

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH


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### *OEMS COMMUNICATIONS STATEMENT 16-14*

TO: All Connecticut EMS Agencies submitting electronic data and All software vendors

FROM: Raffaella Coler, R.N., MEd., Paramedic   
Director, Office of Emergency Medical Services

Ann Kloter, MPH, Epidemiologist   
Office of Emergency Medical Services

DATE: December 5, 2016

RE: Documentation of MEDICATIONS GIVEN by EMS

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We have recently clarified that the records from the majority of **BLS providers** are not recording medications given in the ePCR fields that are used by ALS. This came to light when we looked at naloxone administration and realized that this documentation was not part of the ePCR records from most BLS.

The issue identified for one local BLS unit was that the medications given (E18\_03 in NEMSIS version 2.2.1) fields were not visible to data entry for BLS, using their particular software. The multiple fields to enter in the medications given were on a hidden screen that had to be turned "ON" by the software administrator for that service.

Further inspection of the data suggests that this is the case for other BLS data entry into ePCRs. **The expanded scope of practice (BLS administration of medications) needs to be reflected in expanded data entry.** When you give medication, they need to be documented in the "medication given" fields. Medications given cannot be captured from the free text medical history fields.

This cannot be corrected by OEMS. Large free text fields are an issue for XML files, so OEMS does not receive the medical history field, nor do we have an algorithm to isolate all the ways that information could be entered as free text. We do not expect you to correct all your 2016 data.



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**Please check your screens first to see if you have an active page with places to capture each medication you give.** Then check with your software vendor to verify that you are filling the correct fields, which should have drop-down lists to minimize data entry. If you have a local system administrator who can activate screens with the administrator privilege, please discuss this. Bottom line: your software vendor should also be able to help. The addition of active screens may also require changes to your local documentation for end users of your software.

The same expectation to collect medications given, route, dosage, dosage units, etc. will be there for data collected with software compliant with NEMESIS version 3.4.0 starting in 2017.

Thank you in advance for connecting with your local software administrators, software vendors and taking a look at the current screens in your ePCR to see if medications given fields are active.