Guidance for Documenting Drug Overdose-related EMS Trips

The Georgia Department of Public Health (DPH) uses a variety of data sources to track drug overdose trends across Georgia. Our most timely data sources are Emergency Department (ED) data and EMS data. Using these data, we can monitor increases in overdose-related ED visits and/or EMS trips to identify any potential overdose clusters in nearly real-time. This rapid detection is essential for a timely and effective public health response. EMS data is particularly important because it detects overdoses that may not present to the emergency room. Thorough and consistent documentation of overdose-related EMS trips allows DPH surveillance systems to easily detect overdose spikes and potential clusters, which could help prevent overdoses and lead to a better understanding of patient outcomes.

DPH monitors the responses in eSituation.11, eSituation.12, eInjury.01, eMedications.03, and eNarrative in GEMSIS Elite on all transported and non-transported patients as part of this syndromic surveillance program to assist in identifying overdose clusters and trends. As part of DPH's effort to improve this surveillance, the Georgia Office of EMS and Trauma (OEMS) recommends the following as best practices in the documentation of patients who have (or are suspected of having) experienced an overdose.

eSituation.11 (Provider's primary impressions) and eSituation.12 (Secondary impressions)

When documenting an overdose, it is recommended that the following F codes be used for eSituation.11/eSituation.12. Using the most appropriate code based on the specific substance (if known) will allow for better surveillance of overdoses in our state.

1st Tier Hierarchy	2nd Tier Hierarchy	Underlying ICD-10-CM	ICD-10-CM Description
Substance Abuse	Cocaine related	F14.9	Cocaine use, unspecified
	Cannabis related	F12.9	Cannabis use, unspecified
	Hallucinogen related	F16.9	Hallucinogen use, unspecified
	Inhalant related	F18.9	Inhalant related disorders
	Non-specified sedative, hypnotic or anxiolytic related	F13.9	Sedative, hypnotic or anxiolytic use, unspecified
	Opioid related	F11.9	Opioid use, unspecified
	Psychoactive substance related	F19.9	Other psychoactive substance use, unspecified

eInjury.01 (Cause of injury)

Overdoses can be from a variety of sources, including prescription and illicit sources. Using one of the following T codes in eInjury.01 allows for medics to specify which source is suspected. T50.90 should be used if the overdose appears to be caused by prescription medication (prescribed to the patient or anyone else); T50.9 should be used for illicit drugs, or when the source is unknown.

1st Tier Hierarchy	2nd Tier Hierarchy	Underlying ICD-10-CM	ICD-10-CM Description
Poisoning/Overdose	Medication	T50.90	Poisoning by, adverse effect of and underdosing of unspecified drugs, medicaments and biological substances
	Other	T50.9	

eNarrative

The narrative in a patient care report is also incredibly valuable in DPH's surveillance efforts. When writing the narrative for an overdose patient, please include as many overdose-related key terms as possible in the narrative field. Specifically:

- "OD", "overdose"
- Type or class of drug: "heroin", "cocaine", "opioid", etc.
- "Naloxone", "Narcan", "Evzio", etc. (if used)
  - If Naloxone is used, please also indicate how many doses were administered.

Please also include:

- Any drugs and/or drug paraphernalia found at the scene
- Any relevant medical history
- Witness reports of drug use
- Response to Naloxone administration
- Resuscitation measures
- Patient disposition

eMedication.03 (Medication given)

When documenting the use of Naloxone, it is preferred to use the following RxNorm generic code rather than a specific brand, such as Narcan or Evzio. Having a single code for Naloxone allows for the most efficient method to track opiate overdoses.

EMS Term	(RxNorm) Code Value	RxNorm Description
Naloxone (e.g., Narcan)	7242	Naloxone

eMedications.07 (Patient response to medication)

If Naloxone is administered, use the following codes to indicate the patient's response.

Code Value	Description
9916001	Improved
9916003	Unchanged

Without a standardized approach to documentation, epidemiologic surveillance of the ever-increasing problem of overdoses becomes increasingly difficult. Your efforts to align EMS documentation using the above guidance will assist DPH in combatting this public health threat, and we thank you for your assistance.