

EHR Access & Documentation

- Avel eCare relies on the expertise of the bedside team to report relevant patient history, reported lab results, etc. The Avel eCare Emergency team does not access the local facility EHR.
- Avel eCare Emergency does not maintain a legal patient record, this remains within the local facility EHR.
- The Avel eCare team documents patient care within proprietary software which is then shared via iFax to a designated local fax machine. The documentation is processed via local policy by either scanning into the EHR or data transfer into the EHR.
- Avel eCare physician orders and notes are part of the permanent medical record, therefore are required to be scanned into the EHR.
- Please be mindful that Avel eCare as the recording nurse can only document what is seen and heard. The final product is the local facility's responsibility, therefore, the attending nurse/staff is required to review notes for accuracy and completeness prior to bedside nurse signature.
- The following pages are Avel eCare Emergency documentation samples for review including: Fax Cover Sheet, Critical Care Flow Sheet RN Notes, Critical Care Medication, Trauma Record, Code Blue Flow Sheet, Diagnostic Form, Medication Orders, Physician Documentation, and Satisfaction Survey.

eCare Emergency
Critical Care Flow
Sheet RN Notes

Patient Name:	Patient Name	DOB:	Patient DOB
Facility:	Hospital Name	Facility MD:	Provider Name
Emergency Encounter:	Date/Time	Encounter ID:	eCare Encounter ID

Time	TEMP (°F/°C)	Source	HR (bpm)	RR (bpm)	BP(mmHg)	Source	SpO2(%)	Source	ETCO2	PAIN (0-10)
15:44										
15:44	eER call activated at this time per bedside nursing staff requesting assistance with primary RN nursing documentation via camera. Assessments and cares per bedside staff. This RN acting as role of scribe. With camera activation bedside staff report patient has just presented as a Code Stroke and was taken right to radiology department on EMS stretcher. Local provider at bedside awaiting patient's arrival back to ED. Bedside staff report patient's last known well is last night with spouse waking up to patient this morning with snoring respirations. Bedside staff report 15L O2 via NRBM in place while en route to radiology department. eCare RN Name									
15:49	98.8 °F /37.11 °C	Tympanic	78	12	208 114 (145)	LT Arm	94	NRB		
15:49	Patient arrives back to ED on stretcher and cardiac monitor is applied. Bedside staff report while in CT nursing staff obtained #18g to Right AC with labs obtained. IV site remains, secured, patent and flushes well. Bedside glucose while in radiology department read 171mg/dL. Patient remains with snoring respirations and disconjugate gaze noted. 15L NRBM in place and bedside staff preparing to intubate. Bedside staff report unable to capture NIHSS due to patient's current condition. eCare RN Name									
15:54										
15:54	Local CRNA arrives to bedside and obtains medications in preparation to intubate. NC at 15L placed under 15L NRBM Patient's weight is 89kg. #20g IV established to Left AC. IV site secured, patent and flushes well. eCare RN Name									
15:55										
15:55	Bedside staff report calling closest flight service for transfer. eCare RN Name									
15:58			77	16	212 148 (169)	LT Arm	99	BVM		
15:58	CRNA staff removes NRBM and ventilates patient with BVM. With use of glidescope CRNA staff places 7.5ETT placed at 23cm at the teeth. ETT secured. Bilateral breath sounds reported, equal rise and fall of the chest observed, fogging in ETT and no sounds heard over epigastrium. Positive colorimetry change as well and patient continues to be ventilated via ambu bag through ETT. ETT is secured. eCare RN Name									
16:00										
16:00	Local provider out of patient's room. eER connects accepting provider at this time. eCare RN Name									
16:04			59	12	197 112 (140)	LT Arm	99	BVM		
16:04	Dr. X , receiving physician accepts patient. ETA for flight 4 minutes at this time. Bedside staff declines further assistance with transfer or transport assistance. eCare RN Name									
16:08										
16:08	Radiology staff arrives to bedside. eCare RN Name									
16:09			81				99	BVM	33	

eCare Emergency Clinical Staff Signatures

RN Signature

Date: Date/Time **Signature:** eCare RN Name

Hospital Staff Signatures

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

**eCare Emergency
Critical Care Flow
Sheet RN Notes**

Patient Name:	Patient Name	DOB:	Patient DOB
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Time	TEMP (°F/°C)	Source	HR (bpm)	RR (bpm)	BP(mmHg)	Source	SpO2(%)	Source	ETCO2	PAIN (0-10)
16:09	PCXR obtained. eCare RN Name									
16:10			80	14	164 99 (121)	LT Arm	99	BVM		
16:10	Bedside staff place 14Fr foley catheter maintaining sterile technique at this time. 10cc balloon inflated. 200cc clear yellow urine returned. Catheter secured to LLE. eCare RN Name									
16:12										
16:12	18Fr OG placed and secured. Placement confirmed with air bolus and removal of gastric contents via aspiration. eCare RN Name									
16:14			80	12	143 93 (110)	LT Arm	100	BVM		
16:14	Flight staff arrive to bedside and verbal report is provided. eCare RN Name									
16:15										
16:15	Patient is removed from ER cardiac monitor and placed on flight's cardiac monitor. eCare RN Name									
16:17										
16:17	Patient is placed on flight's ventilator with settings reported as follows: TV 400, RR 14, PEEP 8, FiO2 80%. eCare RN Name									
16:20										
16:20	Patient is transferred to flight's cart per flight and bedside staff and secured. Cardiac monitor, IV sites with medications continuing to infuse, ventilator, and foley catheter all remain intact and patent. Family brought in to bedside and provided with patient's belongings. eCare RN Name									
16:23			78	12	137 92 (107)	LT Arm	99	Vent		
16:23	Patient is transferred out of ED with flight staff to accompany. VS reported per flight staff from monitor. Bedside staff deny further needs at this time. eER logged off. Scribing completed. eCare RN Name									

eCare Emergency Clinical Staff Signatures

RN Signature

Date: Date/Time **Signature:** eCare RN Name

Hospital Staff Signatures

Date: **RN Signature:**

Date: **Provider Signature:**

**eCare
Emergency
Critical Care
Medication**

Patient Name:	Patient Name	DOB:	Patient DOB
Facility:	Hospital Name	Facility MD:	Provider Name
Emergency Encounter:	Date/Time	Encounter ID:	eCare Encounter ID

START TIME	MEDICATION / INFUSION	DOSE / VOLUME	RATE	ROUTE	SITE	STOP TIME
15:56	Etomidate	30mg		IVP	#18g R AC	
15:56	Administered per CRNA staff eCare RN Name					
15:57	Rocuronium	50mg		IVP	#18g R AC	
15:57	Administered per CRNA staff eCare RN Name					
16:05	Propofol GTT 1000mg/100cc	10mcg/kg/min	4.6ml/hr	IVPB	#18g R AC	
16:05	eCare RN Name					

eCare Emergency Clinical Staff Signatures

RN Signature

Date: Date/Time **Signature:** eCare RN Name

Hospital Staff Signatures

Date: **RN Signature:**

Date: **Provider Signature:**

eCare
Emergency
Trauma Record

Patient Name:	Patient Name	DOB:	Patient DOB
Facility:	Hospital Name	Facility MD:	Provider Name
Emergency Encounter:	Date/Time	Encounter ID:	eCare Encounter ID

ARRIVAL INFORMATION	
Trauma Code Activated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Date/Time Date/Time	
By Whom? <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Hospital Staff	
Patient Arrival Time: Date/Time	
Arrived by: <input checked="" type="checkbox"/> EMS <input type="checkbox"/> POV <input type="checkbox"/> W/C <input type="checkbox"/> Ambulatory <input type="checkbox"/> Law enforcement	
Arrival Times:	
Provider:	09:15 Dr. X
Surgeon:	
Lab:	09:15 Kelly
X-Ray:	09:15 Rachel

PATIENT HISTORY
Allergies: Denies allergies
Medications: Denies home medications
Comorbidities: Denies past medical history
Description of Event : Car vs Pedestrian.

PRE-HOSPITAL SUMMARY	
Injury Date/Time: Date/Time	Pre-Hospital VS:
LOC: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unwitnessed	T:
Mechanism of Injury	P:
<input type="checkbox"/> MVC - speed: <input type="checkbox"/> Rollover <input type="checkbox"/> Extrication > 20 min <input type="checkbox"/> Ejection from vehicle <input type="checkbox"/> Death in same passenger compartment <input type="checkbox"/> Intrusion into passenger compartment <input checked="" type="checkbox"/> Auto: <input checked="" type="checkbox"/> Pedestrian <input type="checkbox"/> Bicycle <input type="checkbox"/> ATV <input type="checkbox"/> Snowmobile <input type="checkbox"/> Recreational <input type="checkbox"/> Farm vehicle <input type="checkbox"/> Animal <input type="checkbox"/> Fall - feet <input type="checkbox"/> Other	R:
	BP:
	SpO2:
	GCS:
	Protective Devices:
	<input checked="" type="checkbox"/> None
	<input type="checkbox"/> Seatbelt
	<input type="checkbox"/> Airbag
	<input type="checkbox"/> Helmet
	<input type="checkbox"/> Carseat
	<input type="checkbox"/> Other
Weight (lb/Kg): 186.90 lb 84.80 Kg	
Last tetanus vaccination: Unknown	

PRIMARY ASSESSMENT	
AIRWAY	
<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Obstructed <input type="checkbox"/> Partially obstructed
Procedures:	
<input type="checkbox"/> Suction	<input type="checkbox"/> Intubation
<input type="checkbox"/> ETT	
<input type="checkbox"/> NTT	
RSI:	
<input type="checkbox"/> Oral Airway	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> King Tube	<input type="checkbox"/> Nasal Airway <input type="checkbox"/> Combitube <input type="checkbox"/> ETCO2
<input type="checkbox"/> LMA	
<input type="checkbox"/> Other	
C-Spine protection:	
<input checked="" type="checkbox"/> EMS	<input type="checkbox"/> Hospital <input type="checkbox"/> Other
BREATHING	
<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Labored <input type="checkbox"/> Apneic
Breath sounds:	
<input checked="" type="checkbox"/> Equal	<input type="checkbox"/> Sub Q air
<input type="checkbox"/> Decreased	<input type="checkbox"/> Absent
<input type="checkbox"/> Other	
Procedure:	
<input type="checkbox"/> Oxygen	L
<input type="checkbox"/> Chest Tube - Right	Size:
<input type="checkbox"/> Chest Tube -Left	Size:
<input type="checkbox"/> Needle decompression	

eCare Emergency Clinical Staff Signatures

RN Signature

Date: Date/Time Signature: eCare RN Name

Hospital Staff Signatures

Date: RN Signature: Date: Provider Signature:

**eCare
Emergency
Trauma Record**

Patient Name:	Patient Name	DOB:	Patient DOB
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Emergency Encounter:	Date/Tiime	Encounter ID:	eCare Encounter ID

CIRCULATION

Pulse present
 Absent
 CPR in progress
 Uncontrolled bleeding
 Cardiac rhythm

Skin:

Warm
 Cool
 Dry
 Moist
 Pale
 Cyanotic
 Mottled
 Normal

Procedures:

Time	Device	Site
21:54	Peripheral IV	18 L AC per EMS
21:56	Peripheral IV	20R AC

DISABILITY

Alert Oriented : x2
 Responds to verbal
 Responds to pain
 Unresponsive

Pupils
 L 3mm
 R 3mm
 Peril

GLASGOW COMA SCORE

Date and Time	E	V	M	Total
04/22/2022 21:54	4	4	6	14
04/22/2022 22:00	4	4	6	14
04/22/2022 22:15	4	4	6	14
04/22/2022 22:30	4	4	6	14
04/22/2022 22:45	4	4	6	14

SECONDARY ASSESSMENT

HEAD No evident trauma
Evident trauma : abrasion to nose, hematoma to right forehead

NECK No evident trauma
 Tracheal deviation
Evident trauma :

THORAX No evident trauma
 Paradoxical movements
 Retraction
 Seatbelt marking
Evident trauma:
Breath sounds: Bilateral breath sounds are equal

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

PERINEUM/PELVIS No evident trauma
Blood at meatus:
 Yes
 No
Evident trauma:

EXTREMITIES No evident trauma
 Moves all extremities X 4
Exception: scattered abrasions
Distal pulses/cap refill: dusky to left foot
Evident trauma: open fracture to left ankle

SPINAL/BACK No evident trauma
Evident trauma:

GLASGOW COMA SCORE LEGEND

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

RN Signature

Date: Date/Time **Signature:** eCare RN Name

Hospital Staff Signatures

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

**eCare
Emergency
Trauma Record**

Patient Name:	Patient Name	DOB:	Patient DOB
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Emergency Encounter:	Date/Time	Encounter ID:	eCare Encounter ID

DIAGNOSTICS					
	Time Ordered	Time Done		Time Ordered	Time Done
C-Spine X-ray			Chest X-ray		22:00
Pelvis X-ray		22:02	Other X-ray		
CT head		22:26	CT C-Spine		22:26
CT chest		22:26	CT abdomen		22:26
CT pelvis		22:26			
			LLE X-Ray		22:07

LABS	
Time drawn:	Date/Time
<input type="checkbox"/> CBC	<input type="checkbox"/> BMP/CMP
<input type="checkbox"/> PT/PTT	<input type="checkbox"/> Tox
<input type="checkbox"/> Blood alcohol	<input type="checkbox"/> UA
	<input type="checkbox"/> HCG
	<input type="checkbox"/> ABG
	<input type="checkbox"/> Type & Cross
	<input checked="" type="checkbox"/> Trauma Panel

PROCEDURES	
<input type="checkbox"/> Bair hugger	<input type="checkbox"/> Warm fluids
<input checked="" type="checkbox"/> Warm blankets	<input checked="" type="checkbox"/> Cardiac monitor
<input type="checkbox"/> C-Collar	<input type="checkbox"/> NG
<input checked="" type="checkbox"/> Rm. temp increased	<input type="checkbox"/> OG
<input type="checkbox"/> Direct pressure site Site:	<input type="checkbox"/> EKG
<input type="checkbox"/> C-Spine cleared <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> TQT
By Whom:	<input checked="" type="checkbox"/> Foley Fr: 16
<input checked="" type="checkbox"/> Backboard removed Time: 22:00	<input type="checkbox"/> Other
	Start: Stop:
	Return: Clear Yellow Time: 22:23
	<input checked="" type="checkbox"/> Splints LLE

INTAKE							
Start Time	Medication/Infusion	Dose	Rate	Route	Site	Stop Time	Total Infused
21:57	Fentanyl	100mcg		IVP	20 R AC		
21:57	eCare RN Name						
22:00	Ketamine	30mg		IVP	20 R AC		
22:00	eCare RN Name						
22:05	Warmed NS 1L #1	1000cc	WO	IVPB	18 L AC		850
22:05	eCare RN Name						
22:10	Ketamine	25mg		IVP	18 L AC		
22:10	Administered per CRNA - eCare RN Name						
22:11	Versed	2mg		IVP	18 L AC		

eCare Emergency Clinical Staff Signatures

RN Signature

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Hospital Staff Signatures

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**eCare
Emergency
Trauma Record**

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INTAKE							
Start Time	Medication/Infusion	Dose	Rate	Route	Site	Stop Time	Total Infused
22:11	Administered per CRNA - eCare RN Name						
22:48	Ketamine	10mg	I	IVP	20 R AC		
22:48	Administered per flight staff - eCare RN Name						
						TOTAL(ml)	850

OUTPUT							
Time	Void	Foley Cath	NG/OG	Chest Tube	Emesis	EBL	
22:54		300					
SUB TOTAL(ml)		300					
						TOTAL(ml)	300

NURSE NOTES										
Time	TEMP (°F/°C)	Source	HR(bpm)	RR(bpm)	BP(mmHg)	Source	SpO2(%)	Source	ETCO2	PAIN (0-10)
21:48										
21:48	eER activated at this time for assistance with nursing documentation, decline physician assistance at this time. This RN is scribing for bedside staff via teleMedicine, all cares and assessments performed by bedside staff. With camera activation bedside staff report EMS will be bringing in patient involved in car versus pedestrian. EMS report includes administration of 100mcg Fentanyl and 50mg Ketamine with EMS to have established a #18g to Left AC. Patient has reports of compound fractures to left leg no palpable pulse to left foot. Staff made contact with Air Transport for transport prior to camera activation. - eCare RN Name									
21:54										
21:54	Patient arrives via EMS on stretcher. Patient is awake and crying. Patient is transferred to ED cart per ED and EMS staff . #18g remains intact and patent to Left AC established per EMS. No active bleeding visualized with across the room assessment. - eCare RN Name									
21:56			108				97	Room Air		
21:56	Cardiac monitor applied. #20 gauge IV placed to Right AC x1 attempt, IV site secured, patent and flushes well. Lab present to bedside with samples obtained with IV start. - eCare RN Name									
21:58			78		149 115 (126)	LT Arm	100	Room Air		
21:58	Radiology staff arrives to bedside. Clothing is cut off and removed at this time. Gown and blankets applied. - eCare RN Name									
22:00										
22:00	Patient reports walking along the side of the highway when she was side swiped by vehicle. Patient admits to heavy ETOH use tonight, denies drugs. Admits to hitting her head on the road with the fall and reports felling as if she blacked out for a brief period. Patient denies allergies or medical history. PCXR obtained. - eCare RN Name									
22:02			76	18	138 90 (106)	LT Arm	100	Room Air		
22:02	Finger stick bedside blood glucose reported 95mg/dL. EMS note cyanosis to left foot is much improved. Pelvis XR obtained at bedside. - eCare RN Name									
22:04			98							

eCare Emergency Clinical Staff Signatures

RN Signature

Date: Date/Time **Signature:** eCare RN Name

Hospital Staff Signatures

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

**eCare
Emergency
Trauma Record**

Patient Name:	Patient Name	DOB:	Patient DOB
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Emergency Encounter:	Date/Time	Encounter ID:	eCare Encounter ID

NURSE NOTES										
Time	TEMP (°F/°C)	Source	HR(bpm)	RR(bpm)	BP(mmHg)	Source	SpO2(%)	Source	ETCO2	PAIN (0-10)
22:04										
Doppler used at this time to auscultate pulse to Left DP. 98bpm on doppler. - eCare RN Name										
22:06										
22:06	Wound is cleaned at this time with betadine and sterile water. Patient tolerates well. Local provider at bedside reports patient has been accepted to Receiving Hospital in City, State to go directly to the ER under the care of Dr. Test. - eCare RN Name									
22:07										
22:07	LLE XR images obtained. - eCare RN Name									
22:09							89			
22:09	Hematoma block placed at this time per local provider. 2% Lidocaine utilized. Bedside staff preparing for conscious sedation. Bedside staff place BVM for blowby O2. - eCare RN Name									
22:11			81				100	Blow By		
22:11	Bedside provider reports two small puncture wounds to medial aspect of left ankle. Manipulation and reduction performed by local provider. Patient tolerated well. Local provider reports capillary refill now brisk. - eCare RN Name									
22:13			87				100	Blow By		
22:13	Law enforcement arrives to bedside and provides additional report including estimated speed of vehicle that struck patient was 50-55mph and vehicle was described as a 4 door sedan. - eCare RN Name									
22:18							100	Simple Mask		
22:18	Ambu-bag removed and simple mask is applied. Patient begins to move all extremities and open eyes spontaneously. - eCare RN Name									
22:22			86	17	154 102 (119)	LT Arm	98	Simple Mask		
22:22	- eCare RN Name									
22:23										
22:23	16Fr Foley catheter placed at this time using sterile technique. 10cc balloon inflated, bloody urine returned. UA routed to lab. Catheter secured to RLE. - eCare RN Name									
22:26										
22:26	186.9 pounds reported per bedscales. Patient departs ER on stretcher with nursing and radiology staff to accompany. IV site with fluids continue to infuse and cardiac monitor remains in place. Staff attempted to make contact with patient's next of kin, no answer, message left to contact the facility. - eCare RN Name									
22:46										
22:46	Patient is brought back to ER at this time with nursing and radiology staff to accompany. IV sites and cardiac monitor remain in place and patent. Patient continues to have spontaneous eye opening but unable to recall accident. - eCare RN Name									
22:49	97.9°F /36.61°C	Oral			173 105 (128)	LT Arm				
22:49	Patient's daughter arrives to bedside. - eCare RN Name									
22:51										
22:51	Flight team arrives to bedside. Patient remains alert with some confused conversation regarding date and time. Local provider at bedside to provide verbal report. - eCare RN Name									

eCare Emergency Clinical Staff Signatures

RN Signature

Date: Date/Time **Signature:** eCare RN Name

Hospital Staff Signatures

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

**eCare
Emergency
Trauma Record**

Patient Name:	Patient Name	DOB:	Patient DOB
Facility:	Hospital Name	Facility MD:	Provider Name
Emergency Encounter:	Date/Time	Encounter ID:	eCare Encounter ID

NURSE NOTES										
Time	TEMP (°F/°C)	Source	HR(bpm)	RR(bpm)	BP(mmHg)	Source	SpO2(%)	Source	ETCO2	PAIN (0-10)
22:52										
22:52	Patient is removed from ER cardiac monitor and placed on flight's cardiac monitor. - eCare RN Name									
22:54										
22:54	Patient is transferred to flight's cart via total lift per flight and bedside staff and secured. Cardiac monitor, IV sites with fluids continuing to infuse, splint to LLE and Foley catheter remain intact and patent. Patient remains alert with some confusion. Family at bedside to take patient's belongings including clothing, purse and watch. Approximately 850cc warmed NS infused at this time. 300cc emptied out of Foley collection bag. - eCare RN Name									
22:55	97.7°F / 36.5°C	Temporal	82	16	158 88 (111)	LT Arm	99	Room Air		
22:55	VS obtained per flight's cardiac monitor. Preliminary documentation faxed at this time for flight staff. Please note documentation subject to change prior to final fax completion. - eCare RN Name									
22:57										
22:57	Patient is taken out of ED on EMS cart. Patient denies needs prior to transfer. Bedside staff deny further needs at this time. eER call discontinued. Scribing completed. - eCare RN Name									

Patient Disposition

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

eCare Emergency Clinical Staff Signatures

RN Signature

Date: Date/Time Signature: eCare RN Name

Hospital Staff Signatures

Date: RN Signature: Date: Provider Signature:

**eCare
Emergency
Code Blue Flow
Sheet**

Patient Name:	Patient Name	DOB:	Patient DOB
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Pre-Hospital Documentation

Arrival Information	Airway/Ventilation	Circulation	Pre-Hospital Medications Given
Ambulance/Flight Service: Ambulance: Local EMS Witnessed Event: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Bystander CPR: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Rhythm on EMS arrival: Ventricular Fibrillation	BVM: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Nasopharyngeal airway: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Oral airway: <input type="checkbox"/> Yes <input type="checkbox"/> No Endotracheal Intubation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other airway adjuncts used: King Airway	Patient defibrillated: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Number of shocks: 3 Last energy dose used: 200J Cardiac Rhythm on arrival to ED: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No CPR in Progress Arrival to ED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IV: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IO: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No RLE Airway confirmed using: Auscultation <input type="checkbox"/> CO2 Detector <input type="checkbox"/> Other <input type="checkbox"/>	Medication given PTA: Epinephrine: 2 # doses 1 mg Atropine: # doses 0.5-1mg Amiodarone: total dose 300 or 150mg Lidocaine: total dose 1-1.5 mg/kg Lidocaine drip: 1mg/min <input type="checkbox"/> 2mg/min <input type="checkbox"/> 3mg/min <input type="checkbox"/> 4mg/min <input type="checkbox"/> Other:

Emergency Department Care

Vital Signs					Bolus Dose IV					Infusion			
Time	Spontaneous Resp	Spontaneous Pulse	BP	Rhythm	Defib/Cardio joules	Amiodarone (mg)	Atropine (mg)	Epinephrine (mg)	Lidocaine (mg)	Bicarb	Dopamine mcg/kg/min	Dobutamine mcg/kg/min	Epinephrine mcg/min
					Total	0	300	3	0	1			
23:37													

eCare Emergency Clinical Staff Signatures

RN Signature

Date: Date/Time **Signature:** eCare RN Name

Hospital Staff Signatures

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

**eCare
Emergency
Code Blue Flow
Sheet**

Patient Name:	Patient Name	DOB:	Patient DOB
Facility:	Hospital Name	Facility MD:	Provider Name
Emergency Encounter:	Date/Time	Encounter ID:	eCare Encounter ID

Time	Vital Signs				Bolus Dose IV					Infusion			
	Spontaneous Resp	Spontaneous Pulse	BP	Rhythm	Defib/Cardio joules	Amiodarone (mg)	Atropine (mg)	Epinephrine (mg)	Lidocaine (mg)	Bicarb	Dopamine mcg/kg/min	Dobutamine mcg/kg/min	Epinephrine mcg/min
					Total	0	300	3	0	1			
23:37	eER call activated by bedside staff. This RN is scribing via Telemedicine. All cares and assessments per bedside staff. With camera activation bedside staff report patient will be arriving via EMS after patient's spouse contacted 911 after patient became unresponsive. No further report known at this time. Local provider at bedside awaiting patient's arrival. Bedside staff preparing room. Lab and radiology staff have been contacted prior to camera activation. eCare RN Name												
23:38													
23:38	EMS arrives and patient is taken to ED room. Patient has LUCAS compression device in place administering compressions with BVM ventilations administered through King airway. EMS report Patient was on the couch when spouse witnessed the patient become unresponsive and called EMS at 2302; patient was slouched over on couch when EMS arrived. EMS report ventricular fibrillation on monitor when defibrillation patches were applied and have shocked a total of 3 times. Additional EMS report includes IO placed to left tibia, 2mg of Epinephrine administered total.. Normal saline 500 ml given and 1L NS initiated in ED on pressure bag to LLE IO site. Patient is transferred to ED cart per ED and EMS staff via total lift. eCare RN Name												
23:39													
23:39	EMS defibrillator patches removed and ED defibrillator patches applied. Epinephrine administered to LLE IO site. eCare RN Name												
23:40													
23:40	300mg Amiodarone administered IVP to LLE IO site. eCare RN Name												
23:41	VFib 200												
23:41	EMS staff report patient was ventilating easily throughout transport. CPR paused for pulse and rhythm check. No palpable pulse present. Ventricular fibrillation on monitor. CPR resumed via LUCAS device while charging AED. Patient continues to be ventilated via ambu bag with King Airway remaining in place. Shock delivered at 200J. CPR continues. eCare RN Name												
23:42													
23:42	Local provider steps out of patient's room to speak with patient's spouse. Epinephrine administered to LLE IO site. Lab at bedside to obtain lab sample with IV start. #20g placed to Right AC x1 attempt. IV site secured, patent and flushes well. eCare RN Name												
23:43	VFib 250												
23:43	CPR paused for pulse and rhythm check. No palpable pulse present. Ventricular fibrillation on monitor. CPR resumed via LUCAS device while charging AED. Patient continues to be ventilated via ambu bag with King Airway remaining in place. Shock delivered at 250J. CPR continues. eCare RN Name												
23:44													

eCare Emergency Clinical Staff Signatures

RN Signature

Date: Date/Time **Signature:** eCare RN Name

Hospital Staff Signatures

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

**eCare
Emergency
Code Blue Flow
Sheet**

Patient Name:	Patient Name	DOB:	Patient DOB
Facility:	Hospital Name	Facility MD:	Provider Name
Emergency Encounter:	Date/Time	Encounter ID:	eCare Encounter ID

Time	Vital Signs				Bolus Dose IV					Infusion			
	Spontaneous Resp	Spontaneous Pulse	BP	Rhythm	Defib/Cardio joules	Amiodarone (mg)	Atropine (mg)	Epinephrine (mg)	Lidocaine (mg)	Bicarb	Dopamine mcg/kg/min	Dobutamine mcg/kg/min	Epinephrine mcg/min
23:44	Bedside fingerstick glucose reported at 392mg/dL. eCare RN Name												
23:45								1					
23:45	CPR paused for pulse and rhythm check. No palpable pulse present. PEA on monitor. CPR resumed via LUCAS device. Patient continues to be ventilated via ambu bag with King Airway remaining in place. Epinephrine administered IVP to #20g Right AC IV site. eCare RN Name												
23:46										1			
23:46	Amp Sodium Bicarbonate administered IVP to #20g Right AC IV site. eCare RN Name												
23:47													
23:47	Spouse requests terminating resuscitation efforts at this time. CPR paused. No palpable pulse present. Asystole on monitor with occasional agonal beat. Pupils reported as "fixed and dilated". No spontaneous respirations or cardiac activity further reported. Time of death called at 2347 per bedside provider. Bedside staff deny further needs at this time. eER logged off. Scribing completed. eCare RN Name												

End of Resuscitation Information

Time resuscitation event ended: Date/Time Status: Alive Dead

Reason resuscitation ended:

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

eCare Emergency Clinical Staff Signatures

RN Signature

Date: Date/Time **Signature:** eCare RN Name

Hospital Staff Signatures

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

eCare Emergency Diagnostic Form

Patient Name:	Patient Name	DOB:	Patient DOB
Facility:	Hospital Name	Facility MD:	Provider Name
Emergency Encounter:	Date/Time	Encounter ID:	eCare Encounter ID

LABORATORY	LABORATORY CONT..	CT SCAN ORDERS
<input checked="" type="checkbox"/> CBC with auto diff <input type="checkbox"/> Basic Metabolic Panel <input checked="" type="checkbox"/> Comprehensive Metabolic Panel <input type="checkbox"/> Troponin <input type="checkbox"/> BNP <input type="checkbox"/> Digoxin Level <input checked="" type="checkbox"/> Protime with INR (PT) on anticoagulation <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> Partial Thromboplastin Time (APTT) on anticoagulation <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> D-Dimer <input type="checkbox"/> Amylase <input type="checkbox"/> Lipase <input type="checkbox"/> Lactic Acid <input type="checkbox"/> Ammonia <input type="checkbox"/> Arterial Blood Gases (ABG's) Temp : O2 : <input type="checkbox"/> Type & Screen <input type="checkbox"/> Type & Crossmatch Units () <input type="checkbox"/> (Packed Cells) <input type="checkbox"/> Fresh Frozen Plasma(FFP) Units () <input type="checkbox"/> Sedimentation rate <input type="checkbox"/> C-Reactive Protein <input type="checkbox"/> Phenytoin (Dilantin) Level <input type="checkbox"/> Valproic Acid (Depakote) Level <input type="checkbox"/> Carbamazepine (Tegretol) Level <input type="checkbox"/> Free T4 <input type="checkbox"/> TSH <input type="checkbox"/> Acetaminophen Level <input type="checkbox"/> Salicylate Level <input type="checkbox"/> Ethanol <input type="checkbox"/> Serum Ketones <input type="checkbox"/> Rapid Strep Test (RST) Group A <input type="checkbox"/> Culture if negative <input type="checkbox"/> Monospot <input type="checkbox"/> Influenza A, EIA (nasal aspirate)	<input type="checkbox"/> Influenza B, EIA (nasal aspirate) <input type="checkbox"/> RSV by EIA <input checked="" type="checkbox"/> Blood Cultures x 2 <hr/> <p style="text-align: center;">URINE</p> <input type="checkbox"/> Cath. <input type="checkbox"/> Void <input type="checkbox"/> UA/Urinalysis <input checked="" type="checkbox"/> UA w/microscopic <input type="checkbox"/> UA w/microscopic reflex to culture <input checked="" type="checkbox"/> Urine Culture <input type="checkbox"/> Drug Screen Urine Rapid <input type="checkbox"/> HCG (urine) <input type="checkbox"/> HCG (serum) Qualitative <input type="checkbox"/> HCG (serum) Quantitative <input type="checkbox"/> RH Type <hr/> <p style="text-align: center;">PROCEDURES</p> <input checked="" type="checkbox"/> IV <input type="checkbox"/> O2 <input checked="" type="checkbox"/> Monitor <input type="checkbox"/> Nasogastric/Orogastric Tube <input type="checkbox"/> Foley Catheter <hr/> <p style="text-align: center;">RADIOLOGY</p> <input type="checkbox"/> CXR- Portable <input type="checkbox"/> CXR <input type="checkbox"/> C-Spine, complete, 4 views <input type="checkbox"/> ABD- flat/upright <input type="checkbox"/> ABD- 3 view <input type="checkbox"/> KUB <input type="checkbox"/> Pelvis	<input checked="" type="checkbox"/> CT Abdomen Pelvis W IV <input type="checkbox"/> CT Abdomen Pelvis WO IV <input type="checkbox"/> CT Head (without contrast) <input type="checkbox"/> CT Cervical (without contrast) <input type="checkbox"/> CT Chest PE Study <input type="checkbox"/> CT Chest with IV Contrast <input type="checkbox"/> CT Facial Bones <input type="checkbox"/> CT Renal Stone Protocol <input type="checkbox"/> CTA Chest/CTA Abdomen <hr/> <p style="text-align: center;">VASCULAR</p> <input type="checkbox"/> EKG Venous Dopplers <input type="checkbox"/> Lower Extremity <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bil <input type="checkbox"/> Upper Extremity <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bil <hr/> <p style="text-align: center;">ULTRASOUND</p> <input type="checkbox"/> Abdomen, complete <input type="checkbox"/> Gallbladder <input type="checkbox"/> Abdomen, limited <input type="checkbox"/> OB Trans. Vag. With Doppler <input type="checkbox"/> <14 wks. <input type="checkbox"/> >14 wks. <input type="checkbox"/> Pelvic Trans. Vag. With Dopplers <input type="checkbox"/> Scrotum with Dopplers <hr/> <p style="text-align: center;">TRANSFER TO NEARSET ED</p> <input type="checkbox"/> Department of Corrections <input type="checkbox"/> Emergently by EMS

Date and time of the order : Date/Time

eCare Emergency Clinical Staff Signatures

Provider Signature

Date: Date/Time

Signature: Provider Name

**eCare
Emergency
Medication
Orders**

Patient Name:	Patient Name	DOB:	Patient DOB
Facility:	Hospital Name	Facility MD:	Provider Name
Emergency Encounter:	Date/Time	Encounter ID:	eCare Encounter ID

Medication	Dose	Route	Frequency
<u>Pain (Nonopioid)</u>			
<input checked="" type="checkbox"/> Acetaminophen/Tylenol	650 mg	<input checked="" type="checkbox"/> PO <input type="checkbox"/> PR	<input checked="" type="checkbox"/> ONCE
<input type="checkbox"/> Ibuprofen	mg	PO	ONCE
<input type="checkbox"/> Ketorolac/Toradol	mg	IM IV	ONCE

Others

Medication	Dose	Route	Frequency
<input checked="" type="checkbox"/> levaquin	750 mg	IV	once

Date and time of the order : Date/Time

eCare Emergency Clinical Staff Signatures

Provider Signature

Date: Date/Time

Signature: Provider Name

**eCare
Emergency
Medication
Orders**

Patient Name:	Patient Name	DOB:	Patient DOB
Facility:	Hospital Name	Facility MD:	Provider Name
Emergency Encounter:	Date/Time	Encounter ID:	eCare Encounter ID

Medication	Dose	Route	Frequency
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Others

	Medication	Dose	Route	Frequency
■	flagyl	500 mg	IV	once

Date and time of the order : Date/Time

eCare Emergency Clinical Staff Signatures

Provider Signature

Date: Date/Time

Signature: Provider Name

eCare Emergency Physician Documentation

Patient Name:	Patient Name	DOB:	Patient DOB
Facility:	Hospital Name	Facility MD:	Provider Name
Emergency Encounter:	Date/Time	Encounter ID:	eCare Encounter ID

History of Present Illness

Patient is a 52-year-old male presenting to the emergency department after a 20 foot fall. Denies any loss of consciousness. Mainly complaining of right upper extremity pain with multiple deformities on that arm. Deformity of the left wrist is noted as well by EMS. Does not take any blood thinning medications. Has a history of hypertension. Given 200 mcg of fentanyl and 1 g of TXA prior to arrival.

Allergies

NKDA Unknown

Medications

Past Medical History

Hypertension

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)
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eCare Emergency Clinical Staff Signatures

Provider Signature

Date: Date/Time

Signature: Provider Name

eCare Emergency Physician Documentation

Patient Name:	Patient Name	DOB:	Patient DOB
Facility:	Hospital Name	Facility MD:	Provider Name
Emergency Encounter:	Date/Time	Encounter ID:	eCare Encounter ID

HEENT	
Neck	
CVS	RRR
Pulm	Breath sounds are equal bilaterally. Nonlabored breathing.
Abd	Abdomen soft, nondistended.
Ext	Deformity right upper extremity and left wrist. Moving the bilateral lower extremities equally and spontaneously without limitation. Pelvis reportedly stable.
Back	
Neuro	Awake, alert, answering questions appropriately.
Derm	Laceration left lower extremity.

eEmergency Course

I evaluated this patient over the camera. Vitaly looking good. Blood pressure is 144/96 with a heart rate of 80. Supplemental oxygen was placed, but bilateral breath sounds are equal and appropriate. Saturating at 97% on 5 L nasal cannula. Airways patent, speaking clearly, mentating appropriately. Breath sounds are equal and appropriate. Pulses are palpable in all 4 extremities. Patient was rolled off the backboard, no reported step-offs or tenderness. Chest x-ray and pelvis x-ray were obtained. Reportedly negative. I did take a look at both of these, pelvis looks okay, but I was viewing the x-rays through my camera onto the camera screen on the portable x-ray machine, so the resolution was not optimal. Did not see any obvious deformed rib fractures or large pneumothorax. Provider is working on getting acceptance to a larger facility with trauma services. Depending on timing, may defer CT imaging as to not delay transport.

Please see local providers note for further details of this patient's encounter.

Working Diagnosis

1. Fall from 20 foot height
2. Right upper extremity fractures
3. Left wrist fracture

eCare Emergency Clinical Staff Signatures

Provider Signature

Date: Date/Time

Signature: Provider Name

**eCare Emergency
Physician
Documentation**

Patient Name:	Patient Name	DOB:	Patient DOB
Facility:	Hospital Name	Facility MD:	Provider Name
Emergency Encounter:	Date/Time	Encounter ID:	eCare Encounter ID

Physical Exam / Lab values / EKG / Imaging

Na+	Cl-	BUN	Glucose	WBC	Hgb	Plt
K+	HCO3 -	Crt				

Radiology interpretation - This interpretation is based solely on review of the radiographic image in the absence of complete clinical information required for a final clinical diagnosis or therapeutic recommendations. Definitive interpretation should be obtained from a radiologist

eCare Emergency Clinical Staff Signatures

Provider Signature

Date: Date/Time

Signature: Provider Name

Avel eCare Emergency Satisfaction Survey

Date/Time of Use: _____ Date/Time _____

Facility/City Name: _____ Hospital Name / City _____

eCare Emergency Physician/Nurse: _____ eCare Provider/RN Name _____

Patient Name: _____ Patient Name _____

1. Please rate your overall experience with eCare Emergency.

Poor 0 1 2 3 4 5 Excellent

2. Please rate the professionalism and ease of working with the eCare Emergency staff.

Poor 0 1 2 3 4 5 Excellent

3. How likely will you use eCare Emergency service again?

Unlikely 0 1 2 3 4 5 Very Likely

4. Describe any technical difficulties that occurred.

5. Is there anything we can improve upon?

6. What was helpful to you?

7. In your opinion did use of eCare Emergency prevent transfer of this patient?

YES NO MAYBE

Thank you! Please fax back to (605) 800-1840