Sierra – Sacramento Valley EMS Agency Program Policy			
EMS Documentation			
	Effective: 10/01/2026	Next Review: 07/2029	**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, § 1798.

B. CCR, Title 22, Div. 9, Ch. 3.1, Ch. 3.2, Ch. 3.3.

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 an electronic PCR (ePCR) compliant with current California Emergency Medical Services Information System (CEMSIS) and the National Emergency Medical Services Information System (NEMSIS) data standards or S-SV EMS BLS Skills Utilization PCR (605-A) 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, 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).

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. The use of artificial intelligence (AI) tools integrated within an approved ePCR system is permitted. When using AI to generate fields within the ePCR system, EMS personnel shall review, verify, and make necessary edits to confirm that the documentation accurately reflects the patient encounter. The integrated AI feature is a documentation support tool and does not replace the EMS personnel's judgment, assessment, or responsibility for the completeness and accuracy of the final ePCR.

F. 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, to include:

1. EMS interventions, including total volume of IV/IO fluid infused, specific medication dose(s) and route(s), and response(s) to the intervention(s) as applicable, shall be documented in the Treatment/Procedures section. ALS/LALS personnel shall also document all pertinent interventions utilized by bystanders or BLS personnel (including prior to their arrival on scene) in the Treatment/Procedures section. For all tourniquets applied prior to EMS arrival, including those placed by first responder, law enforcement, bystander, or the patient, EMS personnel shall assess and document the tourniquet's continued need and effectiveness.

2. For any required base/modified base hospital order or base/modified base physician order, the patient care record shall include the name of the physician or authorized person giving the order, the time the order was received, and the ordered medication dose or treatment.

3. All vital signs, including applicable cardiac rhythm interpretations, shall be documented in the Vitals section. Vital signs shall be obtained/documented at or near initial patient contact, a minimum of every 15 minutes throughout patient care (or more frequently if clinically indicated and at least twice during transport), following any intervention with anticipated physiologic impact, and at or near transfer of patient care. Vital signs include, but are not limited to:

   a. Mental Status (GCS, AVPU)

   b. Heart rate, blood pressure, respiratory rate/quality, SpO_2, temperature (when clinically indicated), and $EtCO_2$ (when clinically indicated).

   c. Pain scale (if applicable)

4. Chief complaint: a subjective statement as communicated to EMS personnel by the patient, witness, or other reporting party.

5. Primary Impression: a working diagnosis that serves as the basis for clinical decision-making.
6. Focused history relevant to presentation.
7. A thorough head-to-toe physical assessment shall be performed and documented for all patients where such as assessment is appropriate based on the patient's clinical condition, chief complaint, or mechanism of injury. At a minimum, a focused physical assessment must be performed and documented for the affected body part or organ system(s) related to the patient's chief complaint or mechanism of injury. Any unusual findings identified during a focused assessment shall be detailed in the assessment summary section of the PCR.
8. Presentation-specific Assessments
    a. Altered Mental Status
        i. Blood glucose value
        ii. Neurologic assessment (GCS or equivalent)
        iii. Baseline mentation (if known)
    b. Cardiac or Respiratory
        i. Chest pain characteristics (location, quality, severity, etc.)
        ii. Cardiac assessment (rate/rhythm, heart sounds, etc.)
        iii. Lung sounds
        iv. Work of breathing
        v. $EtCO_2$ monitoring
    c. Suspected Sepsis
        i. Temperature
        ii. $EtCO_2$ monitoring
        iii. Neurologic assessment (GCS or equivalent)
        iv. Perfusion assessment
    d. Suspected Stroke
        i. CPSS stroke assessment
        ii. Blood glucose value
        iii. Pupillary assessment
        iv. Motor/Sensory findings

v. Last Known Well Time (LKWT)

e. Traumatic Injury

i. Mechanism of injury

ii. Primary survey elements (airway, breathing, circulation)

iii. Secondary survey findings (focused assessment)

iv. Bleeding assessment including estimated blood loss

v. Hemorrhage control measures

vi. Neurologic assessment (GCS or equivalent)

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

a. SOAP (Subjective, Objective, Assessment, and Plan).

b. CHART (Complaint, History, Assessment, Rx/pt. medications, and Treatment).

c. Chronological order.

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

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

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

1. Basic incident and patient demographic information.

2. Chief complaint, time of symptom onset, pertinent medical history, medications, and medication allergies.

3. Pertinent vital signs.

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

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

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

C. PCRs shall be completed within twenty-four (24) hours after completion of the patient encounter (NEMSIS data element eTimes.13 – 'Unit Back in Service Date/Time'), and 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 twenty-four (24) hours after completion of the patient encounter.

D. Any EMS provider required to complete/submit ePCR data pursuant to this policy, and who chooses not to utilize the S-SV EMS ImageTrend ePCR software system, shall submit EMS data to S-SV EMS in the following manner:

1. EMS data shall be continually compliant with current CEMSIS/NEMSIS standards and the current S-SV EMS data schematron.

2. EMS data for all incidents required by this policy shall be submitted to the EMS data system utilized by S-SV EMS within twenty-four (24) hours after completion of the patient encounter. Any ePCR record that fails to import shall be identified, corrected, and successfully submitted to the EMS data system utilized by S-SV EMS within seventy-two (72) hours after completion of the patient encounter.

E. 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.