University of Rochester
River Campus Medical Emergency Response Team
Training Division

PCR Style Guide

Generic Outline:

Explain the scene and how you found the patient. Note MVA details here.

S: *Subjective. These are things you cannot prove with physical evidence but you hear reported from the patient, family, or other bystanders on a scene. This should inc7lude pertinent negatives that the patient or bystanders must report to you including LOC, N/V/D, pain, allergies, medications, and other medical history. For any but minor pain this should include your OPQRST questions as well. This section can also describe things you suspect as a witness to the scene.*

O: *Objective. These are items which can be proven or demonstrated through physical evidence. Medical conditions are much more difficult to show than are traumatic injuries. It is best to order your O section the same way you perform your physical assessment. Initial Assessment (Mental Status, ABCs) first followed by either a focused or detailed physical assessment (body site only or detailed head to toe depending on needs of the patient).*

A: *Assessment. This is your "field diagnosis," usually one sentence or less explaining the patient's problem.*

P: *Plan. This section should read like a brief version of your protocols for the problem specified. What treatments and interventions do you need?*

E: *Evaluations or Note. This section includes any information that doesn't fit neatly in one of the other sections. Also note trending of patient symptoms as well as any information about transfer of care or refusal.*

Example

ATF adult male seated in chair in dorm room.

S: Pt. Reports: "my head hurts" and indicates left anterior temporal region. Pt. States: "I fell out of my chair." Roommates note: "he just sort of slumped over at his desk, I think he hit his head on the corner of the desk." Pt. Denies LOC but friends state "he was definitely out for around a minute." Pt. denies syncopal history, denies cardiac problems, denies N/V/D, denies injuries other than head pain, denies vision problems but remembers "tunnel vision" just prior to "blacking out."

O: CAOx3, Patent Airway, = | | chest sounds, + radial pulses, HEENT: mild bruising on left anterior temporal region, no bone instability or crepitus, no other DCAP-BTLS, PERRL, no fluids, no JVD or Trach. Dev. CHEST: lung sounds clear in 6 fields, no DCAP-BTLS, heart sounds not unusual and regular. ABD: SSNT, no DCAP-BTLS, abd. sounds not unusual. EXTR: no DCAP-BTLS, +CMSx4 with strong pulses. Vital Signs not unusual.

A: Head bruising secondary to probable syncopal episode w/concern for cardiac vs. neurogenic origin.

P: ABCs, monitor VS q15min, Request RMMS for ALS transport, monitor patient status carefully for signs of instability. Ice bruise as needed.

E: Pt. Reports pain slowly alleviated with icing, no further bruising. Pt. Vitals unchanged during care. Transferred care to RMMS# A9039 w/o incident for transport to SMH. Pt.'s belongings were transported w/ the patient by ambulance.

Refusals of Medical Assistance (Treatment or Transport)

When documenting RMAs, remember the following requirements for refusals under NYS and MLREMS protocols:

1. Patient must be of legal age (18 yrs), be an emancipated minor, or have a parent or legal guardian present to sign.
2. Patient must be medically stable, if an unstable patient demands to RMA contact Medical Control for advice.
3. Patient must have no complicating factors preventing legal medical decision-making from taking place. These may include but are not limited to age or disease-related dementia, alcohol or drug use, head or brain injuries.

Conclusions

After completing a PCR and reviewing it for completeness; legibility; and legality, remember to cross out any remaining white-spaces to prevent anyone from appending unauthorized information after the PCR is originally written.

The following guidelines are set by NY State Law and NYSDOH EMS Policy statements. All PCRs should be submitted to the locked cabinet for QA/QI by the appropriate officers within 24 hours of the call. If this deadline cannot be met, a note of explanation must be submitted personally to the Directors of Operations and Training. Following a call, the author or other members of the responding crew have no more than 24 hours to submit any updates or appending information in the form of a continuation. After this time, it is not possible to submit updates.