

Region III PCR/Documentation of Prehospital Care

The lead EMS clinician shall document any assessment and care performed for every patient encounter including, but not limited to: emergencies, transfers, patient refusals, downgrade/transfer of care to another clinician and medical evaluations at stand by events.

The EMS Patient Care Report (PCR) is a medical record and the primary source of information for continuous quality improvement review. Prehospital care personnel are responsible for providing clear, concise, complete and accurate documentation. The lead EMS clinician is responsible for uploading electronic device data (AED, monitor, etc.) to the ePCR (if hardware interface allows). If electronic data and EKGs are not able to be uploaded directly, EKGs and other critical data shall be attached to the ePCR via a method specified by the EMS agency (e.g. photo, scan, etc.). The prehospital provider who authors the report must include his/her name and signature on the report.

The lead EMS clinician should document the encounter immediately upon completion of patient care and/or transfer of care. In the event the crew is called to respond to an emergency prior to completion of the PCR, the PCR should be completed and delivered immediately following the call. No PCRs shall be left undelivered at the end of the crew's shift.

An ePCR (electronic Patient Care Report) shall be delivered to the receiving hospital for each patient transported. This may be accomplished either by personal delivery of a paper copy, fax or electronic delivery (i.e. required record matching elements are entered) to the hospital's information exchange platform (if the hospital participates in such platform). In the case of a trauma alert, per state regulations, the ePCR must be delivered to the receiving hospital prior to the crew leaving the hospital. *

Failure to complete and deliver a run form in accordance with this policy is considered just cause for disciplinary action.

Each emergency department shall prominently post in their EMS area their procedure for leaving PCRs. Printers/copy machines will be made available to EMS.

Hospital access to any EMS ePCR platform does not, by itself, fulfill the delivery requirement of this policy.

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Question: What is so important about leaving a run form if no one is going to read it?

Answer: While it may often seem like no one reads the run form an EMS crew leaves, this is not the case. The prehospital run form is essential reading to the emergency physician and later physicians in the patient's continuing care. It is also essential that that prehospital ECG strips be affixed to the PCR or transmitted with the PCR.

*For services without assigned shifts, reports need to be completed as soon as the crew completes their routine end of call procedures.