

## **POLICY #124: DOCUMENTATION OF PREHOSPITAL CARE**

### **I. PURPOSE**

- A. The purpose of this policy is to define requirements for ePCR documentation and the procedure for completion, distribution and retention of the patient care records by emergency medical service (EMS) provider agencies / organizations in the County of San Luis Obispo (SLO).

### **II. SCOPE**

- A. This policy applies to all EMS providers and first responders in SLO County.

### **III. DEFINITIONS**

- Electronic Patient Care Record (ePCR): Refers to PCRs generated electronically.
- Health Insurance Portability and Accountability Act (HIPAA): The HIPAA Privacy Rule, which protects the privacy of individually identifiable health information.
- Patient: Any person who seeks or appears to require assessment and/or treatment.
- Patient Contact: When an EMS Provider encounters a patient and initiates the patient-provider relationship. The patient-provider relationship is established by either phone, radio, or personal contact. It is the providers' responsibility to ensure all patients are offered the opportunity for evaluation, treatment, and/or transport.
- System Surge: A countywide instance where an overabundance of calls leaves no available units.
- Dry Run: A call in which an EMS Provider does not make any patient contact, resulting in no patient information being entered into an ePCR.
- Refusal of Treatment or Transport: A call in which an EMS Provider makes patient contact and offers treatment and/or transportation by ambulance to a hospital, and the patient refuses said treatment and/or transportation. Patient information shall be entered into an ePCR.
- Refusal of Treatment or Transport – Against Medical Advice (AMA): A call in which and EMS Provider makes patient contact and determines that the patient has a medical problem that requires immediate treatment and/or ambulance transportation to the hospital, however the patient refuses all medical care, treatment, and transport. Patient information shall be entered into an ePCR.
- EMS Provider: Any EMR or PSFA / EMT / Paramedic authorized by SLOEMSA to respond to emergencies in the County of San Luis Obispo.
- California EMS Information System (CEMSIS): a centralized data system administrated by the California Emergency Medical Services Authority that provides a standard for patient care information.
- Hospital Hub: An ImageTrend database that funnels patient reports from the SLOEMSA Repository to each individual hospital for review.

- SLOEMSA Repository: An ImageTrend database managed by the San Luis Obispo County Emergency Medical Services Agency (SLOEMSA) where all reports and data generated by each EMS Provider are submitted and then transferred to CEMSIS.

#### IV. POLICY

- A. All transporting and non-transporting providers shall participate in an EMS Agency approved ePCR program.
- B. First Responders shall complete an ePCR on all patient contacts regardless of patient outcome.
- C. Information obtained during patient care shall include all of the following CEMSIS values found in Policy #124 Attachment B: CEMSIS Values. Individual providers may include additional patient care information to supplement required documentation, but providers shall gather all information when indicated in policy/protocol and when available.
  - 1. Additions/Subtractions from this list shall be made by SLOEMSA following updates to Schematron files and/or updates to NEMSIS/CEMSIS data version requirements.
- D. All ePCR documentation shall follow the most up to date Schematron posted by the California Emergency Medical Services Authority to ensure all reports are exported and received by the CEMSIS Repository.
- E. If an ALS Provider obtained any ECG rhythms during patient care, that provider shall attach those rhythms to their ePCR by either transferring that information from their cardiac monitors or capturing a picture of printed strips and attaching them to the report.
- F. Any element of care including treatments, assessments, and procedures shall be included in documentation. The documentation shall include the name of any responder providing said care and documenting any previous care rendered by bystanders.
- G. The management of patient care documentation shall be compliant with HIPAA requirements.
- H. Auto-Narratives are not permitted in SLO County. Documenters shall write their own narrative which shall include, but not be limited to:
  - a. Patient description.
  - b. Chief complaint.
  - c. General Observations.
  - d. History of the present event/pertinent findings.
  - e. Provider impression/Conclusions based on chief complaint.
  - f. Treatments/Care rendered to the patient.

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- g. Disposition.
- I. Patient care documentation shall meet the EMS provider agency/organization's specific medical record retention requirements. However, ePCRs shall be retained for no less than current requirements stated in California Code of Regulations Title 22, Division 5, Chapter 1, Article 7, Section 70751.
  - J. All providers shall participate in the EMS Agency data collection program.
  - K. Abbreviations and acronyms used when writing ePCRs shall be from the approved list. This can be found on Policy #124 Attachment A: Abbreviations and Acronyms List.
  - L. Any patient deemed critical or experiencing a life-threatening illness/injury, that patient's ePCR shall be completed and uploaded to the SLOEMSA Repository within 60 minutes following facility transfer of care. This applies to any of these types of patients:
    - a. Step 1 / Step 2 Trauma Alerts and Step 3 / Step 4 Trauma Consults
    - b. Any patient that is in cardiac arrest or was in cardiac arrest and achieved ROSC.
    - c. STEMI Alerts
    - d. Stroke Alerts
    - e. Any code 3 transport
  - M. For any other patient not categorized in section L (a-e), their ePCRs shall be completed and uploaded to the SLOEMSA Repository within 2 hours following transfer of care to a facility or after clearing the scene.
  - N. An exception shall be made to the upload timeframe for cases of system surge or if an additional call is pending which would make that unit the closest available resource. Both ePCRs shall be completed within two hours following the additional transfer of care.
  - O. Non-Transport personnel shall upload their ePCRs as soon as possible, but no later than 12 hours after clearing the incident or by end of shift, whichever occurs sooner.
  - P. Flight resources shall leave a flight drop sheet at the receiving hospital if the flight resource is unable to complete their report within the allotted timeframe. This flight drop sheet shall include at a minimum, but not limited to:
    - 1. Patient information
    - 2. Chief Complaint / Impression information
    - 3. Vitals
    - 4. Times
    - 5. Exam Findings
    - 6. Treatments / Procedures

- Q. All calls involving specialty care systems (Stroke, STEMI, Trauma, and Cardiac Arrest) shall be properly labeled / documented via the following data fields and be made required fields in ePCR forms:
1. STEMI: Primary Impression (eSituation.11) or Secondary Impression (eSituation.12).
  2. Trauma: Trauma Center Criteria (eInjury.03) or Vehicular, Pedestrian, or Other Injury Risk Factor (eInjury.04).
  3. Stroke: Primary Impression (eSituation.11) or Secondary Impression (eSituation.12).
  4. Cardiac Arrest: Primary Impression (eSituation.11) or Secondary Impression (eSituation.12).
- R. All patient data and ePCRs shall be transmitted to the SLOEMSA Repository and subsequently to the Hospital Hub database for hospital staff review. All data from the SLOEMSA Repository shall then be transmitted to CEMSIS following upload. ePCR uploads shall follow the same time requirements mentioned in Section IV (M-P).
- S. The EMS Agency may require additional elements as the system changes and/or for quality improvement (QI) programs.

#### V. AUTHORITY

- Title 22, California Code of Regulations, Division 9, Section 100170, 10171, 100402.
- California Health and Safety Code, Division 2.5, Section 1798a.
- California Code of Regulations, Title 22, Division 5, Chapter 1, Section 70751

#### VI. ATTACHMENTS

- A. Abbreviations and Acronyms List
- B. CEMSIS Values

Approvals:

EMS Agency, Administrator	
EMS Agency, Medical Director	

## Abbreviations and Acronyms List

AED	AUTOMATIC EXTERNAL DEFIBRILLATOR	DOB	DATE OF BIRTH
A-FIB	ATRIAL FIBRILLATION	DSG	DRESSING
A-FLUT	ATRIAL FLUTTER	DT'S	DELIRIUM TREMENS
A-TACH	ATRIAL TACHYCARDIA	D5W	5% DEXTROSE IN WATER
ABD	ABDOMINAL / ABDOMEN	DX	DIAGNOSIS
AGCH	ARROYO GRANDE COMMUNITY HOSPITAL	EBL	ESTIMATED BLOOD LOSS
ALF	ASSISTED LIVING FACILITY	ECF	EXTENDED CARE FACILITY
ALOC	ALTERED LEVEL OF CONSCIOUSNESS	ED	EMERGENCY DEPARTMENT
A/O x 3	ALERT AND ORIENTED TO TIME PLACE AND NAME	ED MD	EMERGENCY DEPARTMENT PHYSICIAN
A/O x 4	ALERT AND ORIENTED TO TIME PLACE NAME AND	ECG (EKG)	ELECTROCARDIOGRAM
AM	MORNING	EMT	EMERGENCY MEDICAL TECHNICIAN
AMA	AGAINST MEDICAL ADVICE	EMT-P	EMERGENCY MEDICAL TECHNICIAN - PARAMEDIC
AMB	AMBULATE	ePCR	ELECTRONIC PATIENT CARE RECORD
AMP	AMPULE	EPI	EPINEPHRINE
AMT	AMOUNT	ER	EMERGENCY ROOM
ANT	ANTERIOR	EST	ESTIMATED
APPROX	APPROXIMATELY	ETA	ESTIMATED TIME OF ARRIVAL
APPY	APPENDECTOMY	ET	ENDOTRACHEAL TUBE
ASA	ASPIRIN	ETI	ENDOTRACHEAL INTUBATION
ASAP	AS SOON AS POSSIBLE	ETOH	ETHANOL ALCOHOL
ASHD	ARTERIOSCLEROTIC HEART DISEASE	EVAL	EVALUATION
BBB	BUNDLE BRANCH BLOCK	EXAM	EXAMINATION
BICARB	SODIUM BICARBONATE (NAHCO3)	EXT	EXTERNAL
BID	TWICE DAILY	F	FEMALE
BILAT	BILATERAL	FB	FOREIGN BODY
BM	BOWEL MOVEMENT	FHMC	FRENCH HOSPITAL MEDICAL CENTER
BOW	BAG OF WATER	FHR	FETAL HEART RATE
B/P	BLOOD PRESSURE	FHT	FETAL HEART TONES
BPM	BREATHS PER MINUTE	FREQ	FREQUENT
BS	BREATH SOUNDS	FUO	FEVER OF UNKNOWN ORIGIN
BVM	BAG VALVE MASK	FX	FRACTURE
C/P	CHEST PAIN	G	GRAVIDA (NUMBER OF PREGNANCIES)
C/O	COMPLAINS OF	GI	GASTROINTESTINAL
CA	CANCER	GM	GRAM
CAD	CORONARY ARTERY DISEASE	GSW	GUN SHOT WOUND
CAP	CAPSULE	GTT(S)	DROPS(S)
CATH	CATHETER	GU	GENITOURINARY
C/C	CHIEF COMPLAINT	GYN	GYNECOLOGY
CC	CUBIC CENTIMETER	H/A	HEADACHE
CCU	CORONARY CARE UNIT	HCTZ	HYDROCHLOROTHIAZIDE
CHB	COMPLETE HEART BLOCK	HEENT	HEAD, EARS, EYES, NOSE, THROAT
CHF	CONGESTIVE HEAR FAILURE	H2O	WATER
CMS	CIRCULATION, MOTION , SENSATION	HR	HEART RATE
COPD	CHRONIC OBSTRUCTIVE PULMONAY DISEASE	HT	HEIGHT
CPAP	CONTINUOUS POSITIVE AIRWAY PRESSURE	HTN	HYPERTENSION
CPR	CARDIO PULMONARY RESUSCITATION	HX	HISTORY
CSF	CEREBRAL SPINAL FLUID	I.E.	THAT IS, AS EXAMPLE
CVA	CEREBRAL VASCULAR ACCIDENT	ICS	INTERCOSTAL SPACE/INCIDENT COMMAND SYSTEM
D&C	DILATION AND CURETTAGE	ICU	INTENSIVE CARE UNIT
D/C	DISCONTINUE	IM	INTRAMUSCULAR
DEC	DECREASE	INC	INCREASE
DIAB	DIABETIC	INCONT	INCONTINENT
DISCH	DISCHARGED	INSPIR	INSPIRATION/INSPIRATORY
DK	DARK	INVOL	INVOLUNTARY
DM	DIABETES MELLITUS	I/O	INTAKE/OUTPUT
DNR	DO NOT RESUCITATE	IO	INTRAOSSEOUS
DOA	DEAD ON ARRIVAL	IV	INTRAVENOUS

IVP	INTRAVENOUS PUSH		O2	OXYGEN
IVPB	INTRAVENOUS PIGGYBACK		OB	OBSTETRICS
J-TACH	JUNCTIONAL TACHYCARDIA		OD	OVERDOSE
JVD	JUGULAR VENOUS DISTENTION		ORTHO	ORTHOPEDICS
KG	KILOGRAM		OS	MOUTH
L	LITER		OZ	OUNCES
LAB	LABORATORY		P	PULSE
LAT	LATERAL		PARA	NUMBER OF LIVE BIRTHS
LB	POUND		PAT	PAROXYSMAL ATRIAL TACHYCARDIA
LBBB	LEFT BUNDLE BRANCH BLOCK		PCR	PATIENT CARE RECORD
LBP	LOWER BACK PAIN		P/E	PHYSICAL EXAM
LG	LARGE		PE	PULMONARY EDEMA
LIDO	LIDOCAINE		PEA	PULSELESS ELECTRICAL ACTIVITY
LIQ	LIQUID		PERL	PUPILS EQUAL, REACTIVE TO LIGHT
LLL	LEFT LOWER LOBE		PERRL	PUPILS EQUAL, ROUND, REACTIVE TO LIGHT
LLQ	LEFT LOWER QUADRANT		PID	PELVIC INFLAMMATORY DISEASE
LMP	LAST MENSTRUAL PERIOD		PM	AFTERNOON
LOC	LEVEL OF CONSCIOUSNESS		PMD	PRIVATE PHYSICIAN
L.O.C.	LOSS OF CONSCIOUSNESS		PMS	PREMENSTRUAL SYNDROME
LR	LACTATED RINGERS		P/M/S	PULSE / MOTOR / SENSORY
LS	LUNG SOUNDS		PO	BY MOUTH
LT	LEFT		POS	POSITIVE
LUL	LEFT UPPER LOBE		POSS	POSSIBLE
LUMB	LUMBAR		POLST	PHYSICIANS ORDERS FOR LIFE SUSTAINING TREATMENT
LUQ	LEFT UPPER QUADRANT		POST	POSTERIOR
LVN	LICENSED VOCATIONAL NURSE		POST OP	POST OPERATIVE
M	MALE		PRE	BEFORE
MAE	MOVES ALL EXTREMITIES		PREG	PREGNANCY
MCG	MICROGRAM		PRN	WHENEVER NECESSARY (AS NEEDED)
MAL	MID AXILLARY LINE		PROX	PROXIMAL
MCI	MULTI-CAUALTY INCIDENT		PT	PATIENT
MCL	MID CLAVICULAR LINE		PTA	PRIOR TO ARRIVAL
MEDS / RX	MEDICATIONS		PVC	PREMATURE VENTRICULAR CONTRACTION
MEQ	MILLIEQUIVALENT		Q	EVERY
MG	MILLIGRAM		Q.H.	EACH OR EVERY HOUR
MI	MYOCARDIAL INFARCTION		Q.D.	EACH OR EVERY DAY
MIVT	MECAHNISM,INJURIES,VITAL SIGNS, TREATMENT		Q.I.D.	FOUR TIMES DAILY
ML	MILLILITER		R.N.	REGISTERED NURSE
MMC	MARIAN MEDICAL CENTER		R/O	RULE OUT
MOD	MODERATE		RBBB	RIGHT BUNDLE BRANCH BLOCK
MO	MONTH		RE:	REGARDING / IN REGARDS TO
M.S.	MORPHINE SULFATE		REG	REGULAR
MVA	MOTOR VEHICLE ACCIDENT		REHAB	REHABILITATION
N/A	NOT APPLICABLE		REM	RAPID EYE MOVEMENT
NC	NASAL CANNULA		RESP	RESPIRATION
N/C	NO COMPLAINT		RLL	RIGHT LOWER LOBE
N/G	NASOGASTRIC		RLQ	RIGHT LOWER QUADRANT
N/V	NAUSEA / VOMITING		ROM	RANGE OF MOTION
N/V/D	NAUSEA / VOMITING / DIARRHEA		ROSC	RETURN OF SPONTANEOUS CIRCULATION
N.S.	NORMAL SALINE		RR	RESPIRATORY RATE
NEG	NEGATIVE		RT	RIGHT
NEURO	NEUROLOGICAL		RUQ	RIGHT UPPER QUADRANT
NITRO	NITROGLYCERINE		S.L.	SUBLINGUAL
NKA	NO KNOWN ALLERGIES		SM	SMALL
NPO	NOTHING BY MOUTH		SNF	SKILLED NURSING FACILITY
NRB	NON-REBREATHAR MASK		SOB	SHORTNESS OF BREATH
NSR	NORMAL SINUS RHYTHM		SOL	SOLUTION
NTI	NASAL TRACHEAL INTUBATION		SPO2	SERUM PERCENTAGE O2
N/V	NAUSEA /VOMITING		SPONT	SPONTANEOUS



CEMSIS Values							
	PCR Information	CEMSIS Values					
Scene Information	Incident/Response number	eResponse.03	eResponse.04				
	Documenting agency name	dAgency.03					
	Location/Address of the scene	eScene.15	eScene.17	eScene.18	eScene.19	eScene.09	eScene.13
	Dispatch Complaint	eDispatch.01					
	Unit number/call sign	eResponse.13	eResponse.14				
	Response mode to scene/from scene	eResponse.23	eResponse.17				
Times	Date/est. Time of Incident	eSituation.05	eSituation.06				
	Date/Time call received by Dispatch	eTimes.01					
	Date/Time unit dispatched to call	eTimes.03					
	Date/Time unit en-route	eTimes.05					
	Date/Time unit on-scene	eTimes.06					
	Date/Time unit at patient	eTimes.07					
	Date/Time unit left scene (trans. only)	eTimes.09					
	Date/Time unit at destination (trans. only)	eTimes.11					
	Date/Time transfer of patient care	eTimes.08					
	Date/Time unit available	eTimes.13					
Patient Information	First and Last name/Middle Initial	ePatient.02	ePatient.03	ePatient.04			
	Date of Birth and Age	ePatient.17	ePatient.15	ePatient.16			
	Gender	ePatient.13					
	Weight in Kilograms	eExam.01					
	Home Address	ePatient.05	ePatient.06	ePatient.08	ePatient.09		
Complaint / Impression	Chief Complaint	eSituation.03	eSituation.04	eSituation.09			
	Protocols	eProtocols.01	eProtocols.02				
	Primary Impression	eSituation.11	eInjury.01	eInjury.02	eInjury.03		
	Secondary Impression (if applicable)	eSituation.12					
	Narrative	eNarrative.01					
Vitals	Pulse / Heart Rate	eVitals.01	eVitals.02	eVitals.10	itVitals.019	eVitals.11	
	Blood Pressure	eVitals.01	eVitals.02	eVitals.06	eVitals.07	eVitals.08	
	Respiratory Rate/Respirations	eVitals.01	eVitals.02	eVitals.14	eVitals.15		
	Oxygen Saturation/SPO2	eVitals.01	eVitals.02	eVitals.12			
	Glasgow Coma Scale/GCS	eVitals.01	eVitals.02	eVitals.20	eVitals.21	eVitals.19	eVitals.22
		eVitals.23					



CEMSIS Values							
	PCR Information	CEMSIS Values					
Vitals	Airway	eVitals.01	eVitals.02	itVitals.002			
	Level of Consciousness/AVPU	eVitals.01	eVitals.02	eVitals.26			
	Temperature	eVitals.01	eVitals.02	eVitals.24	eVitals.25		
	Pain Scale	eVitals.01	eVitals.02	eVitals.27			
	Blood Glucose (Authorized Agencies Only)	eVitals.01	eVitals.02	eVitals.18			
	ECG/EKG (ALS Only)	eVitals.01	eVitals.02	eVitals.04	eVitals.03	eVitals.05	eDevice.03
		eDevice.07	eDevice.08	eDevice.05			
	Waveform Capnography (ALS Only)	eVitals.01	eVitals.02	eVitals.16	itVitals.040		
Physical Assessment	Skin	eExam.03	eExam.04				
	Head	eExam.03	eExam.05				
	Face	eExam.03	eExam.06				
	Eye	eExam.03	eExam.17	eExam.18	itExam.042		
	Neck	eExam.03	eExam.07				
	Chest/Lungs/Heart	eExam.03	eExam.08	eExam.09			
	Abdomen	eExam.03	eExam.10	eExam.11	itExam.047		
	Pelvis/Genitourinary	eExam.03	eExam.12				
	Extremity	eExam.03	eExam.15	eExam.16	itExam.044		
	Back/Spine	eExam.03	eExam.13	eExam.14	itExam.049		
	Neurological/Mental Status	eExam.03	eExam.20	eExam.19			
Patient History	Past Medical History/Current Medications	eHistory.08	itHistory.11	eHistory.09	itHistory.017	eHistory.12	
	Medication/Enviornmental Allergies	eHistory.06	itHistory.009	eHistory.07	itHistory.008		
Care Rendered	Procedures	eProcedures.01	eProcedures.09	eProcedures.10	eProcedures.02	eProcedures.03	eProcedure.04
		eProcedures.13	eProcedures.05	eProcedures.06	eProcedures.07	eProcedures.13	eProcedures.08
	Medications	eMedications.01	eMedications.02	eMedications.09	eMedications.10	eMedications.11	eMedications.03
		eMedications.04	eMedications.05	eMedications.06	eMedications.07	eMedications.08	
Transfer of Care	Patient disposition	eDisposition.12	eDisposition.19	eDisposition.20	eOther.02		
	Destination name/address	eDisposition.01	eDisposition.23	eDisposition.21	eDisposition.03	eDisposition.04	eDisposition.05
		eDisposition.07	itDisposition.051				
	Transfer of care signature (trans. only)	eOther.19	eOther.12	eOther.13	eOther.15	itOther.032	eOther.21
		eOther.20	eOther.18	eTimes.12			
	Signature of the documenter	eOther.19	eOther.12	eOther.13	eOther.15	itOther.032	eOther.21
		eOther.20	eOther.18	eTimes.12			