input type="checkbox"/> O2 <input type="checkbox"/> Monitor <input type="checkbox"/> Nasogastric/Orogastric Tube <input type="checkbox"/> Foley Catheter <hr/> <p style="text-align: center;">RADIOLOGY</p> <input checked="" type="checkbox"/> CXR- Portable <input type="checkbox"/> CXR <input type="checkbox"/> C-Spine, complete, 4 views <input type="checkbox"/> ABD- flat/upright <input type="checkbox"/> ABD- 3 view <input type="checkbox"/> KUB <input type="checkbox"/> Pelvis	<input type="checkbox"/> CT Abdomen Pelvis W IV <input type="checkbox"/> CT Abdomen Pelvis WO IV <input type="checkbox"/> CT Head (without contrast) <input type="checkbox"/> CT Cervical (without contrast) <input type="checkbox"/> CT Chest PE Study <input type="checkbox"/> CT Chest with IV Contrast <input type="checkbox"/> CT Facial Bones <input type="checkbox"/> CT Renal Stone Protocol <input type="checkbox"/> CTA Chest/CTA Abdomen <hr/> <p style="text-align: center;">VASCULAR</p> <input checked="" type="checkbox"/> EKG Venous Dopplers <input type="checkbox"/> Lower Extremity <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bil <input type="checkbox"/> Upper Extremity <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bil <hr/> <p style="text-align: center;">ULTRASOUND</p> <input type="checkbox"/> Abdomen, complete <input type="checkbox"/> Gallbladder <input type="checkbox"/> Abdomen, limited <input type="checkbox"/> OB Trans. Vag. With Doppler <input type="checkbox"/> <14 wks. <input type="checkbox"/> >14 wks. <input type="checkbox"/> Pelvic Trans. Vag. With Dopplers <input type="checkbox"/> Scrotum with Dopplers <hr/> <p style="text-align: center;">TRANSFER TO NEARSET ED</p> <input type="checkbox"/> Department of Corrections <input type="checkbox"/> Emergently by EMS <hr/> <p style="text-align: center;">Other</p> <input checked="" type="checkbox"/> Magnesium

Date and time of the order :

eCARE Emergency Clinical Staff Signatures

Provider Signature

Date:

Signature:

eCARE Emergency Diagnostic Form

Patient Name:		DOB:	
Facility:		Facility MD:	
Emergency Encounter:		Encounter ID:	

LABORATORY	LABORATORY CONT..	CT SCAN ORDERS
<input type="checkbox"/> CBC with auto diff <input type="checkbox"/> Basic Metabolic Panel <input type="checkbox"/> Comprehensive Metabolic Panel <input type="checkbox"/> Troponin <input type="checkbox"/> BNP <input type="checkbox"/> Digoxin Level <input type="checkbox"/> Protime with INR (PT) on anticoagulation <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Partial Thromboplastin Time (APTT) on anticoagulation <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> D-Dimer <input type="checkbox"/> Amylase <input type="checkbox"/> Lipase <input type="checkbox"/> Lactic Acid <input type="checkbox"/> Ammonia <input type="checkbox"/> Arterial Blood Gases (ABG's) Temp : O2 : <input type="checkbox"/> Type & Screen <input type="checkbox"/> Type & Crossmatch Units () <input type="checkbox"/> (Packed Cells) <input type="checkbox"/> Fresh Frozen Plasma(FFP) Units () <input type="checkbox"/> Sedimentation rate <input type="checkbox"/> C-Reactive Protein <input type="checkbox"/> Phenytoin (Dilantin) Level <input type="checkbox"/> Valproic Acid (Depakote) Level <input type="checkbox"/> Carbamazepine (Tegretol) Level <input type="checkbox"/> Free T4 <input type="checkbox"/> TSH <input type="checkbox"/> Acetaminophen Level <input type="checkbox"/> Salicylate Level <input type="checkbox"/> Ethanol <input type="checkbox"/> Serum Ketones <input type="checkbox"/> Rapid Strep Test (RST) Group A <input type="checkbox"/> Culture if negative <input type="checkbox"/> Monospot <input type="checkbox"/> Influenza A, EIA (nasal aspirate)	<input type="checkbox"/> Influenza B, EIA (nasal aspirate) <input type="checkbox"/> RSV by EIA <input type="checkbox"/> Blood Cultures x <hr/> <p style="text-align: center;">URINE</p> <input type="checkbox"/> Cath. <input type="checkbox"/> Void <input type="checkbox"/> UA/Urinalysis <input type="checkbox"/> UA w/microscopic <input type="checkbox"/> UA w/microscopic reflex to culture <input type="checkbox"/> Urine Culture <input type="checkbox"/> Drug Screen Urine Rapid <input type="checkbox"/> HCG (urine) <input type="checkbox"/> HCG (serum) Qualitative <input type="checkbox"/> HCG (serum) Quantitative <input type="checkbox"/> RH Type <hr/> <p style="text-align: center;">PROCEDURES</p> <input type="checkbox"/> IV <input type="checkbox"/> O2 <input checked="" type="checkbox"/> Monitor <input type="checkbox"/> Nasogastric/Orogastric Tube <input type="checkbox"/> Foley Catheter <hr/> <p style="text-align: center;">RADIOLOGY</p> <input type="checkbox"/> CXR- Portable <input type="checkbox"/> CXR <input type="checkbox"/> C-Spine, complete, 4 views <input type="checkbox"/> ABD- flat/upright <input type="checkbox"/> ABD- 3 view <input type="checkbox"/> KUB <input type="checkbox"/> Pelvis	<input type="checkbox"/> CT Abdomen Pelvis W IV <input type="checkbox"/> CT Abdomen Pelvis WO IV <input type="checkbox"/> CT Head (without contrast) <input type="checkbox"/> CT Cervical (without contrast) <input type="checkbox"/> CT Chest PE Study <input type="checkbox"/> CT Chest with IV Contrast <input type="checkbox"/> CT Facial Bones <input type="checkbox"/> CT Renal Stone Protocol <input type="checkbox"/> CTA Chest/CTA Abdomen <hr/> <p style="text-align: center;">VASCULAR</p> <input type="checkbox"/> EKG Venous Dopplers <input type="checkbox"/> Lower Extremity <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bil <input type="checkbox"/> Upper Extremity <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bil <hr/> <p style="text-align: center;">ULTRASOUND</p> <input type="checkbox"/> Abdomen, complete <input type="checkbox"/> Gallbladder <input type="checkbox"/> Abdomen, limited <input type="checkbox"/> OB Trans. Vag. With Doppler <input type="checkbox"/> <14 wks. <input type="checkbox"/> >14 wks. <input type="checkbox"/> Pelvic Trans. Vag. With Dopplers <input type="checkbox"/> Scrotum with Dopplers <hr/> <p style="text-align: center;">TRANSFER TO NEARSET ED</p> <input type="checkbox"/> Department of Corrections <input type="checkbox"/> Emergently by EMS

Date and time of the order :

eCARE Emergency Clinical Staff Signatures

Provider Signature

Date:

Signature:

**eCARE
Emergency
Medication
Orders**

Patient Name:		DOB:	
Facility:		Facility MD:	
Emergency Encounter:		Encounter ID:	

Medication	Dose	Route	Frequency
IV Fluids			
<input checked="" type="checkbox"/> Lactated Ringers	ml/Bolus	<input type="checkbox"/> IV	ONCE
	500 ml/hr	<input checked="" type="checkbox"/> IV	Tirtate
<input type="checkbox"/> Normal Saline	ml/Bolus	IV	ONCE
	ml/hr	IV	Tirtate

Others

	Medication	Dose	Route	Frequency
<input checked="" type="checkbox"/>	Atropine	1 mg	IV	Once

Date and time of the order

eCARE Emergency Clinical Staff Signatures

Provider Signature

Date:

Signature:

**eCARE Emergency
Physician
Documentation**

Patient Name:		DOB:	
Facility:		Facility MD:	
Emergency Encounter:		Encounter ID:	

History of Present Illness

The patient is an 82-year-old female who presented to the emergency department with chief complaint of lightheadedness and near fainting. Reportedly patient had been feeling fatigued, and at times lightheaded over the last couple days. She has not had any recent illness including fever, vomiting, or diarrhea. She denies any current chest pain, but at times feels shortness of breath with activity. The patient denies that she has had any change in her normal medications. Patient reported that when she got up this morning for breakfast she did not feel well and felt that she might pass out, therefore her family called EMS for transfer to the emergency department. She did not fall or sustain any injuries, and had no unresponsiveness. She denies any associated headaches, vision disturbance, numbness, or weakness in her extremities. She has a history of high blood pressure and hypercholesterolemia, but no known history of coronary artery disease. EMS reports that patient's blood sugar was 112. Patient's initial vital signs in the ED: blood pressure of 101/78, O2 sats 94% on room air, respirations of 12, and heart rate of 43.

Allergies

NKDA Unknown

Medications

Lisinopril
Atorvastatin

Past Medical History

Surgical History

Social History

Smoker Alcohol Drug

Examination

RN Vitals

Time	TEMP (°F/°C)	HR(bpm)	RR(bpm)	BP(mmHg)	SpO2(%)	ETCO2	PAIN (0-10)
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eCARE Emergency Clinical Staff Signatures

Provider Signature

Date:

Signature:

**eCARE Emergency
Physician
Documentation**

Patient Name:		DOB:	
Facility:		Facility MD:	
Emergency Encounter:		Encounter ID:	

HEENT	
Neck	
CVS	
Pulm	
Abd	
Ext	
Back	
Neuro	
Derm	

eEmergency Course

I evaluated the patient over the video camera, and discussed the case with the bedside provider. IV had already been established per EMS. Patient appears relatively comfortable, is awake, alert, speaking in full sentences without evidence of respiratory distress, and appears to be moving all extremities equally without evidence of acute stroke-like symptoms. Her vital signs show that she has significant bradycardia. An EKG was obtained which I am able to see, and I discussed with the provider that it shows findings of a complete heart block. Advised obtaining a second IV in case this would be necessary.

The patient had already been placed on continuous cardiac monitoring. I advised to place transcutaneous pacing pads on the patient. We discussed indications for initiating transcutaneous pacing but is not necessary at this time as patient's blood pressure is stable and she is not having significant symptomatology currently. Advised on which labs to be obtained for evaluation as well as obtaining a chest x-ray. Cardiology was consulted.

I was able to see the chest x-ray on their portable machine with the camera though the resolution is somewhat distorted, and this showed a probable small left pleural effusion mainstem appeared relatively normal. Bedside provider stated that there did not appear to be significant pulmonary congestion.

During ED course patient's heart rate did drop into the low 30s with subsequent blood pressure reading in the 80's systolically. Patient was feeling lightheaded but still alert and oriented. I advised giving 1 mg of IV atropine. Patient had good response with heart rate and blood pressure improved. Patient's vital signs were monitored closely and she had no recurrence of hypotension with heart rates consistently in the low 40s. We reviewed the lab test results which did not show any significant abnormalities. The provider has consulted with the cardiologist at tertiary hospital, and they have accepted the patient. Avel staff was able to help coordinate a flight transport.

When transport team arrived, we discussed indications for transcutaneous pacing or initiating dopamine drip if patient has worsening symptomatic bradycardia or hypotension.

Working Diagnosis

Near syncope
Third-degree heart block

eCARE Emergency Clinical Staff Signatures

Provider Signature

Date:

Signature:

eCARE Emergency
Physician
Documentation

Patient Name:		DOB:	
Facility:		Facility MD:	
Emergency Encounter:		Encounter ID:	

Physical Exam / Lab values / EKG / Imaging

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

EKG: Bradycardia with findings consistent with third-degree heart block. No evidence of acute ST segment elevation or depression.

eCARE Emergency Clinical Staff Signatures

Provider Signature

Date:

Signature:

Avel eCARE Emergency Satisfaction Survey

Date/Time of Use / Encounter ID:

Facility/City Name: _____ Hospital / _____

eCARE Emergency Physician/Nurse: _____ / _____

Patient Name: _____

1. Please rate your overall experience with eCARE Emergency.

Poor 0 1 2 3 4 5 Excellent

2. Please rate the professionalism and ease of working with the eCARE Emergency staff.

Poor 0 1 2 3 4 5 Excellent

3. How likely will you use eCARE Emergency service again?

Unlikely 0 1 2 3 4 5 Very Likely

4. Describe any technical difficulties that occurred.

5. Is there anything we can improve upon?

6. What was helpful to you?

7. In your opinion did use of eCARE Emergency prevent transfer of this patient?

YES NO MAYBE

8. Disposition Info

Admit to local hospital Pronounced Deceased Discharged Left AMA Transferred ED Observation

Transferred Time - _____ Destination - _____ Route: FW RW Ground

Thank you! Please fax back to (605) 800-1840