



**DEMCA  
PROCEDURES**

DOCUMENTATION AND PATIENT CARE RECORDS

***Documentation and Patient Care Records***

Initial Date: 6/26/2009

Revised Date: 6/25/2021

Section 7-15

**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 serves as the MINIMUM elements 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 is dispatched. This includes all emergency and non-emergency EMS incidents and patients, ambulance interfacility transfers, patient refusals, and other patient contact.
- B. All PCR reports will be made available to the receiving facility, the MCA and the department, in electronic format.
- 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.
- D. Prior to departing the emergency department (ED), a completed electronic PCR must be made available to the ED. If unable to complete the electronic PCR prior to departure, a MCA-approved Field Note Form must be left at the ED and an electronic PCR be completed within two (2) hours.
  - a. Extension to the two (2) hours include;
    - i. software/hardware failures
    - ii. Unforeseen circumstances that are directly related to patient care
- E. Each hospital will provide a secure fax number and secure e-mail.
- F. Special Studies Data:
  - a. Data submission may be required by the PSRO for special studies as determined by the PSRO Annual Plan and other ad hoc reviews.
- G. Audits:
  - a. Additional data may be requested to complete periodic agency audits.
- H. Compliance: Late or lack of valid data submission will generate a letter of notification as follows:
  - a. One month: Written letter of notification
  - b. Two months in a year: Required written corrective action plan to PSRO.
  - c. Three months in a year: Required in person and in writing presentation of corrective action plan at the next regularly scheduled PSRO.
- I. MFR Agencies: A MFR agency must provide the transporting agency with a complete oral report and their agency's incident number pertaining to the run. An electronic PCR must be completed prior to departing the scene.
- J. ALS/BLS Non-Transporting Agencies: An ALS or BLS Non-Transporting

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agency will turn over a written run report to the transporting agency, if it does not delay or interfere with the transport of the patient. An electronic PCR must be completed within two (2) hours of departing the scene.

*NOTE: 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 DEMCA's Professional Standards Review Organization, without the patient's written release of information permission.*

**II. Documentation**

- A. Electronic PCRs must be created on appropriate software as outlined in **Electronic Documentation & EMS Information System**.
- B. 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 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.
- C. Specific requirements for other types of PCRs include all of 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):

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- 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
- D. 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.

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