

# PCRS and Documentation

What

Where

Why

When

and How

Sponsored by the CNYEMS  
Program

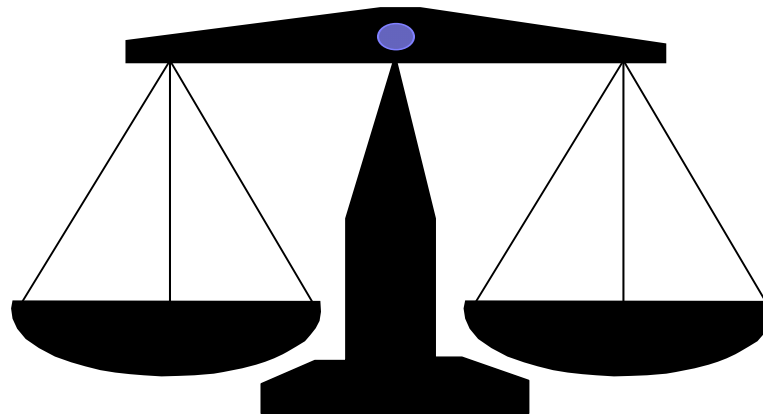
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Revised 6/5/06 CNY Staff



# Why your agency must complete PCR's.....

\* *legally required...* Article 30, Section 3053

“.....ALSFR'S and Ambulance services, pursuant to Article 30 of this chapter shall submit detailed individual call reports on a form to be provided by the Department.....”



# Non certified agencies or personnel

- Non-certified agencies who provide medical aid include:
  - BLS FR agencies
    - Fire departments
    - Police departments
    - Industrial EMS response teams
- Non-certified staff who provide medical aid include:
  - CPR certified responders
  - First Aid certified responders

# Where Do PCR'S Go?

*Agency WHITE* copy is retained by the EMS Service

*Hospital PINK* copy is retained by the hospital

*Research YELLOW* copy is forwarded monthly to CNYEMS by the 12th of each month

\*Note that BLS-FR is a 2 part form. No research copy.

# NYS Version 5 PCR

## What's New

1. Patients Social security number
2. Indication if patient was defibrillated by Public Access defibrillation (PAD)
3. Patients date of birth is now 8 characters requiring the century to be included.
4. You should use Black ink.

# Patient Information

- Boxes are now provided for each character of patient identifying information.
  - Place one character in each box.
  - Do not mark boxes not relevant.
  - **Print carefully and legibly.**

# Circles Instead of Boxes

**Presenting problem, Treatment Given** and several other “Boxes” are now **Circles**.

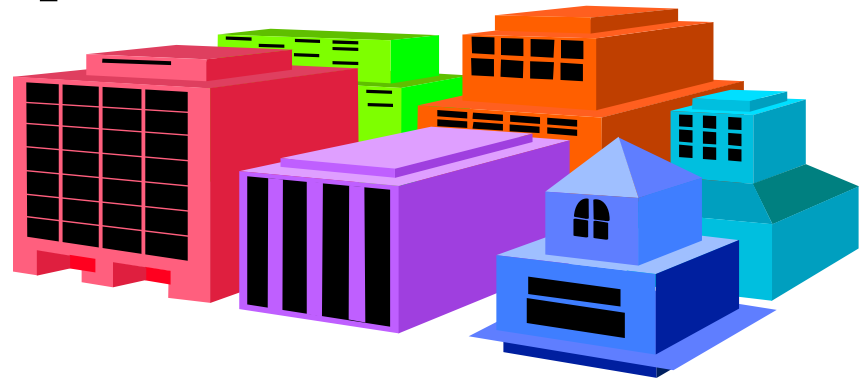
- Completely darken each circle that is applicable.
- Presenting problems and treatment given section are printed in red ink. This red ink will not be recognized when the form is scanned.
- Do not use X or  $\checkmark$  to indicated a selection.

# EMS Service Copy

- \* Patient record of prehospital care
  - \* Protection for provider and service
  - \* Internal QI
  - \* Service medical director review
- \*Note that BLS-FR is a 2 part form. No research copy.

# Hospital Copy

- \* Transfer of patient information to hospital for continuity of care...becomes part of patient's permanent medical record
- \* Hospital/agency/system joint QI
- \* Hospital record of call for exposure notification



# Research Copy

1. Data is Screened for completeness
2. Data is submitted to DOH for processing
3. Data is entered into a statewide prehospital data base
4. Incomplete PCR'S are sent back for correction and resubmission



# Mandatory Data Items

- \* Date of Call
- \* Call Times
- \* Call Type as Received
- \* Agency Code
- \* Location Code
- \* Disposition Info.
- \* Crew Names &  
CFR/EMT #'s
- \* Presenting problem

# Record Keeping

- \* Federal law requires that PCR's be retained for 6 years, if the call does not involve the treatment of persons under 18. The PCR must be retained for three years after the child reaches age 18.
- \* Each agency should check with their corporate attorney, general business rules or records retention officer for length of storage.



# Request For Agency Copy WHO?

- Law Enforcement
- Attorney's, M.E. Etc.
- CQI Request
- Patients

Only the crew and CQI committee can see the PCR in its entirety. You should follow all requirements of HIPAA on private health information (PHI).

# Request For Agency copy HOW?

- Judicial Subpoena or medical release
- Clinical Coordinator
- In writing / medical release

Only the crew and CQI committee can see the PCR in its entirety. You should follow all requirements of HIPAA on private health information (PHI).

# Completing The PCR...



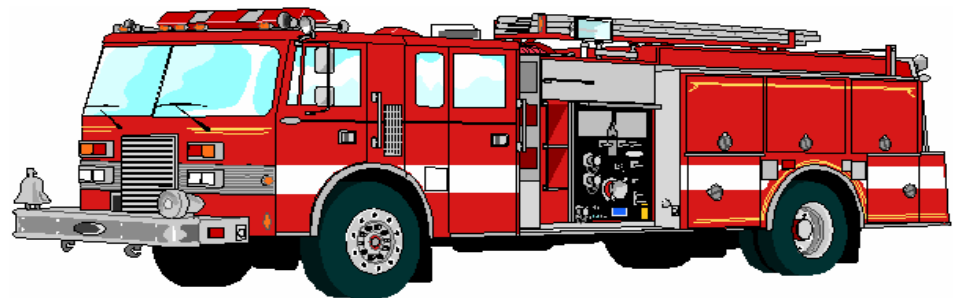
# When to use a PCR...

- \* All calls you call enroute to including cancelled on scene and enroute.
- \* All Stand-bys.
- \* All patient care, including Refusals.
- \* Any situation which creates a “Duty to Act”.
- \* Lifting assistance: no injury and no mechanism
  - \* Disposition 010-Other
    - \* NYS Policy 02-05 or CNYEMS Policy 03-05

# Multiple Unit/Agency Response



- \* When more than one agency responds to a call, each agency must complete a PCR
- \* One PCR shall be filled out for each patient.
- \* When more than one unit responds and care is transferred one PCR shall be filled out by each unit.( ex. Emergency response vehicle and transporting vehicle)



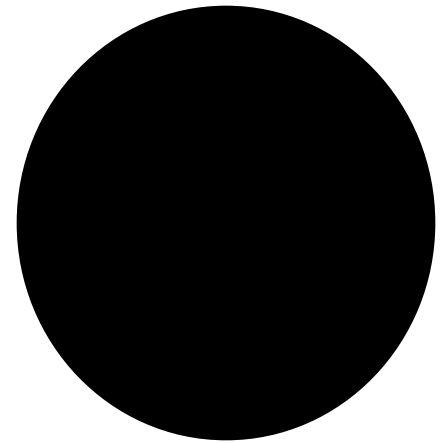
# Multiple Unit/Agency Response

(Continued)

- \* PCRs should only reflect the care rendered by the specific unit
- \* All hospital copies of the PCR must be given to the transporting unit
- \* Do not delay patient care and/or transport to complete the PCR
- \* Every effort should be made to ensure completed PCR's become part of the permanent patient record within 24 hours of incident. This is a legal mandate.

# Fill in the circles.....

- \* Fill in the circles or it doesn't count
- \* No matter how much you write, fill in the appropriate circle!

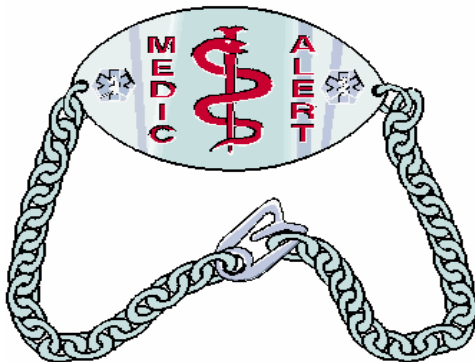


# Mechanism of Injury

\* Check appropriate cause of injury



\* If the injury is not caused by an outside agent, fill in circle #8 and write “Medical”



# Prehospital Documentation

- \* Please use only agency approved abbreviations.

# Presenting Problem

- \* Prehospital evaluation classifying the presenting signs and symptoms
- \* May be more than one item
- \* Prioritize multiple presenting problems by circling the primary medical issue



# Past Medical History

- \* Prior medical conditions (chronic/acute)
- \* Current medications/dosages and frequency to comply with JACHO standard
- \* Allergies (meds/foods/other)
- \* Note if patient denies past history
- \* Document source of information



# Treatment Given

- \* Must fill in circles and complete the blanks as necessary for each item.
- \* When medication is administered a CCR shall be used.
- \* Mark “CCR used” box.
- \* Document only the care provided and/or directed by your unit. BLS units shall not document treatment provided by ALS units.

# ...and fill in the Blanks

- \* Complete all areas of required information
- \* Document the events “before,” “during,” and “after” each call
- \* Provide an accurate record of the continuum of care
- \* Be concise, thorough and complete

# Location Code

(a.k.a. Geo Code)

- \* Mandatory data items
- \* Determined by location of the call, not the patient's home address
- \* Specific to each area by municipal boundaries, not post-office zip codes (i.e., village or town)

# Chief Complaint

- \* Describes ***“IN THE PATIENT’S OWN WORDS”***
- \* If the patient can not speak, document why EMS was called (must note who gave this information)
- \* Document any language barriers or communication barriers (ie. Hearing impaired)

# Chief Complaint

“continued”

## Example

- “My chest hurts”
- “I don’t feel well”
- “My leg was run over by a car”
- Daughter states her “father passed out”
- By-stander states “she fell out of the car”
- Mom states child “turned blue while eating”

# Subjective Assessment

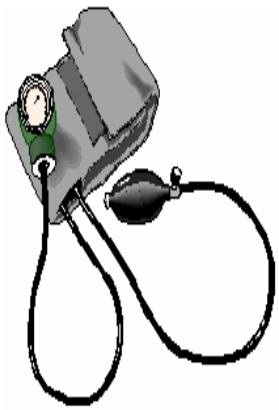
- \* Elaboration of the Chief Complaint based on the history obtained by the provider
- \* Obtain from patient, or if patient can not speak, from by-standers
- \* Document the source of information

# Subjective Assessment

(Continued)

## EXAMPLE:

\* Conscious, alert 45 year-old male patient complaining of substernal chest pain for 2 hours, occurred while resting. Pain radiating to left arm and jaw. Patient denies relief after self administration of 3 Nitroglycerin tablets each 5 minutes apart. Patient complains of nausea, no vomiting. Denies shortness of breath.



# Vital Signs



- Minimum two (2) sets of complete vital signs must be documented to monitor patient status (i.e. deterioration/improvement). Document deviation from protocol.
- Document time of each set and reasons for delay, palpation, omissions, etc.
- For extended calls or seriously ill patients, increase monitoring
- Make sure you complete the each set of vital signs once you've started them

# Objective Physical Assessment

- What you find in the Initial Assessment or other physical exam.
- These are observable, measurable pieces of the assessment.
- Should include pertinent negative findings.

# Comment Section

- \* Use the Comment Section when you need additional space for physical assessment, comments or for other important information, such as an unusual circumstances, etc.

# Hospital Disposition Codes

- \* Hospital disposition codes are specific to each facility/region
- \* Write the name of the hospital as well as its disposition code
- \* Codes are mandatory data items

# Non Hospital Disposition Codes

- \* Nursing Home...001
- \* Other Medical Facility...002
- \* Residence...003
- \* Treated by this unit but transported by another...004
- \* Refused Medical Assistance...005
- \* Call cancelled...006
- \* Stand-by Only...007
- \* No patient found...008
- \* Other...010

# Crew Names & EMT #'s

- \* Must be the technician's last name & their New York State DOH issued certification number, not a squad number
- \* If additional crew members (i.e. Driver) are not EMT/CFR certified, print their last name and strike through the number boxes
- \* Each transporting or refusal PCR must have EMT "In Charge"
- \* Each BLS/FR PCR must have CFR or EMT "In Charge"
- \* DOH requires a minimum of 1 EMT with the patient for all certified agencies.

# Don't forget the back...

- \* Non Hospital Disposition codes
- \* Hospital Receiving Agent Signature
- \* Refusal of Treatment/Transportation Release
- \* Glasgow Coma Scale
- \* Rule of Nines
- \* Insurance information, if required by your agency

# Refusal Forms

- \* Fill out a Refusal form for every patient who chooses to “sign off”
  
- \* REMAC approved forms
  - signature copy stays with the original PCR
  - Instruction copy is the patient’s and should be given to them
  
- \* Available from the CNYEMS office and website at no cost to the agency. The agency should copy forms to maintain an adequate supply.

# Who can Refuse

- Any patient conscious and alert 18 years old or older not under the influence of drugs or alcohol who understand the risks.
- A female less the 18 years old who has delivered a child.
- Refusal of care may be affected by legal concerns such as guardianship or custody by law enforcement. See your agency policies for refusals.

# Who cannot Refuse

- Anyone who is unable to understand the risk and benefit of treatment or refusal.(ex. Altered mental status, intoxication, organic brain syndromes)
- Anyone who has attempted or threatened suicide.
- A minor < 18 years old.
- A parent refusing and the potential for a serious illness or child abuse exists.
- Refusal of care may be affected by legal concerns such as guardianship or custody by law enforcement. See your agency policies for refusals.

# Continuation Forms

- \* Used when you have an extended call or unusual circumstances requiring additional information
- \* Obtain continuation forms (and PCR's) from the CNYEMS office
- \* When any medication is assisted or administered.
- \* CCR use is recommended for all ALS documentation.

# PCR Corrections

- \* If the PCR is found to have an error, *prior to submission*, to receiving facility you may write a new PCR and void all copies of the old PCR. These should be returned to the agency for screening.(ex. Wrong patient chart.)
- \* Prior to submission changes or typos on the PCR:
  - Must be made to all copies
  - Place a single line through the error. They must remain legible.
  - Initial after each error
  - Document reason for change

# Addendums

- Occur when a PCR/CCR has been submitted but has been found to be unclear or lacking information.
- Should be on a CCR form
- Should include the date and time of addendum.
- Clearly labeled addendum.
- Filed with the hospital and agency as part of the permanent patient record.

Any Questions?

