

Out-of-hospital cardiac arrest (OHCA) Documentation

For your ePCR to be classified as an **OHCA Patient**, one or more of the following must be true:

- Cardiac Arrest (eArrest.01) = “Yes, Prior to EMS Arrival (includes Transport EMS & Medical First Responders)” or “Yes, After EMS Arrival (includes Transport EMS & Medical First Responders)”
- Provider primary/secondary impressions indicates cardiac arrest
 - CV- Cardiac Arrest (I46.9)

QI Measures for OHCA patients

1. EMS/First Responder Arrival to 1st CPR < 2 Minutes → **Must document Time of Initial CPR (eArrest.19)**
 - If Arrest was Prior to any EMS/First Responder arrival:
 - If your unit initiated CPR:
 - Time interval begins when your unit arrived on scene (eTimes.06)
 - If a First Responder such as EMS/LE/Non-EMS Fire initiated CPR:
 - Time interval begins at Initial Responder Arrived on Scene time (eScene.05) → **this is a NEW FIELD under the Unit Info Tab**
 - If Arrest was After any EMS arrival:
 - The time interval begins at Cardiac arrest time (eArrest.14)
2. OHCA: Sustained ROSC among unwitnessed
3. OHCA: Sustained ROSC among bystander witnessed
4. OHCA: Sustained ROSC among EMS witnessed
5. OHCA: Initial Cardiac Rhythm documented → *Document on Cardiac Arrest panel. **EMTs can document based on monitor display or document unknown AED shockable or unknown AED non-shockable.***
6. OHCA: Cardiac arrest alert to hospital- *Document under transport/destination info → hospital activation. **NOTE: A patient radio or cell phone report to the ED notifying them of OHCA patient is considered an Alert/Activation regardless of hospital protocols.***
7. OHCA cases have appropriate ventilatory rate via capnography feedback – *from monitor annotations*
8. OHCA cases meet HPCPR standards – *from monitor annotations*

Note about ROSC:

Cardiac Arrest

Date/Time of Sustained ROSC:

Any Return of Spontaneous Circulation?:

No	Yes, At Arrival at the ED	<input type="button" value="⊖"/>
Yes, Prior to Arrival at the ED	Yes, Sustained for 20 consecutive minutes	

- Any ROSC (shown above) is a multi-select field!!
- If you choose “No”, do not choose any other answer
- For periods of ROSC < 20 minutes (either lost ROSC or arrived at facility before 20 minutes passed)
 - Select “Yes, Prior to arrival at ED”
- For periods of ROSC ≥20 minutes ending prior to arrival at ED (pt pulseless at end of EMS care)
 - Select “Yes, Prior to arrival at ED” and “Yes, Sustained for 20 consecutive minutes”
- For periods of ROSC ≥20 minutes continuing through arrival at ED
 - Select “Yes, Prior to arrival at ED”, “Yes at arrival at the ED” and “Yes, Sustained for 20 consecutive minutes”

Cardiac Arrest Panel will become visible if Cardiac Arrest= Yes

Symptoms/Impression

Cardiac Arrest: No Yes

Yes, After Any EMS Arrival (includes Transport EMS & Medical First Responders)

Yes, Prior to Any EMS Arrival (includes Transport EMS & Medical First Responders)

Select YES for cardiac arrest of any etiology including traumatic, overdose, respiratory, drowning etc.

First Responder Info → now under Incident Response-> Unit Info

Was your unit the First EMS Unit On Scene?: No Yes

First Responder to Provide Care Arrived on Scene Date/Time:

Other Agencies On Scene

+ Add

Other EMS or Public Safety Agency at Scene:

Gallatin Co SO

Type of Other Service at Scene:

Law

First to provide patient care? (YES flags unit as First Responder): No Yes

OK

This field becomes visible if you add any entries to "Other Agencies on Scene". Fill in the time of arrival for the First Responder that provided patient care before your arrival

Leave blank if the other agency on scene did not provide patient care

Email jtrethewey@mt.gov if there is an agency in your area that is not available in this pick list.

Must select "First to provide patient care"=YES for First Responder

12-Lead ECG Documentation

- ❖ Enter a 12-Lead, Rhythm, and Time Performed via Vitals section of the ePCR (under Provider actions)

- Date/time vital signs Taken
- Obtained prior = NO
- Cardiac Rhythm/ECG Interpretation
- ECG Type
- Method of interpretation

- ❖ You may also document the 12 Lead in the Procedures section of the Form (under Provider actions) HOWEVER, there is no place to put Cardiac Rhythm/interpretation under Procedures- you must also document in Vitals

- Date/time procedure performed
- Procedure done prior= NO
- Procedure=CV-ECG-12 Lead Obtained
- Number of procedure attempts=1
- Procedure successful=Yes
- Complication=None, Response=Unchanged

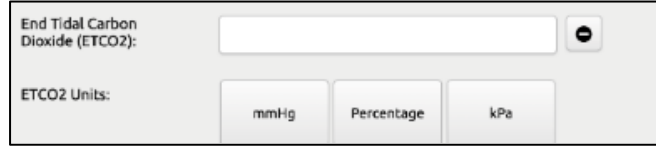
OTHER OPTIONS:

Enter via medical device connection (Test to ensure that information comes into the Vitals section of the ePCR)

Enter via **12-Lead Power Tool**: Allows you to enter both the Procedure & the Vital sign information

Capnography

- ❖ Enter capnography via Vitals tab
(Provider actions → Vitals)



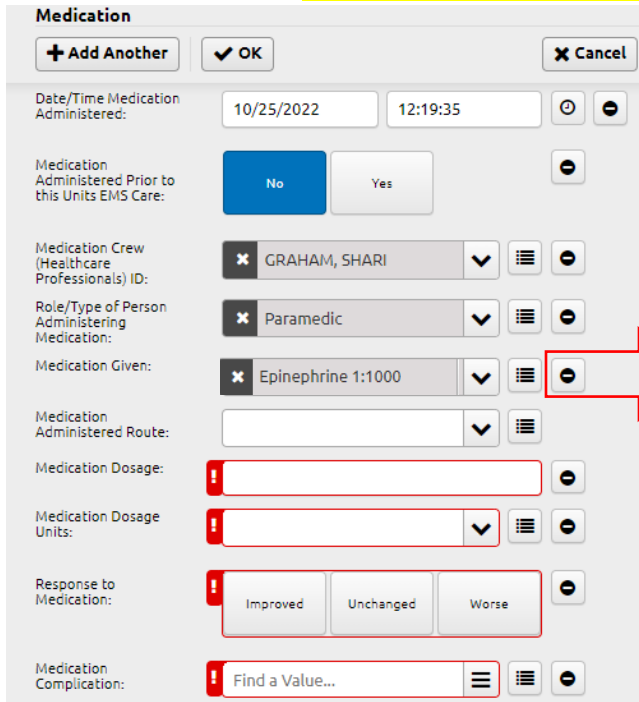
Examples of Additional Procedures to document (Provider Actions → Procedures):

- ❖ Airway – ETCO2 Monitoring
- ❖ Airway, advanced – ETCO2 Capnography
- ❖ CPR- Manual
- ❖ Airway – Assist Ventilation – Bag Valve Mask (BVM)
- ❖ CV- Automated External Defibrillator
- ❖ Intubation – Supraglottic Airway Insertion
- ❖ IV Start- (several options)
- ❖ IO Start-Intraosseous Access
- ❖ CPR- Mechanical Device
- ❖ Airway – Assist Ventilation, intubated– BVM via tube

NOTE: There is NOT a place to put the capnography VALUE under Procedures. It must be entered under the Vitals tab.

Medication Administration

- ❖ Enter Medication Administration (INCLUDING Oxygen) via Form (Provider actions → Medications) or Meds PowerTool. **DO NOT document medications in the narrative only!!!!**



USE PERTINENT NEGATIVE VALUES where needed

