


Section: Standards for Medical Documentation
Subject: GENERAL STANDARDS FOR DOCUMENTATION
Section #: 360.01
Issue Date: February 1, 2012
Revision Date: December 1, 2017
Approved By: 

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1. It should always be remembered, in a legal sense, **"if it was not documented, it was not done"**.
2. Any response or encounter with a patient, as defined below, shall have an ePCR (electronic patient care record) completed by all units and an Incident Number assigned:
 - a. A **"patient"** is defined as a person encountered by a member of HCFR who by complaint of injury or illness, observation of the responder, or mechanism of injury may be *expected* to require medical evaluation and/or attention.
 - i. An individual ePCR report is required for each patient.
 - b. A **"minor"** (for purposes of legal consent) is defined as a person/patient less than 18 years of age who is not emancipated.
 - c. An **"emancipated minor"** is defined as a person/patient less than 18 years of age who is married, pregnant (for pregnancy related treatment purposes), has a child, or said person/patient has been emancipated by the legal system.
 - i. A minor deemed to be emancipated must have supporting documentation.
3. When an HCFR Rescue Company and Suppression Company arrive on the scene at the same time, it shall be the responsibility of the Rescue Officer to ensure that his/her crew initiates patient contact, care, and documentation of all pertinent data as it relates to the patient encounter and all care rendered.
 - a. Should an HCFR Suppression Company arrive at the patient prior to an HCFR Rescue Company and the Suppression Company completes any part of a patient assessment or performs any intervention/treatment for the patient's medical condition, the Suppression Officer shall ensure that a member of his/her crew completes an ePCR for all observations, evaluation, care, and pertinent events that occurred prior to transfer of care to the Rescue Company.
 - b. When Suppression and Rescue units are on scene together and it is determined the patient will be turned over to a private provider for transport, the suppression unit will customarily complete the transfer of care and required documentation. The Rescue Officer shall be the lead medical authority and ultimately responsible for patient care while he/she is on scene; however, in the event of disagreement between providers as to the level of transport required, Medic 1 should be consulted for guidance if the providers are unable to resolve.
 - i. The unit not completing the transfer of care will complete their ePCR and provide a short narrative description of the patient assessment, care performed by their crew and level of involvement. It is important for procedures and evaluations to be attributed to the personnel who actually performed them.
4. At any time a patient, who is in the care of an HCFR medical provider, is turned over to another outside medical care provider (private or public) for the purpose of transport to a receiving facility, the Officer in Charge of the HCFR unit shall ensure that a MERF containing the patient's identification, past medical history, medications, patient assessment to include vital signs and any care provided is completed and a legible copy is provided to the transporting agency.
 - a. A complete ePCR report is also required for these instances.
 - i. The ePCR shall include, but not be limited to, patient demographics, past medical history, medications, mental status, two sets of stable and within normal limit vital signs, scene observations, evaluations performed, any care rendered and other pertinent information.
 - b. When document scanners are available, a copy of the MERF shall be attached to the ePCR.

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5. For patients who allow an examination, but refuse further care or transport to a receiving facility:
 - a. Ensure the patient is competent to make an informed decision:
 - i. 18 year of age or older or an emancipated minor
 - ii. Is awake, alert and fully oriented to person, place and time
 - iii. Has no alteration in vital signs, mental status, level of consciousness or have a chronic illness which may influence the ability to make informed decisions
 - iv. Is not impaired by drugs, alcohol or acute illness which may cause cognitive impairment.
 - b. Completely document all aspects of the patient encounter and exam.
 - c. Make sure that a minimum of two (2) separate and complete sets of vital signs are obtained.
 - d. A thorough evaluation must be documented.
 - e. Make sure that the narrative thoroughly explains all efforts employed to get the patient to seek a higher level of medical attention and everything observed in the physical exam.
 - i. Include in your documentation that after having been informed of the possible side effects or adverse consequences, the patient still refused care.
 - ii. To be legally binding, it must be clear that the patient understands all elements of what he or she is signing. The patient must certify and acknowledge all elements (4) of the patient release statement (ePCR) or checkboxes (MERF) prior to signing the document.
 - iii. Whenever possible, have another member of the patient's family witness and sign the refusal of care.
 - iv. Minors must have the release signed by a parent, guardian (guardian is defined as a legally designated guardian, or any adult relative verified by photo ID) or Hillsborough County School Administrator.
 1. If a parent, guardian or school administrator is not physically present to sign the informed refusal, their arrival on scene will be significantly delayed and they have indicated a refusal for transport verbally when speaking directly with an HCFR representative in a low risk situation contact Medic 1 for guidance.
 2. If authorization is received to grant a verbal refusal of transport from Medic 1, document the parent/guardian/school administrator's name, relationship to the patient, telephone number and other requirements as indicated above to be legally binding.
 3. Under no circumstances shall a minor be left unattended awaiting parental arrival.
 4. Do not delay the transport of a minor patient in emergent situations awaiting parental consent.
6. In the event a patient adamantly refuses examination, document the following information:
 - a. Ensure the patient is competent to make an informed decision:
 - i. 18 year of age or older or an emancipated minor
 - ii. Is awake, alert and fully oriented to person, place and time
 - iii. Has no alteration in vital signs, mental status, level of consciousness or have a chronic illness which may influence the ability to make informed decisions
 - iv. Is not impaired by drugs, alcohol or acute illness which may cause cognitive impairment.

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- b. Try to obtain the patient's name, address, phone number, and date of birth.
 - c. Include in the narrative that the patient adamantly refused all attempts at evaluation and care.
 - d. Attempt to obtain the patient's or legal guardian's signature.
 - e. If the patient refuses to sign the "AMA" release section, have an HCSO Deputy (when on scene) witness the refusal and sign the witness section of the form.
 - f. Document all attempts at patient care and all statements of refusal the patient makes.
7. Minors and patients with any type of altered mental status cannot legally sign a release and thus cannot refuse medical treatment.
8. Citizen assist/Lift assist type incidents shall have an ePCR completed to include patient demographics, mental status, vital signs, evaluation performed to determine no illness/injury is present and a description of the service provided.
9. Family members cannot sign a release for an *adult* patient unless they can produce a legally sufficient *Legal Power of Attorney*.
10. If a patient has a life threatening illness/injury, always err on the side of providing treatment.
 - a. When necessary, ask law enforcement to assist in persuading the patient to allow care and/or transport and have them witness release of liability forms.
11. If you are called to examine or treat a patient in the care of a private BLS provider, document a complete patient evaluation, including vital signs, regardless of who transports.
 - a. Include in the ePCR the reason the BLS provider called you.
12. The Company officer shall ensure all reports for the shift are completed and submitted properly prior to leaving the station.
 - a. EMT personnel assigned to suppression apparatus may author the ePCR for BLS level patients only (no ALS interventions or evaluations by any HCFR member).
 - i. In these instances, the standalone paramedic assigned to the apparatus remains responsible for the medical care, thoroughness and content of the documentation.
13. The "Delete Request" option shall ONLY be considered in the following circumstances:
 - a. Calls replicated in error
 - b. Duplicate calls on the server
 - i. Cancellations, test pages and similar incidents shall have a report completed with pertinent information included in the narrative section when applicable.