

PATIENT CARE RECORD (PCR)

Purpose

To establish requirements for the timely completion and submission of EMS Patient Care Records.

Definitions

- **Patient** - Shall mean any person encountered by EMS Personnel who meets any of the following criteria:
 - Called 911 for assistance related to an illness or injury
 - Has a complaint indicating the need for a medical assessment and/or medical care
 - Manifests any evidence of illness or injury
 - Has been involved in an event where the mechanism of injury would cause the responder to reasonably believe that an injury may be present
 - Is suicidal
 - Exhibits signs of impaired capacity or lacks the capacity to understand the urgent nature or potential consequences of their medical condition
 - Is deceased
- **Emergency Medical (EM) Number** - A unique number assigned by the Emergency Communication Center (ECC) to identify each 911 call dispatched for medical assistance.
- **Encounter** - To come upon face-to-face.
- **Incident Number** - The unique number assigned to all requests requiring a fire department response. Commonly referred to as the "F" number.
- **Electronic Patient Care Record (ePCR)** - the permanent record of prehospital patient evaluation and the delivery of care.
- **Posting of the PCR** - the process of uploading the ePCR to the cloud 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. It shall be completed and posted as soon as possible and no later than 3 hours after completion of the call for all specialty notification patients (e.g. sepsis, stroke, STEMI, trauma) or critical patients (e.g. cardiac arrest and/or airway emergency), otherwise, it shall be completed and posted no later than 24 hours following completion of the call (regardless of disposition).

EMS personnel shall not leave shift with missing or incomplete PCRs outstanding. All transport crew members are responsible for the accuracy of the content of the PCR AND must sign each completed 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.

Documentation Requirements

- A. Only approved medical abbreviations may be used for PCR documentation (see Policy 7006B).
- B. The CAD to PCR interface should be used to populate all CAD data fields as appropriate. Imported data may be manually corrected as needed.
- C. When a cardiac monitor is applied, data shall be transferred to the PCR from the device.

- D. Personnel assigned outside of the county to provide medical mutual aid (e.g. fire-line EMT/Paramedic, cover engine assignment), shall complete a PCR for each patient contact.
- E. 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, including all procedures performed and medications administered using the most appropriate sections of the ePCR and NOT just in the narrative. When possible, it shall include all standard ECGs and 12-lead ECGs obtained. When possible, pertinent photographs from the scene should be attached to the ePCR (e.g. vehicle damage, eBike).
- F. Data gathering and documentation responsibilities should never take precedence over hands-on rescue and patient care. 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.
- G. 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 EMS Policy.
- H. Color of length-based tape tool for all pediatric patients.
- I. 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 for whom blood pressure measurement may guide treatment decisions.
- J. Level of pain shall be recorded for all patients capable of providing it.
- K. All pertinent medications are taken by the patient prior to the arrival of EMS and/or administered by a first responder or bystander. Medications shall be documented in the appropriate fields and NOT only in the narrative.
- L. All cardiac monitor data. (imported from monitor)
- M. Neuromuscular status must be noted before and after immobilization for patients with extremity injury.
- N. Motor function before and after motion restriction if applicable.
- O. For all calls with a patient, the PCR shall contain the following minimum data elements:
 - Date and estimated time of event
 - Location of incident
 - Patient name
 - Patient address
 - Patient phone number
 - Patient gender
 - Date of birth
 - Race/Ethnicity
 - Patient weight (if applicable to treatment)
 - Chief complaint
 - Primary impression
 - Patient disposition
 - Contact information of the best medical historian
 - Name and contact info for medical decision maker (when not the patient)
 - Pertinent findings obtained by examination/assessment
 - Last known well (if applicable)

- Complete set of vital signs
 - Patient medical history
 - Patient medications
 - Patient pertinent allergies
 - Presence of advanced directive/DNR/POLST
 - Medications administered and patient response
 - Procedures performed and patient response
 - Hospital name (if transported)
 - Hospital contact (type and time)
 - Names and IDs of EMS crew
 - Signatures of EMS crew
 - The following times:
 - Dispatch
 - Arrival at scene
 - Patient contact
 - Depart scene
 - At hospital (if transported)
 - Transfer of care
- P. For all canceled calls or calls where there is no patient, the crew shall complete the minimum data fields identified as mandatory in the PCR.