

ADMINISTRATION

Patient Care Record (Completion & Distribution)

POLICY #1500

Authority: Division 2.5, Chapter 4, Health & Safety Code
Title 22, California Code of Regulations, Division 9, Chapter 4, Section 100169
and Section 100170

I. Purpose

The California Code of Regulations Title 22, Section 100169 (a) (6) specifies that the Medical Director of the Local EMS Agency shall establish the requirements for the initiation, completion, distribution, review, evaluation and retention of a patient care record (PCR). The PCR is the permanent legal medical record that documents all aspects of prehospital care or refusal of care.

II. Mandatory Charting & Distribution

Electronic PCRs

An electronic PCR shall be completed as follows:

Transport Providers (EMT-I, EMT-II, Paramedics) shall complete a PCR:

- On every EMS response (to include 911 and interfacility transports) to include “Dry Runs” (no patient contact) and for patients who refuse care and/or transportation.

ALS/LALS First Responder Providers (non-transport) shall complete a PCR:

- when first responders administer advanced interventions prior to the arrival of the transport provider, or
- when first responders cancel the transport provider prior to arrival at the scene for coroner cases or for patients who refuse care and/or transportation.

BLS First Responder Providers (non-transport) do not complete an electronic PCR but may complete a paper PCR.

All sections of the PCR will be filled out with appropriate information. A separate PCR must be completed for every patient contact.

All transport providers in the county and ALS/LALS first responders shall utilize the Imperial County EMS (ICEMS) electronic PCR data reporting system (Web PCR). In the event of system outage when the Web PCR program is not accessible, or if a provider is experiencing significant user problems for a prolonged period of time (greater than 12 hours), providers may utilize paper PCRs until the system is restored and functioning properly.

Providers utilizing Web PCR data system shall sign into the secure system with their user name and password. User name, date, and time on printed, faxed or downloaded PCRs constitutes an electronic signature.

Patient Care Records will be promptly completed following each call. Electronic PCRs may be completed at designated workstations at each receiving facility with a printed copy left with the

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attending nurse/physician.

If PCRs are not left at the receiving hospital at the completion of the call, PCRs will be completed at an authorized work site no later than 12 hours after completion of the call with a copy faxed to the receiving facility under a "Confidential" cover sheet. (See attachment for instructions for utilizing designated workstations at receiving hospitals and for faxing PCRs to receiving facilities). The receiving facility will incorporate the PCR into the patient's medical record.

Coroner Cases – complete a paper PCR while on scene and give the middle (yellow) copy to the Deputy Coroner or to a law enforcement officer if EMS personnel are unable to wait on scene for the arrival of the Deputy Coroner. If EMS personnel are unable to complete PCR while on scene, a copy must be faxed to the ICSD Coroner's Department as soon as possible.

DNR Cases – complete a paper PCR for specific DNR cases that require signature from physician or family member on the PCR in accordance with Policy #4150.

Paper PCRs

In the event that paper PCRs are utilized, three (3) copies of the PCR will be distributed as follows:

- Original (white) to the provider agency
- One copy (yellow) to receiving hospital or to Deputy Coroner
- One copy (pink) to Base Hospital (Base Coordinator will forward this copy in a timely manner to the EMS Agency after completing CQI audit)

III. Continuous Quality Improvement

In accordance with Policy #1100, the Base Hospital, designated provider QA Coordinators, and EMS Agency will conduct PCR audits to verify completion and distribution of PCRs in accordance with this policy. The criterion is that PCRs will be promptly completed and appropriately distributed 100% of the time.

IV. Disciplinary Actions

Disciplinary action may be taken by the EMS Medical Director for failure to comply with this policy. Disciplinary actions may involve remediation, probation or any proceedings to suspend or revoke the certification/license of an EMT-I, EMT-II or paramedic pursuant to Section 1798.200 of the Health and Safety Code.

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APPROVAL

A handwritten signature in black ink, appearing to read 'Bruce Haynes', is written over a horizontal line.

Bruce E. Haynes, M.D.
EMS Medical Director

Guidelines for Completing Web PCRs from Hospital Emergency Departments

El Centro Regional Medical Center

Procedure for accessing Imperial County WebPCR from ECRMC ED:

You may use computer EDNET3 (the one closest to the printer in station 3)

Steps:

1. Find the Imperial County WebPCR icon located on the screen.
2. Double click the icon
3. Select option Production (Live) Database and double click
4. Insert username and pass code
5. Our printer will automatically print out 2 copies. Please give one copy to the unit secretary.

This is the only computer to be used for pre-hospital providers. Please do not use any other computer. If the computer is unavailable (i.e., currently being used by staff), then we ask that you complete your PCR at your quarters and fax a copy to (760) 339-7342 when it is completed.

Pioneers Memorial Hospital

Listed below are instructions on how to get access to Imperial County Web PCR from the designated computer at PMH ED:

You may use the two computers located near the back entrance of the ED

1. Universal log in code: PARAMED
2. To log in, click on Start and then to "log on or off" (this will get you started)
3. You will see the login Network

- Login Name: PARAMED (hit Tab)
- Login Password: PARAMED (hit ENTER)

4. This will bring you to the window with the icon name Imperial County Web PCR. From here you will have to login with your own name and password.

If the designated computer in the ED is in use, you will need to complete the PCR back in quarters. Please fax the completed PCR to 351-3137.

**IMPERIAL COUNTY
EMERGENCY MEDICAL SERVICES**

**PATIENT CARE REPORT FORM
INSTRUCTION MANUAL**

Revised 08/99

INTRODUCTION

This instruction booklet is intended to assist you in correctly utilizing the County's Patient Care Report (PCR) Form. Correct and complete documentation of the care and services you provide is vital to the patient, the agency providing care, the receiving hospital, and the EMS Agency.

BACKGROUND

State regulation requires that each EMS system collect and evaluate certain data on the activities of the system. EMS provider agencies need data to evaluate their response times, equipment utilization, and the quality of prehospital care provided by agency personnel. Physicians and nurses need to know how the patient presented in the field, what care you administered and how the patient responded to these interventions. You need to have accurate and complete records maintained on your actions in the field in the event of future investigation or court proceedings.

COMPLETING THE FORM

When to complete a Patient Care Report Form:

A **Transport Provider** should complete a PCR whenever they respond (that is, whenever their unit leaves the station) to an emergency medical aid call. A PCR should also be completed for each non-emergency patient transport to include local interfacility and out-of-county transfers.

It is necessary to complete this form even when the call is later cancelled as your agency's emergency resources are utilized. Documentation for a cancelled call should include the date, dispatch address, unit # and agency, the time the call was received and when your unit was enroute. Then mark the box **[X]** indicating this was a **CANCELLED** call and the name of the agency that cancelled you. Include your license/certification number and signature.

In situations where there are more than one patient, one form is to be completed for each patient. However, in mass casualty/disaster situations, it is not necessary to utilize the PCR forms. In these situations, the County's multi-casualty "Triage Report Form" (attached) will be kept as a record of prehospital activities. A copy of the completed "Triage Report Form" must be submitted to the Base Hospital Coordinator or EMS Agency.

First Responders need only complete this form when any of the advanced interventions are used, the patient is released or a determination of death is made **prior to arrival of the transport provider**. To avoid duplication, First Responders **do not** have to complete a PCR if treatment is administered in the presence of the Transport Provider (as long as both First Responder and Transport Provider are the same level or the Transport Provider is a higher level of care provider). Advanced interventions include utilizing the semi-automatic defibrillator by an EMT-D to treat a shockable rhythm, and any of the advanced skills and medications administered by an Advanced EMT, EMT-II, or Paramedic.

First responders may choose to complete this form on scene while waiting arrival of the transport provider or they may complete the form upon returning to quarters. If they complete the form on scene, they should give the yellow copy to the transport provider to be delivered with the patient to the receiving hospital. If the PCR is not completed until the first responder is back in quarters, then the yellow copy should be mailed or faxed to the receiving hospital as soon as possible.

DISTRIBUTION OF PCR COPIES

The top, **white** copy (original) is to be kept by the service provider. This copy is often used for billing purposes and for "in-house" quality assurance in addition to being your agency's legal record of the call.

The **yellow**, middle copy is to be delivered with the patient to the receiving hospital and will become a part of the patient's permanent medical record. The yellow copy may also be given to the coroner in the event a determination of death is made on scene.

The **pink**, bottom copy is for QA (Quality Assurance) and CQI (Continuous Quality Improvement). If the patient is delivered to the Base Hospital, this copy should be placed in the appropriate receptacle near the Base Station radio. If the patient is delivered to another hospital, this copy(s) should be mailed or faxed to the Base Hospital Coordinator daily if possible, but no more than on a weekly basis.

DETAILED INSTRUCTIONS

The information to be recorded on the PCR is of various types; some is hand written, some require a mark **[X]** to be made in the space provided, and some require you to circle the correct information. Whichever type it is, **please press hard** to make your entries legible on the pink copy. If you make an error in any of your selections, please line out the wrong choice and then mark and initial the correct one. If you have made several errors, please start with a new form.

Beginning at the top left corner of the form:

DATE - the date of the incident.

ENCOUNTER OR DISPATCH ADDRESS - the address where the patient(s) was found. This address may be different from the location you were dispatched to. If so, you may want to record both the encounter and dispatch address. This may justify any delays in response times. The dispatch address will be recorded if no patient contact was made or if this was a cancelled call.

PATIENT INFORMATION - record the patient's name, address, health insurance, phone number, Social Security Number, age, sex, weight, date of birth, illnesses, medications, allergies, and primary physician.

Then complete the information to indicate your agency's Incident Number, your 4-digit Unit ID Number, Agency name, the time the Call was Received, time you were Enroute, time you Arrived on Scene, time you Departed Scene, time you Arrived at your Destination (this refers to the time the transport provider arrived at the receiving facility), and the time you were Ready for another call. If you did not transport a patient, then your time for departing the scene would most often be the same time you are ready for another call.

PATIENT ASSESSMENT - Begin by filling in the patient's STATUS (mild, moderate, or severe) followed by the CHIEF COMPLAINT or MECHANISM OF INJURY. Then, use the NARRATIVE section to give pertinent details about the history of the problem. Important details would include events or complaints that preceded the onset of symptoms, details about the accident to include speed, type of accident (rollover, head-on, etc.), extent of damage to vehicle(s), what restraints or protection were used (seat belts, air bag, child seat, helmet, etc.), and if the patient was ejected or extricated. Findings from the PQRST, BRIM, APGAR, or other special assessments should also be documented in this section.

MAJOR TRAUMA - the EMS Agency will occasionally need to gather information on specific areas of the EMS system in order to perform a more thorough evaluation of that area. The Agency is presently doing a study on the overall system response to major trauma patients. Please mark this box ☒ if the patient sustained serious injury(s) that either cause or have the potential to cause disability or death. We are particularly interested in patients with trauma to the head or trunk who require surgical intervention to stabilize their condition, or patients who need to be admitted to the ICU. This box should also be marked based on the mechanism of injury even if serious injury(s) are not yet apparent.

PHYSICAL EXAM - Document any abnormalities you have detected during the physical exam or mark the box ☒ indicating the findings were "unremarkable".

INITIAL VITALS - document your initial findings for the patient's pulse, respirations, blood pressure, EKG and glucometer (if indicated). These will serve as the "base line" vitals.

LUNG SOUNDS - circle the letter **L** or **R** to indicate the lung sounds for both the left and right lungs.

SKINS - write in the patient's skin color, temperature, and moisture.

PUPILS - circle the letter **L** or **R** to indicate your findings for each pupil.

GLASGOW COMA SCALE - the coma scale is most often used for trauma patients and patients with an altered level of consciousness. Circle the response to each category (MOTOR, VERBAL, EYE), add the points and then write the GCS Total in the space provided. The repeat coma score (if performed) should be documented in the PATIENT RESPONSE/UPDATE section.

TREATMENT PRIOR TO ARRIVAL - mark all boxes indicating the treatment given prior to your arrival and identify the agency administering the care. Document the IV solution and all drugs given in the spaces provided.

PATIENT CARE - This section is used to document any treatment (procedures and medications) administered by the provider. The care giver's initials and the time should be documented for each treatment modality. The "Patient Response/Update" section should include statements of changes in the patient's condition following each treatment modality as well as an updated set of vitals and EKG (if indicated). A useful tool for evaluating pain or respiratory distress is the 1-10 analog scale. By using the scale, the patient's pain or distress level can be documented upon the initial assessment and also following each treatment modality directed at relieving the symptoms. A recording of the initial EKG and any pertinent rhythm changes should be attached to the yellow (receiving hospital) copy of the PCR. If possible, attach copies of the rhythm strips to the pink copy of the PCR as well to be used for educational reviews.

If any medications or IVs are administered, chart the **time** they were administered, the **dose** or **amount** that was given, the **route** (SQ, IM, IV, ET, SL, PO, Topically or Rectally), the **site** where an IV was established and/or where a medication was injected, and for IVs - the **rate** at which it was given.

If a patient required **endotracheal or Combitube intubation**, document each care giver's initials who attempted intubation, the number of attempts made, whether or not you were successful, the size ETT or Combitube used, and bilateral breath sounds after intubation.

PATIENT DISPOSITION - This section begins with identifying the agency that assumed responsibility for patient care from you and the time care was transferred. The transfer of care would occur when an ambulance team takes over patient care from a first responder, or when one ambulance meets with and turns over patient care to another ambulance, or when an air team (helicopter) takes over patient care from a first responder or ground ambulance crew.

Below this section, indicate by marking the appropriate box **[X]** if the patient was transported, released, DOS (Dead On Scene), no patient contact was made, or if you were cancelled prior to arriving on scene. If the patient is determined to be dead on scene, the PCR should be completed as soon as possible with the yellow copy distributed to the deputy coroner.

In the second column enter the name of the **RECEIVING FACILITY** and the patient's **MEDICAL RECORD #**. The medical record number is especially important for retrieving documents at a later time for the county-wide quality assurance and continuous quality improvement (QACQI) program.

Then enter the **REASON FOR SELECTION** of the receiving hospital. Options include the patient be transported to the **nearest** facility appropriate to the needs of the patient, or **diversion** to an alternate facility (most often occurs because the nearest or most appropriate facility was not able to receive patients at that time), or because of a **request** from a physician, patient, or guardian that the patient be transported to other than the nearest facility.

In the third column enter the **BASE HOSPITAL RUN #** and the name of the **BASE HOSPITAL MD OR MICN** who provided on-line medical control. Directly below the Base Hospital section is a box to mark if treatment was administered utilizing the County **COMMUNICATION FAILURE PROTOCOL**. The "Communication Failure Report Form" must also be completed and attached to the PCR and submitted to the Base Hospital Coordinator within 24 hours.

Enter the **RESPONSE** and **TRANSPORT CODE** in the last column by circling either 2 (non-emergency) or 3 (emergency) for each category. **Please do not use Code-1 as it is not recognized by the EMS database.**

The **license or certification number** and **signature** of the individuals primary involved with rendering patient care must be entered to complete the form.

Try to limit your documentation to the spaces provided. However, if you feel you need to document more information than the spaces allow in the narrative section, attach an additional PCR (labeled page 2). **Please do not use the "Patient Care" section to continue your "Narrative" history.**

RELEASE FROM CARE

On the back of the top, white copy of the PCR is a patient release form to be completed whenever a patient or guardian refuses further care and/or transportation. The patient refusing medical care must be competent and over 18 years old, an emancipated minor, a minor who is married, a minor who is in the military, a legal guardian or the parent of the minor. Refer to the county policy regarding patient refusal for further requirements.

IMPERIAL COUNTY EMS "TRIAGE REPORT FORM"

The Triage Report Form (attached) should be utilized whenever EMS personnel respond to a mass casualty incident. Individual PCR's do not need to be completed for each victim. The Triage Report Form should be delivered to the Base Hospital as soon as possible after the event has been mitigated. The Base Hospital should compare the field triage report form with the hospital radio report form to ensure accountability of all victims transported from the scene. (This task will be much easier if hospital is using same triage report form as field providers). The Base Hospital shall send a copy of the Triage Report Form to the EMS Agency.

Any questions regarding this instruction manual or the Patient Care Report Form should be directed to the EMS Agency at 339-4468.

IMPERIAL COUNTY EMS PATIENT CARE REPORT

DATE		ENCOUNTER OR DISPATCH ADDRESS							
PATIENT INFORMATION									
NAME					SSN	AGE	SEX	WEIGHT	DOB
ADDRESS					ILLNESSES				
CITY		STATE	ZIP		MEDS				
INSURANCE		TELEPHONE			ALLERGIES			PHYSICIAN	
INCIDENT #	UNIT #	AGENCY		CALL REC'D	ENROUTE	ARR. SCN.	DPT. SCN.	ARR. DEST.	READY

PATIENT ASSESSMENT			
PATIENT STATUS <input type="checkbox"/> MILD <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE			CHIEF COMPLAINT / MECHANISM OF INJURY
<input type="checkbox"/> MAJOR TRAUMA			
NARRATIVE:			
UNREMARKABLE		UNREMARKABLE	
HEAD / FACE <input type="checkbox"/>		PELVIS / GROIN <input type="checkbox"/>	
NECK <input type="checkbox"/>		ARMS / HANDS <input type="checkbox"/>	
CHEST <input type="checkbox"/>		LEGS / FEET <input type="checkbox"/>	
ABDOMEN <input type="checkbox"/>		BACK <input type="checkbox"/>	
INITIAL VITALS	LUNG SOUNDS	SKINS	PUPILS
PULSE	L R CLEAR	COLOR	L R PERL
RESP	L R WHEEZES	TEMPERATURE	L R PINPOINT
B/P	L R RALES		L R DILATED
EKG	L R DIMINISHED	MOISTURE	L R UNEQUAL
	L R ABSENT		L R FIXED
GLUCOMETER	L R OTHER:		L R CATARACTS
			L R OTHER
GLASGOW COMA SCALE			
MOTOR		VERBAL	
6 OBEYS		5 ORIENTED	
5 LOCALIZES		4 CONFUSED	
4 WITHDRAWAL		3 INAPPROPRIATE	
3 FLEXION		2 INCOMPREHENSIBLE	
2 EXTENSION		1 NONE	
1 NONE			
		EYE	
		4 SPONTANEOUS	
		3 VOICE	
		2 PAIN	
		1 NONE	
		GCS TOTAL =	

TREATMENT PRIOR TO ARRIVAL			
<input type="checkbox"/> BYSTANDER CPR		AGENCY ADMINISTERING CARE: _____	
<input type="checkbox"/> CLEAR AIRWAY <input type="checkbox"/> VENTILATIONS <input type="checkbox"/> OXYGEN		<input type="checkbox"/> INTUBATION <input type="checkbox"/> IV: _____	
<input type="checkbox"/> CPR <input type="checkbox"/> SPLINT / BANDAGE		<input type="checkbox"/> IMMOBILIZE SPINE <input type="checkbox"/> COUNTERSHOCK	
<input type="checkbox"/> DRUGS: _____			

PATIENT CARE							
CARE GIVER	TIME	PROCEDURE - MEDICATION		PATIENT RESPONSE / UPDATE		PULSE	RESP
ETT	Care Giver #1:	Time:	Attempts:	<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful	Size ETT:	Breath Sounds: Right	Left
INTUBATION	Care Giver #2:	Time:	Attempts:	<input type="checkbox"/> Successful <input type="checkbox"/> Unsuccessful	Size ETT:	Breath Sounds: Right	Left

PATIENT DISPOSITION					
CARE TRANSFERRED TO:		RECEIVING HOSPITAL:	BH RUN #:	RESPONSE CODE 2 3	
AGENCY:	TIME:	MEDICAL RECORD #:	BH MD / MICN:	TRANSPORT CODE 2 3	
<input type="checkbox"/> PATIENT TRANSPORTED <input type="checkbox"/> DOS		REASON FOR SELECTION		COMMUNICATION	
<input type="checkbox"/> RELEASED <input type="checkbox"/> NO PATIENT CONTACT		<input type="checkbox"/> NEAREST <input type="checkbox"/> REQUEST BY MD,		FAILURE PROTOCOL	
<input type="checkbox"/> CANCELLED BY:		<input type="checkbox"/> DIVERSION PATIENT, GUARDIAN		<input type="checkbox"/>	
LICENSE / CERT#		SIGNATURE			

DISTRIBUTION: WHITE: SERVICE PROVIDER
YELLOW: RECEIVING FACILITY / CORONER
PINK: BASE HOSPITAL / EMSA

**RELEASE FROM CARE
FORMA DE LIBERACION DE QUIDADO**

Patient Name: _____

Date: _____

Guardian: _____

Check all that apply:

- ☐ Base Hospital contacted.
☐ Patient (or guardian) has been advised of patient's medical condition.
☐ Patient (or guardian) advised that the following consequences of refusal may occur:

STATEMENT

This is to certify that I am refusing further evaluation, treatment, and/or transport at my own insistence. I have been advised of any potential consequences that may result from not seeking further care or evaluation at this time. I understand that I may call EMS at any time should I decide to seek further attention.

AFIRMACION

Esto es para certificar que estoy rechazando asistencia medica y transportacion. Me han informado de la potencia de consecuencias que pueden resultar al no solicitar asistencia medica, o no ser evaluada en este tiempo. Entiendo que puedo llamar a EMS a cualquier tiempo si decido necesitar atencion medica.

I hereby release: _____ Ambulance Service

Yo en lo presente _____ Fire Department
pongo en liberacion: _____

_____ Other Agency

and the medical control physician at the Base Hospital (ECRMC), their employees and officers from all liability for any adverse problems that may result from my decision.

y el medico de control de medicina en el Base Hospital (ECRMC), sus empliados y oficiales de toda responsabilidad de cualquier problema adverso.

Signature (Patient or Guardian):

Firma (Paciente of Guardian)

Signature (EMT):

Signature (Witness):

[illegible]