



## PREHOSPITAL CARE REPORT – ELECTRONIC

APPROVED:   
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EMS Medical Director

  
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EMS Administrator

1. Requirements
  - 1.1. A PCR is required for every medical response as follows:
    - 1.1.1 If the response is cancelled prior to patient contact, the paramedic should provide the following information:
      - 1.1.1.1 The date, incident number, location dispatched to and times related to the response.
      - 1.1.1.2 A brief explanation as to the reason for cancellation in the narrative section of the PCR.
      - 1.1.1.3 Indicate how the cancellation occurred in the drop down box (e.g., cancelled by Public Safety Communications).
      - 1.1.1.4 1.1.1.1, 1.1.1.2, and 1.1.1.3 will only be required until such time that the cancellation of a call in route via the CAD will prevent a PCR from automatically being electronically generated.
      - 1.1.1.5 Note: In order to open a PCR, the paramedic must indicate there is one patient even when there is no patient contact.
    - 1.1.2 If the paramedic makes contact with a patient as defined in Documentation Policy #4, the paramedic will complete all pertinent portions of the PCR including a narrative.
  - 1.2 EKG Strips – Until such time that this function can be performed electronically, if an EKG is performed, an original EKG strip(s) (rhythm strips and 12-Lead). will be kept with the provider agency's hardcopy of the EKG strip form (see attached). A copy will also be left with the patient at the receiving hospital.
  - 1.3 Addendums - Once a PCR has been electronically submitted to the AMR server, it is unable to be modified. The paramedic may however, add an addendum to the PCR.

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- 1.3.1 The intent of the addendum is to permit the paramedic to add information that was inadvertently missed at the time the paramedic wrote the PCR. The addendum is not intended as a mechanism to simply complete a PCR.
  - 1.3.2 The paramedic will document the date and time of the addendum.
  - 1.3.3 When a paramedic does an addendum to a PCR, he/she will contact the receiving hospital by telephone and notify the charge nurse that the addendum has been done if the addendum is completed within 24 hours of the time that the patient was delivered to the receiving hospital.
- 1.4 Refusal of Care and/or Transportation
- 1.4.1 All PCR sections pertaining to non-transport of patients must be completed in all instances where patient contact is made but the patient is not transported. (See Policy Operations – 21 Refusal of Care And/Or Transportation)
  - 1.4.2 If the paramedic is utilizing a wireless laptop computer the patient or responsible third party will read the Patient Refusal Form on the computer screen and sign it (unless precluded by universal precaution needs). The paramedic will print out a copy of the signed form and give it to the patient or third party payer. For details regarding the Patient Refusal policy see Policy Operations – 21 Refusal of Care and/or Transportation.
  - 1.4.3 If the paramedic is not utilizing a wireless laptop computer, the paramedic will have the patient or responsible third party sign a hard copy Patient Refusal form and provide the patient/third party with a copy. For details regarding the Patient Refusal policy see Policy Operations – 21 Refusal of Care and/or Transportation. The original signed Patient Refusal Form will be attached to the PCR that is kept on file for the paramedic's employing agency.

## 2. Signatures

- 2.1 Patient – The ambulance paramedic will obtain the patient's signature on the electronic PCR. This signature is important for many reasons including permission to treat and consent for the patient's third party payer to be contacted. If the patient is unable to sign and a patient's representative is present, the paramedic will obtain the representative's signature and the paramedic will document why the patient was unable to sign. If the patient is unable to sign and there is no patient's representative present, the paramedic will document this and will indicate why the patient was unable to sign.

- 2.2 Ambulance Crew – The paramedic completing the PCR will sign the electronic PCR. All members of the ambulance crew will be listed on the PCR.
  - 2.3 Hospital – The receiving hospital nurse or physician will sign the electronic PCR. Signing the PCR only indicates that the hospital has received the patient. The CAD incident number will appear on the electronic PCR before the hospital is asked to sign it.
3. Timeline Requirements for Completing the PCR
    - 3.1 It is desirable to maintain optimal continuity of patient care. For this reason a PCR should be left with all patients prior the paramedic leaving the hospital when ever possible.
    - 3.2 A completed PCR must be left for the following patients.
      - 3.2.1 All code 3 patients
      - 3.2.2 All patients with cardiac arrest
      - 3.2.3 All major trauma patients
      - 3.2.4 All designated stroke patients
      - 3.2.5 All patients who have an altered level of consciousness, defined as being unable to relate the details of the events surrounding their illness or injury or who are unable to provide details of their on gong medical care.
      - 3.2.6 All patients who will be evaluated by the Coroner.
      - 3.2.7 In the event that the ambulance levels are low the paramedic ALS Supervisor may require that a paramedic respond to a priority 1 call even though the PCR is not completed. If this occurs a San Mateo County Prehospital Care Worksheet should be left at the receiving hospital. The PCR should be completed and uploaded to the server as soon as possible after the event not to exceed 4 hours from the time of the call.
    - 3.3 First Responder paramedics will complete PCR as soon as feasible upon their return to their station. In no case will the PCR completion and submittal be delayed beyond 12 hours.
    - 3.4 Coroner's Cases – Transport and first response paramedics will complete the PCR and upload it to the server as soon as possible after the call. In no case should completion and submittal of the PCR be delayed beyond 4 hours.
    - 3.5 Maximum Timeline - The electronic PCR will be completed and electronically submitted to the AMR server as soon as possible. In no case will this time exceed 12 hours
  4. Receiving Hospital
    - 4.1 When the patient is delivered to the Receiving Hospital:
      - 4.1.1 The signature of the receiving nurse or physician will be obtained on the electronic PCR.

- 4.1.2 The paramedic will log the patient in on the PCR clipboard. This logged information will include the EMS #, the time the patient arrived at the hospital, the patient's name (if known), and the ambulance unit #.
- 4.2 If a copy of the completed PCR is not left at the Receiving Hospital with the patient, the paramedic will remotely print it to the Receiving Hospital when it is completed.
- 4.3 Each Receiving Hospital will develop procedures for periodically checking the printer to see if PCRs have accumulated in the printer.
5. Multicasualty Incidents  
Electronic PCRs will be completed on all patients unless this requirement is waived by EMS on-call.
6. Electronically Submitting the PCR
  - 6.1 The completed PCR is electronically submitted to the AMR server.
  - 6.2 PCRs must be electronically submitted prior in 12 hours. In the rare event that it is impossible to electronically submit the PCR within 12 hours (e.g., the server is "down"), the paramedic will print out the PCR and will notify his/her JPA Zone EMS Coordinator, AMR Supervisor, or CDF EMS Coordinator prior to leaving.
  - 6.3 Until such time that this procedure can be automated, the paramedic will document the transmission confirmation number on a log.
7. Technical Problems
  - 7.1 System "Down" - In the event that the system is "down":
    - 7.1.1 AMR will immediately notify Public Safety Communications who will in turn notify all on-duty paramedics via all pages.
    - 7.1.2 AMR will notify EMS on-call.
    - 7.1.3 Paramedics will enter the electronic PCR on the PC and retain the records there until the system is "up." When the system comes "up" the paramedics will electronically submit the PCRs.
    - 7.1.4 Paramedic will complete the PCR at the receiving hospital before leaving and print out a copy and leave it at the receiving hospital.
  - 7.2 First Responder PC Problems
    - 7.2.1 The first responder agency will immediately notify the JPA Zone EMS Coordinator or CDF Coordinator, or the alternate JPA Zone EMS Coordinator, and describe the problem.
    - 7.2.2 The JPA Zone EMS Coordinator or CDF EMS Coordinator will immediately notify the AMR field supervisor.
    - 7.2.3 The AMR field supervisor will attempt to obtain a loaner PC for the first responder agency

- 7.3 If a PCR is stuck on the laptop but cannot be submitted prior to the medic going off duty, the medic will notify his/her JPA Zone EMS Coordinator, AMR Supervisor, CDF EMS Coordinator, or the Data System Administrator who will make arrangements for the laptop to be connected to the AMR network for PCR downloading and printing the PCR.
- 7.4 Laptop or PC Problems – if there is a problem with a laptop:
  - 7.4.1 The AMR paramedic will immediately contact the AMR supervisor for a replacement lap top.
  - 7.4.2 The first response paramedic will contact AMR by cell phone at 650-642-6432. After hours, weekends and holidays the AMR Help Desk should be contacted at 18a66-267-9111. If the Help Desk has not called back within 15 minutes – contact the AMR supervisor.
  - 7.4.3 The paramedic will notify the AMR supervisor that the Help Desk has been contacted.
  - 7.4.4 The AMR supervisor will check back with the paramedic within 15 minutes to determine whether the problem has been satisfactorily resolved. If the problem has not been satisfactorily resolved, the AMR supervisor will bring the paramedic a replacement laptop. If there is not a replacement laptop available, the AMR supervisor will notify the EMS Administrator on-call.
- 8. Reverting to “Paper”
  - 8.1 The system will revert to paper PCRs only upon the authorization of the EMS Agency.