CP 9.3 PCR Documentation

Title:	Patient Care Report (PCR) Documentation
Effective Date:	April 1, 2015
Authorized By:	Keith Wesley, MD Medical Director
Standard:	Patient Care and Transport
Policy:	All patient contacts with HealthEast Medical Transportation shall have their contact documented in an approved format.

I. Purpose

To provide guidelines for the creation of a Patient Care Report (PCR) that is clear, complete, correct, consistent, and concise and to ensure that the PCR is written with clinical, operational, compliance, financial and research audiences in mind.

II. Definitions

A. PCR: Patient Care Report

B. ePCR: Electronic Patient Care Report

III. Procedure

A. PCR Minimum Documentation Standards

1. The narrative must be divided into the following sections:
    - Introduction
    - History of Present Illness/Injury
    - Pertinent Negatives
    - Physical Exam
    - Treatment/Changes/Outcomes
    - Other/Miscellaneous
2. Each section above must be separated into paragraphs to ensure ease of reading by hospital staff and HealthEast employees
3. The following is the preferred content of each section:
    - Introduction
        - Dispatch information including emergent or non-emergent status.
        - The type of patient and how you found the patient.
        - Primary problem that the patient presents with and their mental status.
    - History of Present Illness/Injury
        - Describe what specifically happened that led to the call.
        - Relevant OPQRST and SAMPLE history.

- Mechanism of injury. Details of the incident.
- Include any information that was obtained through questioning.

- Pertinent Negatives
  - Include any signs or symptoms that are not present that may be important considering the patient's complaint or mechanism of injury.
- Physical Exam
  - For potential multiple trauma patients
    - Full head-to-toe assessment
  - For simple trauma patients
    - Focused assessment
  - For complex medical patients
    - Full head-to-toe assessment
  - For simple medical patients
    - Focused assessment
- Treatment/Changes/Outcomes
  - Chronological list of assessments and treatments performed.
    - May reference interventions listed in ePCR
  - State any changes in condition that occurred.
    - Vital sign changes that are pertinent to the patient's condition.
    - Document the time and pain scale number before and after any treatment when the patient is in pain.
    - Document any changes in the patient's condition, either subjective or objective.

4. For parties refusing EMS services after arrival to scene the following applies;
   - A list of individual(s) refusing service will be placed into the narrative providing the first and last initial of their name along with their approximate age and sex.
   - A statement to the effect that individual(s) refused EMS service.
   - Called is marked "Cancelled – Refused Services"
5. As it relates specifically to "Lift Assist" patients the narrative must include the following;
   - Reason for call
   - Sufficient assessment for the presence of injury or illness that should be treated
   - A minimum of one set of vital signs
   - Documentation of the patient's ability to safely transfer at their baseline
   - Provider Impression must read "Lift Assist Only"
   - This does NOT apply to "crew assists" where a second crew is called to assist in the lifting and transport of a patient. In those cases the run should be marked "Cancelled – Crew Assist"

6. In the event that ALS responds to a Charlie, Delta, Echo response and following assessment it is determined that the patient may be safely transported by separate BLS unit (including SMFD) the following are required;
   - A PCR documenting the encounter will be completed by the ALS provider per Clinical Policy 9.3.
   - The outcome will be listed as "Treated – Transferred Care"
   - The Narrative must include a statement to the effect "ALS assessment performed and patient determined to be appropriate for BLS transport"
   - The PCR completed by the BLS provider will contain in the Narrative a similar statement indicating the performance of an ALS assessment by the ALS crew.
   - In the event that a Medic/EMT crew determines that the patient may be cared for by the EMT the EMT may complete the PCR but must include documentation of the ALS assessment.
   - If a Supervisor arrives and assesses the patient to be BLS they will complete a PCR documenting their ALS assessment and mark the outcome as "Treated – Transferred Care"
7. In the event HEMT arrives on scene and any individual refuses to be assessed the run will be marked as "Cancelled – Refused Service" and the following will be documented in the Narrative
   - A list of individual(s) refusing service will be placed into the narrative providing the first and last initial of their name along with their approximate age and sex.
   - A statement to the effect that individual(s) refused EMS service
   - For example, "R.L. 28 y/o F refuses assessment" "Arrived to find two drivers at MVC. P.K. 48 y/o M, J.M. 65 y/o F, both refuse assessment."
   - Any person agreeing to an assessment becomes a patient and will obtain full documentation of the encounter.
8. Other/Miscellaneous
   - Document transfer of care at destination.
   - Document transfer of patient belongings.
   - Document any other pertinent information.

B. <u>PCR Vital Signs Minimum Documentation</u>

1. A complete set of vital signs includes:
   - Pulse rate
   - Monitor rate (if different from pulse rate)
   - Systolic and diastolic blood pressure (palpated systolic pressure is acceptable in stable patients)
   - Respiratory Rate
   - Pain scale
2. Based on patient condition and complaint, vital signs should also include
   - Pulse oximetry –
     - Required for altered LOC, cardiorespiratory complaint
     - Use ear probe for hypotensive patients, those with poor perfusion, and during DFAM procedure

- $ETCO_2$ –
    - Required for altered LOC, cardiorespiratory complaint
- Temperature –
    - Suspicion of hypo or hyperthermia
    - Suspicion of sepsis
    - Cardiac arrest ROSC prior to and after instituting therapeutic hypothermia

3. Document situations that preclude the evaluation of a complete set of vital signs.
4. Accurately record the time vital signs were obtained.
5. A minimum of two complete sets of vital signs (initial and final) are required on all transports.
6. A set of vital signs must be completed before and after each drug administration.
7. Unstable patients should have vital sign repeated every five minutes.
8. Pediatric patients under the age of 3 do not require a blood pressure.

General PCR Requirements

1. Use only approved medical and operational abbreviations. Refer to reference section of Patient Care Guidelines for a list of approved abbreviations.
2. Adhere to all close call rules.
3. Upload information from cardiac monitor to the PCR.
    a. If clinician is unable to upload from cardiac monitor:
        i. Document reason for not uploading.
        ii. Print a code summary. Write patient's name and run number on the summary. Submit the code summary with other paperwork.
        iii. Complete a "Tablet Incident" form on 9th Brain.
4. Document all orders from Medical Control in the narrative. Document physician's name in the Medical Control intervention..
5. Complete PCRs as soon as practical. Clinicians must complete PCRs by the end of the shift and within 4 hours of the end of each call.. Contact a Supervisor if unable to meet this requirement.
6. Document all treatment that has an associated Intervention.in the Treatment Section of the ePCR. All pertinent elements of the Interventions must be completed.

IV. SPECIAL NOTES

A. Complete all required Interventions and documentation required by each Patient Care Guideline and Policy.

B. For Interfacility Transports

1. Author separate PCRs for wait and return calls. Document completely on both PCRs.
2. Document the reason for Hospital to Hospital transfer in the narrative. State what capabilities the destination hospital has that the original hospital does not. State whether or not the hospital is the closest appropriate hospital.
3. All MedKab 400 (wheel chair) calls handled by the ALS or BLS divisions require the completion of a fully documented PCR in the same manner as any other patient transport.

Previous versions: 2016.1