Grant County EMS Firehouse 5.4.98 User Manual

Last Updated 6/24/03

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	Signal 9 Runs	

Getting Started with Firehouse

- 1. Login to Firehouse with your username and password. If you are unsure of your username or password, contact your unit Firehouse administrator.
 - X EMS

The tool bar

may be located either on the top or left side of the screen.3. You will be presented with a blank incident report screen.

2. To begin entering an incident (chart), click on the EMS button on the toolbar.

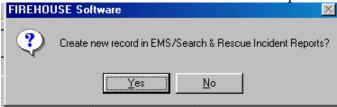
Note: All fields highlighted in yellow are required fields and **MUST** be completed. When a required field is completed, it will turn light blue. If the data entered is not correct or conflicts with the validation rules for that field, the field will turn red.

Anytime you see this button by a field, it indicates that a look up table is available. Click on the button to display the list of available options. Double click on the option you wish to select.

🙀 Live D	ata - FIREHOUSE Software					_ 8 ×
<u>F</u> ile <u>E</u> dit	<u>Reports</u> Tools <u>A</u> dministration	For <u>m W</u> indow <u>H</u> elp				
-	EMS/Search & Rescue F	Report				_ 🗆 🗵
-	EMS Service# FDID	Alarm Date	Alarm Time	Incident Number	Occupancy ID	
Incident	0332 E033	2 10/06/2001		·		
🗱 EMS	Basic Scene Additional Re	eports Incident <u>N</u> arrative <u>D</u> th	ər			☐ No Patient
	Address Type	Number Pref			Туре	Suffix
	Street Address					
Occup	 		J			
Ū.	Vicinity	Address Line 2			Apt/Room	/Suite
Inspect	Exact Location					
1		City		State ZIP Code	(Census Tract
Staff	Supplemental Address	MARION		IN 46953		
	Dispatched For		Tunn of 9	ervice Requested		
Activity	Dispatched I-or			renvice mequested		
Training	Additional Dates	Times	Station, 9	Shift & Alarm		
*	Dispatch Notif 77	🗖 💠	Station	Shift District	911 Used	
Program			01	<u> </u>		
	First Arrival 17		Aid Given	or Received		
	Last Cleared 17	🗖 💠 : :		JI MEDEIVED		Details
Inventory						Details
.				1		
Hydrant		New Br <u>o</u> wse	Save	Delete	Print	Close
Journal						
Start	🛛 🖉 🏉 🖏 🚺 👫 Live Dal	a - EIBEHOU 🕅 🕅 User Mar	nual - Microsoft W	Administator Handboo	k 🕅 🖓 🖍) 📋 🍕 🗧 3:35 PM

- 4. The EMS Service # should default to 0332. If not you can type it in. The FDID should be E0332. The Alarm Date will default to the system date of the computer. You can change the date on the form if necessary. The alarm date CANNOT be a date in the future.
- 5. Enter the alarm time as the time the call was received.

- 6. The incident number **must** be a **9 digit** number. It is determined as follows:
 - Digit Value Example
 - 1-2 Current year 01 for 2001
 - 3-4 Unit # 09 for Medic 9, 14 for Medic 14 etc.
 - 5 Pt. Contact 0 for NO pt. contact. 1 if there IS pt. contact.
 - 6-9 County Run# 1467, this number is assigned by the dispatch sheet
- 7. After entering the incident number, press the tab key. You will be asked if you want to create a new record in EMS/Search & Rescue Incident Reports? Click on the Yes button.



Entering an incident report when there is patient contact

Entering data in the Basic form tab

1. You will now be given a blank form to begin entering the basic scene information located in the bottom two-thirds of the form. Do NOT enter any information under **Occupancy ID**.

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<u>F</u> ile <u>E</u> dit	<u>Reports</u> <u>T</u> ools <u>A</u> dministration For <u>m</u> <u>V</u>	<u>√</u> indow <u>H</u> elp				
÷	EMS/Search & Rescue Report - EMS Service# FDID	D1-0911234 Alarm Date	Alarm Time	Incident Number	Occupancy ID	
Incident	0332 E0332	06/01/2001	01:00:00	01-0911234		
🔭 EMS	Basic Scene Additional Reports In	ncident <u>N</u> arrative Dther				No Patient
2	Address Type	Number Prefix	Street/Highway		Туре	Suffix
Occup	Street Address					
Ø	Vicinity	Address Line 2			Apt/Room	/Suite
Inspect	Exact Location					
1		City		State ZIP Code		Census Tract
Staff	Supplemental <u>A</u> ddress	MARION		IN 46953		·
-	Dispatched For		Type of Serv	vice Requested		
Activity						
الله Training	Additional Dates	Times	Station, Shil	ft & Alarm		
*	Dispatch Notif 77			Shift District	911 Used	
Program	First Arrival			<u></u>		
elle -			Aid Given or R	eceived		
Inventory	Last Cleared //					Details
۰.			1			
Hydrant	Ne 🔍 Ne	w Br <u>o</u> wse	Save	Delete	Print	Cancel
Journal						
🋃 Start	📙 💋 🈂 🗊 🗍 🌆 Live Data - FIRE	HOU 🖭 User Manual -	Microsoft W		23 N) 📋 🍕 - 7:09 PM -

2. Select the Address Type.

Address Type	Used For
Street Address	Exact address such as a house address. Ex. 1254 S. Branson
Intersection	Intersection of two streets. Ex. N. Main & E. Anson
Rural/Directions	Ex. I-69 52 Mile Marker North bound lane

The required data fields will change dependant upon the address type selected.

Entering a street address

- 1. Enter the address numericals in the Number field.
- 2. Click on the lookup button to display the street listing table.

Number	Prefix	Street/Highway	Туре	Suffix	
123	Ν	MAIN	ST		

- 3. Scroll through the list until you find the correct street/road along with the appropriate prefix and type. Click on the street/road you want, then click the OK button. You can also double click on the selection you want. You MUST select a street/road from this list. You cannot type in a street not already stored in the table. If you do not find the street/road you need, please refer to the section on adding streets/roads.
- 4. Click on the lookup button to display the listing of cities.

City	State	ZIP Code	\frown	Census Tract
UPLAND	IN	46989		· …
T (0			\smile	

5. Select the city by either highlighting your choice then clicking on OK or by double clicking on your choice. If the city you need is not listed, refer to the section on adding cities.

Entering an intersection address

- 1. Select the Intersection option for the Address Type
- 2. For entering the street information for both streets, follow steps 2 & 3 under Entering a street address
- 3. For entering the city, follow steps 4 & 5 under Entering a street address

Entering rural directions

- 1. Select the Rural/Directions option under Address Type
- 2. Type the appropriate information in the **Directions** field. For example "I-69 55 mile marker south bound lane."
- 3. Enter the type of call under **Dispatched For** field. This field will "remember" any entries you make and add them to the look-up table.

4. Enter the **Type of Service Requested**. If you know the code you can enter it directly without using the look-up table.

Code	Description
1	Scene
2	Unscheduled Interfacility Transfer
3	Scheduled Ineterfacility Transfer
4	Standby
5	Rendezvous
8	Not Applicable
9	Unknown

- 5. Next enter the information under the **Additional Dates** and **Times**. If you click in the small white box to the left of the various date fields, the program will automatically fill the box with the **Alarm Date**.
- 6. Enter the **Station**. This value is your unit number. (i.e. 09 for Medic 9). Enter the District location of the run (i.e. 08 for if the run is in Medic 8's area). Leave all other fields blank. Below is a sample of a completed form.

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<u>F</u> ile <u>E</u> dit	<u>Reports</u> Tools Administration Form W	indow <u>H</u> elp				
-	EMS/Search & Rescue Report - 0	1-0911234				
-	EMS Service# FDID	Alarm Date	Alarm Time	Incident Number	Occupancy ID	
Incident	0332 E0332	06/01/2001	01:00:00	01-0911234		
>∦<						No Patient
EMS	Basic Scene Additional Reports Inc	cident <u>N</u> arrative <u>O</u> ther				
台	Address Type		Street/Highway		Туре	Suffix
Occup	Street Address	123 N	MAIN		ST	
D	Vicinity	Address Line 2			Apt/Room	/Suite
Inspect	Exact Location					
<u>*</u>		, City		State ZIP Code	,	Census Tract
Staff	Cumulan unital Address	UPLAND		IN 46989		
	Supplemental <u>A</u> ddress	TOPDAND		114 40303		·
	Dispatched For		Type of Ser	vice Requested		
Activity	Fall with head injury		1 Sce	ene		
<i></i>						
Training	Additional Dates	Times	Station, Shi		911 Used	
*	Dispatch Notif 06/01/2001	. 🔽 01:00:00	Station	Shift District		
Program	First Arrival 06/01/2001	01:08:00				
ett.			Aid Given or R	leceived		
Inventory	Last Cleared 06/01/2001	. 🔽 01:45:00				Details
E Linekanst						
Hydrant	New New	v Br <u>o</u> wse	Save	Delete	Print	Cancel
Journal						
🋃 Start	- 📝 🏉 🧊 📗 🖻 User Manual - Micros	oft W / 🙀 Live Data - I	FIBEHOU		113 🕅 🦕	🍕 🚑 8:56 РМ
					1-0 % 42	S V. 239 0.001 M

You are now ready to begin entering information into the Scene form.

Entering data in Scene Form

1. After entering the information on the **Basic** form, you can now enter information on the **Scene** form. To bring the **Scene** form to the front, click on the **Scene** tab at the top left.

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<u>F</u> ile <u>E</u> dit	<u>Reports</u> Tools	Administration Form	<u>W</u> indow <u>H</u> elp	
-	EMS/Sear	ch & Rescue Repor	t - 01-0911234	
	EMS Service#	FDID	Alarm Date	Alarm [*]
Incident	0332	E0332	06/01/2001	01:00:
*				
EMS	<u>Basir S</u> cen	e Additional Reports	Incident <u>N</u> arrative	<u>0</u> ther
龠	Address Ty	/pe	Number	Prefix Street/H
	Street Adde		123	N MAIN

The following screen will be displayed.

🙀 Live I) ata - Fl	REHOUS	E Software	•					_ 8 ×
<u>F</u> ile <u>E</u> dit	<u>R</u> eport	s <u>T</u> ools	<u>A</u> dministratio	n For <u>m W</u> indow	<u>H</u> elp				
-	K EN	IS/Searc	h & Rescue	e Report - 01-0911	234				
Incident		Service#	FD FD		n Date	Alarm Time	Incident Number	Occupancy I	D
	0332		EC	332 06/0	01/2001	01:00:00	01-0911234		
🔭 EMS	Basi	<u>S</u> cene	Additional	Reports Incident <u>N</u>	arrative 0ther				🗖 No Patient
- 20	Loca	tion Type			Pro	perty Ownership	#Pati	ents/Victims Cra	ash#
Occup								<u>-</u>	
Di la	Pati	ents/Victi	ims		,				
Inspect		Pt/Vict#	Complete?	Name			Unit	Age-Yrs Age-N	1osGender 🔄
ø									
Staff									
A obiuitu									
Activity									
Training									
1									
Program					1				
-									
Inventory	OP	atient/Victir	n records liste	ed			Add	Open	Delete
								,]
Hydrant	M		× M	New	Br <u>o</u> wse	Save	Delete	Print	Cancel
Journal									
🛃 Start	1 🛛	🧉 🗐 🛛	🙀 Live D	ata - FIREHOU	🛃 User Manual -	Microsoft W		1	🌘 🦕 🍕 🗧 9:48 PM

2. Enter the location type. Again you can use the lookup button or enter the code directly into the field.

Code	Description
00	Home/Residence
01	Farm
02	Mine or Quarry
03	Industrial Site
04	Street or Highway
05	Public Building
06	Recreational Site
07	Residential Site
08	Educational Site
09	Extended Care Facility
10	Hospital or Clinic
99	Not Applicable

- 3. Do not enter anything in the Property Ownership field.
- 4. In the **#Patients/Victims** field enter the number of patients at the scene.
- 5. Click on the Add button to add patient information.

Entering Patient Information

- 1. Enter the patient's last name in the field **Last Name**. When you press the tab key to advance to **First Name**, a pop-up window will be displayed if there are any previously entered patients with the same last name. If you have transported the patient before, just highlight his/her name and click OK. All other patient information will be automatically completed. Double check the DOB on the patient you select.
- 2. In necessary enter the patient's **First Name**
- 3. Entering a middle name or initial will help in selecting a previously entered patient.
- 4. Enter the vehicle certification # in the Unit field. This is four digit number on the ambulance.
- 5. Enter the patient's address. If the address is the same as the scene, you may click on the check box and it will automatically complete the fields.
- 6. Next enter the patient's primary physician. This field will remember all previous entries and will compile a lookup table as data is entered.
- 7. Complete the fields in the **Description** area of patient information.
- 8. To add a phone number click on the + button to the right of the field.

Below is a sample of a completed patient information form.

	ata - FIREHOUSE Software Reports Graphs Maps Tools Administ	antine France Videous II.da			_ 8 ×
	Mepons <u>Graphs</u> Maps Tools Administ		_	_	_ 🗆 X
5 Incident	Patient/Victim Information - EMS	/Search & Rescue Incident	03-1410441		×
*	Last Name		liddle	Suffix Unit	Pt/Vict#
EMS	Smith	Robert		0558	
	Basic Response Scene Clinical	Disposition & Transport Patient	<u>Narrative</u>		
Occup	Patient Account#		Description Date of Birth		
Ż		Billing/Guardian Information			ender Male
Inspect	-Residence Address		Age-yrs mos		eight
A	Street		39 🕀 🛛 7 🖶		
Staff	123 N. MAIN St.		Race	Ethnicity	
- 19		Apt/Rm	1 White		
Activity	City	State ZIP Code	Driver's License #	Social Sec	surity No.
	UPLAND	IN 46989 .		111-23-4	567
Training	Primary Physician		Phone Numbers		
Program	Dr. Hill			hone Number Ex	tension 🔺 +
Journal	Insurance?	1	1		
	O <u>Y</u> es O <u>N</u> o O <u>U</u> nk OI	N/A Details			
				1	
	Add From Add From <u>Occupancy</u> Involvement	Print Patient	New Save	e Delete	Close
🋃 Start		🗗 Live 🔄 Applica 💈	ชี] User M	₿₽₽₽₽₽	💷 🔃 💭 💭 2:19 PM

9. Next, click on the Response file tab.

Basic	<u>R</u> esponse	<u>S</u> cene	<u>C</u> linical	Disposition & Transport	Patient <u>N</u> arr	ative <u>O</u> ther
_Pati	ent Accoun	t#				Description
					. 1	Date of Birth
				<u>B</u> illing/Guardian Inform	nation	10/29/1963

10. This is the screen where you enter all of your times from the dispatch slip. When entering times be sure

to enter 01:00 for 1:00. Remember when you see this button _____, you may click on it to look up valid values for that particular field. A completed Response screen might look like this.

Patient/Victim Information - EMS/Search & Rescue Incident# 01-0911234								
Last Name	First Name		Middle	Suffix	Unit	Pt/Vict#		
Smith	Robert				0656	1 🕂		
Basic [Response] Scene Clinical				ther				
Dates	<u>Alm</u>	Times	ALS		<u>Alm</u>			
Unit Notified 06/01/2001		01:00:00	Arrival	06/01/2001		01:20:00		
Unit Enroute 06/01/2001		01:05:00	Respons	e Code to Scene				
Cancelled //	□	::		Emergency				
Arrived Scene 06/01/2001		01:08:00	Lights & S	Siren To Scene				
Arrived Pt/Vict 06/01/2001		01:08:00						
Enroute to Dest 06/01/2001		01:15:00	2	2 No Lights or Siren				
Arrived Dest 06/01/2001		01:30:00	Unit M	ileage otal Miles	Loaded M	iles		
Cleared 06/01/2001		01:45:00		0.00		0.00		
Back in Svc 06/01/2001		01:45:00		Respon	se Time Analysis			
Add from Decupancy Add from h	n <u>v</u> olvement		New	Save	Delete	Close		

11. Once completing the response information, click on the Scene tab to bring that form forward.

<u>B</u> asic	<u>R</u> esponse	<u>S</u> cene	<u>C</u> linical	Disposition & Transport	Patient <u>N</u> arr	ative	<u>0</u> ther
_Patie	ent Account	ŧ.				_De:	scription
					. 1	Date	e of Birth
				<u>B</u> illing/Guardian Inform	nation	10.	/29/1963
				_			

- 12. Enter the appropriate information in the Initial Observed Condition field.
- 13. Tab to the **Injury or Illness** field and use the pull-down arrow to select the proper option. The option chosen will determine the required fields in the clinical section.
- 14. Be sure to list a **Chief Complaint** as well as complete all appropriate fields. Entering data in the **Chief Complaint** field will add the entry to a look up table for future reference.
- 15. Complete the **Signs & Symptoms** section. To add an entry click on the + button, then click on the button under the ?. This will display a list of possible options to enter.

Signs & Sym	ptoms	
Code	Description	▲ + I
Þ		++
	$\mathbf{\mathbf{\nabla}}$	
		个
		▼ ↓
n 11 c		

Below is a sample of a completed scene form

EMS/Search & Rescue Patient/Victim Informa		Rescue Incider	t# 01-0911	234			
ast Name	First Name		Middle		Suffix	Unit	Pt/Vict
Smith	Robert					0656	1-
asic <u>R</u> esponse <u>S</u> cene	Clinical Disposition 8	Transport Patie	ent <u>N</u> arrative	<u>O</u> ther]		
Patient/Victim			Safety E	quipment	Worn or D	eployed?	
Initial Observed Condition		Injury or Illness		• <u>N</u> o	C <u>U</u> nk	C N/ <u>A</u>	Details
			Chief Co	mplaint			
Injury Intent/Other Factors			Head inj	ury due to	a fall		
			Signs &	5ymptom	\$		
Aid Given to Patient/Vi	-ti- Drive to Assiss12		Code	?	Description		+
Ald diven to Fallent/vi	cum Fhor to Amyar		17		Injuries		++
C⊻es ⊙ <u>N</u> o CL	<u>J</u> nk C N/ <u>A</u>	Details	▶ 06		Chest Pain		
							^
Scene Factors Affectin	g Response/EMS Ca	re?					▼ ↓
	1/A	Details	-Req'd-	Compl			
					Ve	ehicle Accident/E	xtrication
Human Factors Affectir	ng Response/EMS Ca	re?					
©⊻es ⊙ <u>N</u> o		Details				Searc <u>h</u> /Reso	sue
		1		1			1

16. Next select the Clinical tab

Basic Response Scene Cli	inical Disposition & Transport	Patient <u>N</u> arrative
_Patient Account#		Description
		Date of Birth
<u> </u>	<u>B</u> illing/Guardian Inform	ation 10/29/1963

- 17. Under the **EMS Provider Level**, enter a "D" for the **Initial** level.
- 18. Enter the highest level provided, "D" for EMT-D or "P" for Paramedic **NOTE:** You MUST enter "P" if you had paramedic assistance.
- 19. Complete the onset date and time.
- 20. Select the appropriate options for Provider Impression and Mechanism of Injury/Nature of Illness

21. Click on the best option for **Past Patient History & Alerts**. If you click on the "Yes" option, a pop-up screen will open allowing you to indicate past medical history.

🕌 Past	Medica	l Hi	story/A	erts - I	Pt/Vi	ct Nai	ne: Sm	ith			×
Code		2 D	escriptio	n						*	(+)
											++
	\rightarrow	4							 		-
		+							 		
-		+							 		<u> </u>
Notes fo	r Highligh	nted (Code							$[\mathbf{Y}]$	Ψ
				_			_				A
											$\overline{\mathbf{v}}$
							Save	1	Can	امد	1
							Jave		Can	Jer	

- 22. To add an entry, click on the + then the under the ?. If you wish to enter comments about a particular entry, highlight that entry and then type in the box below.
- 23. After entering all of the history you **must** click on the **Save** button. When the save operation is complete the window will close.
- 24. If required, click on the **Injury Matrix** button (It will be red if it is required). This will display the injury matrix, similar to the paper charts.

" 🔣 Injury Matrix - Pt/Vict Nar	Injury Matrix - Pt/Vict Name: Smith										
F 	Abrasion	Amputation	Burn	Blunt Injury	Crushing Injury	Dislocation/Fracture	Gunshot Wound	Laceration	Pain	Puncture/Stab	Tissue Swelling
- Head		Г	Γ	Γ	Г	Г	Γ	Γ		Г	Γ
Face	Γ	Γ	Γ	Γ	Г	Γ	Г	Γ		Γ	Γ
Face Face Neck	Γ	Γ	Γ	Γ	Γ	Г			V	Г	
Chest	Г	Г	Г	Γ	Г	Г	Г	Γ	V	Г	Γ
a Back	Г	Г	Г	Γ	Г	Г	Г	Γ		Г	Γ
Abdomen	Г	Г	Г	Г	Г	Г	Г	Γ	Γ	Г	Γ
Pelvis/Genitalia	Г	Г	Γ	Γ	Г	Г	Г	Γ		Г	Γ
Upper Extremity	Г	Г	Γ	Γ	Г	Г	Г	Γ		Г	Γ
n Lower Extremity		Γ	Γ		Γ	Γ	Γ	Γ	Γ	Γ	Γ
					Sa	ve		Delete		Close	•
m Liceupancy Add from Invol	vement				ew		save		Uer	ere	

- 25. Click on the appropriate boxes, indicating where the injuries are located. Click on the **Save** button to save the information. The **Cancel** button will change to **Close** once the save operation is complete. Click on the **Close** button to close the window and return to the **Clinical** screen.
- 26. Next you need to enter the information required under Assessments and Treatments button. This is the section where you enter vitals. When you click on the Assessments and Treatments button, a small pop-up window will appear listing several options. Use the Procedure button to list equipment used (i.e. oxygen, backboard, combitube, etc.) Use the Medication button if pt. was given BLS meds.

Add Record	×
Select the type of record you want to add	
<u>V</u> itals/Assessment	
Procedure	
Medication	
Cancel	

27. Click on the **Vitals/Assessment** button to display the form for entering patient vitals. Below is a sample. After completing the basic page, click on the **Secondary** tab.

KEMS Patient Assessment/Vitals - Pt	/Vict Name: Scheidt	×
Date Time	Assessment by Staff ID	
07/01/2003 00:04:00	144 W	ELCH, EDWIN R
Basic Secondary Notes		
General	Breathing	Lung Sounds
Level of Consciousness	Respiration	Left
1 Alert	1 Normal	02 Clear
Airway	Respiratory Rhythm	Right
1 Patent	1 Regular	02 Clear
Posture	Respiratory Effort/Quality	
1 Supine	1 Normal	
Circulation		
Pulse	Pulse Rhythm	Pulse Quality
1 Normal	1 Regular	1 Normal
_Skin Perfusion	Capillary Refill	Pitting Edema
1 Normal	0 + secs Not Assessed	0 + secs
	- I Unknown	Unknown
Bleeding	Pupils	
Status	Left	Right
1 None	1 Normal	1 Normal
Default Values from Previous Entry	New Save	Delete Close

28. The B/P, pulse etc. are entered under the **Secondary** tab. Below is an example of a completed form. Remember you can click on the button to display valid options.

KEMS Patient Assessment/Vitals - I	Pt/Vict Name: Smith			×
Date Time	Assessment by Staff ID			
06/01/2001 01:20:00	144	WELCH,	EDWIN R	
<u>Basic</u> <u>Secondary</u> <u>N</u> otes				
	lespirations	Temperature		
80 I Unknown	24 🕂 🔽 Not Assessed	888.88		lot Assessed Inknown
Blood Pressure	☐ Not Assessed tion/Doppler ☐ Unknown	Pa02		lot Assessed Inknown
Skin Parameters				
Appearance	Color	Temp	perature	
1 Normal	3 Ashen	1	Warm	
Glasgow Coma Scale				
Eyes Open 🗖 Unknown	Motor Response 🛛 🗖 Uni	known Verba	al Response	🗆 Unknown
Open Spontaneously	Obeys Commands	Orier	nted/Appropriate Sp	eech 🔽
Scores	Cardiac			
Glasgow Revised Trauma	Rhythm Interpretation			
15 12				
Default Values from Previous Entry	New	Save	Delete	Close

- 29. If there needs to be additional comments directly related to the vitals, these can be made under the notes tab. After everything is entered click on the save tab.
- 30. After the save function is complete, click on the close tab. After clicking on the close tab the screen will look like this.

Add Record	×
Select the type of record you want to add	
<u>V</u> itals/Assessment	
Procedure	
Medication	
Cancel	1

31. Click on the **Procedure** button to enter **ALL** procedures performed. For example C-spine, O2 etc.32. Click on the **Medication** button to enter any medications given.

33. Next, click on the **Disposition & Transport** tab.

Realign Antion Patient Article Information	EMS/Search & Rescue	Incident# 01-0911234
Last Name	First Name	Middle
Smith	Bebert	
Basic Response Scene Cli	nice Disposition & Transpo	Patient <u>N</u> arrative <u>O</u> ther
Patient Disposition		Transport Mode of Transport

34. Below is a sample of a completed form.

Patient/Victim Informatic _ast Name	on - EMS/Search & Rescue I First Name	ncident# U3-141U441 Middle	Suffix	Unit	Pt/Vict#
Smith	Robert			0558	
<u>Basic R</u> esponse <u>S</u> cene	<u>Clinical</u> <u>Disposition & Transport</u>	Patient <u>N</u> arrative	her		
Patient Disposition		Transport Mode of Transport			
7 Not Applicable or F Patient Status	Patient Fransported	Initial Destination/F	acility Code		
2 Remained Same		5275	Marion Gener	ral Hospital	
Pulse on Transfer		Diverted To			
Pulse on transfer					
Alert Criteria		Destination Determ			
Advanced Directive		Attending Physician			
		Tiered Respons Agency Tiered Wit			
Add From Add Fr Occupancy Involvem		New	Save	Delete	Close

35. To enter a valid code for **Initial Destination/Facility Code** use the lookup button. When the lookup window is displayed, click on the **Description** bar to display the facility codes in alphabetical order.

Lookup -	ransport Destinations/Facilities		
Code	Description		Find
0001			_
0002	Medical Office/Clinic		
0003	Extended Care Facility		New
0004	Hospital		
0005	Other EMS Responder (Ground)		<u>E</u> dit
0006	Other Ems Responder (Air)		
0007	Morgue		-
0008	Not Applicable		Delete
0100	Adams Co. Mem. Hosp. Skilled Nursing Unit		
0105	Golden Meadows Home		
0110	Albany Health Care, Inc.		Merge
0120	Alexandria Convalescent Center		
0125	Alexandria Residential Center		
0130	Columbia city community Care Center		<u>G</u> roups
0140	Allison Healthcare Corp.		
0150	Alpha Home (The)		
0160	Altenheim Community		
0164	Amber Manor Care Center		
0165	Harrison Healthcare Corporation		
0170	Americana Healthcare Center	•	
Show Hidd	en Codes	Ă	ОК
		v	Cancel

- 36. Scroll down to find the facility and double click to select it.
- 37. When all the information is completed click on the **Patient Narrative** tab to enter the narrative.
- 38. Once the patient narrative is completed, click on the **Other** tab.

I I I I I I I I I I I I I I I I I I I	- F,				
Patient/Victim Information - E	MS/Search & Rescue	Incident# 01-0911234			×
Last Name	First Name	Middle	Suffix	Unit	Pt/Vict#
Smith	Robert			0656	
Basic Besponse Scene Clinic	al Disposition & Transpor	rt Patient <u>N</u> arrati re ⊡t ⊁	ner		
				e (

39. You must make two entries under **Report Authorization**. One for Officer in Charge and Member Making Report.

Smith		First Name Robert	Middle	Suffix	Unit 0558	Pt/Vict
	1		1 1	 		
asic <u>R</u>	esponse <u>S</u> o	ene Clinical Disposition & Transport	Patient <u>N</u> arrative <u>Other</u>			
			Report Authorization	ns	Copy from	NFIRS Report
Req'd	Compl		Type Name		Rank Assig	nment 🦯
		<u>U</u> ser Fields				
		Attac <u>h</u> ments				
		Special Studies				
		Record Lock Status				• •
		Record Modification History		Add	Edit	Delete

40. To add an entry, click on the Add button. This window will be displayed.

👾 Report Authorization				×
Authorization Type		De	ate	Time
		0	7/07/2003	17:33
Staff ID				
144	WELCH	I, EDWIN R		
Rank			Assignme	nt
PM Par	amedic			
🗖 Add or update Member M	aking Report authori	zation with this same	information	
	New	Save	Delete	Close

- 41. Under Authorization Type enter "OC" for Officer in charge.
- 42. Enter the date and time of the report.
- 43. Select the **Staff ID** of the person making the report. This will usually be the head EMT on the run.
- 44. If the officer in charge is the same individual who is making the report, check the box in the lower left hand corner and an entry for member making report will be added automatically with the individual listed as officer in charge
- 45. Click the **Save** button to save the entry.
- 46. If the individual is different than officer in charge, click the New button to display a blank form.
- 47. Under Authorization Type enter "MM" for member making report.
- 48. Repeat steps 41 43.

- 49. Once the save procedure is complete, click on the Close button.
- 50. Next, click on the **Save** button at the bottom of the screen. The spell checker will check the patient narrative for misspelled words.
- 51. When the save operation is complete, click on the close button.
- 52. You will be returned to the main incident reporting screen.

Responding Personnel

To report the personnel who were on the run, follow these instructions.

1. At the main incident reporting screen, click on the Additional Reports tab.

)ata -	FIREHOU	SE Software	;							_	- 8 ×
<u>R</u> ep	oorts <u>T</u> ools	Administratio	n For <u>m W</u> in	dow <u>H</u> elp							
8	EMS/Sear	ch & Rescue	e Report - 01	-0911234						_	. 🗆 🗵
EM	1S Service#	FDI	ID	Alarm Date		Alarm Time	Incident N	lumber	Оссир	ancy ID	
03	332	E0		06/01/2001		01:00:00	01-0911:	234			
B	asic <u>S</u> cen	Additional	Reports Incid	lent <u>N</u> arrative	<u>0</u> ther					🗖 No	Patient
Lo	ocation Type				Pro	perty Ownership		#Patien	ts/Victims	Crash#	
	00	Home/R	esidence						1 ÷		
P-	atients/Vic	tims									
	Pt/Vict#	Complete?	Name				Unit		Age-Yrs	Age-Mos Gender	
	1	Y	Smith, Robert				0656		37	7 Male	

2. Click on the Personnel & Activities.. button. The following screen will be displayed.

🐁 Staff Activity					
Start Date Default Activity Code				nd Date	End Time
		0	1:00	6/01/2001	01:45
Basic Notes Other					
Activity Description	Location	_Inc	ident-Related Ac	tivity	
		FDI			nt Number
, Default Values	Activity Type		332 06/01/	2001 01-09	11234
Station Shift Unit	Fire Res	scue 🔽 🖸	Count this activity as	s part of incident resp	onse
08	I Medical I Oth	er –Pau	vroll Calculation-		
Hours Worked Credit Points		-		y Scale 👘 Cre	edit Both
0.75 🗧 0.00 🗧	Attendance Required		0.75 🕂 🛛	🗖 So	ale = Hr Rate
			1	Activity Summ	nary
Participant Code	Hours Points	Hours Paid 📩	Add	Tabal	
			Add <u>G</u> roup	Total Participants	0
				-	
			Open	Total Hrs Worked	0.00
			Edit Gro <u>u</u> p	WUIKBU	,
			Delete	Total Absent	0
		►	Delete		
				1	1
		Save	Delete	Print	Cancel

- 3. In the **Default Activity Code** enter "MX".
- 4. Click on the Add button add personnel to the run chart. The screen to add personnel will be displayed.

🍓 Participant Detail - Medical Al	Scene			×
Staff ID				
Basic Notes Other				
Activity Code				vity Type
MX Medical At	Scene		Fir	e
Position			M 🔽	edical
			E Re	escue
			 _ Ot	her
Station Shift Unit	Hours W			
		0.75 🛨	1.00 🛨 🗖 Dr	iver
Payroll Calculation				
Hours Paid Pay Scale	Credit Br	oth Hours Paid and	Pari Scola	
0.75				
	Use Pay	Scale as the Hour	y Hate	
Attendance Required				
Attendance Status F	leason for absence			
Attended			Incident Action	s Taken
		1	1	
	New	Save	Delete	Close

- 5. Enter the ID number for the first person in the **Staff ID** field or use the lookup function to select the individual from the roster.
- 6. Click on the **Save** button.
- 7. After the save function is complete, click on the **New** button to display a blank form to enter the next individual.
- 8. Repeat steps 5 6 until all personnel are listed. When everyone is listed, click on the **Close** button.
- 9. When you are returned to the Staff Activity screen, click on the Save button at the bottom of the screen.
- 10. When the save operation is complete, this screen will be displayed. Click on the **Close** button to return to the main screen.

🕌 Incident A	Activities	- Incident# -000					×
Date 06/01/2001	Time 01:00	Description Medical At Scene	Station Shift 08	Unit FMR	0 Response Code X MX	Hours 📥	Add
							Op <u>e</u> n
							Dele <u>t</u> e
1						V	
1 Staff Activit	ies record I	isted				(Close
		New	Br <u>o</u> wse	Save	Delete	Print	Close
🌌 🏉 😂	ן <mark>קן</mark> Liv	e Data - FIREHOL	I 🖲 User Manual -	Microsoft W		23	🌘 🆕 🍕 🗧 11:55 AM -

- 11. When you are returned to the main screen, click on the **Save** button to save the entire incident. If there are any errors, i.e. required information missing, you will receive an error message alerting you as to what is missing. Correct those errors and save the incident.
- 12. After the save operation is complete with no errors, click on the Close button to close the form.
- 13. Exit Firehouse and shut down the laptop.

Entering a Chart for a Refusal

- 1. Follow steps 1 7 for starting and logging into Firehouse. (Pgs. 1-2)
- 2. Complete the report as you would if you were transporting the patient with the following exceptions. Complete a patient narrative documenting all that transpired including refusal information. Also complete the entries for member making report and officer in charge.
- 3. Under the **Response** tab you only need to complete the required date and time fields.
- 4. Under the **Disposition & Transport** tab for patient information, complete the form as shown below.
- 5. Have patient sign the refusal form provided by GCEMS.

ast Name	First Name	Middle	Suffix	Unit	Pt/Vict#
Doe	Jane			0656	1 🛨
Basic Response Scene Clinical	isposition & Transport	Patient <u>N</u> arrative			
Patient Disposition		Transport Mode of Transport			
2 Refusal		Initial Destination/Fac	ilitu Code		
2 Remained Same					
Pulse on Transfer 1 Pulse on transfer		Diverted To			
		Destination Determine	id By		
		Attending Physician a	t Destination		
		Tiered Response Agency Tiered With			

6. Be sure to document all information.

Charting a Signal 9 run with no patient contact

- Follow steps 1 7 for starting and logging into Firehouse. (Pgs. 1-2)
 Remember to use 0 as the 5th digit in the incident number. (Pgs. 2-4)
- 3. Follow steps 1 6 for completing the **Basic** tab.

4. Click on the No Patient box

3.4.	EMS/Search & Rescue Report - 01-0810087							
÷	EMS Service#	FDID	Alarm Date	Alarm Time	Incident Number	Occupancy ID		
Incident	0332	E0332	06/01/2001	01:00:00	01-0810087			
🗱 EMS	Basic Scene /	Additional Reports	Incident <u>N</u> arrative	ther			No Patien	
a	Address Type		_	Prefix Street/Highway		Туре	Suffix	
Occup	Intersection	<u> </u>	Intersection of	S 10TH		ST		

- 5. Next, click on the Additional Reports tab.
- 6. Click on the **Responding Units** button. This window will be displayed.

Responding Units - Incident# -000								
Arrival Date	Arrival Time	Unit	Name			F M R 0 📥	Add	
							Add <u>G</u> roup	
							Op <u>e</u> n	
							Delețe	
•						▼ ▶		
0 Respondin	g Units record	s listed					Close	
M M	► ►	New	u Br <u>o</u> wse	Save	Delete	Print	Cancel	

7. Click on the **Add** button to add your unit.

🐨 Unit Response Detail - Incident# -000 🛛 📉										
Unit Code				Resource Type						
Basic Personnel Usage Notes										
Response Code										
			E Fi	re 🔽 Medic	al 🗖 Rescue	C Other				
-Response Da	tes & Times									
	Date	<u>Alarm</u>	Time		Operated ncident)	0.33 🗧				
Unit Notified	06/01/2001		01:00:00		Traveled (This	0.00 ÷				
Unit Enroute	06/01/2001		01:00:00	Incide	nt) L					
Cancelled	11		::							
Arrival 06/01/2001			01:10:00		Response Time Ar	nalysis				
Cleared 06/01/2001			01:20:00		Unit <u>A</u> ctions Taken					
Back in Svc	06/01/2001	··· 🔽	01:20:00							
			New	Save	Delete	Close				

- 8. Enter your truck number for the Unit Code
- 9. Click on the Save button then the Close button when the save operation is complete.

- 10. When returned to the **Responding Units** screen, click on the **Close** button. You will be returned to the **Additional Reports** form.
- 11. Click on the **Personnel & Activities** button and follow steps 3 –13 for entering responding personnel.

Adding streets to the look up table

1. If a street is not listed in the look up table, click on the new button to add it to the list. Before adding a street, be very sure that it is not listed with a prefix (i.e. N or W).

		lescue Repor						
EMS Sei		FDID	Ak	arm Date	Alarm Time	Incident Num	ber Occupancy I	
Look	up - Street N	ames						
Prefix	Street		Туре	Suffix Distric	t Census County	Township Zone		<u>F</u> ind
W	17TH		ST					<u></u>
	18TH		ST					
W	1900 N-48						(<u>N</u> ew
W	19TH		ST					
W	1ST		ST					<u>E</u> dit
W	200			N S				
W	200		о т	5				
W	20TH		ST					<u>D</u> elete
	210		CT.	N				
. W	22ND		ST ST					
	24TH		51	ы				<u>M</u> erge
	250 250			N S				
Ŵ	250 N-5			э				
Ŵ	250 N-5 258			S				<u>G</u> roups
Ŵ	258 25TH		ST	5				
Ŵ	267		51	s				
Ŵ	267 26TH		ST	5				
Ŵ	201H 27TH		ST					
Ŵ	28TH		ST					
	20111						•	
Charry	Hidden Code:							
Show	maaen code:	\$						
								01
								ОК
							-	Cancel

- 2. Enter the appropriate information and then click on the save button.
- 3. You then will be able to select it from the list.

Adding a city to the lookup table

- 1. If a city is not listed in the look up table, click on the new button to add it to the list. Before adding a city, be very sure that it is not.
- 2. Follow the same steps for adding a street to the street lookup table.

Printing a chart

Note: All charts MUST be printed (This includes signal 9 charts).

- 1. Once the chart is completed, click the on the save button to be sure the entire chart is saved.
- 2. Be sure the computer is connected to the printer. Then click on the print button.

🗛 Live D	ata - FIREHOUSE Software			_8×
<u>F</u> ile <u>E</u> dit		ndow <u>H</u> elp		
-	SCEMS/Search & Rescue Report - 0			
Incident	EMS Service# FDID		m Time Incident Number	Occupancy ID
×	0332 <u></u> E0332 <u></u>	08/13/2002 10:	02-0811228	
EMS	Basic Scene Additional Reports Inc	ident <u>N</u> arrative <u>O</u> ther		🗖 No Patient
龠	Address Type	Number Prefix Stree	et/Highway	Type Suffix
Occup	Street Address	800 E SOL	TH B	ST
Þ	Vicinity	Address Line 2		Apt/Room/Suite
Inspect	Exact Location			
*		City	State ZIP Cod	le Census Tract
Staff	Supplemental <u>A</u> ddress	GAS CITY	IN 46933	
	Dispatched For		Type of Service Requested	
Inventory	Fall		1 Scene	
٠.			,	
Hydrant	Additional Dates		-Station, Shift & Alarm Station Shift District	911 Used
	Dispatch Notif 08/13/2002	10:02:00		
Journal	First Arrival 08/13/2002	10:16:00		
		11:05:00	Aid Given or Received	
I ∎• Exit	Last Cleared 08/13/2002	11:05:00		Details
≃ 3 Password	New	Br <u>o</u> wse	Save Delete	Print Close
doomoid				
🄀 Start	fy Live Data - FIREHOU	Manual.doc - Microso		🖺 😹 📇 🌾 👂 9:57 PM

This popup menu will be displayed.

Output Report To
Select Output Type
Select Printer
Description of Selected Output Type
Directs output to a printer you select.
Printer Setup Brother HL-1240 series
File
Number of Copies Print a Blank Form with No Data
1 💽 Collate Copies (1-2-3, 1-2-3)
Print Range: 1 📩 to 1 📩
OK Cancel

- 3. Select the option of "Select Printer" to choose the printer you want to use.
- 4. Print 3 copies if you transported a patient or 2 copies if you did not or it is a signal 9 chart.
- 5. This menu will be displayed.

Run Batch or Collated Report	×
Report Name	
EMS Incident Report	
Forms Select the forms or sections you want to print	
EMS Incident Report Form EMS Supplemental Report	Select <u>A</u> ll
 EMS Responding Personnel EMS Responding Units Report EMS Search and Rescue Report EMS User Fields Report EMS Completion Status Report EMS Main Incident Narrative 	Select <u>N</u> one
Use these form selections as default for this report	Cancel

6. After clicking OK this screen will be displayed. Only the reports checked in the example should be printed. DO NOT change any information, just click on the "OK" button. If you entered a Main

Incident Narrative (This is not the same as the patient narrative), check the box and the Main Incident Narrative will print with the rest of the chart.

7. Sign each copy.

Chart Distribution

Marion General Hospital

- 1. Copy 1 to ER admitting
- 2. Copy 2 to the ER nurses station. Use the Right mail box located on the curved part of the counter as you enter ER
- 3. Copy 3 is kept by the EMS unit

Other Hospitals

- 1. Copy 1 goes to the ER
- 2. Copy 2 is kept in the unit and placed in the bottom mail box in the Ambulance Office at Marion General.
- 3. Copy 3 is kept by the EMS unit.