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MAC

MEDICAL ADVISORY COMMITTEE

Tuesday January 9, 2007 at **1400 hrs.**

Conference Room, 1350 Arnold Drive, Martinez

AGENDA

1. Introductions	
2. 12-lead program – discussion	10 minutes
3. 2007 Changes	40 minutes
a. Schedule of process steps	
b. EMS-proposed items	
1) EZ-IO	
2) CPAP	
3) Endotracheal tube introducer (Bougie)	
4) Intubation procedure	
5) Combitube replacement	
6) Amiodarone for v. fib and v. tach	
7) Other treatment guideline review (OB, Peds, Respiratory)	
4. PCR Policy	10 minutes
5. Dow Chemical - Cyanide and hydrogen fluoride training/treatment	10 minutes
6. ED Diversion	10 minutes
7. Trauma transports (feedback on ED discharges)	10 minutes
8. Other	

CONTRA COSTA
HEALTH SERVICES

SUBJECT: PREHOSPITAL PATIENT CARE RECORD (PCR)

APPROVED BY:

Art Lathrop, EMS Director | Joseph A. Barger, MD, EMS Medical Director

I. PURPOSE

The purpose of this policy is to define requirements for completion and distribution of patient care records by EMS prehospital care providers.

II. POLICY

In accordance with California Health and Safety Code, and California Code of Regulations, a patient care record (PCR) shall be completed on every EMS response, including responses in which the unit is cancelled en route. Required elements for completion vary based on the characteristics of the call.

A. Basic Data Elements Required

1. Date and estimated time of incident
2. Time of receipt of call (available through dispatch records)
3. Time of dispatch to scene
4. Time of arrival at scene
5. Location of incident
6. Patient Information (if available)
   - a. Name
   - b. Age
   - c. Gender
   - d. Weight, if necessary for treatment
   - e. Address
   - f. Chief complaint
   - g. Vital signs
7. Appropriate physical assessment
8. Emergency care rendered and response to treatment
9. Patient disposition
10. Time of departure from scene
11. Time of arrival at receiving facility (if transported)
12. Name of receiving facility (if transported)
13. Name and unique identifier number (s) of paramedic(s)
14. Signature(s) of paramedic(s)

Note: More detailed data requirements are delineated in contracts between the EMS Agency and provider agencies.

B. Documentation Requirements for Calls Without Transport

1. ***Cancellation of call or no patient found on scene*** – PCR must include basic data elements that are applicable and available.

2. ***If person did not request evaluation, does not exhibit signs or symptoms of injury or illness (physical or mental), and was not involved in an event with mechanism that potentially could cause an injuryor illness*** – PCR must include a statement that affirms these circumstances as well as applicable basic data elements that are available, including the person's name.

3. ***If patient declines transport (and does not meet definition of II.B.2)*** – PCR must include:
   - History and physical examination findings to the extent available;
   - Statement that the patient was alert and oriented to person, place, time and situation;
   - Statement that the patient appeared competent to decline care and did not show evidence of significant impairment due to drugs, alcohol, organic (medical) causes, or mental illness;
   - Statement that the patient was provided information about the nature of the medical condition, and planned treatment/transportation that was offered;
   - Statement that the patient was provided specific risks and consequences of refusing care **and** that s/he acknowledged or verbalized understanding of those risks and consequences;
   - Specific comments the patient made concerning refusal of care (use quote marks as appropriate);
   - Whether base contact was made and the name of the base physician involved;
   - Advisory to the patient to call 911 or seek further medical care if s/he should change their mind;
   - Disposition—whether the patient was released in care of self, in custody of law enforcement, in care or custody of parent or guardian, or other person;
   - Signature of the patient, parent, or legal representative, or documentation of refusal to sign;
   - Name and signature of witness if available;
   - Name of interpreter if used;
   - Any other statements that are felt appropriate to document the situation or event.

C. Other Documentation Issues

Non-transport first responders that are enhanced EMT-I providers or paramedic are responsible for completion of a PCR to the extent of assessment or treatment administered. In instances in which transport providers arrive prior to or concurrent with first responders and no assessment or treatment is provided by first responders, documentation should include appropriate basic response information (items II.A.1-5).

In a situation in which a first responder agency has patient contact, the call results in no transport, and the transport agency has no patient contact, the first responder agency personnel are responsible for completion of appropriate documentation. (items II~~I~~.B.3).

If patient care has been transferred and a patient subsequently declines further treatment or transport, the transport crew is responsible for appropriate documentation. (items II~~I~~.B.3)

D. Distribution of Patient Care Records

1. Transport personnel shall make every attempt to leave a completed PCR at the destination hospital before departing the hospital. If not immediately available, a completed PCR shall be delivered (via fax or hard copy) as soon as possible, and no later than 24 hours after the patient's arrival.
   If PCR cannot be completed initially, a draft PCR, if available, should be left at the destination hospital.

2. First responder personnel shall forward a completed PCR to the destination hospital as soon as possible and no later than 24 hours after the patient's arrival.

3. Requirements for electronic data distribution are outlined in provider contracts with the EMS Agency.

DOCUMENTATION REQUIREMENTS IN EMS RESPONSES