PATIENT CARE RECORD (PCR)

Purpose

To establish requirements for the timely completion, submission, and reporting of Marin County Patient Care Records.

Related Policies

ALS to BLS Transfer of Care, ATG 4
Against Medical Advice (AMA), GPC 2
Release at Scene (RAS), GPC 3
Trauma Re-Triage, 4604 A & B
Traumatic Injuries, T 1
Approved Medical Abbreviations, 7006B

Definitions

Patient- someone who meets any one or more of the following criteria:

- Has a chief complaint or has made a request for medical assistance;
- Has obvious signs or symptoms of injury or illness;
- Has been involved in an event where mechanism of injury would cause the responder to reasonably believe that an injury may be present;
- Appears to be disoriented or to have impaired psychiatric function;
- Has evidence of suicidal intent;
- Is deceased.

- ***Emergency Medical (EM) Number*** - A unique number assigned by the Marin County Communication Center to identify each 911call dispatched for medical assistance.
- ***Incident Numbe*r**- The unique number assigned to all requests for service. Commonly referred to as the “F” number.
- ***Electronic Patient Care Record (ePCR)*** - the permanent record of prehospital patient evaluation and the delivery of care.
- ***Field Transfer Form (FTF)*** - a paper record of patient care used by field personnel only when an ePCR is unavailable.
- ***Posting*** - the process of uploading the ePCR from ImageTrend Elite to the server.
- ***Completed PCR*** - the status of a PCR when it has been posted to the server and locked.

Policy

A PCR shall be completed for every call for which an EM number is issued.

A PCR shall be completed and posted as soon as possible or within 24 hours of completion of call.

A PCR shall be completed and posted as soon as possible or within 3 hours of completion of call for notification patients (e.g. sepsis, stroke, STEMI, trauma) or critical patients (e.g. cardiac arrest and/or airway emergency).

The PCR shall be completed by the personnel assigned to the transport unit. EMS personnel shall not leave shift with incomplete PCRs outstanding. All crew members are responsible for accuracy of the content of the PCR.

Willful omission, misuse, tampering, or falsification of documentation of patient care records is a violation under Section 1978.200 of the California Health and Safety Code.

Transported Patients

The PCR shall be completed by the personnel assigned to the transport unit.

When available, the PCR shall contain at a minimum:

- Patient name
- Patient address
- Patient phone number
- Date of birth
- Chief complaint
- Contact information of the best medical historian
- Medical decision maker (when not the patient)
- Pertinent findings on exam
- Last known well (if applicable)
- Vital signs
- Medications
- Allergies
- Presence of advanced directive/DNR
- Medications administered
- Procedures performed
- Kaiser/insurance number

The PCR shall include all care rendered by the transporting providers as well as any care given prior to arrival by first responders and/or bystanders. When possible, it shall include all 12-lead ECGs and any ECG other than normal sinus rhythm. When possible, pertinent photographs from the scene should be attached to the ePCR (e.g. vehicle damage).

A paper FTF shall only be used as a backup during system downtime, equipment failures, loss of internet connectivity, while on a fire line assignment, or any incident/situation where personnel do not have the ability to capture and post data via ImageTrend.

Data gathering and documentation responsibilities should never take precedence over hands-on rescue and patient care and therefore may not always be possible to complete during an incident. Nevertheless, prehospital information, particularly for critical patients, is essential for the emergency department and hospital course of care and every effort to obtain the information should be made.

Non-Transports (e.g. Cancelled, AMA, RAS, Dead on Scene)

An ePCR shall be completed as soon as possible and no later 24 hours following completion of the call.

A. For calls where there is no patient transported, the unit that completes the ePCR shall be determined according to provider agency policy.

B. All AMA patients must have a documented assessment and vital signs. The paramedic or EMT most involved in patient care is responsible for completing the PCR.

C. Personnel assigned outside of the county to provide medical mutual aid (e.g. fire-line EMT/Paramedic, cover engine assignment), shall complete a paper PCR for each patient contact. The PCR will be created on site and retained by the provider agency.

D. If ALS to BLS transfer of care is determined to be appropriate, documentation of assessments and all care rendered must be completed by both the ALS and the BLS units according to Policy ATG 4.

Documentation Requirements

A. When reasonably possible, complete demographic information should be included in the PCR.

B. Only approved medical abbreviations may be used for PCR documentation (see Policy 7006B).

C. A clear history of the present illness with chief complaint, onset time, associated complaints, pertinent negatives, mechanism of injury, etc. The information should accurately reflect the patient's chief complaint as stated by the patient and should be sufficient to refresh the clinical situation after it has faded from memory, including but not limited to:

- An appropriate physical assessment that includes all relevant portions of a head-to-toe physical exam.
- A minimum of two complete sets of vital signs (VS) for every patient including pulse, respirations, blood pressure and pulse oximetry. Repeat and document VS every 5 minutes for unstable patients, and every 15 minutes for stable patients (e.g. BLS patients). When required by policy, a temperature should also be documented at least once in the VS section. For children ≤ 3 years of age, blood pressure does not need to be documented unless the child is critically ill in whom blood pressure measurement may guide treatment decisions.
- A pain scale shall be documented for all patients ≥ 6 months who have a GCS >14.
- All pediatric patients being treated and transported by ALS shall be measured with a color-coded resuscitation tape. The corresponding color wrist band shall be applied, and the patient treated according to the Pediatric Dosing Guide (PTG 2A)
- All pertinent medications taken by the patient prior and/or administered by a first responder shall be documented if known.
- The CAD to PCR interface should be used to populate all PCR data fields as appropriate. Imported data may be manually corrected as needed.
- When the cardiac monitor is applied, data shall be transferred to the PCR from the device. If transferred automated VS do not correlate with manually obtained values, or are not consistent with the patient's clinical condition, providers should manually check VS and record manual results.
- All 12-lead ECGs must be imported. Any significant rhythm changes must be documented.
- For drug administrations, the drug dosages, route, administration time, and response shall be documented.
- All treatments and patient response to treatments shall be documented in chronological order.

- For patients with extremity injury, neuromuscular status must be noted before and after immobilization.
- For patients with spinal motion restriction, document motor function before and after motion restriction.
- For IV administration, document catheter placement, catheter size, number of attempts and flow rate if applicable.
- Any Physician Consult request and response.
- All information pertaining to EMS personnel, including electronic signatures.