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## Documentation

- Avel eCare EMS does not maintain a legal patient record, this remains with the local EMS Agency.
- 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 EMS Agency policy.
- Avel eCare physician orders and notes are part of the permanent medical record, therefore are required to remain with the EMS agency documentation.
- Please keep in mind that the Avel eCare team can only document what is seen and heard. The final product is the local EMS agency's responsibility; therefore, the attending ambulance personnel is required to review notes for accuracy and completeness prior to signing documentation.
- The following pages are Avel eCare EMS documentation samples for review including Fax Cover Sheet, Critical Care Flow Sheet, Critical Care Medication, Trauma Record, Code Blue Flow Sheet, Medication Orders, Physician Documentation, and Satisfaction Survey.



Confidential Facsimile - Cover Sheet

Date : \_\_\_\_\_ Time : \_\_\_\_\_

To: EMS Agency Name and Address

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

From: EMS Services

Telephone: (605) 606-0430 ext-\_\_\_\_ Fax: (605) 910-5020

Callback Number \_\_\_\_\_

Thank you for using Avel eCARE EMS Services 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 EMS Services Staff

Other Comments :

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**EMS Services  
Medication  
Orders**

|                             |                 |                      |              |
|-----------------------------|-----------------|----------------------|--------------|
| <b>Patient Name:</b>        |                 | <b>DOB:</b>          |              |
| <b>Facility:</b>            | EMS Agency Name | <b>Facility MD:</b>  | EMS Provider |
| <b>Emergency Encounter:</b> |                 | <b>Encounter ID:</b> |              |

| Medication   | Dose           | Route   | Frequency  |   |
|--|----------------|---|--|---|
| <b>Cardiac</b>   |                |   |  |   |
| <input type="checkbox"/> Adenosine                     | mg             | IVP   | ONCE   |   |
| <input type="checkbox"/> 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                          |   |
| <input checked="" type="checkbox"/> Baby ASA (Aspirin) | 324 mg         | <input checked="" type="checkbox"/> PO <input type="checkbox"/> Re ctal | <input checked="" type="checkbox"/> ONCE               |   |
| <input type="checkbox"/> Diltiazem/Cardizem            | mg             | IVP   | ONCE   |   |
|  | 125mg/100ml    | IV  | Titrate per facility protocol                          |   |
| <input type="checkbox"/> Dopamine                      | 400mg/250ml    | IV  | Titrate per facility protocol                          |   |
|  | 800mg/250ml    | IV  | Titrate per facility protocol                          |   |
| <input type="checkbox"/> 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                          |   |
| <input type="checkbox"/> Metoprolol/Lopressor          | mg             | IVP   | ONCE   | Q5 Minutes x3 Doses                                   |
| <input checked="" type="checkbox"/> Nitroglycerin      | 0.4 0.4 mg     | <input checked="" type="checkbox"/> SL                                  | <input type="checkbox"/> ONCE                          | <input checked="" type="checkbox"/> PRN/Pain x3 Doses |
|  | 0.4mg/hr Patch | <input type="checkbox"/> TRANSDERMAL                                    | ONCE   |   |
|  | 50mg/250ml     | <input type="checkbox"/> IV   | <input type="checkbox"/> Titrate per facility protocol |   |
|  | 25mg/250ml     | <input type="checkbox"/> IV   | <input type="checkbox"/> Titrate per facility protocol |   |

Date and time of the order :

eCARE EMS Clinical Staff Signatures

Provider Signature

Date:

Signature: Avel Physician Name



**EMS Services  
Medication  
Orders**

|                             |                 |                      |              |
|-----------------------------|-----------------|----------------------|--------------|
| <b>Patient Name:</b>        |                 | <b>DOB:</b>          |              |
| <b>Facility:</b>            | EMS Agency Name | <b>Facility MD:</b>  | EMS Provider |
| <b>Emergency Encounter:</b> |                 | <b>Encounter ID:</b> |              |

|                                     |                         |               |  |  |
|-------------------------------------|-------------------------|---------------|--|--|
| <input type="checkbox"/>            | Norepinephrine/Levophed | 4mg/250ml     | IV                                     | Titrate per facility protocol            |
|                                     |                         | 8mg/250ml     | IV                                     | Titrate per facility protocol            |
| <b>IV Fluids</b>                    |                         |               |  |  |
| <input type="checkbox"/>            | Lactated Ringers        | ml/Bolus      | IV                                     | ONCE                                     |
|                                     |                         | ml/hr         | IV                                     | Tirtate                                  |
| <input checked="" type="checkbox"/> | Normal Saline           | 1000 ml/Bolus | <input checked="" type="checkbox"/> IV | <input checked="" type="checkbox"/> ONCE |
|                                     |                         | 0 ml/hr       | <input type="checkbox"/> IV            | <input type="checkbox"/> Tirtate         |

Date and time of the order :

eCARE EMS Clinical Staff Signatures

Provider Signature

Date:

Signature: Avel Physician Name





**EMS Services  
Physician  
Documentation**

|                             |                 |                      |              |
|-----------------------------|-----------------|----------------------|--------------|
| <b>Patient Name:</b>        |                 | <b>DOB:</b>          |              |
| <b>Facility:</b>            | EMS Agency Name | <b>Facility MD:</b>  | EMS Provider |
| <b>Emergency Encounter:</b> |                 | <b>Encounter ID:</b> |              |

**History of Present Illness**

Patient is a 68-year-old male who is being transported to local facility for chest pain. Consulted by EMS for evaluation of patient with chest pain and initial orders en route

**Allergies**

NKDA  Unknown

**Medications**

Lisinopril

**Past Medical History**

Hypertension, coronary disease

**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) |
|------|--------------|---------|---------|----------|---------|-------|-------------|
|------|--------------|---------|---------|----------|---------|-------|-------------|

eCARE EMS Clinical Staff Signatures

**Provider Signature**

**Date:**

**Signature:** Avel Physician Name





**EMS Services  
Physician  
Documentation**

|                             |                 |                      |              |
|-----------------------------|-----------------|----------------------|--------------|
| <b>Patient Name:</b>        |                 | <b>DOB:</b>          |              |
| <b>Facility:</b>            | EMS Agency Name | <b>Facility MD:</b>  | EMS Provider |
| <b>Emergency Encounter:</b> |                 | <b>Encounter ID:</b> |              |

|              |  |
|--------------|--|
| <b>HEENT</b> |  |
| <b>Neck</b>  |  |
| <b>CVS</b>   |  |
| <b>Pulm</b>  |  |
| <b>Abd</b>   |  |
| <b>Ext</b>   |  |
| <b>Back</b>  |  |
| <b>Neuro</b> |  |
| <b>Derm</b>  |  |

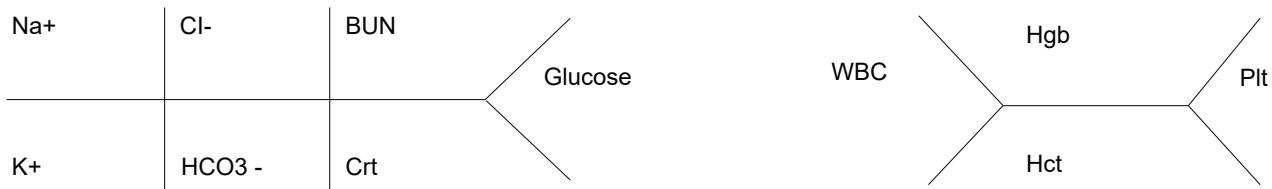
**eEmergency Course**

Patient is a 68-year-old male who is being transported to local facility with concerns of chest pain. Consulted by EMS for initial evaluation, EKG interpretation and medication orders. EKG as reviewed by myself showed a normal sinus rhythm without ischemic changes. No STEMI criteria noted. Vital signs including blood pressure are stable. Did order 4 baby aspirin, sublingual nitro as needed 0.4 mg x 3 doses for pain as well as 1 L of normal saline. No further assistance needed at this time, will call back if any additional help needed.

**Working Diagnosis**

Chest pain

**Physical Exam / Lab values / EKG / Imaging**



EKG interpretation - This interpretation is based solely on review of the ECG in the absence of complete clinical information required for a final clinical diagnosis or therapeutic recommendations

Normal EKG - Normal Sinus Rhythm with no ST Elevation

eCARE EMS Clinical Staff Signatures

**Provider Signature**

**Date:**

**Signature:** Avel Physician Name





EMS Services  
Critical Care Flow  
Sheet RN Notes

|                             |                 |                      |              |
|-----------------------------|-----------------|----------------------|--------------|
| <b>Patient Name:</b>        |                 | <b>DOB:</b>          |              |
| <b>Facility:</b>            | EMS Agency Name | <b>Facility MD:</b>  | EMS Provider |
| <b>Emergency Encounter:</b> |                 | <b>Encounter ID:</b> |              |

| Time  | TEMP (°F/°C)   | Source | HR (bpm) | RR (bpm) | BP(mmHg)       | Source | SpO2(%) | Source   | ETCO2 | PAIN (0-10) |
|-------|--|--------|----------|----------|----------------|--------|---------|----------|-------|-------------|
| 11:42 |  |        |          |          |                |        |         |          |       |             |
| 11:42 | EMS call activated by EMS personnel. This clinician is scribing via Telemedicine. All cares and assessments per ambulance staff. EMS report they are with a patient complaining of crushing chest pain for the past 2 hours. Patient denies cardiac history. Patient appears diaphoretic.<br><b>Clinician Name</b> |        |          |          |                |        |         |          |       |             |
| 11:44 |  |        | 98       | 18       | 168   90 (116) | RT Arm | 99      | Room Air |       |             |
| 11:44 | 12-lead completed and transmitted to eER for review.<br><b>Clinician Name</b>  |        |          |          |                |        |         |          |       |             |
| 11:46 |  |        |          |          |                |        |         |          |       |             |
| 11:46 | eER physician arrives on camera to review EKG (see physician documentation)<br><b>Clinician Name</b>   |        |          |          |                |        |         |          |       |             |
| 11:47 |  |        |          |          |                |        |         |          |       |             |
| 11:47 | IV access established with an 18g in the left AC. Blood glucose level 97<br><b>Clinician Name</b>  |        |          |          |                |        |         |          |       |             |
| 11:49 |  |        | 103      | 18       | 136   72 (93)  | RT Arm | 98      | Room Air |       |             |
| 11:49 | EMS begin transport<br><b>Clinician Name</b>   |        |          |          |                |        |         |          |       |             |
| 11:50 |  |        |          |          |                |        |         |          |       |             |
| 11:50 | eER paramedic calling report to receiving facility<br><b>Clinician Name</b>  |        |          |          |                |        |         |          |       |             |
| 11:51 |  |        |          |          |                |        |         |          |       |             |
| 11:51 | Patient begins complaining of nausea. EMS administering IV Zofran<br><b>Clinician Name</b>   |        |          |          |                |        |         |          |       |             |
| 11:52 |  |        |          |          |                |        |         |          |       |             |
| 11:52 | eER paramedic called report, receiving facility will have a room on arrival. EMS staff notified<br><b>Clinician Name</b>   |        |          |          |                |        |         |          |       |             |
| 11:56 |  |        | 101      | 16       |                |        |         |          |       |             |
| 11:56 | EMS arriving at receiving facility<br><b>Clinician Name</b>  |        |          |          |                |        |         |          |       |             |
| 11:59 |  |        |          |          |                |        |         |          |       |             |
| 11:59 | No further assistance needed, eER Telemedicine call logged off.<br><b>Clinician Name</b>   |        |          |          |                |        |         |          |       |             |

eCARE EMS Clinical Staff Signatures

**RN Signature**

**Date:** \_\_\_\_\_ **Signature:** Clinician Name

EMS Agency Name - EMS Staff Signatures

**Date:** \_\_\_\_\_ **RN Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Provider Signature:** \_\_\_\_\_





EMS Services  
Critical Care Flow  
Sheet RN Notes

|                             |                 |                      |              |
|-----------------------------|-----------------|----------------------|--------------|
| <b>Patient Name:</b>        |                 | <b>DOB:</b>          |              |
| <b>Facility:</b>            | EMS Agency Name | <b>Facility MD:</b>  | EMS Provider |
| <b>Emergency Encounter:</b> |                 | <b>Encounter ID:</b> |              |

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eCARE EMS Clinical Staff Signatures

**RN Signature**

**Date:**                      **Signature:** Clinician Name

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EMS Agency Name - EMS Staff Signatures

**Date:**                      **RN Signature:**

**Date:**                      **Provider Signature:**





EMS Services  
Critical Care  
Medication

|                             |                 |                      |              |
|-----------------------------|-----------------|----------------------|--------------|
| <b>Patient Name:</b>        |                 | <b>DOB:</b>          |              |
| <b>Facility:</b>            | EMS Agency Name | <b>Facility MD:</b>  | EMS Provider |
| <b>Emergency Encounter:</b> |                 | <b>Encounter ID:</b> |              |

| START TIME | MEDICATION / INFUSION | DOSE / VOLUME | RATE | ROUTE | SITE | STOP TIME |
|------------|-----------------------|---------------|------|-------|------|-----------|
| 11:44      | Aspirin               | 324mg         |      | PO    | Oral | 11:44     |
| 11:44      | <i>Clinician Name</i> |               |      |       |      |           |
| 11:45      | Nitroglycerin         | 0.4mg         |      | PO    | Oral | 11:45     |
| 11:45      | <i>Clinician Name</i> |               |      |       |      |           |
| 11:50      | Nitroglycerin         | 0.4mg         |      | PO    | Oral | 11:50     |
| 11:50      | <i>Clinician Name</i> |               |      |       |      |           |
| 11:51      | Zofran                | 4mg           | IVP  | IV    | L AC | 11:51     |
| 11:51      | <i>Clinician Name</i> |               |      |       |      |           |
| 11:55      | Nitroglycerin         | 0.4mg         |      | PO    | Oral | 11:55     |
| 11:55      | <i>Clinician Name</i> |               |      |       |      |           |

eCARE EMS Clinical Staff Signatures

**RN Signature**

**Date:**                      **Signature:** Clinician Name

EMS Agency Name - EMS Staff Signatures

**Date:**                      **RN Signature:**

**Date:**                      **Provider Signature:**



**EMS Services  
Notice of Privacy  
Record**

|                             |                 |                      |              |
|-----------------------------|-----------------|----------------------|--------------|
| <b>Patient Name:</b>        |                 | <b>DOB:</b>          |              |
| <b>Facility:</b>            | EMS Agency Name | <b>Facility MD:</b>  | EMS Provider |
| <b>Emergency Encounter:</b> |                 | <b>Encounter ID:</b> |              |

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.





EMS Services Trauma Record

|                      |                 |               |              |
|----------------------|-----------------|---------------|--------------|
| Patient Name:        |                 | DOB:          |              |
| Facility:            | EMS Agency Name | Facility MD:  | EMS Provider |
| Emergency Encounter: |                 | Encounter ID: |              |

**CIRCULATION**

Pulse present    Absent    CPR in progress  
 Uncontrolled bleeding  
 Cardiac rhythm    Sinus Tachycardia

**Skin:**

Warm    Cool    Dry    Moist  
 Pale    Cyanotic    Mottled    Normal  
 Flushed

**Procedures:**

| Time | Device | Site |
|------|--------|------|
|------|--------|------|

**DISABILITY**

Alert Oriented :  
 Responds to verbal    Responds to pain    Unresponsive  
 Pupils   L 3   R 3    PERRL

| GLASGOW COMA SCORE |   |   |   |       |
|--------------------|---|---|---|-------|
| Date and Time      | E | V | M | Total |
| 04/28/2026 11:56   | 2 | 2 | 4 | 8     |
| 04/28/2026 12:11   | 2 | 2 | 4 | 8     |

**SECONDARY ASSESSMENT**

**HEAD**    No evident trauma  
**Evident trauma :** Laceration above left eye

**NECK**    No evident trauma  
 Tracheal deviation  
**Evident trauma :** C-collar placed

**THORAX**    No evident trauma  
 Paradoxical movements    Retraction  
 Seatbelt marking  
**Evident trauma:**

**Breath sounds:** Clear and equal bilaterally

**ABDOMEN**    No evident trauma  
 Distended    Rigid    Tender    Soft  
**Bowel sounds:**    Present    Absent  
**Evident trauma:** URQ bruising

**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:**   Distal pulses present  
**Evident trauma:**

**SPINAL/BACK**    No evident trauma  
**Evident trauma:**

**GLASGOW COMA SCORE LEGEND**

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

eCARE EMS Clinical Staff Signatures

RN Signature

Date:                      Signature:    Clinician Name

EMS Agency Name - EMS Staff Signatures

Date:                      RN Signature:

Date:                      Provider Signature:





**EMS Services  
Trauma Record**

|                             |                 |                      |              |
|-----------------------------|-----------------|----------------------|--------------|
| <b>Patient Name:</b>        |                 | <b>DOB:</b>          |              |
| <b>Facility:</b>            | EMS Agency Name | <b>Facility MD:</b>  | EMS Provider |
| <b>Emergency Encounter:</b> |                 | <b>Encounter ID:</b> |              |

**DIAGNOSTICS**

|               | Time Ordered | Time Done |             | Time Ordered | Time Done |
|---------------|--------------|-----------|-------------|--------------|-----------|
| C-Spine X-ray |              |           | Chest X-ray |              |           |
| Pelvis X-ray  |              |           | Other X-ray |              |           |
| CT head       |              |           | CT C-Spine  |              |           |
| CT chest      |              |           | CT abdomen  |              |           |
| CT pelvis     |              |           |             |              |           |

**LABS**

Time drawn:

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

**INTAKE**

| Start Time | Medication/Infusion                           | Dose   | Rate         | Route | Site      | Stop Time        | Total Infused |
|------------|---|--------|--------------|-------|-----------|------------------|---------------|
| 12:07      | Normal Saline                                 | 1000mL | Pressure bag | IV    | L AC      |                  |               |
| 12:07      | <b>Clinician Name</b>                         |        |              |       |           |                  |               |
| 12:11      | TXA   | 1g     |              | IV    | R Forearm | 12:21            |               |
| 12:11      | Given over 10 minutes - <b>Clinician Name</b> |        |              |       |           |                  |               |
|            |   |        |              |       |           | <b>TOTAL(ml)</b> |               |

eCARE EMS Clinical Staff Signatures

**RN Signature**

**Date:** \_\_\_\_\_ **Signature:** Clinician Name

EMS Agency Name - EMS Staff Signatures

**Date:** \_\_\_\_\_ **RN Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Provider Signature:** \_\_\_\_\_





**EMS Services  
Trauma Record**

|                             |                 |                      |              |
|-----------------------------|-----------------|----------------------|--------------|
| <b>Patient Name:</b>        |                 | <b>DOB:</b>          |              |
| <b>Facility:</b>            | EMS Agency Name | <b>Facility MD:</b>  | EMS Provider |
| <b>Emergency Encounter:</b> |                 | <b>Encounter ID:</b> |              |

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

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eCARE EMS Clinical Staff Signatures

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**RN Signature**

**Date:** \_\_\_\_\_ **Signature:** Clinician Name

EMS Agency Name - EMS Staff Signatures

**Date:** \_\_\_\_\_ **RN Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Provider Signature:** \_\_\_\_\_





EMS Services  
Trauma Record

|                      |                 |               |              |
|----------------------|-----------------|---------------|--------------|
| Patient Name:        |                 | DOB:          |              |
| Facility:            | EMS Agency Name | Facility MD:  | EMS Provider |
| Emergency Encounter: |                 | Encounter ID: |              |

| NURSE NOTES |   |        |         |         |              |        |         |        |       |             |
|-------------|---|--------|---------|---------|--------------|--------|---------|--------|-------|-------------|
| Time        | TEMP (°F/°C)  | Source | HR(bpm) | RR(bpm) | BP(mmHg)     | Source | SpO2(%) | Source | ETCO2 | PAIN (0-10) |
| 11:45       |   |        |         |         |              |        |         |        |       |             |
| 11:45       | EMS call activated by EMS personnel. This clinician is scribing via Telemedicine. All cares and assessments per ambulance staff. EMS report they are en route to a single vehicle rollover accident. ETA of 3 minutes. - Clinician Name   |        |         |         |              |        |         |        |       |             |
| 11:48       |   |        |         |         |              |        |         |        |       |             |
| 11:48       | EMS arriving on scene. Fire is attempting to extricate the patient upon EMS arrival - Clinician Name  |        |         |         |              |        |         |        |       |             |
| 11:56       |   |        |         |         |              |        |         |        |       |             |
| 11:56       | EMS in ambulance with patient. Pt was found in the driver's seat of a vehicle in the ditch. Pt was restrained and airbags did deploy. Pt is moaning incomprehensibly and does not respond to questions. EMS report pt has a GCS of 8. Pt has a C-collar applied and is on a backboard. - Clinician Name   |        |         |         |              |        |         |        |       |             |
| 11:57       |   |        | 126     | 16      | 92   66 (75) | RT Arm | 92      | NRB    |       |             |
| 11:57       | Cardiac monitor applied. Pt placed on 15L/min O2 via NRB - Clinician Name   |        |         |         |              |        |         |        |       |             |
| 11:59       |   |        |         |         |              |        |         |        |       |             |
| 11:59       | 16g IV established in the right forearm. - Clinician Name   |        |         |         |              |        |         |        |       |             |
| 12:00       |   |        | 130     | 16      | 96   68 (77) | RT Arm | 93      | NRB    |       |             |
| 12:00       | EMS performing full body assessment:<br>Pt is pale, cool, and clammy<br>3cm laceration above the left eye with controlled bleeding<br>Lungs are clear and equal bilaterally<br>Bruising is noted to the upper right quadrant of the abdomen, rigid with palpation<br>Pelvis is stable<br>No injuries noted to extremities. Distal pulses are intact and pt moves all extremities - Clinician Name |        |         |         |              |        |         |        |       |             |
| 12:02       |   |        |         |         |              |        |         |        |       |             |
| 12:02       | TXA infusion started - Clinician Name   |        |         |         |              |        |         |        |       |             |
| 12:03       |   |        |         |         |              |        |         |        |       |             |
| 12:03       | eER paramedic calling receiving facility for report - Clinician Name  |        |         |         |              |        |         |        |       |             |
| 12:06       |   |        | 136     | 18      | 84   60 (68) |        |         |        |       |             |
| 12:06       | eER paramedic called report, receiving facility will have a room ready. EMS notified - Clinician Name   |        |         |         |              |        |         |        |       |             |
| 12:07       |   |        |         |         |              |        |         |        |       |             |
| 12:07       | 18g IV established in the left AC. Normal saline started with pressure bag - Clinician Name   |        |         |         |              |        |         |        |       |             |
| 12:11       |   |        |         |         |              |        |         |        |       |             |
| 12:11       | EMS arriving at receiving facility - Clinician Name   |        |         |         |              |        |         |        |       |             |
| 12:15       |   |        |         |         |              |        |         |        |       |             |
| 12:15       | No further assistance needed, eER Telemedicine call logged off. - Clinician Name  |        |         |         |              |        |         |        |       |             |

eCARE EMS Clinical Staff Signatures

RN Signature

Date: Signature: Clinician Name

EMS Agency Name - EMS Staff Signatures

Date: RN Signature:

Date: Provider Signature:





**EMS Services  
Trauma Record**

|                             |                 |                      |              |
|-----------------------------|-----------------|----------------------|--------------|
| <b>Patient Name:</b>        |                 | <b>DOB:</b>          |              |
| <b>Facility:</b>            | EMS Agency Name | <b>Facility MD:</b>  | EMS Provider |
| <b>Emergency Encounter:</b> |                 | <b>Encounter ID:</b> |              |

**Patient Disposition**

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

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eCARE EMS Clinical Staff Signatures

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**RN Signature**

**Date:** \_\_\_\_\_ **Signature:** Clinician Name

EMS Agency Name - EMS Staff Signatures

**Date:** \_\_\_\_\_ **RN Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_





EMS Services  
Notice of Privacy  
Record

|                      |                 |               |              |
|----------------------|-----------------|---------------|--------------|
| Patient Name:        |                 | DOB:          |              |
| Facility:            | EMS Agency Name | Facility MD:  | EMS Provider |
| Emergency Encounter: |                 | 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.





**EMS Services  
Code Blue Flow  
Sheet**

|                             |                 |                      |              |
|-----------------------------|-----------------|----------------------|--------------|
| <b>Patient Name:</b>        |                 | <b>DOB:</b>          |              |
| <b>Facility:</b>            | EMS Agency Name | <b>Facility MD:</b>  | EMS Provider |
| <b>Emergency Encounter:</b> |                 | <b>Encounter ID:</b> |              |

| 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 |
| 12:30 | IO established in the left tibia. Normal saline started with a pressure bag. Size 4 i-gel is placed with ETCO2 monitoring<br><i>Clinician Name</i>                  |                   |               |       |        |                     |                 |               |                      |        |          |                     |                                |                     |
| 12:31 |   |                   |               |       | V-fib  | 200                 |                 | 0             | 1                    |        |          |                     |                                |                     |
| 12:31 | CPR paused for a pulse/rhythm check. Pt is in v-fib. Pt is defibrillated and CPR is resumed. 1mg Epinephrine is administered IO.<br><i>Clinician Name</i>           |                   |               |       |        |                     |                 |               |                      |        |          |                     |                                |                     |
| 12:33 |   |                   |               | 22    | V-fib  | 300                 | 300             |               |                      |        |          |                     |                                |                     |
| 12:33 | CPR paused for a pulse/rhythm check. Pt is in v-fib. Pt is defibrillated and CPR is resumed. 300mg amiodarone is administered IO.<br><i>Clinician Name</i>          |                   |               |       |        |                     |                 |               |                      |        |          |                     |                                |                     |
| 12:35 |   |                   | 118   60 (79) | 56    | S-Tach |                     |                 |               |                      |        |          |                     |                                |                     |
| 12:35 | CPR paused for a pulse/rhythm check. Strong pulse is palpated. Vitals are obtained and a 12 lead is completed. See critical care flowsheet<br><i>Clinician Name</i> |                   |               |       |        |                     |                 |               |                      |        |          |                     |                                |                     |

**Code Blue Medication**

| START TIME | MEDICATION / INFUSION | DOSE / VOLUME | RATE         | ROUTE | SITE    | STOP TIME |
|------------|-----------------------|---------------|--------------|-------|---------|-----------|
| 12:30      | Normal Saline         | 1000mL        | Pressure bag | IO    | L Tibia |           |
| 12:30      | <i>Clinician Name</i> |               |              |       |         |           |
| 12:31      | Epinephrine           | 1mg           |              | IO    | L Tibia | 12:31     |
| 12:31      | <i>Clinician Name</i> |               |              |       |         |           |
| 12:33      | Amiodarone            | 300mg         |              | IO    | L Tibia | 12:33     |
| 12:33      | <i>Clinician Name</i> |               |              |       |         |           |

eCARE EMS Clinical Staff Signatures

**RN Signature**

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ Clinician Name

EMS Agency Name - EMS Staff Signatures

**Date:** \_\_\_\_\_ **RN Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Provider Signature:** \_\_\_\_\_





**EMS Services  
Code Blue Flow  
Sheet**

|                             |                 |                                  |
|-----------------------------|-----------------|----------------------------------|
| <b>Patient Name:</b>        |                 | <b>DOB:</b>                      |
| <b>Facility:</b>            | EMS Agency Name | <b>Facility MD:</b> EMS Provider |
| <b>Emergency Encounter:</b> |                 | <b>Encounter ID:</b>             |

End of Resuscitation Information

Time resuscitation event ended: Status: Alive  Dead

Reason resuscitation ended:

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

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eCARE EMS Clinical Staff Signatures

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**RN Signature**

**Date:**                      **Signature:**      Clinician Name

EMS Agency Name - EMS Staff Signatures

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





EMS Services  
Notice of Privacy  
Record

|                      |                 |               |              |
|----------------------|-----------------|---------------|--------------|
| Patient Name:        |                 | DOB:          |              |
| Facility:            | EMS Agency Name | Facility MD:  | EMS Provider |
| Emergency Encounter: |                 | Encounter ID: |              |

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EMS Services  
Critical Care Flow  
Sheet RN Notes

|                             |                 |                      |              |
|-----------------------------|-----------------|----------------------|--------------|
| <b>Patient Name:</b>        |                 | <b>DOB:</b>          |              |
| <b>Facility:</b>            | EMS Agency Name | <b>Facility MD:</b>  | EMS Provider |
| <b>Emergency Encounter:</b> |                 | <b>Encounter ID:</b> |              |

| Time  | TEMP (°F/°C)  | Source | HR (bpm) | RR (bpm) | BP(mmHg)      | Source | SpO2(%) | Source | ETCO2 | PAIN (0-10) |
|-------|---|--------|----------|----------|---------------|--------|---------|--------|-------|-------------|
| 12:37 |   |        |          |          |               |        |         |        |       |             |
| 12:37 | EMS begin transport to ER. eER paramedic calling receiving facility with report<br><i>Clinician Name</i>  |        |          |          |               |        |         |        |       |             |
| 12:40 |   |        | 103      | 12       | 122   74 (90) | RT Arm | 96      | BVM    | 44    |             |
| 12:40 | 18g IV established in the left AC. eER paramedic called report, receiving facility will have a room ready. EMS notified.<br><i>Clinician Name</i> |        |          |          |               |        |         |        |       |             |
| 12:46 |   |        | 98       | 12       | 126   80 (95) | RT Arm | 98      | BVM    | 39    |             |
| 12:46 | EMS arriving at receiving facility<br><i>Clinician Name</i>   |        |          |          |               |        |         |        |       |             |

eCARE EMS Clinical Staff Signatures

**RN Signature**

**Date:**                      **Signature:**      Clinician Name

EMS Agency Name - EMS Staff Signatures

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





Avel eCARE EMS Satisfaction Survey

Date/Time of Use:

Facility/City Name:

EMS Agency Name

EMS Services 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 service?**

Poor    1    2    3    4    5    Excellent

**3. How would you rate your experience with the Avel EMS 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**

