Sierra – Sacramento Valley EMS Agency Program Policy			
EMS Documentation			
	Effective: 06/01/2023	Next Review: 05/2026	**605**
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PURPOSE:

To specify EMS patient care report (PCR) documentation and data requirements.

AUTHORITY:

A. HSC, Division 2.5, § 1797.202, 1797.204, 1797.220, 1797.227, and 1798.

B. CCR, Title 22, Division 9, Chapters 3 and 4.

POLICY:

A. BLS non-transport providers shall complete a PCR for any EMS incident that results in a patient refusal of EMS care without ALS/LALS involvement.

B. BLS non-transport providers shall complete a S-SV EMS BLS Skills Utilization PCR (605-A), or electronic PCR (ePCR) compliant with current California Emergency Medical Services Information System (CEMSIS) and the National Emergency Medical Services Information System (NEMSIS) standards (if available), to document the utilization of any of the following prior to ALS/LALS arrival:

1. Defibrillation (AED shock delivered).
2. BLS optional skills included in S-SV EMS Policy No. 477.

C. ALS/LALS non-transport providers and all transport providers shall utilize an ePCR software system, compliant with current CEMSIS/NEMSIS standards, for EMS documentation as follows:

1. ALS/LALS non-transport personnel shall complete an ePCR for any EMS incident that results in their arrival at scene prior to a transport provider, unless patient contact was limited to BLS assessment and/or oxygen administration only, and patient care was assumed by a transport provider.

2. Transport personnel shall complete an ePCR for any EMS incident that results in their arrival on scene. If the non-transport and transport personnel are from the same agency, a single ePCR by the appropriate unit is adequate.

3. For multiple patient incidents, an ePCR shall be completed for each individual patient (including patients who are determined to be deceased on scene).

4. For multiple casualty incidents (MCIs), the Medical Group Supervisor (or designee) shall complete a separate ePCR documenting pertinent incident information (MCI type, incident details, patient count/triage categories, etc.).

D. A PCR is a legal medical record. EMS personnel shall provide clear, legible, concise, complete, and accurate patient care documentation. Any form of misrepresentation is a serious infraction, which may result in disciplinary action.

E. EMS providers who fail to comply with EMS documentation laws, regulations, and/or policies may be suspended from providing service until they comply.

PROCEDURE:

A. All applicable/required PCR data fields shall be accurately completed.

1. EMS procedures and/or medication administrations, including specific dose, route, and response to treatment as applicable, shall be adequately documented in the Treatment/Procedures section. ALS/LALS personnel shall also document all pertinent procedures/medications utilized by bystanders or BLS personnel (including prior to their arrival on scene) in the Treatment/Procedures section.

2. The total volume of IV/IO fluid infused shall be adequately documented in the Treatment/Procedures and/or Narrative section.

3. All pertinent vital signs, including applicable cardiac rhythm interpretations, shall be adequately documented in the Vital Signs section.

- Vital signs shall be obtained/documented as close as possible to initial patient contact, a minimum of every 15 minutes during patient care (or more frequently if clinically indicated), and as close as possible to transfer of patient care at the receiving hospital.

4. The Narrative section shall be completed utilizing one of the following formats:

- SOAP (Subjective, Objective, Assessment, and Plan).
- CHART (Complaint, History, Assessment, Rx/pt. medications, and Treatment).
- Chronological order.

5. Any Ambulance Patient Offload Time (APOT) greater than 60 minutes shall be additionally noted/documented in the patient care report narrative (i.e. “delayed patient offload time of greater than 60 minutes” or similar wording).

6. Response, patient care, and/or transport delays shall be adequately documented in the appropriate section(s) of the PCR.

7. A written or electronic legal signature of the individual completing the PCR is required.

B. The following information, when available to EMS personnel, shall be documented on an interim PCR (605-B or equivalent), and left at the receiving facility at time of patient delivery:

1. Basic incident and patient demographic information.

2. Chief complaint and time of symptom onset.

3. Pertinent medical history, medications and medication allergies.

4. Pertinent vital signs.

5. EMS treatment rendered (time, type, dose, route, response, etc.).

6. Relevant patient care related documents (DNR/POLST forms, 12 Lead EKGs, cardiac monitor rhythm strips, etc.).

7. Name, title, and ID of EMS personnel completing the documentation.

C. PCRs shall be completed within 24 hours of the time of initial EMS request.

D. Completed PCRs shall be distributed as follows:

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

2. PCRs shall be provided/available to the applicable receiving, base, and/or modified base hospital upon completion, but no later than 24 hours after the time of initial EMS request.

E. Any ALS/LALS non-transport provider or transport provider who chooses not to utilize the S-SV EMS selected ePCR software system, shall submit CEMSIS/NEMSIS compliant EMS data to S-SV EMS in the following manner:

1. EMS data for all incidents required by this policy, shall be submitted to the EMS data system utilized by S-SV EMS within 24 hours of the time of initial EMS request.

2. Providers shall ensure that their EMS data is continually compatible with the EMS data system utilized by S-SV EMS. Any records that fail to import shall be identified, corrected, and re-submitted no later than seven (7) calendar days after the original incident date.

F. PCRs for adult and emancipated minor patients shall be preserved for at least seven (7) years. PCRs for unemancipated minor patients shall be preserved for at least one (1) year after such minor has reached the age of 18 years old and, in any case, not less than seven (7) years.