



POLICY: 560.11
TITLE: Documentation of Patient Contact

EFFECTIVE: 6/10/20

REVIEW: 6/2025
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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DOCUMENTATION OF PATIENT CONTACT

I. AUTHORITY

California Health and Safety Code, Division 2.5 sections 1797.220 and 1798 a.; and California Code of Regulations, Title 22 Section 100163 (6) (A).

II. DEFINITIONS

- A. "Advanced Life Support Call" means any EMS call in which Advanced Life Support Procedures, as defined in Section 1797.52, Division 2.5 of the Health and Safety Code, with the exclusion of cardiac monitoring, are initiated. Cardiac monitoring, in itself, shall not constitute an ALS call unless done in conjunction with other ALS treatments or prescribed by a physician.
- B. "Basic Life Support Call" means any EMS call that does not meet the definition for an Advanced Life Support call.
- C. "Health Agent" means any person other than a law enforcement officer or coroner who has authority or responsibility for the disposition of a body. A health agent could be a private physician, a home health nurse or a public health nurse.
- D. "Patient" means any individual encountered by EMS personnel who upon questioning, requests assessment, treatment or transport or appears to exhibit evidence of illness or injury.
- E. "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.
- F. "Competent Person/Patient" means an individual with a capacity to understand the nature of his/her medical condition, if one exists, and is not impaired by alcohol, drugs/medications, mental illness, traumatic injury, grave disability, or mental abilities diminished due to age.
- G. "Patient Contact" means anytime during the course of an EMS call, a person is identified as a patient as defined in this policy.

- H. "Patient Care Record" means the form used to document prehospital medical care information according to the current standards established by the Stanislaus County Emergency Medical Services Agency
- J. "Triage Tag" refers to the patient documentation tag currently in use within the Stanislaus County EMS system for the prioritization of patients of a disaster or multi-casualty incident.

III PURPOSE

To identify required patient information and to establish a mechanism for gathering, recording, and reporting this information

IV. POLICY

A. A Patient Care Report (PCR) or Triage Tag (when appropriate) shall be completed:

- 1. On all patients transported by ambulance
 - 2. For Stanislaus County Fire Department providers with a signed agreement with SCEMSA, PCRs shall be completed when patient contact was made prior to the transporting ambulance and if any skill was performed other than basic vital signs.
 - 3. In all cases of pre-hospital death. A completed original PCR or Triage Tag shall be given to the County Coroner, Law Enforcement, or Health Agent with jurisdiction over the scene by the ambulance personnel prior to departing the scene. A Triage Tag may be used to document patient information to be given to the County Coroner, Law Enforcement or Health Agent, if the original PCR is needed for Base Hospital Documentation and it was a confirmed MCI activation.
 - a. At a minimum the Triage Tag must contain the following information:
 - 1) Patient History, including the criteria used to determine death.
 - 2) Patient Treatment.
 - 3) The time death was determined.
 - 4) The Name of the Ambulance Service Provider.
 - 5) The name and certification number of the EMT-I or EMT-P who performed the patient assessment.
 - 6) The name of the Base Hospital Physician who determined the patient's death, if applicable.
 - 7) The Patient Care Report number of the PCR that documents the entire incident.
 - 4. In all cases where, in the opinion of the prehospital personnel, a patient has signs and symptoms of illness or has experienced a mechanism of injury substantial enough to warrant medical attention but is refusing treatment and/or transportation a Release From Medical Responsibility Form provided by the employer should be completed and signed
 - 5. In all cases where a patient asks not to be transported but to seek medical attention on his/her own and, in the opinion of the prehospital personnel, a patient has signs and symptoms of illness or has experienced a mechanism of injury that is not of a serious enough nature to warrant ambulance transport.
- B. The complete medical record copy of all Patient Care Reports and Triage Tags, except as noted in Section A.3. for cases of death, shall be hand delivered, faxed, transmitted or the

Base Liaison shall have direct access to the completed PCR within 2 hours for any patient that was transported code 3 to the receiving hospital and 12 hours for any others.

EMS PCRs contain vital information when deciding a course of treatment, therefore it is important to have the completed PCRs to the receiving hospital within 2 hours for all critical/code 3 transports

1. If prehospital personnel are dispatched to an emergency call prior to completing required documentation within the timeframe noted above, the documenter shall contact his/her direct supervisor for a reason why the PCR was not completed within the required timeframe if the timeline was not met unless there was an Information Technology (IT) problem that prohibited submission
2. If the PCR cannot be submitted within the policy time requirements, the care provider completing the report must submit a completed "Interim PCR" (Appendix A) prior to the prehospital personnel's departure from the department receiving the patient if requested by the receiving department.

V. Procedure

- A. A Patient Care Report shall be completed according to SCEMSA 560.12 -Patient Care Record Instruction Booklet.
- B. A photocopy of a completed Triage Tag shall be used to document all victims of a Multi-Casualty Incident whenever the local county Multi-Casualty Incident Plan is utilized.
- C. When a triage tag is used, the original triage tag shall become part of the patient record and photocopies shall:
 1. Be done in such a way that the triage tag remains on the patient until such time that the hospital patient record is established. If the ambulance crew needs to leave prior to completion of a hospital patient record, the prehospital personnel may remove a perforated section of the Triage Tag which contains the patient I.D. number for later patient documentation.
 2. Be photocopied front and back and attached to the PCR. After the photocopy has been made, the original triage tag should be attached to the PCR for medical records.
 3. Be made in triplicate for normal distribution.

Appendix A

- I. Provider Agencies will use the elements listed below on the EMS Service Interim PCR Form:
 - A. “Interim Patient Care Report” in bold caps in the header of report
 - B. Date, Time, Unit number, Provider, and Incident number
 - C. Incident Address
 - D. Last and First Name, Age, DOB, Sex of Patient
 - E. Patient’s Address and Phone
 - F. Chief Complaint
 - G. Mechanism of Injury/History
 - H. Vitals Sign Box to include: Time, BP, Pulse, Resp/Rate/Quality, SP02, GCS, EKG Rhythm
 - I. Treatment Box to include: Time, Treatment/Medications, and Response to Treatment
 - J. Allergies, Medications, and Medical History Box
 - K. Pertinent Physical Findings Box
 - L. Receiving Hospital, Crew/Cert Number and Signature, Person Receiving Care/Title
- II. The following page has an example Interim Patient Care Report, which can be used by the provider within the SCEMSA Region.

Stanislaus County EMS Agency
Interim Patient Care Report

Date: _____ Time: _____ Unit #: _____ Provider _____ Incident # _____

Incident Address: _____ Level of Distress: **Mild Moderate Severe**

Name (Last, First): _____ Age: _____ DOB: _____ Sex: M F

Patient's Address: _____ Phone: _____

Chief Complaint:

Mechanism of Injury/History:

Time	BP	Pulse	Resp. Rate/Quality	SPO2	GCS				EKG Rhythm
					Eyes	Motor	Verbal	Total	

Time	Treatment/Medications				Response to Treatment
	Oxygen <input type="checkbox"/> Cannula <input type="checkbox"/> Mask <input type="checkbox"/> BVM Liter Flow _____				
	<input type="checkbox"/> IV I/O <input type="checkbox"/>	Gauge	Location	Rate	

Allergies	Medications	Medical History	
		<input type="checkbox"/> Cardiac <input type="checkbox"/> Psych <input type="checkbox"/> Stroke <input type="checkbox"/> Diabetes <input type="checkbox"/> HTN <input type="checkbox"/> CA <input type="checkbox"/> COPD <input type="checkbox"/> GI	<input type="checkbox"/> Other:

Pertinent Physical Findings:

Receiving Hospital: _____ Person Receiving Care/Title: _____
Crew/Cert. Number: 1. _____ 2. _____ 3. _____