

Medication Administration

What: All administered medications must be entered into the structured medication fields. This includes medications given prior to EMS arrival by first responders/law enforcement, bystanders, other EMS units, hospital staff, or the patient themselves.

Why: Correct medication documentation improves data quality, supports quality improvement efforts and informs patient care. Medications documented only in the narrative cannot be systematically analyzed.

How: Use the Medications section of the ePCR [Provider Actions → Medications] or the Meds PowerTool.

Examples:

1. **Naloxone:** Public health partners rely on EMS data to evaluate naloxone distribution efforts. It's especially helpful to know whether naloxone was administered prior to EMS arrival. 2025 Montana data shows naloxone documented in structured fields for 45% of suspected opioid overdose patients – but when narratives are also reviewed, that number rises to 67%. This means that each year hundreds of naloxone administrations are not documented correctly, impacting naloxone distribution work.
2. **Oxygen:** The EPIC TBI protocol requires high-flow oxygen to prevent hypoxia, yet 2025 Montana data show only 16% of suspected TBI/head injury patients have oxygen documented in the structured medication fields. This hinders ability to evaluate the effectiveness of EPIC implementation.

DO NOT document medications in the narrative only!!

Example ePCR Medications section

Include any medications administered prior to EMS arrival

Request changes to the dropdown list via the [ePCR suggestion box](#)

<https://dphhs.mt.gov/publichealth/EMSTS/ePCR-suggestion-box>

Report ALL medications administered.

USE PERTINENT NEGATIVE VALUES where needed: