

OEMS PRE-HOSPITAL PATIENT DATA REPORT (PPDR) PROGRAM

Installation Instructions

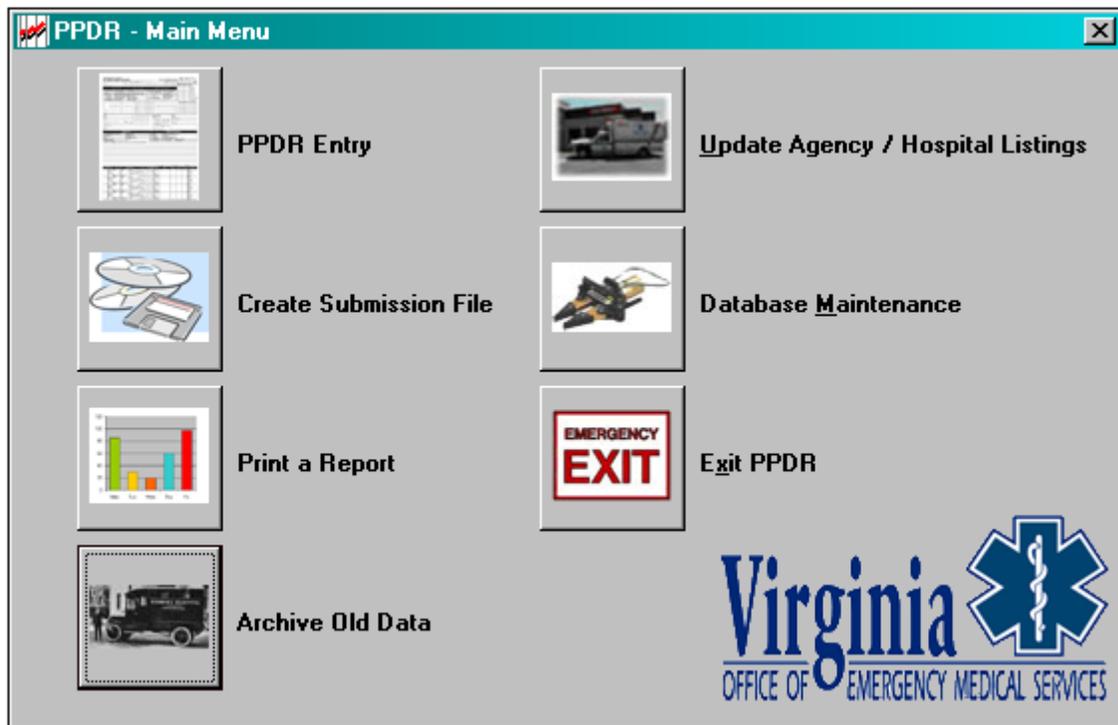
This is the ninth release of the PPDR program (Version 3.0). This program is for use on **Windows XP and Vista Systems**. A CD of the most recent version has been included.

To install PPDR, complete the following steps:

1. It is recommended that you back up your PC before installing new software.
2. Insert the PPDR CD into your CD ROM drive.
3. Click on the "Start Menu" and then on "Run".
4. Type "D:\Setup.exe" at the prompt. **Note:** "D" in this case is the letter of the CD ROM drive; this may be different on your PC.
5. The installation will then begin. It is recommended that you accept the default settings.
6. The update will take place the next time you run the PPDR program.

Using the PPDR Program:

After starting the program, the **Main Menu** will appear.

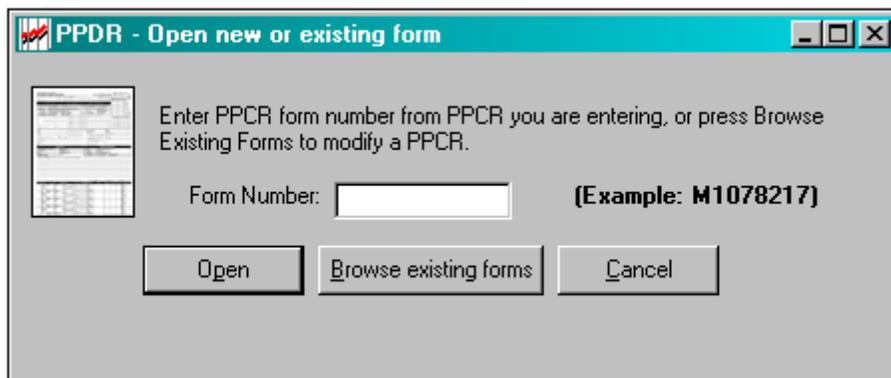


Entering Electronic PPDR Forms



The **PPDR Entry** function allows you to enter new PPCR forms or view existing forms.

The **Open** screen will appear which allows you to open an existing form or create a new form.



- To create a new form, enter the form number in the form number text box.
- Click the **Browse existing forms Button**, or press ALT + B, to extend the window and display the existing forms.

PPDR - Open new or existing form

Enter PPCR form number from PPCR you are entering, or press Browse Existing Forms to modify a PPCR.

Form Number: (Example: M1078217)

Incident Date	PPCR ID	Incident #	Last Modified Date
1/4/2001	M1336720	20002816	2/3/2001
1/4/2001	M1336721	20002819	2/3/2001
1/4/2001	M1336740	20002823	2/3/2001
1/4/2001	M1336741	20002825	2/3/2001
1/3/2001	M1336694	20002769	2/3/2001
1/3/2001	M1336695	20002767	2/3/2001

Note: Records in blue have been exported to a file.

- Highlight the form number in the window and click the **Open Button** or double click on an existing form in the list.
- The new or existing form will open and the main data entry screen will display. The **Call Tab** is selected by default. (See page 3 for graphic.)

To delete an existing form, highlight the form number in the window and click on the **Delete Button** or press Alt + D.

To change an existing form number, highlight the form number in the window and click the **Change Form ID Button** or press ALT + F. The following screen will be displayed:

Change Form ID

Enter the new form number.

Enter the new form number and click the **OK Button**. If the form number you entered already exists, you will receive an error message.

Pre-Hospital Patient Data Report - Form Number: TEST2

File View Help

 Call
  Patient
  MED 1
  MED 2
  MED 3

Jurisdiction Incident #:
 Incident Locality:
 Agency #:
 Incident Reported:
 Location Type:
 Type of Service:
 Incident Disposition:
 Attendant in Charge Level:
 Attendant 1 Level:
 Attendant 2 Level:
 Operator:
 Number of Units:

TIMES (24 HR FORMAT)

Time of Call:
 Dispatched:
 Responding:
 Arrive at Scene:
 Arrive at Patient:
 Leave Scene:
 Arrive at Destination:
 Leave Destination:
 Return to Service:

Comment1:
 Comment2:

User-specific field - Press F1 for help at any time. 6/21/2006 11:09:29 AM

1. You may use the TAB key to navigate through the input boxes.
2. Use either the up/down or left/right arrow keys to scroll through choices in the combo boxes such as "Location Type" or click on the down arrow to the right of each box.
3. The "Times" section uses the military time format. If you enter a time that is less than the previous time entered, you will receive a warning message.

Note: '0000' indicates a time of midnight.

4. Use the **Next** (ALT + E) and **Back Buttons** (ALT + B) or click on the tabs to select the different input screens (e.g. MED1, MED2). The following fields must be entered before you can move to another tab:

- Jurisdiction Incident Number
- Incident Locality
- Agency Number
- Incident Reported Date
- Location Type
- Type of Service
- Incident Disposition
- Attendant in Charge Level
- Attendant 1 Level
- Attendant 2 Level
- Operator Level
- Time of Call OR Dispatched Time
- Leave Destination OR Return to Service

Note: If a field has no value, use "NA - Not Applicable" to fill the field. For example, if there was no Attendant 2 Level, use "NA - Not Applicable" instead of leaving the field blank.

5. The Comment 1 and Comment 2 fields have been designed for your Agency's use. Double-click on the **Comment 1** and **Comment 2** labels to change to an appropriate description.
6. Use the **Done Button** or press ALT + D, when the PPDR is **complete**. You will be provided the options of entering a new PPCR, modifying an existing PPCR, returning to the PPDR main menu, canceling and returning to the current PPCR or exiting the program.
7. If all of the required fields are not complete, you will receive a message. If you choose to exit without completing all of the required fields, all of your data for that call will be lost.
8. An edit will be performed to ensure the times you entered are in chronological order. If they are not, you will be asked if this call occurred during Midnight. If you answer "No", you will be forced to correct the times before you exit.

Note: Refer to the on-line help or the PPCR Data Element Dictionary for definitions and related information on the data fields.

The **Patient Tab** contains basic information on the patient such as location, Social Security Number, age, pre-existing conditions, etc.

Pre-Hospital Patient Data Report - Form Number: TEST2

File View Help

Call Patient MED 1 MED 2 MED 3

Patient Residence: 51087 - HENRICO

Patient Zip Code: 23228 Not Applicable Unknown

Patient SSN: 999-99-9999 Not Applicable Unknown

Patient Date of Birth: 04/06/1974 Unknown DOB

Patient Age: 032 Years Months Days Unknown

Patient Race/Ethnicity: 1 - White, non-Hispanic

Patient Gender: 2 - Female

Type of Call: 2 - Accident/MVC

Pre-existing Conditions:

<input type="checkbox"/> 1 - Asthma	<input type="checkbox"/> 7 - Chronic Renal Failure	<input checked="" type="checkbox"/> O - Other
<input type="checkbox"/> 2 - Diabetes	<input type="checkbox"/> 8 - Cancer	<input type="checkbox"/> U - Unknown
<input type="checkbox"/> 3 - Tuberculosis	<input type="checkbox"/> 9 - Hypertension	
<input type="checkbox"/> 4 - Emphysema	<input type="checkbox"/> 10 - Psychiatric Problems	
<input type="checkbox"/> 5 - Chronic Respiratory Failure	<input type="checkbox"/> 11 - Seizure Disorder	
<input type="checkbox"/> 6 - Heart Disease	<input type="checkbox"/> 12 - Tracheostomy	<input type="checkbox"/> N/A - Not Applicable

<< Back Next >> Done

Press space bar to select/unselect item 6/21/2006 11:09:29 AM

1. You may use the TAB key to navigate through the input boxes.
2. Use either the up/down or left/right arrow keys to scroll through choices in the combo boxes such as "Patient Locality" or click on the down arrow to the right of each box.
3. Use the **Next** (ALT + E) and **Back Buttons** (ALT + B) or click on the tabs to select the different input screens (e.g. MED1, MED2).
4. Do not leave any information blank. If the field is Not Applicable or Unknown, choose the appropriate response.

The **MED 1 Tab** contains information on vital signs, mechanisms of injury and Glasgow Coma Score.

Pre-Hospital Patient Data Report - Form Number: M1207312

File View Help

Call Patient MED 1 MED 2 MED 3

INITIAL VITAL SIGNS

	Systolic	Diastolic	Pulse	Resp.
	120	080	072	16
Not Obtained	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unable to Obtain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Palpated	<input type="checkbox"/>			

MECHANISMS OF INJURY

- 11 - Excessive heat
- 12 - Fall
- 13 - Firearm injury
- 14 - Lightning
- 15 - Machinery accident
- 16 - Mechanical suffocation
- 17 - MVC-non-public road/off road
- 18 - MVC-public road
- 19 - Pedestrian traffic accident
- 20 - Radiation exposure
- 21 - Smoke inhalation
- 22 - Sports Injury
- 23 - Stabbing
- 24 - Venomous Sting (plant/animal)
- 25 - Water transport accident
- OTH - Other
- NA - Not Applicable

GLASGOW COMA SCORE

GCS: 7

Eye: 1 - Do not open

Verbal: 2 - Sounds

Motor: 4 - Withdraws

Respiratory Effort: 1 - Normal

Skin Perfusion: 1 - Normal

EKG Initial Cardiac Rhythm: Narrow complex tachycardia

EKG Final Cardiac Rhythm: Not Applicable

<< Back Next >> Done

Press space bar to select/unselect item INS CAPS 30-September-2002 01:37 PM

1. You may use the TAB key to navigate through the input boxes.
2. Use either the up/down or left/right arrow keys to scroll through choices in the combo boxes such as "Respiratory Effort" or click on the down arrow to the right of each box.
3. Use the **Next** (ALT + E) and **Back Buttons** (ALT + B) or click on the tabs to select the different input screens (e.g. MED2, MED3).
4. Do not leave any information blank. If the field is Not Applicable or Unknown, choose the appropriate response.

The **MED 2 Tab** contains information on signs and symptoms, procedures and injury description.

Pre-Hospital Patient Data Report - Form Number: N2983946

File View Help

Call Patient MED 1 MED 2 MED 3

SIGNS AND SYMPTOMS

- 18 - Palpitations
- 19 - Pregnancy / childbirth / miscarriage
- 20 - Seizures / convulsions
- 21 - Syncope
- 22 - Unresponsive / unconscious
- 23 - Vaginal bleeding
- 24 - Vomiting
- 25 - Weakness (malaise)
- OTH - Other

PROCEDURES

- 21 - Intravenous catheter
- 22 - Intraosseous catheter
- 23 - Intravenous fluids
- 24 - MAST / PASG (shock)
- 25 - Medication Administration
- 26 - Obstetrical care (delivery)
- 27 - Pacing
- OTH - Other
- NA - Not Applicable

CLINICAL ASSESSMENT

- 1 - Abdominal pain / problems
- 2 - Airway obstruction
- 3 - Allergic reaction
- 4 - Altered level of consciousness
- 5 - Behavioral / psychiatric disorder
- 6 - Cardiac arrest
- 7 - Cardiac rhythm disturbance
- 8 - Chest pain / discomfort

INJURY DESCRIPTION

Not Applicable

Body Site	Injury Types
Hand, Arm	Swelling/bruising

<< Back Next >> Done

Press space bar to select/unselect item INS CAPS 28-February-2002 12:14 PM

1. You may use the TAB key to navigate through the input boxes.
2. Use either the up/down or left/right arrow keys to scroll through choices in the combo boxes such as "Clinical Assessment" or click on the down arrow to the right of each box.
3. Use the **Next** (ALT + E) and **Back Buttons** (ALT + B) or click on the tabs to select the different input screens (e.g. Call, Patient).
4. When entering Injury Description, make sure both Body Site and Injury Type are completed.
5. Do not leave any information blank. If the field is Not Applicable or Unknown, choose the appropriate response.

The **MED 3 Tab** contains information on safety equipment, treatment authorization, receiving facility, etc.

Pre-Hospital Patient Data Report - Form Number: N2983946

File View Help

Call Patient MED 1 MED 2 MED 3

TIMES (24 HOUR FORMAT)
 Check if Cardiac Arrest Call:
 Time Cardiac Arrest was Witnessed:
 Time of 1st CPR:
 Time of 1st Defibrillation:
 Time CPR Discontinued:
 Time Circulation Returned:

PROVIDER OF FIRST CPR
 NA - Not Applicable

PROVIDER OF FIRST DEFIB
 NA - Not Applicable

DEFIBRILLATION DEVICE
 NA - Not Applicable

TREATMENT AUTHORIZATION
 1 - Standing Orders

MOTOR VEHICLE IMPACT
 4 - Rear
 5 - Rollover
 6 - Rotation
 NA - Not Applicable

SAFETY EQUIPMENT
 8 - Eye protection
 9 - Protective clothing / gear
 10 - Pers float device
 NA - Not Applicable

LEVEL OF CARE PROVIDED
 1 - BLS

DESTINATION TRANSFERRED
 6 - Hospital

DESTINATION DETERMINATION
 2 - Patient / Family Choice

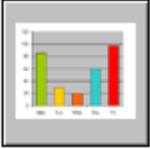
RECEIVING FACILITY
 CULPEPER REGIONAL HOSPITAL

<< Back Next >> Done

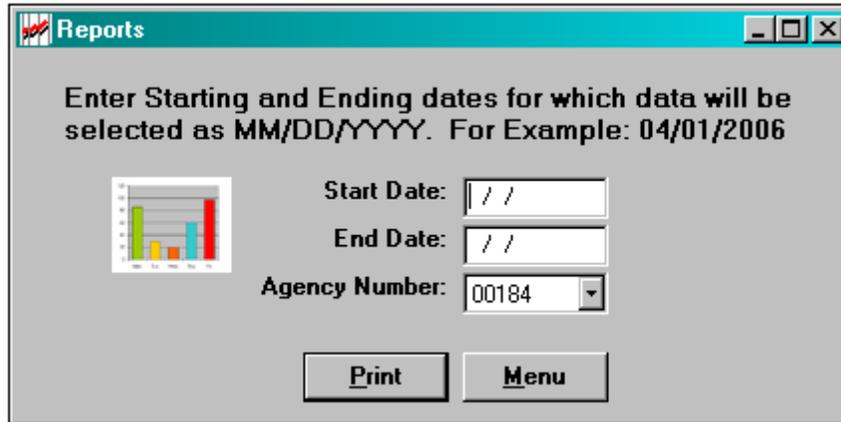
Press Alt + Up Arrow to show list. INS CAPS 28-February-2002 12:18 PM

1. You may use the TAB key to navigate through the input boxes.
2. Use either the up/down or left/right arrow keys to scroll through choices in the combo boxes such as "Destination Transferred" or click on the down arrow to the right of each box.
3. Use the **Next** (ALT + E) and **Back Buttons** (ALT + B) or click on the tabs to select the different input screens (e.g. MED1, MED2).
4. Depending on the response given for Destination Transferred, pressing F3 or double clicking on "Receiving Facility" allows you to search for a specific hospital or EMS agency. If matches are found, use your arrow keys to advance through the list.
5. To enter Cardiac Arrest Information, check the Cardiac Arrest check box. The Cardiac Arrest fields will become enabled for data entry. If the Cardiac Arrest data is not applicable to the call, the check box should remain unchecked.
6. Do not leave any information blank. If the field is Not Applicable or Unknown, choose the appropriate response.

Print a Report



The **Print a Report** function will print a statistical report of the calls with Incident Reported Dates that fall between the Start Date and End Date you specify. This report will include only those calls that have been entered on this computer. Enter dates in MM/DD/YYYY format. You must also select an agency number if you enter calls for multiple agencies. Click the **Print Button** or press ALT + P to print the Statistics Report.



The 'Reports' dialog box has a title bar with a red checkmark icon and the text 'Reports'. Below the title bar, it says 'Enter Starting and Ending dates for which data will be selected as MM/DD/YYYY. For Example: 04/01/2006'. To the left of the date fields is a small bar chart icon. The 'Start Date:' field contains ' / /', the 'End Date:' field contains ' / /', and the 'Agency Number:' dropdown menu shows '00184'. At the bottom are two buttons: 'Print' and 'Menu'.

Creation of Submission File



Use the **Create Submission File Button** to create a transmittal file to send to the Office of EMS. Complete the following steps:



The 'PPDR - Create Transmittal File' dialog box has a title bar with a floppy disk icon and the text 'PPDR - Create Transmittal File'. Below the title bar, it says 'Enter Starting and Ending dates for which data will be selected as MM/DD/YYYY. For Example: 04/01/2006'. To the left of the date fields is an icon showing a CD and a floppy disk. The 'Start Date:' field contains ' / /', the 'End Date:' field contains ' / /', and there are two buttons at the bottom: 'Create File' and 'Menu'.

1. Enter the Start Date and End Date. The file will include calls with Incident Reported Dates that fall between these two dates. Enter dates in MM/DD/YYYY format.
2. Click the **Create File Button** or press ALT + C.
3. The Windows "Save As" screen will display. By default, the files are saved to the directory **C:\Program Files\VDH\PPDR** in version 2.1 and earlier and **C:\VDH\PPDR** in version 3.0. You can save the file directly to a CD by changing the "Save In" field.

4. The file name defaults to **ppdr99999_M-M-YYYY_M-M-YYYY.txt** (the five 9's reflect your agency number and the next eighteen characters reflect the Start and End Dates you specified). Spaces are not allowed in the file name. **Do not change this file name.** After creating your file, please take note of the file name; this will assist you in locating the correct file when you submit through our Website: www.vdh.virginia.gov/oems/ .

Submission to OEMS via Internet (Preferred)

To upload your file through the Office of EMS Web page (www.vdh.virginia.gov/oems/), complete the following steps: **NOTE:** You must know your agency's login and password in order to submit PPCR data via the internet.

1. From the OEMS Web page, go to the "Select Programs" drop down box. Choose "PPCR (Pre-Hospital Patient Care Reporting)" from the listing, this will direct you to the PPCR Web page.

Select Program:

CISM (Critical Incident Stress Management)	▲
Durable DNR (Do Not Resuscitate)	
EMS Advisory Board	
EMSAT (Emergency Medical Satellite)	
EMSC (EMS for Children)	▼

2. Click on the link titled "PPDR File Upload", the first bulleted item located under the heading Pre-Hospital Data Reporting (PPDR).

[Home](#) > [Office of Emergency Medical Services](#) > Pre-Hospital Patient Care Reporting (PPCR)

Pre-Hospital Patient Care Reporting (PPCR)

- [HIPAA and Submitting PPDR Data to the Office of EMS Facts](#) **NEW!**
- [Guidance Document: Blank PPCR Distribution](#) **NEW!**
- [PPCR User Manual](#) (188K)
Instruction manual describing how and why to report PPCR
- [PPCR Data Dictionary - User Format - Appendix A](#) (136K)
Provides a description of each item on the PPCR form
- [Data File Format](#) (16 K) (07/19/2001)
- [FIPS codes for Virginia - Appendix C](#) (21K)
- [Agency Directory List - Appendix D](#) (43K)
- [Hospital Code Directory List - Appendix E](#) (12K)
- [PPCR Form- Appendix F](#) - Copy of the actual form (138K)
- [PPCR Order Form - Appendix G](#) (21 K)
- [PPCR/PPDR Educational Program](#) (1.92MB)
- [PPCR Patient Refusal - Spanish Version](#) (87K)

Pre-Hospital Data Reporting (PPDR)

- [PPDR File Upload](#)
Agencies can now submit their PPCR files to EMS over the internet.
- [PPDR Software User Guide](#) (215 K) (01/28/2005)
- [Update EMS Agency and Hospital Listing](#) (Updated 08/07/2008)
- [Download PPDR Data Collection software](#) (Updated 10/30/2002)
- [Request a CD version of the software](#)
- [Request the FireHouse Add-In](#)

3. Choose your agency name from the drop down list and type in your agency's password. (If you do not know your agency's password, contact your PPCR Coordinator at the Office of EMS.) Click on the **Sign In Button**. Using the enter key will result in an error.

EMS Agency Sign In

Agency Name

Find EMS agency by typing the first character of the EMS agency name. Next, use the "up" and "down" arrow to select your choice.

Password

Enter the agency password. Note: Password is case sensitive.

Agency Passwords were distributed by mail. For password problems contact N. Howard at:
Norma.Howard@vdh.virginia.gov or 804-864-7620.

Press to sign in

4. Update the Agency's email address and password, if necessary.

e-Mail Address

Password must be 8 characters with letters, numbers and special characters.

New Password

Repeat New Password

5. Click on the second bulleted item, "File Upload – PPCR".

Select one of these options:

- [Agency Roster and CE Report](#) **NEW!**
-
- [File Upload - PPCR](#)
-
- [File Upload - PPCR for Firehouse Software](#)
-
- [File Upload - CGAP \(Grant Application\)](#)

6. Choose the correct beginning and ending dates for which you are reporting. Leave the File Type "OEMS PPCR", unless you are using another vendor's approved software.
7. Complete the "Your Name and Position" field and the "Your Email Address" field appropriately.
8. Use the **Browse ... Button** to locate the file on your computer. The "Windows Open" screen will display. Navigate to where your file is located; refer to your notes from the Creation of Transmittal File section for the correct file name. Click on the Open Button or double click on the file name. The path and file name will display in the "File Name" text box.
9. Click on the **Upload File Now Button**.

EMS Agency PPCR File Upload

Agency Name 640 COMMUNITY RESCUE

Reporting Period * FROM

June 23 2006

Enter the start of your Reporting period.

TO

June 23 2006

Enter the end of your Reporting period.

File Type * OEMS PPCR Other

If you use the OEMS PPCR Program select "OEMS PPCR" otherwise select "Other". We do not currently accept Firehouse files.

Your Name and *
Position

Enter your name and position within your agency.

Your E-mail Address *

Enter your E-mail address or the phone number where you can be reached during business hours.

Enter the file name * Browse...

Press the Browse button and select the file you wish to upload. By default, the

* required item

OEMS PPCR transmittal files are located in the directory C:\ProgramFiles\wdh\Ppdr.

Press to upload the file

When you have completed all required fields press Upload File Now.

10. A confirmation screen will display to let you know the file has been transferred successfully. You will receive an email confirmation from OEMS to the email address you provided. This notice is sent daily; however it may take up to 24 hours to receive your confirmation.
11. The confirmation only confirms your file was successfully received or if an error occurred during the upload. The upload process cannot detect errors or problems within the file or if the wrong file was submitted.

Submission to OEMS via CD

To submit your file on a CD, complete the following steps:

1. Copy the file to a CD. This can be done using "Windows Explorer" or "My Computer."
2. Include the following information on the CD label:
 - Agency Name and Number
 - Beginning and Ending Dates (months or quarter and year)
 - Contact info (name & telephone number and e-mail address)
 - Software Version Number (Ex: 3.0)
3. Mail the, ***in a mailer designed for CD's*** to:

Office of EMS
PPDR Data - UB 55
P.O. Box 2448
Richmond VA 23218

Archive



Use the **Archive Old Data Button** to purge data from past quarters. It is recommended that archiving is done only when you are absolutely sure the quarter is complete.

The screenshot shows a window titled "PPDR - Database Archives". At the top, it says "Active Database: Default Database". Below this, there are two date input fields: "Start Date:" and "End Date:", each followed by a small box containing two slashes (//). To the right of these fields are two buttons: "Create" and a question mark icon. Below the date fields is a section titled "Archives" which contains a list box with two entries: "Hospitals.mdb" and "ppcr.mdb". To the right of the list box are three buttons: "Load", "Unload", and "Rename", each with a question mark icon. At the bottom right of the window is an "Exit" button.

The **Archive** feature copies those calls with Incident Reported Dates that fall between the Beginning Date and Ending Date specified to an archive database. Depending on the call volume, data can be archived as often as quarterly. It is recommended that the **Database Maintenance** function be performed immediately after data has been archived.

1. Enter the **Start Date** and **End Date**. Enter dates in MM/DD/YYYY format.
2. Click the **Create Button** or press ALT + C.
3. A warning message is displayed to recommend that data should be archived only after it has been submitted to the Office of EMS.
4. Click OK.
5. Enter a name for the archive file (i.e. Qtr12001) and click OK.
6. The filename specified (with the extension .mdb) will display in the Archives box.
7. Click Exit or press ALT + E to return to the PPDR Main Menu.
8. Click the **Database Maintenance Button**.
9. The message "Compressing Database" will display. When the process is complete, a screen will display with the message "Done". Click OK.

Use the **Archive Old Data Button** to load archived data to make it available for viewing, report printing and generating submittal files. Archived data cannot be changed, even after it has been loaded.

1. Highlight the appropriate database file in the Archives box.
2. Click the **Load Button** or press ALT + L.
3. Click Exit or press ALT + E to return to the PPDR Main Menu.
4. The Data Entry, Reports and Create File functions will use the data that was loaded from the archived database file.

After an archived database has been loaded, it must be unloaded before changes can be made to the current data.

1. Click the **Archive Button** from the PPDR Main Menu.
2. Highlight the appropriate database file in the Archives box.
3. Click the **Unload Button** or press ALT + U.
4. Click Exit or press ALT + E to return to the PPDR Main Menu.
5. All functions will now use the current data from the active database.

You can rename an archived database by specifying an alternate database file name.

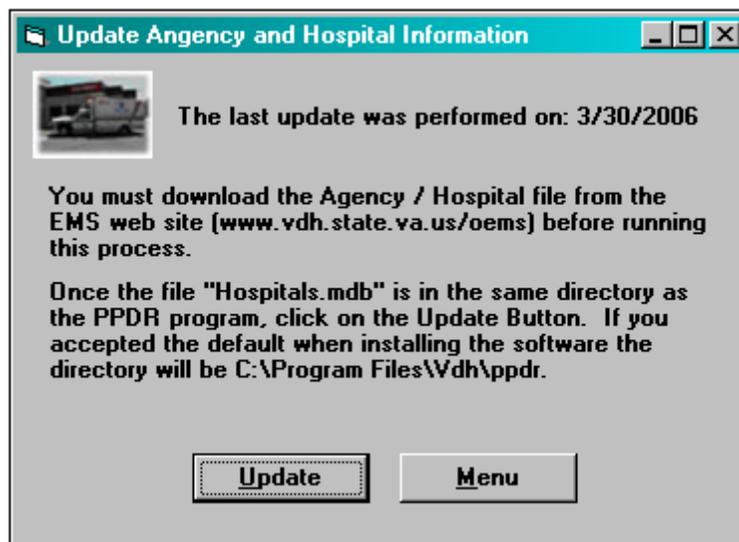
1. Click the **Archive Button** from the PPDR Main Menu.
2. Highlight the appropriate database file in the Archives box.
3. Click the **Rename Button** or press ALT + R.
4. Enter a different name and click OK.
5. The new filename specified (with the extension .mdb) will display in the Archives box.
6. Click Exit or press ALT + E to return to the PPDR Main Menu.

Update Agency / Hospital Listing



Use the **Update Agency / Hospital Listings Button** to update the list of Receiving Facilities on the MED 3 Tab. You must download the file "Hospitals.mdb" from the Office of EMS Web page. The Web address is: www.vdh.virginia.gov/oems/. Click on the "Select Programs" drop down box. Choose "PPCR (Pre-Hospital Patient Care Reporting)" from the listing. This will direct you to the PPCR Web page. Click on the link titled "Update EMS Agency and Hospital Listing", the third bulleted item located under the heading "Pre Hospital Data Reporting (PPDR)". Complete the following steps:

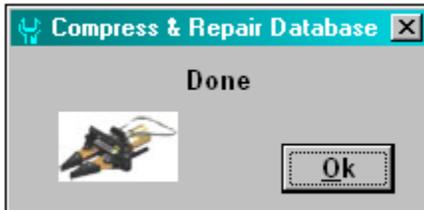
1. You can save the file to your desktop (or anywhere on your PC) or open it when you are prompted.
2. After you have finished downloading, double click the file and you will be prompted with a window telling where the files will be unzipped. If you accepted the defaults when installing the PPDR program simply **CLICK UNZIP**. If you installed the program into a different directory you will need to modify the path appropriately.
3. From the Main Menu of the PPDR software click on the **Update Agency / Hospital Listings Button**. Click on the **Update Button** or press ALT + U. It is recommended that this function is performed once per month.



Database Maintenance



The **Database Maintenance** function will compress the PPDR database and attempt to fix any errors that exist. It is recommended that this function be performed once per month. When the database maintenance is complete, the following screen will display. Click the **OK Button** or press ALT + O, to return to the Main Menu.



Exit



The **Exit PPDR** function will end the program.