# Documenting Overdoses: Crew Checklist

As part of its work with the governor's Opioid Emergency Response Team to monitor overdose trends, the DHEC Bureau of EMS recommends attention to the following areas of ePCR documentation involving overdose (and suspected overdose) patients.

| ePCR Fields | Best Practices |
|---|---|
| ☑ **Primary Impression/ Secondary Impression** | *Using the most appropriate primary impression code based on the specific substance if known will allow for better surveillance of suspected drugs involved in overdoses.* |
| ☑ **Medication Administered**<br>☑ **Medication Dosage**<br>☑ **Response to Medication**<br>☑ **Medication Administered Prior to the Arrival of EMS**<br>☑ **Role/Type of Person Administering Medications** | *Documentation of ALL naloxone administrations is important for accurately mapping the ODMAP incident type. This information is used to categorize overdose incidents reported to ODMAP as having single, multiple, or no doses of naloxone administered. Because naloxone administrations by other first responders or laypeople are becoming more common, it is important to mark when naloxone was administered prior to your arrival.* |
| ☑ **Chief Complaint**<br>☑ **Narrative** | *Keywords like overdose, opioid, and heroin in the narrative and chief complaint can help with flagging overdose incidents. When writing the narrative for an overdose patient, include as many overdose-related terms as possible. Additionally, descriptions of the following can provide details that can identify patterns in overdoses when reviewing potential spikes:*<br>• *Any drugs and/or drug paraphernalia found at the scene (e.g. blue pill, white powder)*<br>• *Any relevant medical history*<br>• *Witness reports of drug use*<br>• *Patient presentation (for example, an opioid-involved overdose may present as unresponsive, apneic, semi-conscious, agonal breathing, etc.; a stimulant-involved overdose may present with fast heart rate, overheating, panic, anxiety, irregular breathing, nausea, etc.)*<br>• *Response to naloxone administration*<br>• *Resuscitation measures*<br>• *Patient disposition* |