

Springdale Fire Department

Policy & Procedures Manual

Volume 2 – Operations

Section 204 – EMS Operations

204.8 – EMS Documentation and Patient Care Reports

A variety of documents are necessary for legal and accurate documentation of EMS incidents and to aid in the EMS billing and collections process. All documents must be accurately completed and the appropriate document utilized for the indicated situation.

EMS Patient Care Reports (PCR)

Paramedics are responsible to complete a PCR for all incidents in which a patient is encountered or a patient contact was anticipated. The PCR shall be accurately completed to reflect the patient assessment findings, patient care, changes, and interactions between EMS crews and the patient.

The PCR shall include the completion of all applicable data fields in the Firehouse Report System. To maintain consistency, the items listed below must be reported in the following formats.

PCR Narrative:

- On our arrival. State situation as found on arrival.
- Chief Complaint.
- Present History.
- Past History.
- Medications.
- Allergies.
- Physical Exam. All assessment findings. These should be listed in an orderly fashion. (Subjective to objective, head to toe).
- Treatment. All procedures and interventions performed in chronological order, throughout the patient encounter.
- Changes.
- If the cardiac monitor is utilized, a copy of the ECG strip, with date and time markings, must be included with the PCR (tape strip to a blank sheet of paper).
- Electronic Signature at end of narrative.

The following data points are considered mandatory documentation by the Fire Department Medical Director.

- Two sets of vital signs with time stamps.
- ALS procedures and medications administered documented in the Assessments & Treatments tab of the Firehouse report, including documentation of who performed ALS procedures, or medication administration.
- EtCO₂ data (including waveform) for CPAP and serious respiratory patients.
- Physicians initials/name upon release from medical control for all transports to a facility other than NMC-Springdale (including diversion transports).
- Criteria leading to a decision not to apply spinal restriction.
- Deviation from the Northwest Arkansas Regional Protocols.
- AED usage by first responders.

- Discontinuation of resuscitation; document criteria met, including medical control contacted, time of death (TOD) logged with dispatch.
- Provide code summary with PCR (tape strips to blank sheets of paper).
- Complete all applicable fields under the Cardiac Arrest & CPR tab of the Firehouse Report.
- Intubation requires three forms of confirmation, one of which is EtCO2 monitoring.
- Reconfirmation of tube placement upon delivery of patient to receiving facility.
- Lifepak 12 printout of EtCO2 waveform and data readings.

Immediately upon completion of the PCR, a copy shall be faxed to the receiving hospital at the appropriate fax number listed below.

- NMC – Springdale 757-2930
- WRMC 463-7248
- NMC - Bentonville 553-1918
- Mercy Medical Center 338-2945
- Willow Creek 684-3265
- VA Med. Center 587-5802

Signature Authorization Form

A Signature Authorization Form shall be completed for each patient transported. The completed form shall be included with the PCR.

Radio Report Form

A Radio Report Form shall be completed for any patient transported. This form must be as complete as possible, including patient information, treatments performed, and medications administered. A staff member of the receiving hospital should sign the Radio Report Form along with the attending Paramedic and a copy must be left with the receiving hospital. The completed form shall be included with the PCR.

Mercy Medical Center and the VA Medical Center will not provide the social security number of a patient transported by the SFD on the hospital face sheet. To assist in patient billing, attempt to obtain the social security number of patients transported to these two facilities. The social security number can be recorded in the space provided on the radio report form and in the appropriate field in the patient care report.

Refusal of Medical Care and/or Transport

A Refusal of Medical Care and/or Transport Form shall be completed for any patient that receives a medical examination and/or treatment without transport. The refusal form shall be completed by the individual performing the exam or treatment. Once complete, the yellow copy shall be left with the patient. The completed form shall be included with the PCR.

Person Contact Form

A Person Contact Form shall be completed for incidents where the involved individuals deny any need for medical evaluation or treatment. The Person Contact Form shall include all individuals involved with the incident. At incidents where the Squad is cancelled, the Company completing the Person Contact Form shall ensure the incident number is on the Person Contact Form and submit it to Fire Administration for inclusion with the Squad's PCR.

Follow-up Care Instructions

Follow-up Care Instructions shall be provided to all patients receiving a medical evaluation and/or treatment without transport. The appropriate chief complaint field shall be completed, and the Follow-up Care Instructions explained and left with the patient. Documentation of Follow-up Care Instructions should be completed on the Refusal of Medical Care and/or Transport Form.

Completed reports ready for submission to fire administration should be placed in the following order:

1. Primary PCR
2. ECG Strip (if applicable)
3. Patient Face Sheet (always attempt to obtain prior to leaving ER)
4. Signature Authorization Form
5. Radio Report Form
6. Release Form/Person Contact Form (if applicable)