


Sierra – Sacramento Valley EMS Agency Program Policy

Prehospital Documentation

	Effective: 06/01/2018	Next Review: 03/2021	605
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PURPOSE:

To establish patient care report (PCR) documentation and data submission requirements.

AUTHORITY:

- A. California Health and Safety Code, Division 2.5, § 1797.202, 1797.204, 1797.220 and 1798.
- B. California Code of Regulations, Title 22.

POLICY:

- A. BLS non-transport provider personnel are encouraged to complete a written or electronic PCR for all calls where patient contact is established prior to ALS/LALS arrival. At a minimum, BLS non-transport provider personnel shall complete a written or electronic PCR for all incidents involving either of the following circumstances:
 - 1. Refusal of EMS care completed by BLS personnel without ALS/LALS involvement.
 - 2. Utilization of any BLS optional skill.
- B. ALS/LALS non-transport provider personnel shall complete National EMS Information System (NEMSIS) Version 3.4 compliant electronic PCRs as follows:
 - 1. If the non-transport provider is cancelled prior to arrival at scene, completion of a PCR by the non-transport provider is not required.
 - 2. If a non-transport provider arrives on scene and no patient is identified, a PCR shall be completed indicating a minimum of the reported incident location, incident times and reason why no patient was identified. If the non-transport provider arrives after or simultaneous to the transport provider, a single PCR by either provider is sufficient.
 - 3. If the non-transport provider establishes patient contact prior to the transport provider, the non-transport provider shall complete a PCR for each patient unless contact was limited to a BLS assessment and patient care was assumed by a

- transport provider. If transfer of care is done within the same agency, a single PCR documenting the care provided by all personnel on scene is sufficient.
4. If the non-transport and transport provider establish patient contact simultaneously, or if the non-transport provider establishes patient contact after the transport provider, a single PCR by the primary caregiver documenting the care provided by all personnel on scene is sufficient.
 5. If the non-transport provider arrives on scene after the transport provider and no patient contact is established by the non-transport provider, completion of a PCR by the non-transport provider is not required.
- C. BLS/ALS/LALS transport provider personnel shall complete NEMSIS Version 3.4 compliant electronic PCRs as follows:
1. If the transport provider is cancelled prior to arrival at scene, completion of a PCR by the transport provider is not required.
 2. If a transport provider arrives on scene and no patient is identified, a PCR shall be completed indicating a minimum of the reported incident location, incident times and reason why no patient was identified. If the transport provider arrives after or simultaneous to the non-transport provider, a single PCR documenting this minimum information by either provider is sufficient.
 3. The transport provider shall complete a PCR for each patient where patient contact/transport is established. If patient care is maintained by a non-transport provider and both units are from the same agency, a single PCR documenting the care provided by all prehospital personnel is sufficient.
 4. If the transport provider arrives on scene after the non-transport provider and no patient contact is established by the transport provider, completion of a PCR by the transport provider is not required.
- D. Multiple Patient Incidents:
1. During an incident involving two or more patients, the initial ALS/LALS provider who establishes patient contact shall complete a NEMSIS Version 3.4 compliant electronic PCR on each patient unless one or more of the following special circumstances apply:
 - Patient contact was limited to triage/basic assessment only, and all pertinent patient assessment and treatment information is documented by the transporting provider.

- Patient care was transferred to another provider from the same agency, and all pertinent patient assessment and treatment information is documented by the transporting unit.
- The provider receives approval from S-SV EMS not to complete full PCR documentation on each patient (i.e. – large MCI).

In the event that any of these conditions apply, the initial ALS/LALS provider who establishes patient contact shall complete a minimum of one NEMSIS Version 3.4 compliant electronic PCR containing pertinent incident information (incident nature, details, patient count/triage categories, etc.).

- E. A PCR is a legal medical record. Prehospital personnel are responsible for providing clear, concise, complete, legible and accurate prehospital documentation. A full legal signature of the individual completing the report is required in the appropriate signature section of the PCR. Any form of falsification of prehospital documentation shall be considered a serious infraction, subject to possible disciplinary action.

PROCEDURE:

- A. All pertinent standard/mandatory PCR data fields shall be accurately completed.
- B. Individual procedures and/or medications shall be adequately documented in the appropriate 'treatment' section of the PCR.
- C. Pertinent vital signs (BP, pulse, respirations at a minimum) shall be monitored and documented a minimum of every 15 minutes or more frequently if clinically indicated. Vital signs shall be monitored and documented prior to and following any medication administration.
- D. PCR narrative completion requirements:
1. The narrative section of the PCR (NEMSIS 3.4, eNarrative.01) shall be completed utilizing one of the following common documentation formats:
 - 'SOAP' (Subjective, Objective, Assessment, and Plan)
 - 'CHART' (Complaint, History, Assessment, Rx/pt. medications, and Treatment)
 - Chronological order
 2. Regardless of the documentation format utilized, the PCR narrative section shall including the following information as pertinent:
 - Response events
 - History of Present Illness (HPI)
 - On scene events

- In ambulance events
 - Transport events
 - Receiving hospital arrival and transfer of patient care events
3. Detailed patient assessment and treatment information normally documented in other sections of the PCR are not required to be repeated in the narrative section. However, specific findings that require follow up action by patient care personnel shall be appropriately documented in the narrative section.
- A. When available to prehospital personnel, the following minimum patient care documentation shall be completed by the EMS primary care provider and left at the receiving facility at time of patient delivery:
1. Routine incident information (date of incident, incident number, call location, EMS unit number, and hospital arrival time).
 2. Patient demographic information (name, gender, age, date of birth, address, city and telephone number).
 3. Chief complaint.
 4. PQRST/time of symptom onset (including time of incident and mechanism of injury for all trauma patients).
 5. Pertinent medical history, medications and medication allergies.
 6. Vital signs (including GCS, BP, pulse, respirations, pain scale, cardiac rhythm and SpO₂ as appropriate).
 7. Treatment rendered (including time, type of treatment, medication, dose, route, response and total IV volume infused).
 8. Relevant patient care related documents (DNR/POLST forms, 12 Lead EKGs, cardiac monitor rhythm strips, etc.).
 9. Name, title and ID of the prehospital provider completing the documentation.

Although it is preferred that a completed PCR be left at the receiving hospital at the time of patient delivery, prehospital personnel may satisfy this requirement with the completion of an interim patient care report (605-A or equivalent).

B. Completed PCR's shall be distributed as follows:

1. Receiving hospital:

- When a complete PCR is not left with the patient at the receiving hospital, the PCR shall be provided/available to the receiving hospital within 24 hours.
- When patient care is transferred from a non-transport ALS/LALS provider to another EMS provider, the non-transport provider shall provide/make available a copy of their completed PCR to the receiving hospital within 24 hours.

2. Base hospital:

- If a base hospital is utilized for medical control that is not the receiving hospital, a copy of the PCR shall be provided/available to that base hospital within 24 hours.

3. S-SV EMS:

- If a BLS optional skill is utilized, a copy of the PCR shall be provided/available to S-SV EMS within seven (7) calendar days.

C. Completed PCR's for adult and emancipated minor patients shall be preserved for a minimum of seven years. Completed PCR's for unemancipated minor patients shall be preserved for at least one year after such minor has reached the age of 18 years and, in any case, not less than seven years.

D. Prehospital providers not utilizing the S-SV EMS selected PCR software system shall submit electronic PCR data to S-SV EMS in a NEMSIS Version 3.4 compliant format.

CROSS REFERENCES:

A. BLS Optional Skills Utilization Patient Care Report (605-A)

B. Interim Patient Care Report (605-B).