

**National EMS Advisory Council**  
**Committee Reporting Template**  
**RESEARCH/DRAFT/INTERIM/FINAL**

**Committee:** Integration and Technology

**Identification and Modification of Biased, Inappropriate, Inflammatory, Derogatory, Slanderous (B.I.I.D.S) Language in Emergency Medical Services Documentation to Improve Documentation and Reduce Biases in Clinical Care**

**A. Executive Summary**

In many Emergency Medical Services (EMS) classes it is taught that students should document what the patient tells them. This is especially important when it comes to a dying declaration. However, there are times when an EMS Clinician documents exactly what the patient says to record a patient’s state of mind or the scenario that was unfolding at the time or uses an abbreviation that is not defined in the document. Many times, this language is inappropriate, confusing, outdated, or not clinically relevant to the clinical record and can potentially lead to an unintended bias in further clinical care or even in a legal proceeding. As EMS Clinicians, we have been taught that if the statement is in quotes, it is okay to document, which is not always the best suggestion.

As times have changed and we become aware of treatment modalities that are outdated and need to be improved we must do the same for our documentation. What was once considered appropriate to document may no longer be an acceptable term to be used to describe an individual or situation. In the National Emergency Medical Services Advisory Council (NEMSAC) advisory titled, “EMS Star of Rights” one of the points referenced is excellence. This should include excellence in our documentation by ensuring that all EMS Clinicians are trained in how to document properly.

**B. Recommendations**

**Federal Interagency Committee on Emergency Medical Services (FICEMS)**

Should collaborate with the National Highway Traffic Safety Administration (NHTSA) EMS education standards about documentation to include words and phrases that are currently considered outdated or not socially equitable when documenting a clinical record.

Should collaborate with the National Emergency Medical Services Information System (NEMSIS) to build a query that could be used by State EMS Data Managers to mine for the use of words, phrases and abbreviations that are considered outdated or not socially equitable in State data sets.

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45 Should collaborate with State EMS agencies, through the National Association of State  
46 Emergency Medical Services Officials (NASEMSO) to build training addressing words and  
47 phrases that are considered outdated or not socially equitable and the impact it can have on  
48 patient care.

49  
50 Should collaborate with National Registry of Emergency Medical Technicians (NREMT)  
51 and State Local, Tribal and Territorial Offices to add documentation training as a  
52 requirement for recertification.

53  
54 Should collaborate with NASEMSO to add documentation to the National EMS Scope  
55 of Practice to ensure that EMS Clinicians at all levels are adequately trained in  
56 appropriate and accurate documentation.

### 57 58 **C. Scope and Definition**

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60 Over the past several years EMS has taken on a more public role in healthcare due to the  
61 pandemic and in some recent cases EMS Clinicians have been scrutinized by the public and  
62 in the courts over care that was provided. The documentation that EMS provides is not only  
63 important for the clinical care of the patient, but it can also be utilized by other agencies in  
64 an investigation, a death report, or a child custody case. More and more EMS  
65 documentation has become relevant to more than just the EMS encounter and should be  
66 professionally documented so as not to jeopardize other aspects of the event that may be  
67 impacted.

68  
69 Current training standards do not emphasize the importance of the patient care record. This  
70 should start early in an EMS career and be continually reemphasized throughout. Recent  
71 legal cases have highlighted the importance of the EMS record. “Having an incomplete or  
72 flawed report can increase the chances of the EMS provider needing to defend their  
73 actions.” (Short M, Goldstein S)

### 74 75 **D. Analysis**

76  
77 The use of words, phrases, and abbreviations that are outdated or no longer considered  
78 socially equitable is not isolated to one area of the country. One of our most important tasks  
79 is appropriately and accurately documenting our encounter with the patient.

80  
81 According to the federal Health Insurance Portability and Accountability Act (HIPAA) a  
82 patient has the right to:

- 83  
84
- 85 • Inspect and obtain a copy of their medical records from their healthcare provider.
  - 86 • Request amendments to their records.
  - 87 • Direct that healthcare providers send medical records to another person.

88  
89 As EMS Clinicians and leaders, we do not want to hand over a document to a patient that  
90 has disparaging remarks in their record because it was funny to write that acronym or what  
was said by the patient. A patient care record written with words, phrases, and abbreviations

91 that are outdated or no longer considered socially equitable in it suggests that the author  
92 may have a bias in their clinical practice.

93

94 A review of two textbooks used for EMT and Paramedic curriculum in a large urban EMS  
95 agency revealed little to no information in regards writing a complete and accurate  
96 narrative. The EMT text revealed that there were seventeen pages out of 1,362 that  
97 mentioned documentation. Within the seventeen pages there were four pages of  
98 abbreviations, two pages of what a patient care record may look like and one page of  
99 various other pictures. This leaves ten pages out of 1,362 for documentation. Mistovich et al  
100 state that an EMS clinical record, "...sets the tone for the entire course of assessment,  
101 treatment, and documentation that follow." This statement is immensely powerful because  
102 whatever the EMT or paramedic document in the initial patient encounter can lead to how  
103 this patient is treated throughout their continuum of care. The patient care record from the  
104 EMS provider also helps to establish the baseline for patient improvement and/or  
105 deterioration. It is imperative that our document is clinically relevant and accurate to ensure  
106 that we are providing the right care to every patient every time.

107

108 Further review of the paramedic text used revealed that there were twenty-five pages  
109 dedicated to documentation. In the text by Bledsoe et al they make a very salient point by  
110 stating, "... prehospital care report can create – or – destroy credibility..." Careful  
111 consideration of clinical documentation should be considered a pillar of EMS  
112 professionalism.

113

114 Public safety has a long history of abbreviating whatever we can in our narratives.  
115 Whenever using an abbreviation, the EMS provider should always write out the full text of  
116 the abbreviation the first time and then in parentheses add what the abbreviation is that way  
117 their documentation is clear and concise as to the use of the abbreviation. Old language  
118 utilized "SOB" for shortness of breath which can also be interpreted as a derogatory  
119 comment or "FUO" for fever of unknown origin which can also be interpreted as Flipping  
120 You Off. The average American has a medical language literacy level at the eighth grade  
121 reading level and will turn to the internet or other non-clinical resources to decipher what  
122 we may have written about them.

123

124 An example cited in one text uses the phrase "addicted to heroin" to describe a patient who  
125 had overdosed on an illicit drug. In another text by Bledsoe et al. they make a point to note,  
126 "Avoid including subjective opinions such as 'the patient is intoxicated, obnoxious, and  
127 looks like a crack addict'", as well as to "Never include slang, biased statements, or  
128 irrelevant opinions." Unfortunately, these points are not mentioned in the EMT textbook  
129 which is where documentation begins.

130

131 In the EMS Agenda 2050 there is no mention of strengthening the requirements for  
132 documentation education. However, it does state, "Confident care and service for each and  
133 every person in the community, no matter disability, diversity, culture or language." And  
134 this should include how we document and not just accessibility and clinical care. The 2021  
135 National EMS Education Standards identifies the breadth and depth of EMS documentation  
136 as simple which is defined as minimal knowledge and uses the documentation as a tool.  
137 Clinical documentation should be at a minimum defined as foundational, meaning that the  
138 clinician knows how to apply the terminology correctly and accurately since it has such a

139 significant impact on a patient.

140

## 141 E. Strategic Vision

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143 The vision of this advisory is to improve EMS documentation to be more accurate and concise  
144 as well as utilizing language that is appropriate and not outdated, confusing or offensive to  
145 others. This could also lead to identifying stress in EMS Clinicians when it is noticed that the  
146 language they are using is not appropriate or has become more biased. By analyzing electronic  
147 patient care record systems, we can gain insight into how EMS clinicians are documenting  
148 patient encounters and begin to identify ways to reduce and eventually eliminate the use of  
149 words, phrases and abbreviations that are considered outdated or not socially equitable.

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## 151 F. Strategic Goals

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153 • Within two years of this advisory publication date the following should occur:

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- 155 ○ FICEMS should convene a panel of subject matter experts to create and  
156 post a list of words, phrases and abbreviations that are considered outdated  
157 or not socially equitable as well as create a list of suggested alternate  
158 phrases, which aligns with EMS being socially equitable in the EMS  
159 Agenda 2050. This document should be updated biennially.
- 160 ○ FICEMS should work with NASEMSO to build documentation into the  
161 next revision of the National Scope of Practice
- 162 ○ FICEMS should work with NEMSIS to develop a query set that States can  
163 use to identify the use of words or phrases that are considered outdated or  
164 not socially equitable.
- 165 ○ FICEMS should work with NASEMSO to build a training module that can  
166 be used by the State EMS agencies to train EMS Clinicians about words or  
167 phrases that are considered outdated or not socially equitable.
- 168 ○ FICEMS adds this as a discussion at the annual Office of the National  
169 Coordinator for Health Information Technology conference.

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