

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	2305.22
	PROGRAM DOCUMENT:	Draft Date:	12/01/13
	EMS Patient Care Report: Completion and Distribution	Effective:	11/01/17
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 EMS Medical Director

 EMS Administrator

Purpose:

- A. To serve as general policy for the completion and channeling of the patient care report (PCR).
- B. To acknowledge the responsibility of the provider agency and prehospital care personnel to properly document each patient contact.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Policy:

- A. A PCR will be completed for every patient contact. The prehospital provider is responsible for maintaining a record of every dispatched response. The Emergency Medical Services (EMS) PCR is a medical record and the primary source of information for continuous quality improvement review. Prehospital care personnel shall be responsible for providing clear, concise, complete and accurate documentation. When a patient is transported, the PCR will be delivered with the patient to the receiving hospital. Any ePCR system utilized by a SCEMSA Provider must be NEMSIS v3 by 1/1/2016 or newest version available.

- B. Completion of a PCR **when more than one provider is on scene** for all patient contacts will be as follows:

~~Requirements for completion of PCR by prehospital care personnel:~~

1. If a non-transporting ALS provider arrives on scene prior to the transporting ALS unit, the non-transporting ALS provider will generate a PCR, even if nothing more than a primary assessment has been done.
2. In the event that a non-transporting and transporting Advanced Life Support (ALS) provider make patient contact simultaneously, **the transporting provider shall complete the PCR.** ~~one PCR is adequate and the transporting provider generally completes it.~~
3. If the transfer of care is done within the same agency, one PCR is sufficient, as long as it specifies which prehospital care personnel performed what care. The prehospital care personnel initiating patient care on an unstable patient **shall complete** ~~will be responsible for completing~~ the PCR.
4. If a non-transporting unit arrives prior to the transporting unit and non-transporting personnel maintain patient care, the non-transporting unit personnel **shall complete** ~~is responsible for generation of~~ the PCR

- ~~C. Transporting ALS Service Providers:~~
- ~~1. Shall deliver the PCR to the Base Hospital within 72 hours when a Base Hospital is utilized for medical control.~~
 - ~~2. Shall deliver the PCR to the Base Hospital within 72 hours when a Base Hospital is utilized and the patient is not transported.~~
- C. In the rare instance of extreme emergency and the PCR cannot be left with the patient; the following actions will be taken:
1. Before leaving **the receiving facility**, the prehospital care personnel ~~will~~ **shall** confer with the receiving hospital Registered Nurse or Physician and ensure that information needed for continuing care of the patient has been provided **and will include the following minimum patient care information:**
 - a) **Date of incident and incident number**
 - b) **Call location**
 - c) **EMS Unit number**
 - d) **Patient name, sex, age and date of birth**
 - e) **Chief complaint**
 - f) **PQRST/time of symptom onset (including time of incident and mechanism of injury for all trauma patients)**
 - g) **Pertinent medical history**
 - h) **Medications**
 - i) **Vital signs, (including GCS, BP, pulse, respiration, pain scale, cardiac rhythm and spO2 as appropriate)**
 - j) **Treatment rendered (including time, type of treatment, medication, dose, route, response and total IV volume infused)**
 2. The service provider shall **make available an electronic PCR to receiving hospital within one (1) hour, or deliver a hard copy** ~~the patient copy~~ of the PCR to the receiving hospital no later than 24 hours after the transport is complete. ~~and if appropriate, mail the other copy to the Base Hospital, as soon as possible, but in no case later than 72 hours.~~
 - ~~c. The date and time the PCR is left at the Receiving Hospital will be noted on the PCR.~~
- ~~B. One (1) copy of the PCR will be made available to the Receiving Hospital.~~
- C. All ALS providers shall forward a legible copy of each PCR, from every patient encounter, to the Sacramento County Emergency Medical Services Agency, batched by the month, no later than 30 days after the end of each month (example: July's PCR's are due no later than August 30).
- D. All ALS providers shall forward a legible copy of a PCR for all Code 3 Responses that will include: the Date, Unit, Location of Call, Time of Call, and, if cancelled enroute, Cancellation Time, Crew Member Names, and Reason for Cancellation (if applicable). **Transporting ALS Service Provides shall make available an electronic PCR to the base hospital within two (2) hours, or deliver a hard copy PCR to the Base Hospital within seventy-two (72) hours when a Base Hospital is utilized for medical control, whether the patient is transported or not.**