POLICY: 560.11
TITLE: **Documentation of Patient Contact**
EFFECTIVE: 2/1/2025
SUPERSEDES: 6/10/2020
REVIEW: 2/2027

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

DOCUMENTATION OF PATIENT CONTACT

I. **AUTHORITY**: California H & S Code, Division 2.5; CCR, Title 22, Division 9.

II. **PURPOSE**: To identify required patient information, assessment findings, prehospital treatments, and responses to treatments, and to establish a mechanism for gathering, recording, and reporting this information.

III. **DEFINITIONS**:

Competent Person / Patient means an individual who is age eighteen (18) years or older, or an emancipated minor, with a capacity to understand the nature of their medical condition, if one exists, and is not impaired by alcohol, drugs / medications, mental illness, traumatic injury, grave disability, or dementia.

EHR means electronic health record. An EMS ePCR is an electronic health record.

ePCR means electronic prehospital care report. ePCR platforms include Zoll emsCHARTS, ESO, Image*Trend*, and others. ePCR platforms must comply with current local, State, and Federal documentation requirements (e.g., NEMSIS, CEMSIS, etc.).

Health Agent means any person other than law enforcement officer or coroner who has authority or responsibility for the disposition of a body. A health agent could be a private physician, home health nurse, or public health nurse.

Patient means any individual encountered by EMS personnel who, upon

questioning, requests assessment, treatment, or transport or who appears to exhibit evidence of acute illness or injury.

Patient Contact means anytime during an EMS call, a person is identified as a patient as defined in this policy.

Person means any competent individual encountered by EMS personnel who upon questioning, denies illness or injury and does not exhibit any evidence of illness or injury. The individual did not call 911 or direct 911 to be called for medical complaint.

Prehospital Care Report or **PCR** means the form, electronic or paper, used to document prehospital medical care information according to the current standards established by the Mountain Counties Emergency Medical Services Agency.

Triage Tag refers to the patient documentation tag currently in use within the Mountain Counties EMS system for the prioritization of patients of a disaster or multi-casualty incident.

IV. **POLICY**:

a. First Responder agencies arriving at the scene of an EMS call shall document all available details of the incident on an EMS First Responder Report. The original copy of the form shall be given to the transporting ambulance crew to be scanned into the ePCR and delivered with the patient to the destination hospital for inclusion in the patient's medical records.

b. An ePCR shall be completed for every response within the MCEMSA jurisdiction by a contracted EMS provider. If a response is reassigned to a different EMS unit, the originally dispatched EMS unit that was cancelled from the call does not need to complete a PCR to comply with MCEMSA policy.

c. The ePCR is to be completed by the individual primarily caring for the patient. Responsibility for ensuring that patient documentation is complete and accurate rests with the highest certified or licensed prehospital care provider, paramedic preceptor, or field training officer attending the call.

d. An ePCR or triage tag (when appropriate) shall be completed for every patient contact.

e. In cases of prehospital death, a completed triage tag or PCR shall be

left with the County Coroner, Law Enforcement, or Health Agent with jurisdiction over the scene by the ambulance personnel prior to departing the scene. County Coroner may provide a mechanism for providers to electronically submit the ePCR.

f. For patients transported to a hospital, the original completed ePCR shall be delivered to appropriate hospital staff upon completion of the call and before leaving the receiving facility. If unable to complete an ePCR due to technical challenges or system demands, a paper Documentation of Patient Contact (DPC) must be left at the receiving facility with appropriate staff. The ambulance service provider is responsible for returning the original completed ePCR as soon as possible and no later than within 12 hours of the time the ambulance crew departed from the hospital or prior to the crew going off duty, whichever occurs first. If any PCR is not delivered to the receiving facility within 12 hours, an Unusual Occurrence Report shall be submitted to the EMS Agency within 24 hours.

V. **PROCEDURE**: Each ePCR platform will require specific training for its effective use. Every PCR, whether hand-written or electronic, must contain at a minimum the following information when such information is available:

a. The date and estimated time of incident.

b. The time of receipt of the call.

c. The time of dispatch to the scene.

d. The time of arrival at the scene.

e. The time of patient contact.

f. The location of the incident.

g. The patient's:

- Name
- Age or date of birth
- Gender
- Weight
- Address
- Chief complaint
- Vital signs as defined in MCEMSA Policy 554.01 Patient Assessment.

h. Appropriate physical assessment.

i. Primary Provider Impression.

j. The emergency care rendered and the patient's response to such treatment.

k. Patient disposition.

l. The time of departure from the scene.

m. The time of arrival at receiving facility (if transported).

n. Time patient care was transferred to receiving facility (if transported).

o. The name of the receiving facility (if transported).

p. The name(s) and unique identifier number(s) of the paramedic(s) and EMT(s).

q. Signature(s) of the paramedic(s) and EMT(s). Prehospital provider signatures should be consistent with their government-issued identification (e.g., passport or driver license).

MOUNTAIN COUNTIES EMS FIRST RESPONDER REPORT

Call Date ____/____/____	Department	Unit Number	Incident Name / Number	Medical Aid Number

Response Code ☐ Code 2 ☐ Code 3	Time of Call	Time Enroute	Time @ Scene	Patient Contact	Nature of Illness / Mechanism of Injury

Patient Name (Last, First, Middle)	Patient Address	Incident Location

Patient Age	Patient DOB ____/____/____	Patient Gender	Estimated Patient Wt.	Number of Patients at Scene

Chief Complaint_____ Allergies_____

START Triage Category (R.P.M.) BLACK ☐ RED ☐ YELLOW ☐ GREEN ☐

History of Present Illness / Injury _____ Medications_____

Initial Physical Examination (check box for unremarkable exam findings)

- Head ☐ _____
- Neck ☐ _____
- Chest ☐ _____
- Abdomen ☐ _____
- Back ☐ _____
- Pelvis ☐ _____
- Limbs ☐ _____
- Neuro ☐ _____
- Skin Signs ☐ _____

Glasgow Coma Scale (GCS)

Eye	Verbal	Motor
4 Spontaneous	5 Oriented	6 Obeys
3 Voice	4 Confused	5 Localizes
2 Pain	3 Inappropriate	4 Withdrawal
1 None	2 Incomprehensible	3 Flexion
	1 None	2 Extension
		1 None

TIME	E	+	V	+	M	=	Total
_____	__	+	__	+	___	=	_____
_____	__	+	__	+	___	=	_____

Care Giver	Time	Procedure	Response / Comments	Temp.	B / P	Pulse Rate	Resp. Rate	Pulse Oxy.	Blood Sugar	Pain (0-10)
					/					
					/					
					/					
					/					
					/					
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☐ **REFUSAL OF SERVICE**

I HEREBY RELEASE _____ OF ANY LIABILITY WHICH MAY BE INCURRED DUE TO ANY REFUSAL OF THEIR SERVICES. I HAVE BEEN ADVISED TO SEE A PHYSICIAN OF MY CHOICE.

X _____ Time: _____

(Hospital Use Only)

PATIENT LABEL

Special Scene Conditions
- ☐ Fire
- ☐ Complicated extrication
- ☐ DNR
- ☐ Drug use suspected
- ☐ Alcohol use suspected
- ☐ Haz-Mat
- ☐ MCI
- ☐ Multiple EMS providers
- ☐ Provider exposure
- ☐ Unsafe scene
- ☐ Other - Abuse/neglect report _____

Safety Equipment
- ☐ Lap restraint
- ☐ Lap/shoulder belt
- ☐ Child safety seat
- ☐ Airbag
- ☐ Helmet
- ☐ Protective clothing

MVA Conditions
- ☐ Bent steering wheel
- ☐ Death in same vehicle
- ☐ Ejection
- ☐ Passenger compartment intrusion
- ☐ Rollover

Insurance Info. (Carrier, Member ID, etc.)

Additional Personnel on Scene:

Care Transferred To:

Name: _____ Time: _____

Report Prepared By:

Name: _____ Signature: _____

Distribution: Original – with patient to Emergency Department Duplicate – department records rev. 11/2023