Tips for Documenting Drug Overdose-Related EMS Response

EMS data is one of the timeliest data sources available statewide to track drug overdose trends in South Carolina. Monitoring EMS data is key to identifying hotspots real-time and engaging partners in rapid response to allocate resources for prevention programs and naloxone distribution. It is important for data to be entered as accurately and completely as possible so that incidents can be identified as overdoses and automatically transferred to ODMAP. Capturing overdose information in multiple fields, not just in the narrative, will help ensure ODMAP data is complete and overdose spikes are not missed.

As part of its work with the governor's Opioid Emergency Response Team to monitor overdose trends, the Bureau of EMS recommends attention to the following areas of ePCR documentation of patients who have (or are suspected of having) experienced an overdose:

1) Fields for indicating a drug overdose

eSituation.11 (Primary Impression) and eSituation12 (Secondary Impression)

Poisoning/drug overdose or substance abuse-related primary impressions are used to help identify drug overdoses, including those involving drugs other than opioids that may not require a naloxone administration. The codes available to you may vary by your ePCR vendor. Using the most appropriate code based on the specific substance if known (ex: will allow for better surveillance of suspected drugs involved in overdoses.

Drug overdose-related incidents can be flagged with primary or secondary impressions associated with the following ICD-10 codes. Since descriptive options are not standard across all ePCR vendors, you may need to find comparable text options for selection in your ePCR.

ICD-10 CODE	ICD-10 DESCRIPTION
F11	Opioid related disorders (subcategories for opioid abuse, opioid dependence, and opioid use)
F13	Sedative, hypnotic, or anxiolytic related disorders
F14	Cocaine-related disorders
F15	Other stimulant related disorders
F16	Hallucinogen related disorders
F18	Inhalant related disorders
F19	Other psychoactive substance related disorders
T40.1X4	Poisoning by heroin, undetermined
T40.2X1	Poisoning by other opioids, accidental (unintentional)
T40.691	Poisoning by other narcotics, accidental (unintentional)
T43.291	Poisoning by other antidepressants, accidental (unintentional)
T43.621	Poisoning by amphetamines, accidental (unintentional)
T50.904	Poisoning by other unspecified drugs, medicaments, and biological substances, undetermined

2) Fields for capturing naloxone administrations, both by EMS and by others prior to arrival

eMedications.03 (Medication Administered), eMedications.05 (Medication Dosage), and eMedications.07 (Response to Medication)

Ensure that the use of naloxone is documented outside the narrative in the Medication Administered field and indicate whether the patient's response was improved or unchanged. This information is used to categorize overdose incidents reported to ODMAP as having single, multiple, or no doses of naloxone administered.

eMedications.02 (Medication Administered Prior to the Arrival of EMS) and eMedications.10 (Role/Type of Person Administering Medications)

Documentation of ALL naloxone administrations is important for accurately mapping the ODMAP incident type. 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 for a comprehensive view of naloxone administrations in the community. This also helps with validating records with the LEON and ROLL first responder naloxone administration programs.

3) Fields for describing a drug overdose

eSituation.04 (Complaint) and eNarrative

The chief complaint can supplement other indicators. Include overdose-related terms like, including:

- "OD," "overdose"
- Type or class of drug: "heroin," "cocaine," "opioid," "methamphetamine," etc.
- "Naloxone," "Narcan," "Evzio," etc. if used

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:

- Any drugs and/or drug paraphernalia found at the scene (e.g. blue pill, white powder)
- Any relevant medical history
- Witness reports of drug use
- 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.)
- Response to naloxone administration
- Resuscitation measures
- Patient disposition