

OMD Clinical Administrative Protocols**Approved by MCB 7/10/13****Effective 10/1/13; replaces 8/1/10 and all prior versions****Patient Care Report Completion Policy**

A patient care report (PCR) is required if patient contact is made.

Patient contact occurs when any member of a Medical Control Board affiliated agency is

- a) On-duty representing that agency;
- b) Responding to a request for medical assistance;
- c) Inquires as to the well-being of a patient and/or renders medical treatment to a patient.

All PCRs are to be completed by the responsible medical personnel prior to their leaving that shift in which the involved patient inquiries and/or treatments occurred.

The medical personnel responsible for completing a PCR shall make all reasonable effort to personally document the contents of the PCR and proofread the PCR to avoid need to make further edits after the PCR is left at the destination.

Unless emergency transports are awaiting ambulance assignment, PCRs shall be completed and left at the destination at the time of patient delivery to the destination. In the event of emergency transports awaiting ambulance assignment, PCRs not completed at the time of patient delivery to the destination shall be completed and transmitted to the destination within 2 hours of patient delivery unless in times of disaster operations approved/declared by the Medical Director or his/her designee within the Medical Control Board/Office of the Medical Director.

If any changes are made to a PCR after its preliminary/initial version is left at the destination (for example, hospital emergency department), then the final version of the PCR shall also be transmitted to the destination by or on behalf of the responsible medical personnel within 2 hours of patient delivery unless in times of disaster operations approved/declared by the Medical Director or his/her designee within the Medical Control Board/Office of the Medical Director.

If PCR changes are made that could be critical to patient care decisions (eg. notation of altered mental status/syncope; abnormal vital signs; abnormal ECG findings; medications/doses of medications administered; unusual responses to treatment), then the responsible medical personnel is to personally contact the treating physician and/or mid-level provider in the ED via telephone no later than at the time those PCR changes are made.