

Policy and Procedures

Title: PCR Completion / Documentation

Date issued / last revision: December 29, 2003

Date effective: Immediately

PCR Completion / Documentation

Statement:

Cooperstown Medical Transport, Inc. (CMT) requires thorough and accurate documentation of all calls on NYS DOH approved forms.

Purpose:

This policy is to assure compliance with all applicable laws and regulations, (including NYS DOH Policy Statement 02-05) to provide continuity of care and limit the liability of CMT.

Scope:

This policy applies to all CMT employees, full time, part time and interns.

Policy:

1. A PCR will be completed:
 - a. For every patient
 - i. If there is more than one patient on any call, then a PCR must be filled out for each patient.
 - ii. For a declared Mass Causality Incident, only a log of all patient contacts is required.
 - iii. For special event coverage special dispensation may be granted by CMT's Medical Director to maintain a log of patient contacts.
 - iv. When in doubt, complete a PCR.
 - b. For every cancelled call
 - c. For every standby (including special events)
 - d. Any time you are dispatched
2. Distribution of PCR copies:
 - a. Pink - hospital patient record
 - i. Crews must leave the pink copy at the hospital or receiving facility prior to leaving.
 - b. Yellow - research copy
 - i. Submitted to AAREMS by at least the 10th of the following month.
 - c. White - agency copy
 - i. Retained by CMT.
 - ii. Refer to *Files* for further information.
3. PCRs must be turned in by the end of your shift. If there is an extenuating circumstance that you cannot turn in your paperwork, prior to the end of your shift, you must contact a supervisor and request permission for a time extension. You are

- then required to complete and turn in all paperwork before the end of the time extension.
- a. Any failure to complete and turn in paperwork in a timely manner may result in disciplinary action up to and including termination.
4. A Continuation Form (CCR) will be used for all medication administrations including those given on interfacility transports.
 5. A CCR will be used for all additional sets of vital signs, they cannot just be written in the margins of the PCR.
 6. All refusals (RMA) must have, as a minimum, a documented LOC and GCS. A full set of vitals is the ideal documentation. Refer to *Patient Refusal Guidelines* for further information.
 - a. Any patient refusing medical treatment / transport, or a patient refusing for a minor must sign a refusal form and the release on the back of the white copy of the PCR.
 - i. The yellow copy of the refusal form is to be given to the person signing the form.
 - b. In the event that a signature cannot be obtained, complete documentation of the situation and circumstances must be on the PCR and a witness sign in the witness location, preferable a law enforcement officer.
 7. The exact dose of all medications administered must be documented. As an example, '1 spray' of Nitro is not acceptable, instead, 0.4 mg NTG spray SL, would be acceptable.
 - a. No not use a trailing zero on a medication dose. As an example, 2.0 mg Morphine is not acceptable; 2 mg Morphine would be acceptable.
 8. If Medical Control is contacted, the facility's name and the physician's name must be documented. As an example 'MD 1' is not acceptable.
 9. If protocols are not followed for the patient's current condition, you must document why you deviated. The only acceptable reasons would include (but not limited to) a:
 - a. Patient refusal (must sign a Refusal Form)
 - b. Change in patient's status or condition
 - c. Medical Control order
 - d. DNR
 - e. Known allergy to a medication
 - f. Patient not meeting the full criteria as established in the protocol
 10. EKG strips must be attached to the PCR, CCR or EKG sheet with tape on four sides prior to handing in.
 11. If controlled substances are used during the call, the letters **CS** *must* be written in the upper right hand corner of the PCR.