Documentation and Patient Care Records

Purpose: Patient care records (PCR) are legal documents and a part of a patient's medical record. EMS Personnel must be accurate and thorough in their documentation of EMS incidents. This protocol defines the MINIMUM elements to be included in a patient care record.

I. Completion of records

A. An electronic EMS PCR must be completed on any request for service to which a life support agency (per MCA selection):

☐is dispatched
☒arrives on scene

Regardless of MCA selection, this includes all emergency and non-emergency EMS incidents and patients, ambulance inter-facility transfers, patient refusals, other patient contact, no patient found and cancellations.

B. For responses that do not necessitate an EMS PCR, an alternative form of electronic documentation must be maintained (e.g., computer aided dispatch).

C. If a patient is evaluated and/or treated and is not transported, a Refusal of Treatment and/or Transport Evaluation Form must be completed and a patient signature obtained per **Refusal of Care; Adult & Minor-Procedure Protocol** .

D. Personnel completing PCRs must do so in a timely fashion. If an electronic record is not transmitted immediately upon leaving the receiving facility, an MCA approved paper form must be left at the receiving facility which includes at least the following:
   1. Patient demographic information
   2. Patient and history or medications obtained
   3. Vital signs and assessment information
   4. Any interventions performed
   5. Any diagnostics performed

E. Patient care records must be completed within 2 hours of incident conclusion. If changes or documentation must be completed after 2 hours, an addendum to the record noting the circumstances must be created.

II. Documentation

A. Electronic PCRs must be created on appropriate software as outlined in **Electronic Documentation & EMS Information-System Protocol**.

B. Non-transporting agencies will turn over an MCA approved written report or field note, if available, to the transporting agency.

C. Each PCR (regardless of patient type) should include:
   1. All demographic, response and other general information pertinent to the EMS personnel's actions related to the response or transfer.
   2. Patient care information including:

a. Assessment findings, including EMS obtained vital signs. If a patient refuses EMS vitals, that refusal must be documented in the PCR.
b. Available patient history (including current medications and allergies).
c. Treatment and interventions (including who performed the intervention). For interventions that are performed prior to arrival, document as such, and attribute to appropriate other personnel.
d. Medications administered (including dose, route, and personnel administering). For medications that are administered prior to arrival, document as such, and attribute to appropriate other personnel.
e. Changes in patient status (or lack of change)
f. Narrative including elements and descriptors unable to be documented in other sections of the PCR. *Note: treatments, vitals, interventions, and medications must be included in the applicable data fields (e.g., flowchart), but may also be included in the narrative of the report, as appropriate.

3. Names and licensure level of each responder present on scene.
4. Signature of the personnel responsible for the documenting the encounter.

D. Specific requirements for other types of PCRs include all the above, plus:
1. For transported patients, at least two sets of EMS obtained vital signs based on patient condition and complaint. If less than two sets of vitals are recorded, documentation must be provided justifying the omission.
2. For patients transported with time sensitive emergencies (suspected stroke, myocardial infarction, trauma):
a. Symptom onset time (last know well time, time of injury)
b. Vitals/assessment specific to the complaint:
i. 12 Lead ECG (included as an attachment)
ii. Cincinnati Stroke Scale (or other MCA approved pre-hospital stroke scale)
iii. Physical assessment (noted types and locations of injuries)
iv. Mechanism of injury (including specific elements allowable such as vehicle information), as appropriate
3. Patient transfer of care between life support agencies.

E. If a PCR must first be generated on paper and entered secondarily into an electronic format:
1. Content must be directly copied from the original PCR to the electronic system
2. Ideally, a scanned copy of the paper record must be attached to the electronic PCR. Otherwise, a paper copy must be maintained (according to MCL 333.16213) and available to the jurisdictional MCA or the Department upon request.
3. If someone other than the original caregiver inputs the PCR into the electronic system, it must be noted in the record.

III. Confidentiality

A. The EMS patient care record is a confidential patient care document and is not to be released to anyone other than those involved in the patient's care or the MCA's

Professional Standards Review Organization, without the patient's written release of information permission. Refer to **Protected Health Information (PHI)-Procedure Protocol**