
PATIENT CARE REPORT FORM

1. **INTRODUCTION:** The prehospital care report is required by law. Documentation must be clear, concise, complete, appropriate, and accurate
2. **GENERAL INSTRUCTIONS**
 - 2.1 The PCR may be the Alameda County paper form, an alternate approved paper form, or an approved electronic form
 - 2.2 Complete a PCR for every patient contact. Exceptions: document MCI patients on an MCI log, document service refusal patients on a Refusal log (see [page 111](#))
 - 2.2.1 **Transported Patients**
 - ▶ Transport personnel must leave the completed PCR at the receiving hospital at time of arrival
 - ▶ First Responder Paramedics who accompany their patient must leave a completed PCR at the receiving hospital
 - ▶ Care provided by first responder personnel must be reported verbally or by field notes to the transporting personnel
 - ▶ If paramedics from a different agency transport the patient, first responder paramedics must complete a separate PCR within 24 hours
 - ▶ Preceptors are responsible for PCRs completed by their students, whether the patient is transported or not
 - 2.2.2 **Non-Transported Patients**
 - ▶ First responder personnel must complete a PCR within 24 hours (see "Exceptions" above)
 - ▶ Document field deaths according to [page 80](#). Leave a PCR copy with appropriate agency on scene or fax to the coroner's office (510) 268-7333) as soon as possible, but not later than the end of your shift
 - 2.3 Each crew member's name must appear on the PCR. The primary care giver signs the first box. Electronic signatures are acceptable
 - 2.4 Do not document related Unusual Occurrence reports on PCRs
3. **DISTRIBUTION OF COPIES** (if applicable)
 - ▶ **Original** is retained by the Provider Agency
 - ▶ **Copy number one** - Quality Improvement copy
 - ▶ **Copy number two** - Hospital copy

PATIENT CARE REPORT FORM

4. DOCUMENTATION FIELDS:**Dispatch:**

- ▶ ALS or BLS call
- ▶ Company/agency name
- ▶ Date of the call
- ▶ Assigned unit number
- ▶ EMT or / paramedic
- ▶ Code to the scene
- ▶ Code change en route
- ▶ Dry run
- ▶ C-MED number
- ▶ Trip number (the number assigned to you by your agency [optional])
- ▶ Call location
- ▶ Sector
- ▶ Other responders
- ▶ Time out
- ▶ On scene time
- ▶ Time en route to the hospital
- ▶ Arrived at hospital time
- ▶ Number of patients at the incident

Patient Information:

- ▶ Patient name
- ▶ Address, City, Zip
- ▶ Phone number
- ▶ Date of birth
- ▶ Social security number, if applicable
- ▶ Name of medical insurance company
- ▶ Insurance numbers, if available
- ▶ Industrial (if injury occurred at work)
- ▶ Responsible party
- ▶ Patient status
- ▶ Estimated time of arrival
- ▶ Where the patient was found
- ▶ Age
- ▶ Sex
- ▶ Weight of patient in kilograms
- ▶ Patient's private medical doctor

Condition:

- ▶ Chief complaint
- ▶ History of chief complaint
- ▶ Mechanism of injury
- ▶ General assessment
- ▶ Glasgow coma scale
- ▶ Breathing
- ▶ Skin color Skin moisture
- ▶ Skin turgor
- ▶ Skin temperature
- ▶ Capillary refill
- ▶ Pupils
- ▶ Pertinent medical history
- ▶ Medications taken by the patient
- ▶ Allergies
- ▶ Vital signs
- ▶ EKG
- ▶ Continuation form used

Treatment/Transport:

- ▶ Critical trauma criteria met
- ▶ Criteria that apply
- ▶ Patient treatment - all BLS and ALS treatment rendered
- ▶ The receiving hospital
- ▶ The attending physician at that facility.
- ▶ Code to hospital
- ▶ Reason for hospital selection
- ▶ Name Base Physician, if applicable
- ▶ Name of the base hospital, if applicable.
- ▶ Certification/license number:

Safety Equipment: Make a note in the comments sections about the use of the following:

- ▶ Seat belts (lap/shoulder)
- ▶ Child safety seat
- ▶ Air Bags (deployed)
- ▶ Helmets
- ▶ Other safety equipment