



# Health & Social Services Department

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

Public Health Division  
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## EMERGENCY MEDICAL SERVICES

POLICY MEMORANDUM #6100

EFFECTIVE DATE: 8/01/93

APPROVED BY:

A handwritten signature in black ink that reads "Thomas Charron, M.D."

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

REVIEWED BY:

A handwritten signature in black ink that reads "Allen J. Morini, D.O."

ALLEN J. MORINI, D.O., ASSISTANT EMS MEDICAL DIRECTOR

**SUBJECT: INSTRUCTIONS FOR COMPLETION OF PATIENT CARE RECORD (PCR)**

AUTHORITY: CALIFORNIA ADMINISTRATIVE CODE, TITLE 22, DIVISION 9, CHAPTER 2, ARTICLE 6, 100086; CHAPTER 4, ARTICLE 6, 10069.

### PURPOSE/POLICY:

To establish written instructions for completion of the PCR.

# **SOLANO COUNTY EMERGENCY MEDICAL SERVICES AGENCY**

## **Patient Care Report (PCR) Form Instruction Booklet**

Thomas L. Charron, M.D., M.P.H.

Solano County EMS Office  
275 Beck Ave.  
Fairfield, CA 94533  
707-784-8155

August 1, 1993

Version 2.7

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 August 1, 1993. The purpose of the form is to provide a standardized format to document Prehospital care, to provide standardized language for radio communication and to provide an instrument for the gathering of data for evaluation and EMS system productivity. Additionally, this form is to be used on all patient contacts including non-critical, pre-scheduled patient transfers and patient contacts which do not result in transport. (See Solano County Policy #6100). 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 patient encounter. Remember that even the most skilled and conscientious health care professional may have to go to court as a witness or even a defendant. In these circumstances the best protection is a thorough and accurate medical record. Be precise and as detailed as possible. A medical record may become a legal document that reflects upon its author. Any questions about the form or its use may be directed to the Solano County EMS Agency office at (707) 784-8155.

### **PATIENT INFORMATION SECTION**

1. **Patient #** **of** refers to the number of patients at the scene of an incident. If the patient is a single patient at an incident, use: Patient 1 of 1. If there is more than one patient involved, use the appropriate count of patients on scene, e.g., patient 2 of 5, 1 of 3, etc.
2. **Agency** – Enter the name of the ambulance company. Each ambulance company has a code number assigned it by the Solano EMS office. You should enter either the actual company name or its EMS code number.
  1. Benicia Fire Dept.
  3. Foothill Ambulance (Sacramento Life Support)
  4. MEDI Ambulance Service
  5. Solano Ambulance Service
  6. Vacaville Fire Dept.
  7. Mare Island Fire Dept.
  8. Winters Fire Department
  9. Military Ambulance (Mare Island Branch Clinic or Travis AFB)
  20. Other Ground EMS Agency
  90. CALSTAR Air Ambulance\
  91. UCD Life Flight
  92. CHP EMS Aircraft (H-30)
  93. REACH Air Ambulance
  99. Other EMS Aircraft
3. **Unit #** - Enter the Solano Co. Dispatch Unit ID@ assigned to ground ambulance when the unit is permitted and becomes operational in the County. The Unit ID# should be used when coordinating an ambulance response with the County Communication Center and when the CMED becomes operational.
4. **Incident Number** – Centralized Medical Emergency Dispatch # (CMED#) when central dispatch goes on line. Refers to the number assigned by the dispatching agency to the incident which should be provided to the field crew by the dispatcher. At the present time, this number should be the unique incident number assigned by your ambulance company dispatcher.
5. **Date** – is indicated by month, day and year: e.g. 03/23/88.
6. **Time Onset** – refers to the known or estimated time of onset of major symptoms, or the time of the accident or injury. For cardiac arrest cases use this space to indicate the estimated time of onset of collapse. For trauma cases, time of onset will also be used to calculate time interval from incident until the EMS system arrives. This time can be actual or estimated. **Use (@) in front of the time if it**

**is an estimate.** Enter N/A for non-trauma incidents as appropriate (e.g., Chest pain, for 6 days). **This is not the time the ambulance service receives the call or is enroute to a call.**

7. **Duty** – (Data Point used for specific fire services in the County. Leave this box blank or enter N/A if applicable).
8. **849 Codes** (see following page for codes) – Refers to the ICD-9 coding system for coding of generalized Scene Descriptions of where an EMS case was found. The recommended codes for this data field are listed below and are on the attached Data Code Sheet available from the EMS office. Be as specific as possible.
9. **Payor Code** – Enter the insurance and/or expected payor codes of the patient. Enter UNK for unknown and N/A for non-applicable (e.g., dry runs, AMA, etc.) Enter either the actual pay source or the following standardized payor codes.

0	Unknown	7	Public Assistance
1	Kaiser	8	Self pay or uninsured
2	Other commercial insurance	9	Other
3	Medicare	10	Dual (Medi-Cal & Medicare)
4	State Medicaid (Medi-Cal)	20	Solano County Health Care Coalition
5	Champus	99	N/A
6	Workers Comp		

10. **Location** – refers to actual location of incident including either an address, landmark or intersection as well as specific location of victim. Please include city or town, if appropriate (e.g., 510 Main Street, Dixon – in back yard).
11. **Grid** – refers to the section of the County in which the incident is located. The Solano EMS System is currently using Thomas Brothers 1991 Digital Mapping System for grid locations for all requests for EMS Services. Enter the map page and grid coordinates of the location of the call in this box (e.g., Nut Tree Airport 433-F3).
12. **Reporting Party** – is the individual or Public Safety Answering Point (PSAP) that requested the ambulance to respond.

<b>PSAPs requesting EMS Response</b>	<b>Non-PSAPs Requesting EMS Response</b>
0. Unknown	10. Private Request (non 911 request)
1. PSAP Solano SO (911)	11. Hospital Emergency Dept. Emergency Transfer
2. PSAP Benicia (911)	12. ECF/Nursing Facility (non 911 request)
3. California Highway Patrol (911)	13. Industry (non 911 request)
4. PSAP Fairfield (911)	14. TBA
5. PSAP Suisun (911)	15. CMF
6. PSAP Vacaville (911)	20. Kaiser Triage/Advice Staff
7. PSAP Vallejo (911)	21. Referral from another ground/air ambulance
8. Other PSAP (Military, NAPA, etc.).	22. In Hospital Emergency Interfacility Transfer
50. Solano County CMED (when operational)	23. In-Hospital Scheduled Interfacility Transfer
	24. Request from a Military Base for transfer
	99. Other (non 911 request)

13. **Phone # of the Reporting Party** – as indicated (EXCLUDE PSAPs 1-8 & 50)
14. Patient Name – refers to the name of the patient: last, first and middle initial (i.e., Public, John Q.) Enter UNK if appropriate or N/A if the call resulted with a patient found at the scene of the emergency.
15. **Address, City, State, Zip Code and Phone** – Refers to the name of the patient's street and number, city or town, state, home zip code and telephone number. Enter UNK or N/A if appropriate. Home zip code should not be overlooked and is a critical data element to be included in the PCR report.
16. **Responsible Party** – refers to the name of the party responsible for the patient: last and first names and middle initial; i.e., Public, John Q. Enter (S/A) same as above if applicable.

17. **Address, City, State, Zip Code, and Phone** – refers to the name of the responsible party's street & number, city or town, state, home zip code and telephone number. Enter (S/A) same as above if applicable.

## **INITIAL ASSESSMENT SECTION**

### **SCENE DESCRIPTIONS EMS Case (849 Codes)**

0. Unknown

#### **Home**

- 10 Residence
- 11 Apartment
- 12 Boarding House
- 13 Farm House
- 14 House (residential)
- 15 Garage
- 16 PVT Swimming Pool
- 17 Yard of Home
- 19 Trailer Park

#### **Mine & Quarry**

- 20 Mine & Quarry
- 21 Gravel Pit
- 22 Sand Pit
- 23 Tunnel Under Construction

#### **Farm**

- 25 Agricultural Site
- 26 Farm Building
- 27 Land Under Cultivation

#### **Industrial Place & Premises**

- 30 Industrial Place/premises
- 31 Building under Construction
- 32 Factory
- 33 Industrial Yard
- 34 Loading Platform (Factory)
- 35 Plant (industrial)
- 36 Rail Yard
- 37 Shop (Place of Work)
- 38 Warehouse
- 39 Other

#### **Place for Recreation/Sport**

- 40 Place for Recreation/Sport
- 41 Amusement Park
- 42 Baseball/football Field
- 43 Gymnasium
- 44 Playground (including schools)
- 45 Public Park
- 46 Swimming Pool (public)
- 47 Vacation Resort
- 48 Campground
- 49 Other

#### **Street**

- 50 Street and/or Highway
- 51 Freeway/Highway
- 52 City Street
- 53 Rural Road
- 54 Non-Paved Road/Trail
- 55 Other

#### **Public Building**

- 60 Public Building
- 61 Airport
- 62 Café/restaurant
- 63 Church
- 64 Market/Shop
- 65 Office/Office Building
- 66 School
- 67 Hotel/Motel/Inn
- 68 Other

#### **Medical Facility**

- 71 Hospital
- 72 Nursing/Convalescent Home
- 73 Doctor's Office
- 74 Urgent Care Center
- 75 Outpatient Surgery Clinic
- 76 Other Type Clinic
- 79 Other

#### **Residential Institution**

- 80 Residential Institutions
- 81 Children's Home
- 82 Dormitory
- 83 Jail
- 84 Retirement Home
- 85 Prison (CMF)
- 86 Derelict House

#### **Other Specified Places**

- 90 Other Specified Places
- 91 Beach
- 92 Canal
- 93 Lake/reservoir
- 94 Parking lot/place
- 95 River
- 96 Military Base
- 99 Other

18. **Chief Complaint** – refers to the patient's impression of the major symptoms responsible for the ambulance call. This is a record notation of what the patient tells you. A patient with an extremity injury may have a chief compliant of back pain, and if he has not noticed his extremity injury, this injury might not be a part of the chief complaint. Examples of chief complaints include: shortness of breath, pain right leg, headache, chest pain on inspiration, fainting, etc. The following would not be considered typical chief complaints: fractured femur, CVA, deformity of right wrist. If the patient is unconscious, indicate accordingly as the chief complaint for this category.
- Current History** – refers to your summation of the patient's narrative of his/her medical problem, and any other information that pertains to the problem which is not a part of the physical findings. Include here such information as: what brought on the symptoms?; is the pain sharp or dull; does the pain radiate; did the patient get sweaty; as well as descriptions of the events surrounding the accident, secondary complaints, past medical history which relates to the present illness, major unrelated medical problems, recent use of medications, observations by bystanders, and details of the accident scene such as bent steering wheel. **Information which you get by observing or examining the patient does not belong under history; it belongs under physical findings or vital signs/treatment and response sections.**
19. **Prior Illness/Injury** – refers to the history as given by the patient, family or bystanders.  
**Past Medical History** – refers to those conditions for which the patient is already under treatment.
20. **Age** – refers to patient's age in years or months using mos. when months are indicated, e.g., y mos.  
**DOB** – refers to date of birth by month, day and year.  
**Sex** – refers to male or female, using M or F.  
**Weight** – refers to patient's estimated weight, using Kg when indicating kilograms.
21. **Mechanism of Injury Code** (see following page for codes) – Fill in this section only when trauma is involved. This includes falls, burns, electric shocks, etc. The codes will be found on the attached laminated code sheet provided by the EMS agency for each unit. It can be kept on a clipboard used to carry the Prehospital report forms. You may enter a brief statement regarding the mechanism of injury or the injury code attached (see following page). It is possible to have multiple mechanisms of injury for a single patient. Select the most significant as the prime mechanism of injury when such situations occur (e.g., a motor vehicle accident case who received a gunshot that caused the accident). Enter N/A if appropriate. Use UNK if mechanism is Unknown.
22. **Safety Device** – Fill in this section if you can document from history and/or inspection of the scene (e.g., seat belts, motorcycle helmets, protective eye wear for industrial injuries, protective clothing, air bags, etc.).
0. Unknown
  1. None – inappropriate or non-use of safety device (e.g., MVA w/o seatbelt, MCA w/o helmet).
  2. Safety belt harness
  3. Air Bags
  4. Child Safety Seat
  5. Helmet
  6. Padding/Protective clothing
  7. Protective eye wear
  8. Other
  9. Not applicable (no appropriate device available; e.g., fall in bathroom).

**MECHANISM OF INJURY CODES****100 Motor Vehicle Accidents**

- 101 MV vs. Train
- 102 MV vs. MV
- 103 MV vs. MC
- 104 MV vs. Animal Rider
- 105 MV vs. Pedal Cyclist
- 106 MV vs. Pedestrian
- 107 MV vs. Road Object
- 108 MV Occupant Ejection
- 109 NV vs. Other
- 110 MV rollover

**120 Motorcycle Accidents**

- 121 MC vs. MV
- 122 MC vs. Pedestrian
- 123 MC vs. Highway Object
- 124 MC vs. Other
- 125 MC Occupant Ejection

**130 Other Transportation Acc.**

- 131 Water, Craft vs. Craft
- 132 Water, Craft vs. Water Skier
- 133 Water, Craft vs. Swimmer
- 134 Water, Craft Fall/Submersion
- 135 Water, Craft, Noncoll/ Fire/Explosion
- 136 Water, Craft (other)
- 140 Air, Powered Craft
- 142 Air, Unpowered Craft accident
- 143 Air, Parachutist, Accident
- 144 Pedal Cycle Accident
- 145 Ridden Animal Accident
- 146 Train or Rail Accident
- 147 Bus
- 148 Other Powered Vehicle
- 149 Other Vehicle not elsewhere classified

**200 Accidental Fall****220 Injury Caused by fire or flames****240 Accidents by Submersion/ Suffocation/Foreign Bodies**

- 241 Acc Drowning & submersion
- 242 Acc Foreign Body, eye
- 243 Acc Foreign Body, airway

**250 Other Accidents**

- 251 Struck, falling object
- 252 Struck, Object/Person, sports
- 253 Caught between moving/stationary objects
- 254 Machine Injury
- 255 Cut/Pierce, powered lawn mower
- 256 Cut/Pierce, other powered tool
- 257 Cut/Pierce, Knife/Sword/Dagger
- 258 Acc. Cut/Pierce, other object
- 259 Acc. Explosion, Boiler
- 260 Acc. Explosion, Gas Cylinders
- 261 Acc. Explosion, Pressure Vessel, Other Spec.
- 262 Acc, Firearm, Missile, Other
- 263 Acc. Explosion, Fireworks
- 264 Acc. Explosion Blasting Material
- 265 Acc. Explosion, Gases
- 266 Acc. Explosion, Other Material
- 267 Acc. Burn, Hot Liquid/Vapor

268 Acc. Burn, Caustic/Corrosive  
 269 Acc. Burn, Other  
 270 Acc. Elec Current, Other  
 271 Acc. Radiation Injury  
 272 Movement, Overexertion/Strain  
 273 Environmental, other

**300 Suicide/Self-Inflicted Injury**

301 Suicide, Hanging  
 302 Suicide, Firearm  
 303 Suicide, Cut/Pierce Instrument  
 304 Suicide, Jump  
 305 Suicide, other

**320 Injury Inflicted by Other Person**

321 Assault, Unarmed fight/brawl  
 322 Assault, Rape  
 323 Assault, Corrosive/Caustic  
 324 Assault, Firearm  
 325 Assault, Cut/Pierce Instrument  
 326 Struck, Blunt/Thrown Obj  
 327 Criminal Neglect/Child Abuse  
 328 Assault, Other  
 340 Legal Intervention

**999 Other Mechanism of Injury Not Listed**

**N/A Not applicable (no external trauma and/or mechanism of injury – medical emergency.)**

23. **First Responder and Treatment Before Arrival** – refers to any treatment or medication given prior to arrival of responding unit and given by whom, including first responders (e.g., CPR in progress by Acme Fire Department; Nitro 1 TAB P.O. given by husband; extrication by CHP). It is becoming more important to identify the actual organization providing medical care before the arrival of the first responding ambulance unit. Listed below are standardized code numbers of various EMS service providers that should be included in the medical record of EMS care was provided before your arrival. A brief statement that summarizes pre-arrival care is all that is needed. In the near future care provided by many fire first responders shall be included in the records of the other agencies that responded to the call. **First Responder Codes are listed below.**

- |  |                                  |  |
|--|----------------------------------|--|
| 0 Unknown (first responder & level of care are not known)      | 13. Fairfield City Fire Dept     | 31. CHP  |
| 1. Benicia Fire Dept ALS                                       | 14. Suisun City Fire Dept        | 32. Solano S.O.  |
| 3. Foothill Ambulance (Sacramento Life Support)                | 15. Cordelia Volunteer Fire Dept | 40. Industrial Safety or Fixed First Aid Station                       |
| 4. Medic Ambulance   | 16. Dixon City Fire Dept         | 41. Marine World Africa USA  |
| 5. Solano Ambulance  | 17. Winters Fire Dept            | 50. Citizen, General Public and/or Family Member                       |
| 6. Vacaville Fire Dept ALS                                     | 18. Rio Vista Fire Dept.         | 51. Citizen who received pre-arrival instructions from PSAP Dispatcher |
| 8. Other Ground Ambulance Service                              | 19. Vacaville Rural Fire Dist.   | 60. Individual who was injured or ill.                                 |
| 9. Other Air EMS Aircraft Service                              | 20. Mare Island Fire Dept        | 90. Medical staff at a medical facility where patient was found        |
| 10. Fire Dept First Responder (Generic or unable to determine) | 21. Suisun Rural Fire Dept       | 98. Other (NOS)  |
| 11. Vallejo Fire Dept.   | 22. CMF Fire Dept                | 99. Clearly NO first responder was present                             |
| 12. American Canyon Fire Dept                                  | 23. CDF Fire Dept                |  |
|  | 24. EXXON Fire Dept.             |  |
|  | 25. Montezuma Fire Dept.         |  |
|  | 30. Law Enforcement              |  |

24. **Medications** – refers to any prescription medication taken regularly by patient. If none, state so.  
**Allergies** – refers to any substance the patient has as a known allergy. If none, state so.

25. **Hx of Substance Abuse or Hx of ETOH** – If determined to be positive from a secondary assessment, obtained from patient history, or verified from observing the scene, you are required to include a notation of your professional finding if you suspect that there is a history of substance abuse and/or alcohol ingestion associated with the call. This assessment is not a definitive diagnostic assessment nor is it a legal interpretation that the patient is intoxicated. This is your assessment of the clinical

status of the patient and a Prehospital medical finding that can and will have a significant impact on both your Prehospital care and any clinical decision regarding patient refusal of EMS services. Your patient medical record is not a public document and you are required to include all Prehospital assessments and all care on the medical record. The information required from these two data elements are being used to monitor the impact alcohol and substance abuse has upon the EMS system. Refusal to include this information on the medical record is viewed as criminal violation of Section 471.5 (Falsification of medical records). EMT-Ps or EMT-1s refusing or electing not to provide this critical information on their medical records are subject to both formal disciplinary action as allowed by 1798.200 (e) and (g) of the Health and Safety Code and possible referral to the district attorney for criminal prosecution.

26. **Position Found** – Enter a stick figure or a general statement regarding the physical placement of the patient when you first arrive on scene (e.g., standing, sitting or prone).
27. **PMD** – (Private Medical Doctor) enter name as appropriate.
28. **Injury Codes** – Enter the injury codes on the body/baby graphics as appropriate (see PCR).
29. **Explanation of Level of Consciousness (GCS)/Physical Findings** – refers to any additional information to further explain the injury code drawings on the body graphics and Glasgow Coma Score.
30. **Initial Coma Score** – refers to Glasgow Coma Scoring; circle the appropriate box as determined by your assessment.

#### **VITAL SIGNS/TREATMENT AND RESPONSE**

31. **Degree of Severity** – Using definitions listed below, classify your impression of the patient's initial severity upon arrival:
  - **Immediate – requires immediate medical intervention(s)** – Any clinical case where an EMT-P or EMT-1 determines a patient needs immediate medical (Advanced or Basic Life Support) intervention while performing a primary survey (airway obstruction, respiratory distress requiring ventilation, chest pain with significant life threatening arrhythmias, etc.).
    - All cases with significant airway, respiratory and cardiac compromise (assessed during a secondary survey) in which the time needed to obtain a Base consult will result in further clinical compromise and/or biological death.
    - All cases assessed as critically ill or injured (or immediate as defined by S.T.A.R.T. criteria) during MCIs.
    - All cases where resuscitation is initiated immediately and later discontinued (by Base Hospital order or presentation of valid DNAR documentation).
  - **Delayed – may require ALS definitive medical intervention** – but the patient's condition is not expected to clinically change until after Base Hospital consult has occurred or the patient is transported to a receiving facility.  
These patients may have unstable or questionable vital signs but do not present with an obvious degree of distress and/or need for pain relief that would benefit from immediate pre-hospital (ALS) EMS intervention.
  - **Stable (minor or moderate illness/injury)** – requires transport and comfort measures only. These cases are clinically assessed as non-emergent cases requiring EMS assistance but not immediate ALS intervention. There may be a need to initiate ALS care for these cases, but Base consult is indicated because the need is only for patient comfort and relief. There is usually no concern for loss of life or limb associated with EMS care rendered. Immediate ALS intervention is not commonly indicated without Base consultation except for extraordinary circumstances.

- **DOA (non-resuscitation case** – these cases are classified under EMS Policy #6140, Determination of Death.
  - **Unable to Classify** – EMT-P unable to determine condition; **should be an exceptional case.**
32. **Airway, breathing, lung sounds, pupil response, skin color, skin temp, skin moisture, head, neck, ears/nose, thorax, abdomen, pelvis & extremities** – Check boxes as appropriate, write in clinical finding(s) as appropriate.
33. **ET Intubations** – enter data as appropriate if intubation was attempted on this patient.
34. **IV Lines** – enter data as appropriate if IV lines were attempted on this patient. If unable to initiate and/or the Base Hospital requests an IV to be started, but events in the field prohibit the EMT-P from starting the line, place UTE (Unable to Establish) in the volume infused box.
35. **Communications** – Identify the type of equipment used for medical communications with the Base Hospital, as well as the time of Base Hospital contact for ALS calls. BLS calls should also include the time the receiving hospital was notified when appropriate.
36. **Vital Signs/Orders/Treatment/Response Section** – Use this space to record care givers' Solano County Authorization #, time, procedure/medication/pt. response/EKG rhythm strip interpretation, and vital signs. Record all subsequent vital signs or rhythm strips (with times) in this section. Include all other Base orders and patient responses to treatment in this section.
37. **Open Space** – to be used for any additional written comments as appropriate.
38. **Continuation Form** – check this box if a continuation form is utilized for this EMS call.

### **DISPOSITION SECTION**

39. **Clinical Impression** – Enter your over-all clinical impression of the patient's clinical condition. This is a critical data element needed for retrospective medical audit.
40. **Treatment Code(s)** (see following page for codes)– List the ALS or BLS clinical protocols (treatment guidelines) utilized as standards of care this patient received. The codes for these conditions are listed on the laminated sheet provided to each unit (e.g., Bradycardia = C6). See the following page for a listing of ALS treatment protocols used. BLS treatment protocols have the same code except use a lower case letter for the code.
41. **BLS/ALS** – refers to emergency calls with a level of care provided to the patient in accordance with CA Health and Safety Code 1797.52 (ALS) and 1797.60 (BLS). Limited advanced life support is to be considered ALS. (Calls in which EMT-Ps are performing paramedic assessments but providing BLS care are considered BLS calls).
42. **Responding From Station Grid** – check the box when the unit dispatched has departed from its quarters/station and/or a preassigned posting/staging position using the County's ambulance system status management plan. The code numbers of each posting position shall be made available when the CMED is operational. Include the station identification and/or prearranged position identification code in this box.

**ALS TREATMENT PROTOCOLS****Cardiac Emergencies**

- C1 Shock (Non-Traumatic)
- C2 Shock (Non-Trauma & Resp Dist)
- C3 Cardiac Arrest (V-fib/V-tach)
- C4 Cardiac Arrest (PIVR, EMD, Asystole)
- C5 Vent Tachy with Pulses
- C6 Bradycardia with Pulses
- C8 Paroxysmal Supra-vent Tach
- C9 Other Cardiac Dysrhythmia
- C10 Chest Pain (Cardiac)
- C11 Chest Pain (Non-Cardiac)
- C12 Hypertensive Emergency

**Environmental Emergencies**

- E1 Heat Illness/Hyperthermia
- E2 Hypothermia
- E3 Envenomation
- E4 Burns
- E5 Near Drowning/Drowning

**HAZ-MAT Emergencies  
(See Special H Codes)**

- H1 General Procedures
- H2 Irritant Gases
- H3 Hydrofluoric Acid
- H4 Smoke Inhalation/Carbon Monoxide
- H5 Arsine/Phosgene Gas
- H6 Cyanide
- H7 Hydrogen Sulfides & Mercaptans
- H8 Petroleum Distillates
- H9 Pesticides

**Medical/Neurological Emergencies**

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

**Respiratory Emergencies**

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

**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

**Trauma 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 Plueral Decompression
- S2 High Dose Epinephrine
- S3 Rectal Diazepam (Valium)
- S4 Needle Cricothyrotomy
- S5 Adenosine (TBA)
- S6 Interosseous Line (TBA)

**Behavioral Emergencies**

- B1 Psychiatric Crisis
- B2 Child Abuse/Sexual Assault

43. **Dispatch Priority** – Policy 5520 requires dispatchers of EMS units to assign a call priority classification number for each emergency call. This priority number should be given when the call is dispatched. Ambulance units enroute to a call by not on-scene may be redirected to a higher priority if clinically appropriate or directed by the CMED. Enclosed is a listing of the standard dispatch priority numbers:

Priority Level	EMD assessment of patient severity	Recommended Code Out
Priority 1	A presumed life threatening emergency from call prioritization	Code 3
Priority 2	An emergency requiring immediate response but assessed not to be life threatening	Code 3
Priority 3	An EMS call for a presumed non-life threatening, but emergency condition	Code 2
Priority 4	An EMS call for a presumed life threatening emergency at a medical facility	Code 3
Priority 5	An EMS call, non-emergency and non-scheduled	Code 2
Priority 6	Scheduled EMS transport	Code 2
Priority 7	Special scheduled event standby	Code 2
Priority 8	Special ambulance transport with medical team being transported	Code 2 or 3

44. **Code Out** – refers to code enroute to scene, **Code In** – refers to code enroute to final destination. Check the appropriate boxes. Code 1 is used for pre-scheduled transfers. For calls that are upgraded from Code 2 to Code 3, check both the Code 2 and Code 3 boxes. For calls that are downgraded from Code 3 to Code 2, do likewise.
- Code 1 Pre-scheduled Interfacility transfer
  - Code 2 Response immediately but without lights and/or siren; these calls include non-scheduled transfers
  - Code 3 Immediate response with lights and siren
45. **MICN/MD** – as indicated.  
**BASE** – as indicated (NBMC, SSMC, METH, SDH) Enter N/A if appropriate.
46. **Receiving Facility** – as indicated. Enter N/A if appropriate.  
**Received By** – name or identification of the individual who received the patient from the EMS team.
47. **Received** – refers to time call is received by ambulance service (i.e., dispatch time)  
**Enroute** – refers to the time field actually rolls the unit (wheels of the ambulance are moving).  
**On Scene** – refers to the time field unit stops at the scene (wheels of the ambulance stop).  
**Depart Scene** – refers to time field unit leaves the scene of the incident.  
**At Hospital** – refers to time field unit stops at final destination with patient transported. (NOTE that if the call resulted in a dry run or EMS care was handed off to another transporting unit, e.g., ground or air ambulance, enter the time your patient care responsibility ended on this line).  
**Leave Hospital** – as indicated.  
**Available** – refers to the time when the field crew is available to take a new call.
48. **Final Disposition Code** – Enter code as appropriate for the final disposition of the call.

0 **Unknown**

#### **EMS Unit Transport Codes**

1. Transport by Unit to Emergency Dept.
2. Transport by Unit to Emergency Dept. (Diversion)
3. Transport by Unit to Hospital (non-ed)
4. Transport by Unit to Non-Hospital Medical Facility
5. Transport to a Nursing Home/ECF etc.
6. Transport by Unit to Other Location (e.g., residence)
7. Transport to Rendezvous Point for Air Ambulance Transport
8. Transport to Rendezvous Point for Ground Ambulance Transport
9. DNR patient transport w/o resuscitation

#### **Patient Transport via Other Mechanism**

10. Patient Transported by EMS another unit (ground)
11. Patient transported by EMS another unit (air)
12. Patient transported via law enforcement
13. Patient transported via non-EMS system (family, friend, etc.).

#### **No Transport/Call Terminated**

20. Treatment/transport refused
21. Aid not necessary
22. Dead on Scene (DOA)
23. DNR case no transport
24. Dispatch terminated call
25. Standby (no patient)
26. Left at scene
27. Other
28. Special Case – Field resuscitation terminated by base hospital order (patient not transported)
29. Special Case – Field resuscitation terminated by base hospital after patient was enroute to a hospital.
98. N/A
99. Not Recorded

49. **Destination Decision Code** – Enter code as appropriate.

- 0 Unknown
1. Nearest Receiving Facility
2. Patient/Family Request
3. PMD Request.
4. Triage to Regional Center (Major Trauma, Burns, Spinal Injury, etc).
5. No Preference (Kaiser/Sutter-Solano Rotation)
6. Bypass/ED Closure
7. Base Hospital Directive
8. Other
9. N/A

50. **Special/Unusual Scene Conditions** – Check any and all of the appropriate boxes relating to the circumstances at the scene. Any refusal of care by patient must be documented and explained on this form. Transfer refers to prearranged or emergency Interfacility transfers where a patient is transported to a facility with a higher level of care. If the case is a transfer check either the ALS or BLS box and identify the level of care provided. Transports from doctor's offices or nursing homes to emergency departments when a transfer form (and transfer orders) are not used, are to be considered emergency calls rather than transfers. (Special codes will be provided by the EMS Agency).

10. ALS prior to Base Hospital Contact
11. Radio Communication Failure with On-Line Medical Control
12. Obesity requiring delay before initiating transport or patient movement
13. Language problem (delay on scene because cannot interpret)
14. Cognitive deficit (delay on scene because cannot effectively assess patient's medical needs).
15. Domestic violence case requiring EMS response.
16. Gang violence case requiring EMS response.
17. Pregnant patient needing EMS services
18. Continuation form
19. HAZ-MAT Incident
20. Unsafe Scene requiring delay before accessing the patient
21. Extrication was required delaying on-scene time
22. Donor card search
23. Donor card found
40. MD was present and on scene with patient
41. Special QI monitoring codes for Special Studies @ individual EMS services
42. **EMT-P administration of Morphine.**
59. End of Special QI Monitoring codes for special studies of EMS services.
60. An alternate Base Hospital was used.
61. EMS aircraft was used
62. **Major Trauma patient**
63. Interfacility Transfer
70. MCI or Medical Disaster Incident
80. DNAR (Do Not Resuscitate)
90. 5150 Call
91. Special QA Monitoring Codes for EMS Agency and/or Base Hospital studies.
99. End of Special QA Monitoring Codes for EMS Agency and/or base Hospital special study.

- **SPECIAL NOTE:** The new PCR has a new check box for the EMT-P to identify trauma patients who the EMT-P evaluates may need the immediate services of a trauma center. The Solano County EMS System is currently in a planning phase attempting to develop a formal trauma system. Patients that EMT-Ps and EMT-1s assess as a major trauma patient needing specialized trauma services are currently being monitored by the Physician Forum to help plan and develop formal trauma triage criteria for the proposed trauma system. At that time, patients who meet Solano county Trauma Triage Criteria should have the box checked.

51. Change in Patient Condition Upon Hospital Arrival – Check the one most appropriate box. Use the "field save" box only for Prehospital cardiac or respiratory arrest which is successfully resuscitated to a perfusing rhythm with reasonable oxygenation. Definitions for each of the following classifications are listed below:

- **Field Save** – should be limited to cases assessed as immediate on the initial evaluation of a patient and the patient should be in a physiological state that clinical death is expected if EMS intervention could not be provided. The patient must have a pre-existing problem such as an airway obstruction, ventilation failure and/or cardiovascular insufficiency that is incompatible with life. The EMS intervention of these cases must result with the patient no longer at risk of clinical death and the patient's airway, ventilation and cardiovascular function(s) have successfully returned with the need for minimal secondary support from the EMTs caring for the patient. Examples of such cases include:
    - Successful removal of a foreign body from an obstructed airway;
    - Successful restoration of ventilation ability for an apneic patient
    - Successful defibrillation resulting with a functional cardiovascular output.
  - **Improved** – Should be limited to cases where patient's physiological and clinical condition has improved as a result of EMS intervention. The improvement should be measurable or shown to have a cause-effect relationship that can be easily determined by reviewing the PCR. For example:
    - A positive change in GCS or neurological function after initiation of treatment (e.g., Narcana, D<sub>50</sub>)
    - A positive change in vital signs after the initiation of treatment (respirations, pulse and/or GCS).
    - A noticeable reduction in patient psychological distress/pain as noted on the PCR response area;
    - A positive change in cardiac rhythm (either elimination of ventricular ectopy and/or improvement in cardiac rhythm).
  - **No change** – self explanatory.
  - **Worsen** – Should be limited to cases where patient's physiological and clinical condition has deteriorated even with aggressive EMS intervention. The negative change should be measurable and easily determined by reviewing the PCR. For example:
    - A negative change in GCS or neurological function as a function of time.
    - A negative change in vital signs after initiation of treatment (respirations, pulse, and/or blood pressure, GCS).
    - A negative change in dysrhythmia (either increased ventricular ectopy and/or increased cardiac dysrhythmia).
  - **Unable to Determine** – Self explanatory.
52. **ID Letter, ID#** - The primary technician authorization # should be the actual ID# of the individual who was directly responsible for the level of care the patient received. **Field Preceptors sign as primary EMT because they are responsible for the level of care rendered by students and interns. Interns and students providing care should sign as the secondary or third technician as appropriate utilizing their individual authorization #'s. Any EMT-P who assists by providing definitive ALS care must also review and initial his/her authorization # on the PCR prior to submission to the receiving physician.**
53. **Patient Identification Addressograph** – this area is for the receiving facility to run the PCR over an addressograph plate for record identification.

**BASE HOSPITAL COPY ONLY** – The third layer of the patient care report form has a quality improvement monitoring component that is to be completed and submitted to the base hospital when clinically appropriate. Cases which require the initiation of advanced life support care without base consult and cases that resulted in field intubation are being closely monitored by the EMS system. This section of the PCR is not part of the patient's medical record and is limited to only one copy for Base hospital retrospective medical review. This section should not be photocopied, reproduced or distributed beyond the Base Hospital which is responsible for retrospective medical review of the ALS call. See the following page for an example of the Base Hospital PCR copy.

54. **ALS Prior to Base Contact** – refers to the information required to justify an ALS procedure prior to medical direction from the Base Hospital (Section 100144(e) CAC, written documentation shall be filed within 24 hours. List protocols by codes provided under section #37 of the PCR instructions. List all drugs, procedures and treatments performed before Base Contact.
55. **Retrospective Base Hosp Eval of ALS Prior to Base Contact** – to be filled out by Base Liaison after ALS call has been audited.
56. **Intubation Attempt Report** – this information to be filled out on all intubation attempts. Fill in and check all that apply.
57. **Verification of Intubation** – this information to be filled out by MD receiving the intubated patient.

### **OTHER PCR INFORMATION NOT SHOWN**

#### **(58) RELEASE OF MEDICAL RESPONSIBILITY**

I THE UNDERSIGNED DO HEREBY KNOWLINGLY AND WILLINGLY REFUSE;

- BASIC LIFE SUPPORT TREATMENT
- ADVANCED LIFE SUPPORT PROCEDURES
- TRANSPORT TO ANY MEDICAL FACILITY

HAVING BEEN ADVISED THAT THE ABOVE TREATMENT/TRANSPORT IS MEDICALLY NECESSARY AND MY REFUSAL MAY RESULT IN INJURY OR DEATH, NEVERTHELESS, I DO ABSOLVE SOLANO COUNTY E.M.S. SYSTEM \_\_\_\_\_ AMBULANCE SERVICE/FIRE DEPT. AND \_\_\_\_\_ BASE HOSPITAL PHYSICIAN/MICN OF ANY FURTHER RESPONSIBILITY.

SIGNATURE \_\_\_\_\_  
WITNESS: \_\_\_\_\_

REFUSED TO SIGN \_\_\_\_\_ DATE \_\_\_\_\_  
WITNESS: \_\_\_\_\_

NO COPY

#### **(59) PHYSICIAN ON SCENE**

After identifying yourself by name as a physician licensed in the State of California, and if requested, showing proof of identity, you may choose to do one of the following:

1. Offer your assistance with another pair of eyes, hands, or suggestions, but let the life support team remain under base hospital control; or,
2. Request to talk to the base station physician and directly offer your medical advice and assistance; or
3. Take total responsibility for the care given by the life support team and physically accompany the patient until the patient arrives at a hospital and responsibility is assumed by the receiving physician. In addition, you must sign for all instructions given in accordance with local policy and procedure (whenever possible, remain in contact with the Base Station Physician).

I, \_\_\_\_\_, A LICENSED CALIFORNIA PHYSICIAN \_\_\_\_\_ I HEREBY ACCEPT COMPLETE RESPONSIBILITY FOR

PATIENT: \_\_\_\_\_  
FROM: \_\_\_\_\_ AMBULANCE SERVICE, FIRE DEPT AND \_\_\_\_\_ BASE HOSPITAL PHYSICIAN, MICN, ASSUME FULL RESPONSIBILITY INCLUDING PHYSICALLY ACCOMPANYING THE PATIENT DURING TRANSPORT AND SIGNING FOR ALL TREATMENT ORDERED GIVEN BY ME.

SIGNATURE: \_\_\_\_\_  
1 COPY BASE

58. **Release of Medical Responsibility** – refers to that section found on the back of the original (provider) copy where AMA (against medical advice) documentation takes place. Please refer to Solano County EMS Policy #6120 for further instructions.
59. **Physician on Scene** – refers to that section found on the back of the original (provider) copy where information is documented by the Physician who participates in the patient care within the Prehospital setting.

**Solano County Patient Care Report (Base Hospital Q1)**  
**EMT-P Advanced Life Support Report Forms**

**(54)**

Advanced Life Support prior to Base Hospital Consult Report Forms (EMT-P Scope of Practice 100144(d) &amp; (d))

ALS Protocol Initiated Prior to Base Consult

Specific Advanced Life Support Treatments  
Rendered Prior to Base Consult

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Reasons for initiation of ALS treatment prior to a Base Hospital Consult (check all that apply)

- Patient's clinical status demanded immediate intervention prior to voice contact with a Base Hospital.  
 Field communication equipment was not available at the patient's side.  
 No immediate response from the Base.  
 Patient's physical environment was not suitable for radio and/or landline medical communications.  
 EMS communications equipment malfunction.  
 Radio frequency interference  
 Radio over-ride by another unit.  
 Concurrent MCI and/or medical disaster communication needs to precedence over this case.  
 Other (Please attach additional sheets as necessary):
- 

Change in patient clinical status after Advanced Life Support initiated (check one):

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Field Save | <input type="checkbox"/> No measurable change/unchanged |
| <input type="checkbox"/> Improved   | <input type="checkbox"/> Deteriorated                   |

Submitted by \_\_\_\_\_ Auth # \_\_\_\_\_ Date: \_\_\_\_\_

**(55)**

Retrospective Base Hospital Evaluation – ALS Care administered by the EMT-P prior to Base Contact was:

- Acceptable, medically appropriate and positively impacted patient's clinical condition.  
 Acceptable but EMT-P care contributed little or nothing to the patient's clinical situation;  
 Not Acceptable (the independent decision of the EMT-P to implement ALS care prior to Base Consult had a negative impact upon the patient's overall medical condition. Care requires base liaison intervention/counseling).

Auditor \_\_\_\_\_

(56) Intubation Attempt Report: this section must be completed on all intubation attempts

Authorization # of EMT-P(s) attempting intubation \_\_\_\_\_ Endotracheal Tube Size \_\_\_\_\_ # of attempts \_\_\_\_\_  
 Endotracheal intubation was successful?  Yes  No If YES, was an End-Tidal CO<sub>2</sub> Monitor used?  Yes  No.

Base Station Contact associated with the intubation

- Prior to first attempt  
 After first attempt  
 No contact with Base

Indication for Endotracheal Intubation

- |   |   |
|---|---|
| <input type="checkbox"/> Cardiac arrest       | <input type="checkbox"/> Traumatic arrest |
| <input type="checkbox"/> Respiratory arrest   | <input type="checkbox"/> Drowning         |
| <input type="checkbox"/> Respiratory distress | <input type="checkbox"/> Other _____      |

**(57) Verification of Intubation: Receiving Physician ONLY**Tube was correctly placed?  YES  NO    Tube was appropriately anchored?  YES  NO    Tube size was appropriate?  YES  NO.

Method of verification: \_\_\_\_\_

Complications (if any): \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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Receiving Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_