



Alabama Quick Start Guide for ePCR Success

May 2022

Document Version 1.5



Welcome to First Due’s Quick Start Guide for ePCR success for the State of Alabama.

The purpose of this guide is to help you complete the required ePCR fields for Alabama NEMSIS compliance to reduce and, hopefully, eliminate state validation errors and warnings. Before we get started, it’s important to keep the following in mind:

- As you complete the ePCR, all **National NEMSIS-required fields are indicated with an asterisk (*)**. These fields are **not** explained in this document, since the system already indicates them as required (most national NEMSIS-required fields are also Alabama NEMSIS-required).

The screenshot shows a 'Dispatch' form with the following fields: 'EMD Performed (*)' with a dropdown menu set to 'Yes, With Pre-Arrival Instructions'; 'EMD Card Number' with an empty text box; 'Complaint Reported by Dispatch (*)' with a dropdown menu set to 'Traumatic Injury'; and 'Dispatch Priority (Patient Acuity)' with an empty text box. Red circles highlight the asterisks on the first and third fields.

- The system will advise you of any National-NEMSIS fields that are missing or incorrect when you select **Complete** in the ePCR. These validation errors will appear in **red**:

The screenshot shows the 'EMS Care Report' interface. At the top, it displays incident details: Incident Number (COMMAND SUMMIT 3), Incident Date (04/11/2022), Location (4099 Orange Beach Blvd), Dispatch Type (321), Status Code, and Notes. Below this is a 'Response' section with a 'Dispatch' tab selected. The 'Dispatch' form is visible, showing the same fields as the previous screenshot. A red callout box with the text 'Missing / Incorrect NATIONAL NEMSIS Fields' points to the 'EMD Performed (*)' and 'Complaint Reported by Dispatch (*)' fields. At the bottom, the 'Time' section shows validation errors in red: 'PSAP Call Date/Time (*)' with a value of '04/11/2022 hh:mm:ss' and a message 'PSAP Call Date/Time cannot be blank.'; 'Unit Notified by Dispatch Date/Time (*)' with a value of '04/11/2022 hh:mm:ss' and a message 'Unit Notified by Dispatch Date/Time cannot be blank.'; and 'Dispatch Notified Date/Time' with a value of '04/11/2022 10:00:00'.



- Also, upon selecting **Complete**, **Alabama NEMSIS errors and warnings** will appear in the **header** section:

The screenshot displays the 'EMS Care Report' interface. At the top right, there are buttons for 'Print', 'Save draft', 'Complete', and 'Close'. Below these is a header section with fields for Incident Number (COMMAND SUMMIT 3), Incident Date (04/11/2022), Location (4099 Orange Beach Blvd), Dispatch Type (321), Status Code (Incomplete), and Notes. A red callout box labeled 'State Validation Errors and Warnings' points to a 'Nemsis Validations' section. This section contains a red warning message: 'NEMSIS Validations: There are validation errors. Details: [WARNING] eScene - All scene address information should be recorded, since a patient was seen.' Below the validation section are buttons for 'Protocol Section', 'Download/Import CAD', and 'Luke Skywalker'. The main form area is divided into tabs: 'Dispatch', 'Time', 'Response', and 'Scene'. The 'Scene' tab is active, showing fields for 'First Ems on Scene (*)', 'Number of Patients at Scene (*)', 'Incident Facility Code', 'GPS Location', 'National Grid Coordinates', and 'Incident Facility Name'. Below these are fields for 'Mile Post / Major Roadway', 'Incident Location Type (*)', and 'Private residence'. At the bottom, there are fields for 'Address Line 1' (4099 Orange Beach Blvd), 'Suit', 'Address Line 2', 'City', and 'State'. A red box highlights the 'City' and 'State' fields, with a note below stating: 'Based on Incident/Patient Disposition, the following should have a value: Incident City Incident County and Incident State are required.' The 'State' dropdown menu is currently set to 'Not Applicable'.

- The example herein is a straightforward EMS call where the disposition is “**Patient Treated, Transferred Care to Another EMS Unit**”.
- For other dispositions, the required fields will vary.
- The nature of the EMS call (e.g., cardiac arrest) will also cause the Alabama-NEMSIS-required fields to vary.
- Additionally, other responses made in the ePCR may trigger other Alabama-NEMSIS-required fields.
- **IMPORTANT:** This guide is not intended to cover every type of patient encounter but is intended to serve as a foundation for completing most ePCRs.



- Just like donning an SCBA for the first time in your fire academy, the more you practice, the better you will become at completing Alabama-compliant ePCR with few to no validation errors. This will become second nature in no time.
- What you'll see below is each section of the First Due ePCR with fields that are Alabama-required but not necessarily national NEMSIS-required.
- Remember, all the national NEMSIS-required fields are denoted with an asterisk (*), so those will be apparent on your first pass through the ePCR.

(continued next page)



IMPORTANT: This following example is for the disposition: “Patient Treated, Transferred Care to Another EMS Unit”.

Please Note: “Incident Patient Disposition” is found in the **Disposition & EMS Narrative** section of the ePCR:

The screenshot shows the 'EMS Care Report' interface. On the left sidebar, the 'Disposition & EMS Narrative' menu item is highlighted with a red circle. The main content area is titled 'Disposition' and contains several dropdown menus. The 'Incident Patient Disposition (*)' dropdown is circled in red and shows the selected option 'Patient Treated, Transferred Care to Another EMS Unit'. Other dropdowns include 'How Pt. was Moved to Ambulance', 'Position During Transport', 'Disposition Instructions', 'Transported To', 'Type of Destination', 'Reason for Choosing Destination', 'Transport Mode From Scene', 'Additional Transport Mode Descriptors', 'How Pt. was Moved from Ambulance', 'Hospital in Patient Destination', 'Final Patient Acuity', 'Hospital Capability', and 'Delayed ALS Arrival (*)'.

1. RESPONSE > DISPATCH

The screenshot shows the 'Dispatch' section of the EMS Care Report. The 'Dispatch' menu item is highlighted in blue. The 'EMD Performed (*)' dropdown is set to 'Yes, With Pre-Arrival Instructions'. Other fields include 'EMD Card Number', 'Complaint Reported by Dispatch (*)' (set to 'Traumatic Injury'), 'Dispatch Priority (Patient Acuity)', 'Dispatch Center Name', and 'Unit Dispatched CAD'.

No Alabama NEMSIS-required fields in this section.



2. RESPONSE > TIME

The screenshot shows the 'Time' tab of the ePCR system. The form includes the following fields:

- PSAP Call Date/Time (*)
- Dispatch Notified Date/Time (1)
- Unit Notified by Dispatch Date/Time (*)
- Dispatch Acknowledged Date/Time
- Unit En Route Date/Time (*)
- Unit Arrived on Scene Date/Time (*)
- Arrived at Patient Date/Time (*)
- Transfer of EMS Patient Care Date/Time (2)
- Unit Left Scene Date/Time (*)
- Arrival at Destination Landing Area Date/Time
- Patient Arrived at Destination Date/Time (*)
- Destination Patient Transfer of Care Date/Time (*)
- Unit Back in Service Date/Time (*)
- Unit Canceled Date/Time
- Unit Back at Home Location Date/Time
- EMS Call Completed Date/Time

1. **ERROR:** Dispatch Notified Date/Time must be recorded.
2. **ERROR:** Depending on Disposition, Transfer of EMS Patient Care Date/Time must have a value.

NOTE: Even if you don't transport/transfer the patient, the following destination fields still require a response. "Not" values ARE acceptable and appropriate responses (e.g., "Not applicable"):

The close-up screenshot shows the following fields highlighted with a red box:

- Patient Arrived at Destination Date/Time (*)
- Destination Patient Transfer of Care Date/Time (*)

Both fields are currently set to "Not Applicable".



3. RESPONSE > RESPONSE

No Alabama NEMSIS-required fields in this section.

4. RESPONSE > SCENE

1. **WARNING:** All scene address information must be recorded:
 - a. Scene Address



- b. Scene City
- c. Scene County
- d. Scene State
- e. Scene Zip Code

5. INFORMATION > PATIENT

1. **ERROR:** First and Last Name must have a value.
2. **ERROR:** Date of Birth must have a value.
3. **WARNING:** SSN must be a real social security number OR leave blank when not known.

TIP: If the patient address is the same as the incident address, we recommend copying and pasting the incident address from the **Response > Scene** section to the **Information > Patient Information** section shown above.



6. INFORMATION > EMS INFORMATION

The screenshot shows the 'EMS Information' form. On the left is a navigation menu with 'Disposition & EMS Narrative' selected. The main form has tabs for 'Patient', 'Employer', 'Emergency', 'EMS', and 'Insurance'. The 'Emergency' tab is active. The form includes fields for 'Phone/Pager', 'Emergency Information Form', 'Patient Barriers to Care (*)', and 'Advance Directives'. Under 'Medical/Surgical History', the 'Medication Allergies' dropdown is highlighted with a red box and a '1'. Below this is a 'Medications' table with columns for Name, Dose, Unit, Route, and Actions. The 'Medications' table is empty, and a red box labeled '2' highlights the 'None Reported' slider, which is turned on. A red arrow points from the 'Medications' table to the 'None Reported' slider.

1. **ERROR:** Medication Allergies must be added OR “No Known Drug Allergy” OR “Not” Value selected.
2. **ERROR:** Current Medications must entered OR one of the sliders selected.

The screenshot shows the 'EMS Information' form with the 'EMS' tab selected. The 'Pregnancy Information' section is visible, with the 'Currently Pregnant' dropdown menu highlighted by a red box and a '1'. The dropdown is set to 'No'. Other fields include 'Estimated Date', '# of Previous Pregnancies', and '# of Previous Births'.

1. **ERROR:** If patient is female, pregnancy status must be selected.



7. ASSESSMENT > SITUATION

The screenshot shows the 'Situation' tab of the ePCR form. The EMSA section is highlighted with a red box. A red circle with the number '1' is positioned over the 'EMSA - Suspected Acute (New Onset) Stroke/CVA Occurrence' dropdown menu, which is currently set to 'No'.

1. **WARNING:** A single instance of EMSA - Suspected Acute (New Onset) Stroke/CVA Occurrence must be recorded for ALL Alabama PCRs.

IMPORTANT:

- If the response to “EMSA - Suspected Acute (New Onset) Stroke/CVA Occurrence” is “YES”, then ALL other EMSA fields require a response.
- If the response to “EMSA - Suspected Acute (New Onset) Stroke/CVA Occurrence” is “NO”, then all other EMSA fields **DO NOT** require a response.

8. ASSESSMENT > IMPRESSIONS

The screenshot shows the 'Impressions' tab of the ePCR form. A table titled 'Patient Complaints' is highlighted with a red box. The table has columns for 'Complaint Type', 'Complaint', 'Duration', and 'Actions'. One row is visible with 'Chief (Primary) Complaint', 'Pain', and '1 Hours'. A red circle with the number '1' is placed over the 'Add' button in the top right corner of the table.

Complaint Type	Complaint	Duration	Actions
<input type="checkbox"/>	Chief (Primary) Complaint	Pain	1 Hours



1. **ERROR:** At least one complaint must be recorded.
IMPORTANT: Duration and Time Units of Duration **MUST** be entered for every complaint.

Complaint Type (*) Complaint Symptom Onset Date & Time (*)
 Chief (Primary) Chest Pain 05/19/2022 09:00:00
 Duration Time Units of Duration CC Anatomic Location (*) CC Organ System (*)
 1 Hours Chest Cardiovascular
 Save Cancel

9. ASSESSMENT > ASSESSMENT

Assessment Add Copy
 Date/Time Assessment Category (s) Actions
 Back Assessment Details Assessment Obtained At 05/23/2022 09:42:28
 Abdomen Back & Spine Chest & Lungs Head, Face & Neck Heart Lower Extremities Mental & Behaviora Neurological Pelvis & Genitourinar Skin Upper Extremities
 Trauma
 Area Location Pertinent Negatives
 + Abdominal Quadrants Trauma
 + Epigastric
 + General Trauma
 + Periumbilical
 Save Cancel

1. **ERROR:** An assessment MUST be documented for ALL the following areas:
Alabama-compliant ASSESSMENT images shown below as an example only.
Always document actual findings (system as of May 20, 2022):



a. Abdomen

Assessment Obtained At: 05/17/2022 17:57:43

Back Assessment Details

Abdomen Back & Spine Chest & Lung Head, Face & Neck Heart Lower Extremities Mental & Behavior Neurological Pelvis & Genitourinary Skin Upper Extremities

Trauma

Area	Location				Pertinent Negatives
Abdominal Quadrants	Trauma <input type="checkbox"/>				
Normal	Left Lower <input checked="" type="checkbox"/>	Left Upper <input type="checkbox"/>	Right Lower <input type="checkbox"/>	Right Upper <input type="checkbox"/>	
Not Done	Left Lower <input type="checkbox"/>	Left Upper <input type="checkbox"/>	Right Lower <input type="checkbox"/>	Right Upper <input type="checkbox"/>	
Bowel Sounds-Absent	Left Lower <input type="checkbox"/>	Left Upper <input type="checkbox"/>	Right Lower <input type="checkbox"/>	Right Upper <input type="checkbox"/>	

b. Back & Spine

Assessment Obtained At: 05/17/2022 17:57:43

Back Assessment Details

Abdomen Back & Spine Chest & Lung Head, Face & Neck Heart Lower Extremities Mental & Behavior Neurological Pelvis & Genitourinary Skin Upper Extremities

Trauma

Area	Location			Pertinent Negatives
Cervical	Trauma <input type="checkbox"/>			
Normal	Left <input checked="" type="checkbox"/>	Midline <input type="checkbox"/>	Right <input type="checkbox"/>	
Not Done	Left <input type="checkbox"/>	Midline <input type="checkbox"/>	Right <input type="checkbox"/>	
Deformity	Left <input type="checkbox"/>	Midline <input type="checkbox"/>	Right <input type="checkbox"/>	No Deformity <input type="checkbox"/>

c. Chest & Lungs

Assessment Obtained At: 05/17/2022 17:57:43

Back Assessment Details

Abdomen Back & Spine Chest & Lung Head, Face & Neck Heart Lower Extremities Mental & Behavior Neurological Pelvis & Genitourinary Skin Upper Extremities

Trauma

Area	Location			Pertinent Negatives
Anterior	Trauma <input type="checkbox"/>			
Normal	General <input checked="" type="checkbox"/>	Left <input type="checkbox"/>	Right <input type="checkbox"/>	
Not Done	General <input type="checkbox"/>	Left <input type="checkbox"/>	Right <input type="checkbox"/>	
Accessory Muscles Heard with Breathing	General <input type="checkbox"/>	Left <input type="checkbox"/>	Right <input type="checkbox"/>	Accessory Muscles Not <input type="checkbox"/>



d. Head, Face & Neck

Eyes

Assessment Details Assessment Obtained At
05/17/2022 17:57:43

Abdomen Back & Spine Chest & Lung **Head, Face & Neck** Heart Lower Extremities Mental & Behavioral Neurological Pelvis & Genitourinary Skin Upper Extremities

Trauma

Area	Location	Pertinent Negatives
+ Ears Trauma <input type="checkbox"/>		
- Eyes Trauma <input type="checkbox"/>		
Not Done	Both <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/>	
PERRL	Both <input type="checkbox"/>	Pupils Not ERRL <input type="checkbox"/>
1-mm	Both <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/>	

Face

Assessment Details Assessment Obtained At
05/17/2022 17:57:43

Abdomen Back & Spine Chest & Lung **Head, Face & Neck** Heart Lower Extremities Mental & Behavioral Neurological Pelvis & Genitourinary Skin Upper Extremities

Trauma

Area	Location	Pertinent Negatives
+ Ears Trauma <input type="checkbox"/>		
+ Eyes Trauma <input type="checkbox"/>		
- Face Trauma <input type="checkbox"/>		
Normal	General <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/>	
Not Done	General <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/>	
Asymmetric Smile or Droop	General <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/>	No Asymmetric Smile or Droop <input type="checkbox"/>

Head



Assessment Details Assessment Obtained At
05/17/2022 17:57:43

Abdomen Back & Spine Chest & Lung **Head, Face & Neck** Heart Lower Extremities Mental & Behavioral Neurological Pelvis & Genitourinary Skin Upper Extremities

Trauma

Area	Location	Pertinent Negatives
+ Ears	Trauma <input type="checkbox"/>	
+ Eyes	Trauma <input type="checkbox"/>	
+ Face	Trauma <input type="checkbox"/>	
- Head	Trauma <input type="checkbox"/>	
Normal	General <input checked="" type="checkbox"/> Top <input type="checkbox"/> Forehead <input type="checkbox"/> Back <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/>	
Not Done	General <input type="checkbox"/> Top <input type="checkbox"/> Forehead <input type="checkbox"/> Back <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/>	

Neck

Assessment Details 05/17/2022 17:57:43

Abdomen Back & Spine Chest & Lung **Head, Face & Neck** Heart Lower Extremities Mental & Behavioral Neurological Pelvis & Genitourinary Skin Upper Extremities

Trauma

Area	Location	Pertinent Negatives
+ Ears	Trauma <input type="checkbox"/>	
+ Eyes	Trauma <input type="checkbox"/>	
+ Face	Trauma <input type="checkbox"/>	
+ Head	Trauma <input type="checkbox"/>	
+ Jaw	Trauma <input type="checkbox"/>	
+ Mouth	Trauma <input type="checkbox"/>	
- Neck	Trauma <input type="checkbox"/>	
Normal	Present <input checked="" type="checkbox"/>	
Not Done	Present <input type="checkbox"/>	
JVD	Present <input type="checkbox"/>	No JVD <input type="checkbox"/>
Pain	Present <input type="checkbox"/>	No Pain <input type="checkbox"/>



e. Heart

Assessment Details Assessment Obtained At
05/17/2022 17:57:43

Abdomen Back & Spine Chest & Lung: Head, Face & Neck **Heart** Lower Extremities Mental & Behavior Neurological Pelvis & Genitourinary Skin Upper Extremities

Area	Location	Pertinent Negatives
Normal	Present <input checked="" type="checkbox"/>	
Not Done	Present <input type="checkbox"/>	
Clicks	Present <input type="checkbox"/>	No Clicks <input type="checkbox"/>
Heart Sounds Decreased	Present <input type="checkbox"/>	Heart Sounds Not Decreased <input type="checkbox"/>

f. Lower Extremities

Assessment Details Assessment Obtained At
05/17/2022 17:57:43

Abdomen Back & Spine Chest & Lung: Head, Face & Neck Heart **Lower Extremities** Mental & Behavior Neurological Pelvis & Genitourinary Skin Upper Extremities

Trauma

Area	Location	Pertinent Negatives
Ankle Trauma <input type="checkbox"/>		
Normal	Left <input checked="" type="checkbox"/> Right <input type="checkbox"/>	
Not Done	Left <input type="checkbox"/> Right <input type="checkbox"/>	
Amputation-Previous	Left <input type="checkbox"/> Right <input type="checkbox"/>	

g. Mental and Behavioral

Assessment Details Assessment Obtained At
05/17/2022 17:57:43

Abdomen Back & Spine Chest & Lung: Head, Face & Neck Heart Lower Extremities **Mental & Behavior** Neurological Pelvis & Genitourinary Skin Upper Extremities

Area	Location	Pertinent Negatives
Mental Status		
Not Done	Present <input type="checkbox"/>	
Confused	Present <input type="checkbox"/>	Not Confused <input type="checkbox"/>
Hallucinations (Visual)	Present <input type="checkbox"/>	No Hallucinations (Visual) <input type="checkbox"/>
Normal Baseline for Patient	Present <input checked="" type="checkbox"/>	



h. Neurological

Assessment Obtained At: 05/20/2022 14:19:33

Back Assessment Details

Abdomen Back & Spine Chest & Lungs Head, Face & Neck Heart Lower Extremities Mental & Behavior **Neurological** Pelvis & Genitourinary Skin Upper Extremities

Area	Location	Pertinent Negatives
Not Done	Present <input type="checkbox"/>	
Aphagia (Inability to Swallow)	Present <input type="checkbox"/>	No Aphagia (Inability to Swallow) <input type="checkbox"/>
Hemiplegia-Right	Present <input type="checkbox"/>	
Normal Baseline for Patient	Present <input checked="" type="checkbox"/>	
Seizure - Nonstatus	Present <input type="checkbox"/>	No Seizures <input type="checkbox"/>

i. Pelvis & Genitourinary

Assessment Obtained At: 05/17/2022 17:57:43

Back Assessment Details

Abdomen Back & Spine Chest & Lung Head, Face & Neck Heart Lower Extremities Mental & Behavior Neurological **Pelvis & Genitourinary** Skin Upper Extremities

Trauma

Area	Location	Pertinent Negatives
+ Genital - Female Trauma <input type="checkbox"/>		
+ Genital - Male Trauma <input type="checkbox"/>		
- Pelvis Trauma <input type="checkbox"/>		
Normal	General <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/>	
Not Done	General <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/>	

j. Skin

Assessment Obtained At: 05/17/2022 17:57:43

Back Assessment Details

Abdomen Back & Spine Chest & Lung Head, Face & Neck Heart Lower Extremities Mental & Behavior Neurological Pelvis & Genitourinary **Skin** Upper Extremities

Area	Location	Pertinent Negatives
Normal	Present <input checked="" type="checkbox"/>	
Not Done	Present <input type="checkbox"/>	
Capillary Nail Bed Refill 2-4 seconds	Present <input type="checkbox"/>	



k. Upper Extremities

Assessment Details Assessment Obtained At
05/20/2022 14:19:33

Abdomen Back & Spine Chest & Lungs Head, Face & Neck Heart Lower Extremities Mental & Behaviora Neurological Pelvis & Genitourinar Skin **Upper Extremities**

Trauma

Area	Location	Pertinent Negatives
Elbow		
Normal	Left <input checked="" type="checkbox"/> Right <input checked="" type="checkbox"/>	
Not Done	Left <input type="checkbox"/> Right <input type="checkbox"/>	
Amputation-Previous	Left <input type="checkbox"/> Right <input type="checkbox"/>	

10. VITAL SIGNS > VITAL SIGNS

Vital Signs Lab & Imaging Device

Add

Date / Time (*) 04/11/2022 10:15:00

PTA (*) No Position Sitting AVPU (*) Alert HR (*) 120 HR Rhythm Regular

HR Method Palpated SBP (*) 100 DBP 80 P BP Method (*) Cuff-Manual Auscultated MAP

RR (*) 22 Respiratory Effort Rapid SpO2 (*) 98 SpCO

ETCO2 35 ETCO2 Measure mmHg Pain (*) 10 Pain Scale Type Numeric (0-10)

Temp Celsi Temp Method Blood Glucose (*) 99 High Low Cardiac Rhythm (*) Sinus Tachycardia ECG Type (*) 3 Lead

Interpretation Method (*) Manual Interpretation Glasgow Coma Score - Eye (*) Opens Eyes spontaneously (All Age Glasgow Coma Score - Verbal (*) Oriented (>2 Years); Smiles, oriente Glasgow Coma Score - Motor (*) Obeys commands (>2 Years); Approj

GCS Qualifier (*) Initial GCS has legitimate values without interventions such as intubation and sedation GCS Total 15 RTS Stroke Scale Score (*) Not Applicable

Stroke Scale Type (*) Not Applicable Reperfusion Checklist Result (*) Not Applicable APGAR Score

Save Cancel

- WARNING:** DBP (Diastolic Blood Pressure) must be recorded.
- ERROR:** Full Glasgow Coma Score with Qualifier must be recorded for at least one (1) set of vital signs.



11. TREATMENTS > PROCEDURES

1

Airway Cardiac General IV/IO Medications

Actions/Treatments/Meds Timeline

	Date/Time	PTA	Treatment	Provider	Notes	Actions
<input type="checkbox"/>	04/11/2022 10:16:00	No	Catheterisation of vein	Fire Department Admin		
<input type="checkbox"/>	04/11/2022 10:19:00	No	Tourniquet Application	Fire Department Admin		
<input type="checkbox"/>	04/11/2022 10:20:00	No	Continuous physical assessment	Fire Department Admin		
<input type="checkbox"/>	04/11/2022 10:17:00	No	Morphine	Fire Department Admin		

Airway

Airway Device Removal Bag valve mask ventilation Manual establishment of airway Lung inflation by intermittent compression of reservoir bag

Bi-level positive airway pressure therapy Tension pneumothorax relief Chest Tube Insertion Chest Tube Maintenance CPAP - Continuous positive airways pressure

Cricoid Pressure Applied Cricothyrotomy (Dilation Device) Cricothyrotomy (Needle) Cricothyrotomy (Surgical) Foreign Body Removal Heimlich Maneuver

Impedance Threshold Device Intubation (Existing Tracheostomy Stoma) Intubation (Nasotracheal) Intubation (Orotracheal Through Laryngeal Mask Airway)

General

Burn Care Application of cervical collar Childbirth Decontamination Eye Irrigation Fetal Heart Monitor Surveillance Gastro Intestinal Tube Maintenance

Administers care to wound sites Application of chemical haemostatic agents Hypothermia Induction Therapy Intracranial Pressure Monitoring

Monitoring of Preexisting Devices and Interventions Insertion of nasogastric tube Occlusive Dressing Application Insertion of orogastric tube

Active external cooling of subject Active external warming of subject Application of dressings Pressure Trousers Application Restraint Applied (Chemical)

Physical restraint Cervical spine Immobilisation Stabilization of spine Application of splint Splinting (Pelvic Binder/Sling)

Application of traction using a traction device Tourniquet Application Urinary Catheterisation Vagal stimulation physiologic challenge Wound Irrigation

12 lead electrocardiogram Contacting physician Glucose measurement, blood Continuous physical assessment Manual inline stabilization of cervical spine

Immobilization using long board Immobilization using extrication splint Blood products administration

2

Catheterisation of vein

Pertinent Negative or Not Values

Date / Time (*) 04/11/2022 10:16:00 PTA

Non-Department Provider? Provider (*) Fire Department Admin # of Attempts (*) 1

Successful (*) TKO Size **3** Vascular Access Location Antecubital-Left

Type of Fluid Normal Saline CC's of Fluid 500 Response (*) Improved Complications (*) None

Authorization On-Line (Remote Verbal Order) Authorized by

Notes

Save Cancel



1. **ERROR:** At least one (1) procedure must be recorded. Be sure to document the following:
 - a. # of attempts
 - b. Successful
 - c. Response
 - d. Complications

2. **WARNING:** A “Continuous Physical Assessment” procedure must be recorded since a patient was treated.

3. **ERROR:** Vascular Access Location must be recorded based on procedure type (e.g., catheterization of vein).

12. TREATMENTS > PROTOCOLS

	Date / Time	PIA	Treatment	Provider	Notes	Actions
<input type="checkbox"/>	04/11/2022 10:16:00	No	Catheterisation of vein	Fire Department Admin		
<input type="checkbox"/>	04/11/2022 10:19:00	No	Tourniquet Application	Fire Department Admin		
<input type="checkbox"/>	04/11/2022 10:20:00	No	Continuous physical assessment	Fire Department Admin		
<input type="checkbox"/>	04/11/2022 10:17:00	No	Morphine	Fire Department Admin		

1. **ERROR:** Based on procedure(s), at least one (1) protocol used must be recorded.



13. TREATMENTS > MEDICATION

Morphine

Pertinent Negative or Not Value

Date / Time (*) 04/11/2022 10:17:00 PTA

Non-Department Provider? Provider Administration Route

Fire Department Admin Intravenous (IV)

Dosage (*) Dosage Units (*) Response (*)

2 Milligrams (mg) Improved

Complication (*) Authorization

None Protocol (Standing Order)

Notes

Save Cancel

1. **ERROR:** Medication administration route must be recorded for a medication administered. NOTE: The system will indicate a **WARNING** if no meds are entered, but you are still able to submit the ePCR to Alabama NEMSIS



14. DISPOSITION & EMS NARRATIVE > DISPOSITION

1. **ERROR:** Destination Transported To must be selected (for applicable dispositions).

15. DISPOSITION & EMS NARRATIVE > NARRATIVE

1. **ERROR:** Narrative is required.
 - a. If patient is involved, narrative must be 30 characters.
 - b. If no patient is involved, narrative must be 10 characters.

Nice job! All of us at First Due hope you found this document helpful as you complete Alabama ePCRs in our system. If you have any questions, please reach out to your Client Success Manager or support@firstduesizeup.zohodesk.com.