

PATIENT CARE REPORT FORM (#8230)

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 (see Policy #8070), document service refusal patients on a Refusal log (see Policy #8040).

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 Policy #8030. 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

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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 enroute 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