



RECOMMENDATION FOR CONSIDERATION

Board Meeting Date: March 11, 2015

Subject: PCR Software Procedure and Medication Validation

VTR#: 0315-01

Committee/Task Force: EMS Information Task Force

Recommended Goal

Recommended Policy Change

Other:

Recommendation:

The Department of Health should require PCR vendors to validate that their PCR software permits all certification levels to document, in the applicable NEMSIS fields, all procedures and medications consistent with the scope of practice for each level. This includes patient assisted medications.

Rationale [Background]:

With the addition of naloxone to the scope of practice for BLS practitioners there were serious concerns that some PCR software programs do not allow BLS providers to document medication administration. Additionally, the Bureau of EMS asked the committee to provide a recommendation on documentation of patient assisted medications. The EMS Information Task Force recommends that in the efforts to remedy the current issue related to naloxone documentation, that the scope of the validation be broadened to ensure that PCR software programs allow all certification levels to document procedures and medications consistent with their respective scopes of practice. In addition, PCR software vendors that allow these changes to be made at the agency level should offer recommended settings to the local software administrator.

Medical Review [Concerns]:

No medical review concerns exist.

Fiscal Concerns:

No fiscal concerns exist.

Educational Concerns:

No educational concerns exist.

Plan of Implementation:

N/A

The PEHSC Committee/Task Force offers consultation to the Department in regard to the content of this Vote to Recommend (VTR) and its attached documents. The PEHSC Committee/Task Force specifically offers staff or member support to participate in Department deliberations regarding this recommendation in an effort to convey committee/task force discussions.

Board Meeting Comments/Concerns:

Signed: _____ Date _____
President

For PEHSC Use Only – PA Department of Health Response

Accept: ____ Table: ____ Modify: ____ Reject: ____

Comments:

Date of Department Response: _____