INTRODUCTION

Proper documentation for every Emergency Medical Services (EMS) response is required by Health and Safety Code 1797 and 1798, California Code of Regulations Title 22, Division 9 and Contra Costa EMS Agency’s Policies and Procedures #27.

PURPOSE

The purpose of this policy is to determine when and what documentation is needed for EMS responses.

POLICY

All Advanced Life Support (ALS) first responder and transport personnel are responsible for documenting patient information on a Patient Care Record (PCR). An electronic PCR shall be completed for every EMS response with or without patient transport, including canceled enroute and no patient contact. A PCR is required for all transports and patient contacts, including patients that are transported by another agency (i.e. CalStar, AMR). A signature for all patient contacts will be obtained on the signature form, acknowledging the receipt of the HIPAA Notice of Privacy Practices and Insurance billing authorization or transport/care refusal release of liability. Intentional failure to complete a PCR when required or fraudulent or false documentation on a PCR may result in formal investigative action under 1798.200 of the California Health and Safety Code and Contra Costa County EMS Policy #27. A PCR is a confidential patient medical record and should be treated as such. Pre-hospital personnel shall make every effort to see that completed PCRs are delivered to the receiving facility for use by the receiving hospital personnel in planning emergency care for patients. Delays in providing the PCR to the receiving facility for more than a few hours are not in the best interest of the patient. Delays of up to 24 hours should be rare and over 24 hours are considered an unacceptable standard of care.

DEFINITIONS

1. **Patient**: Any person encountered by EMS personnel who demonstrates any known or suspected illness or injury OR who requests care or evaluation.

2. **Competency**: The ability to understand and to demonstrate an understanding of the nature of the illness/injury and the consequence of declining medical care.
3. **Qualified Person**: A competent person making a decision for him/herself or another, who is qualified by one of the following:

   a. An adult patient, defined as a person who is at least 18 years old;
   
   b. A minor (under 18 years old) who qualifies based on one of the following conditions:
      
      i. A legally married minor;
      
      ii. A minor on active duty with the armed forces;
      
      iii. A minor seeking prevention or treatment of pregnancy or treatment related to sexual assault;
      
      iv. A minor 12 years of age or older, seeking treatment for contact with an infectious, contagious or communicable disease or sexually transmitted disease;
      
      v. A self-sufficient minor at least 15 years of age, living apart from parents and managing his/her own financial affairs;
      
      vi. An emancipated minor (must show proof).
   
   c. The parent of a minor child or a legal representative of the patient (of any age). Spouses or relatives cannot consent to or decline care for the patient unless they are legally designated representatives.

4. **EMS Response**: Any request by a person(s) for any type of medical, trauma or psychiatric condition or event, including responses that are canceled enroute or have no patient contact.

**PROCEDURE**

A. The paramedics or EMT-1s providing patient care are responsible for documenting the patient assessment and treatment information required on PCRs. When a patient is transported in a District ambulance, the transporting paramedic or EMT-1 shall complete the PCR. When a patient refuses transport, the Engine paramedic or EMT-1 or the ambulance paramedic or EMT-1 shall complete the PCR.

B. For every patient contact, obtain a signature from the adult patient or the legally designated representative or the parent of a minor, if possible. If the patient’s condition doesn’t allow for a signature, document the reason on the signature form.
C. All available and relevant information shall be accurately completed on the PCR. Use of usual and customary abbreviations is permitted in the narrative section of the record.

D. The following information, if available, shall be documented on the PCR:

1. Unit number
2. Incident date
3. Incident time
4. Call receipt time
5. Dispatch time
6. Arrival at scene time
7. Incident location
8. Patient’s
   - Name
   - Age and date of birth
   - Gender
   - Weight
   - Address
   - Chief complaint
   - Vital signs
9. Appropriate physical assessment
10. Emergency care rendered, and the patient’s response to such treatment
11. Patient disposition
12. Scene departure time
13. Arrival at receiving hospital time
14. Receiving facility name
15. Names of EMS personnel on the call, including identifier number
16. Signatures of personnel completing the PCR, if possible. The touch-screen laptops are capable of capturing signatures and are required.
E. The PCR shall be completed as soon as possible after the response or patient transport and shall be given to the receiving facility Emergency Department (ED) staff.

1. If transport personnel are unable to complete the PCR form prior to leaving the receiving facility, a partially completed PCR marked as DRAFT or the DRAFT PCR worksheet shall be left with the facility.

2. Information on the PCR assists the receiving hospital in providing a continuity of quality care for the patient from the time the patient arrives in the ED. Completing the PCR and delivering or faxing it to the receiving facility is a high priority and shall occur as soon as possible following delivery of the patient.

F. Completed PCRs shall not be altered or changed, except by the individuals who completed the forms. Exceptions are permitted to add or change billing information, or to add a name or other pertinent demographic information unknown at the time of the call. Any changes made to the PCR shall have documentation of those changes retained in the computer database.