



Emergency Medical Services Agency Prehospital Care Manual **Policy 500**

PREHOSPITAL CARE PATIENT DOCUMENTATION

Effective Date January 22, 2007
Replaces August 1, 2003

Resources

None

I. Purpose

To establish standard criteria for the completion of Prehospital Care Reports (PCRs), which is consistent with the applicable State statutes and regulations.

II. Principles

- A. The PCR (including a first responder report) serves as a:
 - 1. Patient care record
 - 2. Legal document
 - 3. QI Instrument
 - 4. Billing resource
 - 5. Record of canceled calls and conditions where no patient was found when the 911 System was activated
- B. Any assessment or treatment provided to, and medical history obtained from, a patient shall be accurately and thoroughly documented on the PCR.
- C. For canceled calls, no patient found, and false alarms, the provider agency shall perform one of the following actions:
 - 1. Complete a PCR for every event (preferred method)

2. Submit a provider agency quarterly report to the Agency indicating the address, circumstances, time of call, and disposition of each that resulted in a prior to arrival cancellation, no patient, or false alarm.

III. PCR Completion

- A. A Prehospital Care Report (PCR) will be completed for every EMS response.
- B. An individual PCR must be completed for each patient assessed.
- C. The individual having control of medical care during transport shall complete the PCR.
- D. A completed copy of the PCR shall accompany every patient and be delivered to the health care provider receiving the patient upon arrival at the hospital.
- E. A first responder worksheet (in lieu of a PCR) may be completed by an ALS first responder agency that does not accompany the patient to the hospital. In such cases, a copy of the first responder worksheet must be provided to the transport unit prior to their departure from the scene.
- F. Nothing in this Policy shall preclude any prehospital provider agency from requiring additional patient care documentation or more stringent PCR completion criteria.

IV. Exceptions

- A. Multiple Casualty Incidents
 1. When an MCI occurs and five or more patients exist, a PCR is not required for each patient if an Agency approved MCI multi-patient tracking tool is utilized. In such cases, the provider agency having jurisdiction for the incident shall maintain a copy of the tracking tool.
 2. If a MCI multi-patient tracking tool is utilized in lieu of a PCR, each patient must receive a triage tag and the number must be documented on the tracking tool.

B. Health Officer Directive

1. The Agency may suspend the need for any patient documentation when authorized by the County Health Officer such as in the case of local, state, or federally declared disaster or public health emergency.