

# EHR Validation Rules: Patient Transport

# Required to Lock

June 2022

## Incident-Response

Incident Number  
Run Number  
Run Type  
Response  
Station  
Shift  
Unit  
Level of Care  
Scene Location Type  
Vehicle:  
Device: LP15  
EMD Complaint  
Dispatch Priority  
Requested By

## Incident-Disposition

Disposition  
Transport Method  
Transported Due To  
Level of Service

## Incident-Destination

Destination Type  
Destination Name  
Department  
Address  
Zone  
Chart Number  
Patient Number

## Incident- Factors

Additional Agencies  
First Agency to Provide  
Patient Care.  
Additional Responders  
Additional Comments

## Incident -Fire Incidents

Incident Type  
Injury or Death  
Property Use  
Aid Given/Requested  
Action Taken 1  
Action Taken 2  
Action Taken 3

## Patient-Demo

First Name  
Middle Name  
Last Name  
SSN  
Gender  
DOB or Estimated  
Age  
Weight  
Race  
Ethnicity

## Patient-Contact

Address  
City, State, Zip  
Country  
Phone Number  
Patient Resides in  
Service  
Driver's License  
State  
Physician Name  
Advance Directives

## Patient-History

Add History

## Patient-Allergies

Add Allergies

## Patient-Meds

Add Meds

## Patient-Belongings

Add Belongings

## Vitals

Time  
AVPU, SIDE, Position  
BP: Systolic, Diastolic, MAP,  
Method  
Pulse: Rate, Rhythm,  
Strength  
Respiration: Rate, Quality,  
Rhythm  
SP02/ETCO2/CO (ETCO2 for  
Advanced Airways)  
Oxygen Room Air Tab  
TEMP/GLUCOSE  
Temperature: F, C  
Temperature Method  
Glucose-mg/dl: High-Low

Scoring: Glasgow Coma:  
Eyes, Verbal, Motor,  
Qualifiers  
Min (3), Max (15) Tab

Scoring: Revised Trauma:  
Scoring: Pediatric Trauma:  
ECG: Type, Rhythm, Method  
of ECG Interpretation  
Notes  
MI Suspected Tab  
Pain Scale: Face Pain or  
Numeric

## Incident-Scene

Predefined/Address  
Location Type  
Location Name  
Address  
Additional Address  
City, State, Zip,  
County  
Zone  
Mass Casualty Tab

## Incident-Personnel

Crew  
Role

## Incident-Times

At Patient  
Transfer of Patient  
Dispatch Delays  
Response Delays  
Scene Delays  
Transport Delays  
Turn Around Delays

## Incident-Mileage

Scene  
Destination  
Calculate Mileage

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### Flowchart-Airway

ETCO2 Monitoring  
Oxygen  
ETCO2 Digital  
Capnography  
CPAP  
OPA  
NPA  
Suction  
King Airway  
Orotracheal Intubation  
Video Laryngoscopy  
OG Tube  
Chest Decompression

### Flowchart-Critical Care

Blank

### Flowchart-Cardiac

CPR  
Mechanical CPR  
CPR Discontinued  
Manual Defibrillation  
AED Defibrillation  
Cardioversion  
Pacing  
Pacing Discontinued  
Vagal Maneuvers

### Flowchart-IV THERAPY

IV Bolus  
IV Therapy  
IO

### Flowchart-MEDs

All our medications +  
Blood

### Flowchart-OTHER

Procedures  
Treatments  
Equipment  
Alerts

### Flowchart-IMPORT

*HandTevy*  
*ESO Alerting*

### Assessments

Add Assessment  
Quick Ax  
Anatomical  
Add Ongoing  
Assessment

2 Assessments are  
required for patient  
transports

Neuro Assessment  
for Stroke  
Impressions

### Narrative – Narrative

Add Narrative  
30 characters length

### Narrative – Impression

Primary Impression  
Secondary Impression  
Protocol Used  
Medical/Trauma Tab

### Narrative –S/S

Add Sign/Symptom (2)

### Narrative – Complaint

Onset Time, Date  
Chief Complaint  
Secondary Complaint  
Pt's Level of Distress

### Narrative – Injuries

Possible Patient Injury  
Primary Injury  
Injury Details  
Additional Injuries  
MOI  
Place of Injury

### Narrative – Factors

Barriers to Care  
Alcohol/Drugs  
Pregnancy

### Narrative – Transport

How was patient moved to  
ambulance.  
How was patient moved from  
ambulance.  
Condition of Patient at  
Destination (final acuity)

### Forms

ACS  
Sepsis Screening  
VAN Stroke Assessment- **Stroke Scale**  
BEFAST Stroke Scale- **Stroke Scale**  
Advanced Airway  
CPR  
Trauma Criteria  
MVC  
Spinal Immobilization Screen Tool  
Burns  
OB  
MIH-Referral  
MIH-Visit

### Billing Tab

Nothing required in Billing Tab

### Signatures

**Billing Authorization (Choose One)**  
Patient/Parent Authorization Signature  
Authorized Representative Signature  
EMS Personnel and Facility Signature

### Standard Signatures

**Provider Signatures (Lead + 1 additional)**  
**Facility Signature**-Airway Confirmation  
Patient Refusal

### Custom Documents

Controlled Substances  
Patient Refusal Form-Spanish