

### ImageTrend Elite Clinical Release Notes

7 September 2022

The GMR ImageTrend Support Team released an update to the Elite System on September 7, 2022. All iPads will need be connected to the internet and a Sync of All Resources (Settings/Sync All Resources) will have to be completed to receive the update.

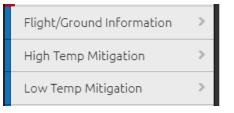
For support, please utilize the GMR ImageTrend Support Site.

https://amgh.kayako.com

## Air Template Update

#### High and Low Temp Mitigation Documentation and Requirement

New sections in Elite have been added in the Transport/Destination Section under Flight/Ground Information for High and Low Temperature Mitigation Documentation required by CAMTS:



#### **High Temp Mitigation**

| High Temperature Mitigatior           | Needed for Cabin Temp               | >95 degrees F  |
|---------------------------------------|-------------------------------------|--|
| High Cabin Temperature<br>Mitigation: | Sheet/shading for sun<br>protection | Air vents/accessible<br>window (if possible)<br>opened |
|                                       | Cool packs                          | Aircraft A/C   |
|                                       | No mitigation                       |  |

| Low Temperature Mitigation I         | Needed for Cabin   | Temp <50 degree | s F              |
|--------------------------------------|--------------------|-----------------|------------------|
| Low Cabin Temperature<br>Mitigation: | Aircraft<br>Heater | Blankets        | Head<br>Covering |
|                                      | Warmed<br>Fluids   | No mitigation   |                  |

#### High Temperature Mitigation Documentation

When a cabin temperature above 95 degrees is documented, mitigation documentation will be required in the appropriate section.

| Flight/Ground Inf   | ormation  |          |
|---------------------|---|----------|
| + Add Another       | ✓ ок  | 🗶 Cancel |
| Date:               | 09/06/2022 21:52:1  | 4        |
| Ambient Temp C:     |   | 100 °F   |
|                     | High Temperature Mitigation Panel<br>Needed for Cabin Temp >95 degrees F<br>(Error: 1052) | 37.8 °C  |
| 30 for Cabin Temp > | ation Panel Needed for Cabin  |          |

The requirement will be satisfied once the mitigation has been documented:

| Q Find field                 | Save Drinz DDF CAD EXC Transfers   |  |
|------------------------------|--|--|
| Incident Details 🗸 🗸         | High Temp Mitigation   |  |
| ! Dispatch 🗸                 | High Temperature Mitigation Needed for Cabin Temp >95 degr   | rees F                                       |
| ! Scene/Referring     ✓      | High Cabin Temperature Sheet/shading for sun whree while the sheet/shading for sun whree while the sheet she | nts/accessible<br>ow (if possible)<br>opened |
| ! Transport/Destination Info |  | rcraft A/C                                   |
| ! Transport Info >           | No mitigation  |  |
| Destination Name             |  |  |
| ! Destination Info >         |  |  |
| Flight/Ground Information >  |  |  |
| High Temp Mitigation >       |  |  |
| Low Temp Mitigation >        |  |  |

#### Low Temperature Mitigation Documentation

When a cabin temperature below 50 degrees is documented, mitigation documentation will be required in the appropriate section.

| Flight/Ground Information |  |          |  |  |  |  |  |
|---------------------------|--|----------|--|--|--|--|--|
| + Add Another             | ✓ ОК   | 🗙 Cancel |  |  |  |  |  |
| Date:                     | Low Temperature Mitigation Panel<br>Needed for Cabin Temp <50 degrees F<br>(Error: 1053) | 0        |  |  |  |  |  |
| Ambient Temp C:           |  | 49 °F    |  |  |  |  |  |
|                           |  | 9.4 °C   |  |  |  |  |  |
| 30 for Cabin Temp         | gation Panel Needed for Cabin  | <b>*</b> |  |  |  |  |  |

The requirement will be satisfied once the mitigation has been documented:

| Q Find field               | $\square$ | 🖹 Save | Print PDF | cad  | EKG Transfe | (0)<br>Messages | Close                                |                    |                 |                  |  |
|----------------------------|-----------|--------|-----------|------|-------------|-----------------|--------------------------------------|--------------------|-----------------|------------------|--|
| Incident Details           | ✓         | Low Te | mp Mitiga | tion |             |                 |                                      |                    |                 |                  |  |
| ! Dispatch                 | ~         |        |           |      |             |                 | Low Temperature Mitigation N         | leeded for Cabin   | Temp <50 degree | es F             |  |
| Scene/Referring            | ~         |        |           |      |             |                 | Low Cabin Temperature<br>Mitigation: | Aircraft<br>Heater | Blankets        | Head<br>Covering |  |
| Transport/Destination Info | ^         |        |           |      |             |                 |                                      | Warmed<br>Fluids   | No mitigation   |                  |  |
| ! Transport Info           | >         |        |           |      |             |                 |                                      |                    |                 |                  |  |
| ! Destination Name         | >         |        |           |      |             |                 |                                      |                    |                 |                  |  |
| ! Destination Info         | >         |        |           |      |             |                 |                                      |                    |                 |                  |  |
| Flight/Ground Information  | >         |        |           |      |             |                 |                                      |                    |                 |                  |  |
| High Temp Mitigation       | >         |        |           |      |             |                 |                                      |                    |                 |                  |  |
| Low Temp Mitigation        | >         |        |           |      |             |                 |                                      |                    |                 |                  |  |

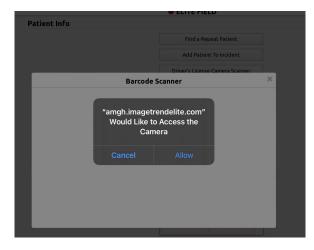
#### Driver's License Barcode Scanner Update

The Elite Utility Tool is no longer required for scanning. The updated tool is quick and easy.

1. Click the Driver's License Camera Scanner Button

| Patient Info |                                 |
|--------------|---------------------------------|
|              | Find a Repeat Patient           |
|              | Add Patient To Incident         |
|              | Driver's License Camera Scanner |
| First Name:  |                                 |
| Last Name:   |                                 |

2. If prompted click "Allow" to grant the iPad camera access to the application.



NOTE: If access is not granted then the history and web data will have to be deleted and a full resync of resources will need to be done to restore this feature.

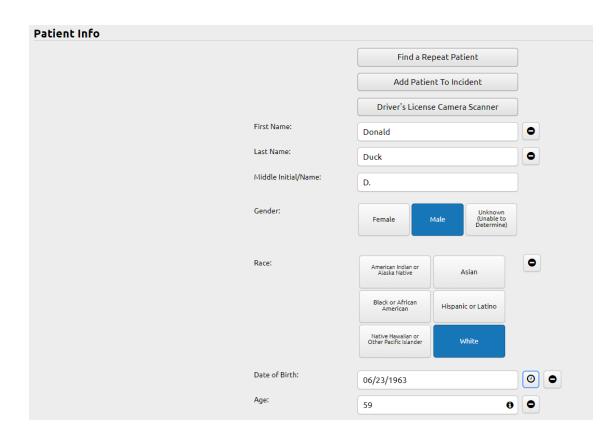


3. Scan the Driver's License Barcode

4. Review the data.

|                     | Find a Repea   | t Patient                          |   |
|---------------------|----------------|------------------------------------|---|
| Parsed              | Barcode Data   | ×                                  |   |
| Elite Fields        | Barcode Values | inner                              |   |
| First Name          | Donald         |                                    | • |
| Middle Initial/Name | D.             |                                    | • |
| Last Name           | Duck           |                                    |   |
| Date of Birth       | 6/23/1963      |                                    |   |
| Age                 | 59             | Jinknown<br>Unable to<br>etermine) |   |
| Age Units           | Years          |                                    |   |
| Gender              | Male           |                                    | • |
| Height-in           | 34             | atino                              |   |
| Patient's Height    | 86.36          |                                    |   |
| License Number      | D123456        |                                    |   |

5. Click OK to move the data into the chart



#### **Primary/Secondary Impressions**

Clarification had to be added to the following impressions due to State NEMSIS requirements.

| Provider's Primary<br>Impression: | ✓                         |  |
|-----------------------------------|---------------------------|--|
| Provider's Secondary              | Head                      |  |
| Impressions:                      | Headache (nontraumatic)   |  |
|                                   | Head bleed (nontraumatic) |  |
|                                   | Injury of head            |  |

Headache and Head bleed should not be used for trauma related patients.

#### Zoll Vital Sign Import Settings

Zoll and ImageTrend have corrected an issue where invasive line data was creating multiple entries per minute when importing vital signs. Now that this has been corrected the import settings has been updated to create a vital sign entry every time a NIBP is taken with a default of every 5 minutes.

#### **Updated Cardiac Arrest Validation Rules**

Due to State Requirements the following fields are now required when the patient is in arrest:

- 1. First Monitored Arrest Rhythm of the Patient
- 2. Any Return of Spontaneous Circulation / Date and Time is required if ROSC is documented
- 3. Date/Time Resuscitation Discontinued if Reason CPR/Resuscitation Discontinued is documented

NOTE: The Cardiac Arrest section is for arrests that occur from the time of call until you transfer care. Also, if this EMS event is for an interfacility transfer of a patient with a recent history of a cardiac arrest with ROSC, and who does not experience another cardiac arrest during transport, then do not document Cardiac Arrest (eArrest.01) with "Yes, Prior to EMS Arrival"

### For patients picked up in Arkansas: Update to × Current Field (MultiSelect) Trauma Center Criteria **Trauma Center Criteria** The State of Arkansas is requiring specific Trauma Q Search values... Center Criteria (see graphic to the right) when L<sup>A</sup><sub>Z</sub> Alpha Ascend L<sup>Z</sup><sub>A</sub> Alpha Descend "Major" is selected for Trauma Severity Level. Select an Item All penetrating injuries to head, neck, torso, and extremities proximal to elbow or knee Trauma Severity Level: Major Moderate Minor Amputation proximal to wrist or ankle Chest wall instability or deformity (e.g., flail chest) Crushed, degloved, mangled, or pulseless extremity Glasgow Coma Score <= 13 Open or depressed skull fracture Paralysis Pelvic fractures Respiratory Rate <10 or >29 breaths per minute (<20 in infants aged <1 year) or need for ventilatory support Systolic Blood Pressure <90 mmHg Two or more proximal long-bone fractures

# Power Tools Update

#### **CPR Power Tools**

Both Manual and Mechanical CPR Power Tools are now available.



| Λ            |                               |                                    |          |            |  |                |            |                                  |
|--------------|-------------------------------|------------------------------------|----------|------------|--|----------------|------------|----------------------------------|
| CPR-         | Manual                        |                                    |          |            |  |                |            |                                  |
| 🗸 ок         | X Cancel                      | 🗊 Delete                           | C'Rep    | epeat Last |  | <u>+</u> 02:00 | START RESE | г                                |
| Procedures   |                               |                                    |          |            |  |                |            |                                  |
|              |                               |                                    |          |            |  | Crew Member    | Date       | Time Prior to Arrivel            |
| Procedure Pe | erformed Prior to this Un     | its EMS Care                       |          |            |  |                |            | Search Procedure Performed Prior |
| No           |                               |                                    |          |            |  |                |            |                                  |
| Date/Time    | Procedure Performed           |                                    |          |            |  |                |            |                                  |
|              |                               | 0 0                                |          |            |  |                |            |                                  |
| Procedure Cr | ew Members ID                 |                                    |          |            |  |                |            |                                  |
| Medic, D     | emo Other, Health<br>Provider | care Other, Pre-Hospital Personnel | Partner, | r, James   |  |                |            |                                  |
| CPR-Manual   |                               |                                    |          |            |  |                |            | Search CPR-Manual                |
| CPR - Ma     | nual                          |                                    |          |            |  |                |            |                                  |

| CPR - Mech  |                                  |
|---|----------------------------------|
| CPR -Mechanical Device  |                                  |
| ✓ OK         X Cancel                   ☐ Delete                   C Repeat Last    |                                  |
| Procedures  |                                  |
|   | Crew Mender Time Prior to Annual |
| Procedure Performed Prior to this Units EMS Care                                    | Search Procedure Performed Prior |
| ю   |                                  |
| Date/Time Procedure Performed   |                                  |
|   |                                  |
| Procedure Crew Members ID   |                                  |
| Medic, Demo Other, Healthcare Provider Other, Pre-Hospital Personnel Partner, James |                                  |
| CPR - Mechanical Device   | Search CPR - Mechanical Device   |
| CPR-Mechanical<br>Device  |                                  |

#### New Lab Values

Troponin T has been added to the Cardiac Labs Power Tool

| Cardiac        |          |  |          |  |               |
|----------------|----------|--|----------|--|---------------|
| 🗸 ок           | × Cancel |  | 🛍 Delete |  | C Repeat Last |
| Labs           |          |  |          |  |               |
| Troponin       |          |  |          |  |               |
|                |          |  |          |  |               |
| Troponin T (cT | nT)      |  |          |  |               |
| Creatine Kinas | e        |  | ]        |  |               |
| Creatine Kinas | e-MB     |  | ]        |  |               |

Procalcitonin has been added to the Misc Labs Power Tool

| A Misc Lab    | 95<br>V  |   |        |  |               |
|---------------|----------|---|--------|--|---------------|
| ✓ ок          | × Cancel | 1 | Delete |  | C Repeat Last |
| Potassium     |          |   | ]      |  |               |
| Procalcitonin |          |   |        |  |               |
| Protein       |          |   |        |  |               |
|               |          |   | ]      |  |               |

#### Updated Zoll Vital Sign Power Tool

Pain Score/Scale and GCS has been added



| Zoll Vital Sign   |  |  |                               |                          |  |          |                                 |            |          |                              |                |
|---|--|--|-------------------------------|--------------------------|--|----------|---------------------------------|------------|----------|------------------------------|----------------|
| ✓OK ×Cancel   | 🛱 Delete   | C'Repeat La  | ast                           |                          |  |          |                                 |            |          |                              |                |
| Temperature   | Favorite   | A-D  | E-H                           | HL                       | M-N C  | P-P Q-T  | U-Z                             | #          |          |                              |                |
| F C O   | Temperature Method                                       |  |                               |                          |  |          |                                 |            |          | Search Temp                  | erature Method |
|   | Temporal Artery  | Oral   | Esophageal                    | Rectal                   | Urinary Catheter                                 | Axillary | Central (Venous or<br>Arterial) | Skin Probe | Tympanic | No Touch (e.g.,<br>Infrared) |                |
|   | Pain Scale Type  | 1  |                               |                          |  |          |                                 |            |          |                              |                |
| •   | Numeric  | Wong-Baker (FACES)   | FLACC                         | PIPP                     | Critical-Care Pain<br>Observation Tool<br>(CPOT) | N-PASS   | Other                           | •          |          |                              |                |
| Glasgow Coma Score-Eye  |  |  |                               |                          |  |          |                                 |            |          |                              |                |
| 4 - Opens Eyes<br>spontaneously 3 - Opens Eyes to<br>verbal stimulation   | 2 - Opens Eyes to<br>painful stimulation                 | 1 - No eye movement<br>when assessed                                 |                               |                          |  |          |                                 |            |          |                              |                |
| Glasgow Coma Score-Verbal   |  |  |                               |                          |  |          |                                 |            |          |                              |                |
| 5 - Oriented (>2<br>Years); Smiles,<br>oriented to sounds,<br>4 - Confused (>2<br>Years); Cries but is<br>consolable, | 3 - Inappropriate<br>words (>2 Years);<br>Inconsistently | 2 - Incomprehensible<br>sounds (>2 Years);<br>Inconsolable, agitated | response (All Age             | •                        |  |          |                                 |            |          |                              |                |
| Glasgow Coma Score-Motor  |  |  |                               |                          |  |          |                                 |            |          |                              |                |
| 6 - Obeys commands<br>(>2Years);<br>Appropriate response  | 4 - Withdrawal from<br>pain (All Age Groups              | 3 - Flexion to pain  | 2 - Extension to pain         | 1 - No Motor<br>Response | •  |          |                                 |            |          |                              |                |
|   | Glasgow Coma Score-                                      | Qualifier  |                               |                          |  |          |                                 |            |          |                              |                |
| •   | GCS has legitimate<br>values without<br>interventions    | Patient Chemically<br>Paralyzed                                      | Patient Chemically<br>Sedated | Patient Intubated        | •  |          |                                 |            |          |                              |                |

#### Updated Airway Confirmation V1 Power Tool

Tube Size has been added

| + Airway Con        | firmation V1               |            |                       |
|---------------------|----------------------------|------------|-----------------------|
| 🗸 ок                | Cancel                     | Delete     | C Repeat Last         |
| Airway Confirmed Me | thod                       |            |                       |
| Auscultation        | Bulb/Syringe<br>Aspiration | Chest Rise | Colorimetric ETCO2 Co |
| Other               |                            |            |                       |
| Tube Size           |                            |            |                       |
|                     |                            |            |                       |
| Tube Depth          |                            |            |                       |
|                     |                            |            |                       |
|                     |                            |            |                       |

# Worksheet Update

#### Impella Worksheet

A new Impella Worksheet has been added to the Worksheet Section.



| Morksheet          |   |        |         |         |    |   | Crew Member | ► Date | Time 📀 |
|--------------------|---|--------|---------|---------|----|---|-------------|--------|--------|
| ✓ OK X Cancel      | Delete  |        |         |         |    |   |             |        |        |
| Assessment >       | Assessment  |        |         |         |    | - |             |        |        |
| mpella Operation > |   |        |         |         |    |   |             |        |        |
| Comments >         | Impella Type  | 2.5    | 5.0     | CP      | LD |   |             |        |        |
|                    | Insertion Site  |        |         |         |    |   |             |        |        |
|                    | Distal Circulation<br>Insertion Limb                                      | Intect | Delayed | Absent  |    |   |             |        |        |
|                    | Insertion Limb<br>Immobilized?<br>(complete splinting<br>procedure also.) | Yes    | No      |         |    |   |             |        |        |
|                    | Impella Catheter<br>placement ECHO<br>performed?                          | Yes    | No      | Unknown |    |   |             |        |        |
|                    | TUOHY-Borst Valve<br>locked?  | Yes    | No      | Unknown |    |   |             |        |        |

|  |          | Impella           |
|--|----------|-------------------|
|  |          | Assessment        |
| Question   | Answer   | Notes             |
| Impella Type   | 2.5      |                   |
| Insertion Site   | Test     |                   |
| Distal Circulation Insertion Limb                                | Intact   |                   |
| Insertion Limb Immobilized? (complete splinting procedure also.) | Yes      |                   |
| Impella Catheter placement ECHO performed?                       | Yes      |                   |
| TUOHY-Borst Valve locked?  | Yes      |                   |
| Catheter insertion point in cm                                   | Test     |                   |
| Head of Bed elevation LESS THAN 30 degrees?                      | Yes      |                   |
| Insertion site intact and not oozing                             | Yes      |                   |
| Urine appearance   | Test     |                   |
| Insertion limb Sp02  | Test     |                   |
|  |          | Impella Operation |
| Question   | Answer   | Notes             |
| Placement Signal/ mmHg   | Test     |                   |
| Motor Current mA   | Test     |                   |
| Impella Flow in LPM  | Test     |                   |
| Type of Purge Flow Fluid   | Test     |                   |
| Purge Flow mL/Hour   | Test     |                   |
| Purge Pressure mmHg  | Test     |                   |
| P- Setting   | P- Boost |                   |
|  |          | Comments          |
| Question   | Answer   | Notes             |
| Comments   | Test     |                   |