PREHOSPITAL CARE REPORT

I. AUTHORITY:

California Health and Safety Code, Division 2.5, Sections 1797.220 and 1798. California Code of Regulations, Title 22, Division 9, Sections 100169 (a) (6) and 100170 (e).

II. APPLICATION:

This policy establishes when a prehospital care report is required by basic life support (BLS) or advanced life support (ALS) responders.

III. DEFINITIONS:

A patient is someone who meets any one of the following criteria:

A. Has a chief complaint.

B. A witness / someone with personal knowledge of the person states the person has a chief complaint, or makes a request for examination or treatment on the person's behalf.

C. Has obvious symptoms or signs of injury or illness.

D. Has been involved in an event with significant mechanism that the average first responder would believe could cause an injury.

E. Appears to be disoriented or to have impaired psychiatric function.

F. Has evidence of suicidal intent.

G. Is dead.

IV. CRITERIA:

A. An Orange County Emergency Medical Services (OCEMS) prehospital care report (PCR) shall be completed for all persons meeting the definition of a patient. This includes a patient who is released on scene, refuses care / leaves against medical advice (AMA), meets criteria for field death, is an interfacility transport, or is involved in a multicasualty incident (MCI).

B. Contact with persons who do not meet criteria for the definition of a patient should be recorded in the fire department incident reporting system (*e.g.,* NFIRS, OCFIRS) to document that assistance was offered and declined. Follow department reporting requirements regarding personal identifying information to be included (*e.g.,* person's name, age / DOB, and gender).

C. An EMS evaluation (minimum EMT level) may or may not be required for non-medical requests for assistance (*e.g.*, "service calls" such as back-to-bed requests). A PCR shall be completed for persons meeting patient criteria. If non-patient, document as noted in item B above.

Italicized Text Identifies Quotations From An Authority Outside OCEMS.

V. DOCUMENTATION AND QUALITY ASSURANCE:

A. Documentation

Follow documentation guidelines as developed by the Orange County Fire Chiefs EMS Subcommittee and approved by the Orange County EMS Quality Improvement Committee.

B. Quality Assurance

The ALS service provider and the base hospital shall review their copies of the PCR for quality improvement purposes.

VI. DISTRIBUTION OF PREHOSPITAL CARE REPORT COPIES:

A. If patient is transported to a paramedic receiving center (PRC), distribute as follows:

- Top copy: Retained by provider agency
- Second copy: Sent to the assigned base hospital
- Third copy: Left at PRC with the patient
- Fourth copy: Sent to Orange County EMS
- Fifth copy: Extra copy; as per provider agency policy
- Information and treatment summary: Used / retained at discretion of provider agency.

B. If patient is NOT transported or refuses care / leaves against medical advice (AMA), distribute as follows:

- Top copy: Retained by provider agency
- Second copy: Sent to the assigned base hospital
- Other copies: As per provider agency policy

C. If patient is declared dead (reference Policy 330.50) and not transported, distribute as follows:

- Top copy: Retained by provider agency
- Second copy: Sent to the assigned base hospital
- Third copy: Left with the body for the coroner's office
- Fourth copy: Sent to Orange County EMS within 10 days
- Other copies: As per provider agency policy

Note: The PCR form is Policy 390.16.