Solano County Emergency Medical
Services Agency

Base Hospital Prehospital Report Form
Instruction Booklet

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Ver 1.2

Attached is a copy of the revised Solano County Patient Care Report form. It was approved by the Solano County Health Officer/EMS Medical Director and is effective on or before September 30, 1992. The purpose of the form is to provide a standardized format to document all base hospital medical consultations with EMT-Ps and occasionally EMT-As requiring on-line medical direction for medical management of difficult cases. The record is the prime tool assisting the EMS Office in analysis of patient outcome of Advanced Life Support (ALS) patients that enter the EMS System. The record will be the basis for documenting and verifying a base hospital on-line medical consult as well as a tool to generate fees for services rendered to consumers receiving base hospital consultation services. The form will also be used as a tool to measure EMS System productivity and Q.I. (Quality Improvement) by allowing for efficient and more precise monitoring of MICNs and MDs who provide on-line medical control services. This form is to be used for all ALS and BLS emergency cases requiring base hospital consultation services. The form is to be used on the following cases:

- All ALS cases. This includes all ALS w/o base consult calls where paramedics initiate the majority or all ALS procedures without base consult.

- All emergency calls where a patient refuses emergency care and/or transport and the EMT-P/As in the field express concern that the patient needs treatment at an acute care medical facility.

- All DNAR/DOA cases requiring base hospital consult.

- All calls where a BLS ambulance requires on-line base hospital medical consult.

- All calls where the base hospital makes a medical determination that the patient does not need treatment and/or transport to an emergency department and that the patient is best served by treatment at an urgent care center, psychiatric facility, county clinic, private physician's office, or any other appropriate non-acute care setting.

(See Solano County Policy #6115, Required Base Hospital Medical Records for EMS Care). The form is not required for BLS calls where EMTs contact the hospital to inform the facility of their arrival and the need to prepare a bed for the incoming patient(s). The following directions are a step by step procedure for filling out the form. Please read the instructions carefully and refer to the attached examples illustrating the proper use of the forms. These instructions are also designed to provide you with new information about documenting the base hospital medical consultation. Any questions about the form or its use may be directed to the Solano County EMS Agency Office at (707) 421-6685. A sample copy of the report form is on the following page.

Solano County Emergency Medical Services Agency
Base Hospital Prehospital Report Form

| Date (1) | Time (2) | Tape No. (3) | Base Hosp. (4) | MICN (5) | | Auth # (6) | Base Hospital MD. (7) | AUTH # |

| Chief Complaint (8) | | | | Age (10) | Sex (11) | Weight (12) | Paramedic & Company (13) |

Pertinent Medical History and/or Special Scene Circumstances:

(14)

Medications:

Allergies: Private MD.

Initial Vital Signs	Level of Con.	Lung Sounds		Pupils		Degree of Distress
Pulse:	☐ Oriented x 3	**Left** Right		**Left** Right		
	☐ Responds to voice	☐ Clear ☐		☐ PERL ☐		☐ Severe
Resp:	☐ Responds to pain	☐ Wheezes ☐		☐ Sluggish ☐		☐ Moderate
	☐ Unresponsive	☐ Rales ☐		☐ Constricted ☐		☐ Mild
BP:	☐ Unconscious PTA	☐ Rhonchi ☐		☐ Dilated ☐		☐ None
ECG:	☐ Disoriented	☐ Diminished ☐		☐ Unresponsive ☐		☐ N/A
		☐ Absent ☐		Pupil Size		(16)

Skin	Head/Neck	Chest	Abdomen	Pelvis	Extremities	Back
☐ Normal	☐ Negative	☐ Negative	☐ Negative	☐ Negative	☐ Negative	☐ Negative
☐ Pale/Ashen						
☐ Flushed						
☐ Cyanotic						
☐ Diaphoretic						
☐ Dry						
☐ Hot						
☐ Cool	(17)			(18)		

Treatment/Orders   ☐ ALS Treatment was initiated before Base Contact   ☐ C-Spine Precautions   Oxygen:_____

Time	Treatment/Orders	Patient's Response	BP	Pulse	Resp	ECG
	(19)					
(20)						

☐ Check This Box If Case Required Activation of a Trauma Team (Activation Time _____)

| Destination (21) | ETA (22) | Code in & Transport By ALS\BLS (23) (24) | Signature-MICN or MD performing base consult (25) |

| Type of EMS Consult & ALS Protocols Ordered (26) (27) | EMS PCR# (26) | EMT-P Clinical impression (29) |

| Arrival Time (30) | Emergency Department Diagnosis (31) | Discharge Time (32) | ED Disposition (33) | QA Follow-up Codes (34) |

Complete this section if receiving hospital was not the base   Patient Identification Addressograph

Person Contacted

Arrival Time: (30)   Discharge Time: (32)   ED Disposition (33)

EMG Dept Diagnosis: (31)

Patient Name: (26)

Medical Record #: (36)

Insurance Payor Code: (37)   Billing No. (38)

Base QA Follow-up Codes: (34)

Patient Medical Records Copy

Solano County Base Hospital Prehospital Report Form
Data Element Instruction List

1. **Date** - is indicated by month, day and year. eg. 03/23/88

2. **Time** - is the time the EMT-P or EMT-A first contacted the base hospital requesting a base consult. (Use a 24 hour clock to record time intervals. Seconds are not necessary)

3. **Tape Number** - as indicated. A unique tape identifier is used at or by each base hospital to record each base consultation and assist in identification of the case if it is selected for retrospective medical review. Each base hospital has a unique system to number tapes, please contact your base liaison nurse to assist you in how to use their individual numbering system.

4. **BASE HOSPITAL:** Enter the ID of the base hospital as appropriate.

1.	NorthBay Medical Center (NBMC)
2.	Sutter-Solano Medical Center (SSMC)
41.	Sutter-Davis Medical Center (SDMC)
32.	Methodist Hosp. Sacramento (MHS)

5. **MICN** - Enter the name of the MICN who directly managed the case.

6. **MICN Authorization #** - Enter the unique Solano County MICN Authorization # of the individual who managed the case.

7. **Base Hospital MD** - Enter the name of the MD who is medically responsible for the case. It is not necessary to note whether physician directly talked to the field team or orders were relayed through an MICN.

8. **Authorization #** - Enter a unique identification # of the MD who managed the case. The number should be a unique identification number (or billing ID#) assigned by the Base Hospital or EMS Agency which is assigned to the physician after the individual has been trained and oriented to the EMS System and the EMT-P medical protocols. A number is needed to allow for proper billing of on-line medical control services rendered.

9. **Chief Complaint** - refers to the **patient's** impression of the major symptoms responsible for the ambulance call relayed by the EMT-P. The EMT-P should provide the patient's chief complaint as part of the initial communication with the base hospital. The chief complaint is not the EMT-Ps **clinical impression** which should also be communicated distinctly to the base hospital. There are likely to be many instances when the patient's chief complaint and the EMT-Ps clinical impression are consistent. (eg. Patient's chief complaint is respiratory distress and the EMT-Ps clinical impression is the same.) There are other instances when a patient's chief complaint is only a part of and/or different from the EMT-Ps clinical impression. (eg. a trauma patient with multiple injuries, chest pain, ALOC cases, 51-50 cases etc.). The EMT-P should report the patient's chief complaint and also provide a clinical impression including all pertinent findings obtained from the initial assessment. Examples of chief complaints include: shortness of breath, right leg pain, headache, chest pain on inspiration, fainting etc. The following would not be considered typical chief complaints: fractured femur, CVA, and acute MI. These findings are more often thought to be part of the EMT-Ps clinical impression. If the patient is unconscious, indicate as the chief complaint for this type of emergency.

10. **Age** - refers to patient's age in years, use "mos" when months are indicated,(eg. 6 mos)

11. **Sex** - refers to male or female, using M or F.

12. **Weight** - refers to patient's estimated weight as reported by the EMT, use Kg when indicating kilograms.

13. **Paramedic and Company** - Enter the EMT-P authorization number and/or name which should be provided in the consult and the code of the ambulance company. The EMT-P should provide his/her initial EMT-P authorization number at the time of initial contact with the base hospital. Each ambulance company has a code number assigned it by the Solano EMS Office. Enter either the actual company name or its EMS code number (See below) with the EMT-Ps auth.#.

Solano County EMS Service Providers Codes	
1.	Benicia Fire Department
3.	Foothill Ambulance Service
4.	MEDIC Ambulance Service
5.	Solano Ambulance Service
6.	Vacaville Fire Department
7.	Mare Island Fire Department
8.	Winters Fire Department
50.	Other (Non-listed ground transport)
90.	CAL-STAR
91.	UCD Life Flight
92.	CHP Helicopter
99.	Other EMS Air Transport Service

14. **Pertinent Medical History and/or Special Scene Circumstances** -refers to the EMT-P's summation of the medical problem, and any other information that pertains to the problem relevant to the immediate management of the case. This section may include such information as: what brought on the symptoms? as well as descriptions of events surrounding the accident, secondary complaints, past medical history which relates to the present illness, major related medical problems, recent use of medications, observations by bystanders, and details of the accident scene such as "bent steering wheel." Physical finding which the EMT-P obtains from observing or examining the patient, belong within the physical findings section, but may be included in this section as a function of transcribing the EMT-Ps initial report. **Medications** refers to any prescription medication taken regularly by patient if reported by the EMT-P. If none, state so. If unknown, or not reported, state so. **Allergies** refers to any substance to which the patient has a known allergy. If none, state so. **Private Medical Doctor** - enter name as appropriate, if provided by the EMT-P.

15. **Initial Vital Signs** - Enter as appropriate BP, Pulse, Resp. Rate, ECG, and other significant physical assessments reported by the EMT-P requesting on-line medical direction from the base hospital. **Level of Consciousness, Lung Sounds, Pupil Response, Skin Color, Skin, Head/Neck, Chest, Abdomen, Pelvis, Extremities, and Back** - Check boxes as appropriate, enter any special clinical finding(s) as appropriate that are provided by the EMT-P requesting the base consult.

1. **Degree of Distress** - Check as appropriate. Enter the MICN/MD's impression of the patient's acuity that is determined after hearing and evaluating the EMT-P's initial presentation to the base hospital.

17. **ALS Treatment Was Initiated Before Base Contact:** - Check this box if the EMT-P elected to provide any ALS care prior to initiation of his/her base consultation.

18. **C-Spine Precautions** - Check this box if the EMT-P reports that cervical spinal immobilization occurred as part of the initial prehospital care. **Oxygen Section** - Enter data as appropriate if oxygen was administered.

19. **Treatment/Orders and Patient's Response Section** - use this space to record your medical orders and patient's response as reported by the EMT-P.

20 **Activation of a Trauma Team** - Check the box and enter the activation time as appropriate.

21. **Destination (Receiving Facility)** - Enter the name of the facility or the appropriate code listed below:

Solano County EMS Receiving Facility Codes	
0.	N/A non-transport case
In County Receiving Facilities	
1.	North Bay Medical Center
2.	Sutter Solano Medical Center
3.	Kaiser Permanente Med Center
4.	VacaValley Hospital
5.	David Grant Medical Center
9.	Other Non-Hospital Receiving Facility
Out of County Receiving Facility	
20.	Napa County Hospital Facility
21.	Queen of the Valley Medical Center
30.	Sacramento County Hospital Facility
31.	UCD Medical Center
40.	Yolo County Hospital Facility
41.	Sutter Davis Medical Center
50.	Contra Costa County Hospital
51.	John Muir Medical Center
90.	Other Bay Area Medical Facility
91.	Santa Clara Valley Medical Center
92.	San Francisco General Hospital
93.	UC San Francisco
94.	Oakland Children's Hospital
95.	R.K. Daves Medical Center
99.	Other

22. **ETA (estimated Time of Arrival)** - as provided by the EMT-P.

23. **CODE-IN** - should be the transport mode reported by the EMT-P.

2.	In Code 2 (stable transport without lights and siren).
3.	In Code 3 (unstable transport requiring lights and siren). EMS Aircraft transports are Code 3 cases.
N/A	Not applicable (for non-transport cases).

24.   **Transport by ALS/BLS** - Identify the transporting ambulance service if it is different from the EMS Service Provider identified in #7 listed above. Skip this element if the same EMS service provider requesting the initial consult is also directly responsible for transporting the patient(s).

25.   **Signature of MICN or MD Performing Base consult** - The MICN/MD signature should be the actual signature of the individual who was directly responsible for the base communications with the EMT-P. The ID number is the individual's Solano County EMS authorization number needs to be included to identify the MICN/MD in the computer system who actually renders the on-line medical consultation services with prehospital personnel.

26.   **Type of EMS Consult** - Enter a code number as appropriate.

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Type of EMS Consult MIS Code Numbers
   1.     ALS call (w/ground transport)
   2.     ALS call (w/air transport)
   3.     BLS call (notification of arrival)
   4.     DOA on scene and/or terminate resuscitation
   5.     DNAR call requiring base consult
   6.     AMA call requiring base consult
   7.     MCI/Medical disaster situation
   8.     Consult confirming EMS transport is not necessary or medically appropriate.
   9.     Other unusual circumstances requiring consult.
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27.   **ALS Protocols Ordered** - (See code list below - enter as appropriate)

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Behavioral Emergencies
B1     Psychiatric Crisis
B2     Child Abuse/Sexual Assault
Cardiac Emergencies
C1     Shock (Non-traumatic)
C2     Shock (Non-trauma & Resp.Dist.)
C3     Cardiac Arrest (V-fib\V-Tach)
C4     Cardiac Arrest (PIVR,EMD,ASY)
C5     Vent Tachy with Pulses
C6     Bradycardia with Pulses
C8     Paroxysmal Supravent Tach
C9     Other Cardiac Dysrhythmia
C10    Chest Pain (Cardiac)
C11    Chest Pain (Non-Cardiac)
C12    Hypertensive Emergencies
Environmental Emergencies
E1     Heat Illness\Hyperthermia
E2     Hypothermia\Frostbite
E3     Envenomation
E4     Burns
E5     Near Drowning\Drowning
HAZ-MAT Emergencies
H1     General Procedures
H2     Irritant Gases (Acids,Ammonia,Chlorine)
H3     Hydrofluoric Acid
H4     Smoke Inhalation\Carbon Monoxide
H5     Arsine\Phospine Gas
H6     Cyanide
H7     Hydrogen Sulfide. Sulfides and Mercaptan)
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Other HAZ-MAT Protocols

H8	Petroleum Distillates and Halogenated Hydrocarbon Solvents
H9	Pesticides (Carbamates and Organophosphates)

Medical/Neurologic Emergencies

M1	Abdominal Pain
M4	Allergic Reaction
M5	Anaphylaxis
M6	Poisons/Overdose
N1	Coma\ALOC
N2	Diabetic Complications
N3	Seizures
N4	CVA/Stroke
N5	Syncope

Obstetric Emergencies

O1	Vaginal Hemorrhage with Shock
O2	Vaginal Hem W/O Shock
O3	Imminent Delivery, N Present
O4	Breech Present/Prolapsed Cord
O5	Pre-Eclampsia\Eclampsia

Pediatric Emergencies

P1	Ped Cardiac Arrest (V-fib/Tach)
P2	Ped Cardiac Arrest (EMD/AS)
P3	Pediatric Hypotension
P4	Neonatal Resuscitation
P5	Pediatric Bradycardia

Respiratory Emergencies

R1	Airway Obstruction
R2	Croup/Epiglottis
R3	Acute Respiratory Distress
R4	Respiratory Arrest
R5	COPD
R6	Asthma\Bronchospasm
R7	Acute Pulmonary Edema
R8	Spontaneous Pneumothorax
R9	Toxic Gas Inhalation

Traumatic Emergencies

T1	Traumatic Shock
T2	Traumatic Cardiac Arrest
T3	Head and Neck Trauma
T4	Chest Trauma
T5	Abdominal Trauma
T6	Extremity Trauma

Special Procedures

S1	Pleural Decompression
S2	High Does Epinephrine
S3	Rectal Diazepam (Valium)
S4	Needle Cricothyrotomy

28. **EMS PCR#** - Enter the unique patient care report form number or Triage Tag Number as appropriate.

29. **EMT-P Clinical Impression** - Enter as appropriate.

30. **Arrival Time** - Enter the time the patient arrived at his/her receiving facility. Enter N/A for non-transport cases.

31. **Emergency Department Diagnosis** - Enter as appropriate. This data element is one that will have to be entered after the patient is discharged from the Emergency Department.

32. **Discharge Time** - Enter the time the patient was discharged from the receiving facility. This data element is one that will have to be entered after the patient is discharged rom the Emergency Department. Enter N/A for non-transport cases.

33. **Emergency Department Disposition** - Enter the ED Disposition code when the patient discharged from the receiving facility. This data element is one that will have to be entered after the patient is discharged from the Emergency Department. Enter N/A for non-transport cases.

Emergency Department Disposition Codes

1. Home (Disch from ED)
2. DOA and Died in ED
3. AMA withdrew from ED
4. N/A direct admit bypass ED

Patient is admitted to the Hospital

10. General Med/Surg Admit
11. ICU
12. CCU
13. Pediatric\Neonatal Unit
14. Operating Room\Surgical Unit
15. Acute Psychiatric Unit
16. Alcohol Detox Unit
17. Drug Detox Unit
18. Obstetric Unit\Birth Center
19. Other special in hospital unit

Transferred from the ED (w/receiving hospital code)

30. Gen Med/Sur Unit
31. ICU
32. CCU
33. Burn Unit
34. PICU/Peds/Neonatal Unit
35. Trauma Unit/Service
36. Acute Spinal Cord Unit
37. Acute Psychiatric Unit
38. Alcohol Detox Unit
39. Drug Detox Unit
40. Obstetric/Peri-Natal Unit
41. Neuro-Surgical ICU
42. Other (Pt., MD. request)
43. Re-implantation Center
99. Other

EMS QA Follow-up Codes - Enter single or multiple codes as appropriate.

	Base Liaison Q.A. Follow-up Codes
1.	Neurosurgical EMG Case
2.	On-Line Request Audit Request
3.	Major Trauma Patient
4.	Cardiac Arrest Pt. surviving initial field resuscitation
5.	Mass Casualty Incident Patient
6.	HAZ-MAT incident with patient injury
7.	EMT-Defibrillation case successfully admitted
8.	Other (Special Base Hospital Study)
9.	Other (Special Base Hospital Study)

Additional Data for Cases Transported to Non-Base Hospitals

35. **Patient Name** - Enter as appropriate for information submitted by the receiving hospital.

36. **Medical Record #** - Enter the unique case number used by the receiving hospital to identify the patient for later retrospective review, if indicated.

37. **Payor Codes** - Enter as appropriate from information submitted by the receiving hospital.

0.	Unknown
1.	Kaiser
2.	Other Com. Insurance (PPO/HMO.etc.)
3.	Medicare
4.	State Medicaid,MEDI-CAL,(include pending MEDI-CAL)
5.	Champus (Other Military Insurance)
6.	Worker Compensation
7.	Public Assistance
8.	Self pay\Uninsured
9.	Other
99.	N\A

38. **Billing Number** - Enter as appropriate from information submitted by the receiving hospital.

Patient Identification Addressograph - Items 35 - 38 are available on the addressograph stamp for cases taken to the base hospital.

Health & Social Services Department

Donald R. Rowe, *Director*

Public Health - Mental Health - Public Guardian
Adult and Child Services - Eligibility & Employment Services
Substance Abuse Services

EMERGENCY MEDICAL SERVICES

POLICY MEMORANDUM #6115   EFFECTIVE DATE: 11/01/92

APPROVED BY: _____

THOMAS L. CHARRON, M.D.,M.P.H., SOLANO COUNTY HEALTH OFFICER, EMS MEDICAL DIRECTOR

REVIEWED BY: _____

STEVEN J. KAMINSKI, M.D.,F.A.C.E.P., ASSISTANT EMS MEDICAL DIRECTOR

SUBJECT: REQUIRED BASE HOSPITAL MEDICAL RECORDS FOR EMS CARE

AUTHORITY: CALIFORNIA CODE OF REGULATIONS, DIVISION 9, ARTICLE 6, SECTION 100167(b)4, 5, 8, 13; 100168(b)2; CALIFORNIA HEALTH & SAFETY CODE, DIVISION 2.5, 1797.220

PURPOSE: To establish the requirements and written instructions for Base Hospital documentation of EMS calls.

I.   BASE HOSPITAL LOG/REPORT OF EMS BASE HOSPITAL CONSULTATION

Base Hospital MICNs and/or MDs directing ALS field care are required to document their medical consults on medical records/forms that are approved in writing by the EMS Medical Director and/or the Solano County Health Officer. At the present time, either the Base Hospital Log and/or the Base Hospital Prehospital Report Forms are approved forms that are to be completed on all calls where an EMS service provider requests a Base Hospital consultation. Calls that should have a Base Hospital Consultation record include:

A.   All emergency calls where ALS care is provided.

B.   All (scheduled and non-scheduled) inter-facility transfers where EMS pre-hospital personnel encounter a problem and/or patient's clinical status deteriorates requiring Base Hospital consultation and/or direction.

C.   All emergency calls where ALS care is provided.

D.   All (scheduled and non-scheduled) inter-facility transfers where EMS pre-hospital personnel encounter a problem and/or patient's clinical status deteriorates requiring Base Hospital consultation and/or direction.

E.   All incidents where there are multiple patients (MCI Incident) and/or a medical disaster. (n this type of an event, standard Base logs and/or Base Report Forms should be substituted with standard medical ICS report/records recommended by the Solano County OES (Office of Emergency Services), BAMMA (Bay Area Medical Mutual Aid Plan), or the Hospital Council.

F.   All cases where an EMS aircraft transports a patient to an appropriate receiving facility as directed by the Base Hospital.

G.   All cases where the ambulance arrived on scene, a patient was assessed but there was a refusal of care and/or transport even when the EMT-P or EMT-A on scene recommends transport to a medical facility.

H.   All cases where a Base consult was necessary to determine the discontinuation of CPR.

I.   All cases where the patient was identified as a DNR candidate and where the DNR form is inappropriate for the field situation encountered.

J.   Any and all cases where EMS pre-hospital personnel require medical consult and/or assistance to appropriately medically manage a field event.

K.   All EMS cases where an EMT-P elected to institute ALS care, even if the Base Hospital did not have any time to provide medical direction or concur with actions the EMT-P took prior to Base consult.

L.   All EMS cases where an EMT-P/EMT contacts the Base Hospital for a determination whether or not ambulance transport is medically appropriate.

II.   EXCEPTIONS TO COMPLETING BASE HOSPITAL LOG/REPORT:

A.   BLS situations when an ambulance transporting a patient is contacting a Base Hospital/receiving facility to notify the medical staff that their arrival is imminent.

B.   Medical consult and/or orders are not indicated or requested by the ambulance unit contacting the Base (BLS Calls).

C.   Notification of patient arrival is the prime reason for using medical communications (non-ALS calls).

D.   All BLS emergency calls where current BLS treatment protocols appropriate to meet the patient's medical needs.

E.   All scheduled transfers where no assessment and/or treatment was provided by the transporting teams (e.g., transfers to/from convalescent facilities, Cardiac Cath Labs, MRI scanners, CT-Scan, specialty physician offices, etc.).

F.   Interfacility transfers where sending hospitals provide nursing and medical staff to monitor and manage the patient during transfer (e.g., NICU transports, EMS aircraft transfers, etc).

III.   APPROVED BASE HOSPITAL LOG/REPORT MEDICAL CARE FORMS

Currently the Solano County EMS system recognizes the following forms as acceptable for documenting EMS medical care provided by certified pre-hospital EMS providers:

A.   The Solano County <u>Base Hospital Communication Logs (Currently being phased out).</u>
B.   The Solano County <u>Base Hospital Prehospital Report Form or other Base Hospital Prehospital Report Form</u> approved by EMS.

IV.   COMPLETION OF THE BASE HOSPITAL LOG/REPORT MEDICAL CARE FORMS

The Base Hospital medical records should be completed concurrently while medical consult is being provided to the patient. Because of the nature of the prehospital environment and the severity of illness/injury of the patient, it may be completed immediately after the patient has been received at a medical facility and no later than prior to ending the Base MICN's shift. The Base Hospital medical records require final outcome data about the patient after being released from the Emergency Department. This information may be added later with clerical assistance and/or entered by the Base MICN responsible for the patient prior to ending the Base MICN's shift. Each Base Hospital shall establish a procedure to insure patient outcome data is included on all cases requiring medical consult.

V.   DISTRIBUTION OF THE BASE HOSPITAL PREHOSPITAL REPORT FORM

A.   Medical Records Copy (1st Layer) – This is the original record and is maintained at the Base Hospital and/or may be forwarded to the receiving hospital. For medical/legal purposes it is considered the master medical record of the incident. It is the responsibility of the Base Hospital to maintain these patient records in accordance with medical liability statutes for medical records that are in effect for hospitals. Receiving facilities may elect not to include Base Hospital medical records within their patient medical records. The Patient Medical Record (PCR) copy left at the receiving facility is the definitive medical record of the prehospital care provided that patient. Any distribution of the Base Hospital Prehospital Report Form should be based on a mutually agreed upon schedule between the Base and the receiving facility. Records of non-transports and/or cases in which the receiving facility elects not to receive may be destroyed by the Base 30 days after the call.

B.   Base Copy (2nd Layer) – This is the copy of the Base Hospital Prehospital Report Form to be retained by the Base Hospital, medically responsible for on-line medical control of the case, for retrospective and medical control review.

VI.   GENERAL GUIDELINES FOR BASE HOSPITAL MEDICAL RECORD DOCUMENTATION

A.   There should never be a conflict between patient care and charting. Patient care always takes precedence, but the paperwork must still be done before the MICN and/or the Base Physician shifts end.

B.   Charts must be legible.

C.   Charting should be completed as soon as possible, no later than close of shift, except for Emergency Department diagnosis and patient outcome data (within the grey area) which should be completed within 24 hours.

D.   Document facts, not conclusions or opinions.

E.   Correct charting errors with a line through the error and a notation with your initials, date and time.

F.   Use military time. It is expected that EMTs and MICNs cannot use precise time intervals for all assessment and treatments. If you have to approximate times when charting, do so with ah "@" symbol before the time (e.g., @15:45).

VIII.   CONTINUATION FORM

Additional narrative information that exceeds the space in the PCR narrative section should be recorded on a Continuation Form provided by the Solano County EMS Office.

IX.   INSTRUCTIONS & CODE SHEETS

Instructions and code sheets to complete the Solano County Patient Care Report Form are enclosed in Policy #6100.

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