Government of the District of Columbia

Department:	***Department of Health***
Administration:	***Health Emergency Preparedness and Response Administration***
Section:	***Emergency Medical Services***
Policy Name:	***Patient Care Report for DOH Aid Stations***
Policy Number:	***2010-0007***
Effective Date:	***01 October 2010***
Approved By:	***Beverly Pritchett, Senior Deputy Director, HEPRA***
Applies To:	***Department of Health***
	Medical Reserve Corp
Purpose:	***Patient Care Report***
Reference:	***EMS Act of 2008, Section 24 (a)(1)(E)***
Revision:	***Original***

The EMS Act of 2008 provides for record keeping requirements as mandated by the Department of Health. DOH is requiring the completion and submission of Patient Care Reports (PCR) to collect emergency medical services data. All health care providers operating at DOH events with the Medical Reserve Corp (MRC) are required to comply with this policy.

Usage

The approved PCR (form DC-DOH Form 2010-0007) shall be used anytime a care provider of the MRC has contact with a patient while in their official capacity as a MRC member. The form is to be completed completely and accurately. A PCR must be completed even if the patient refuses treatment or transport. All patient contacts must be reported using the approved PCR.

Form Fields

Aid Station

- At the top of the form is an area marked Aid Station. Indicate the Aid Station where the patient was seen, or if the care provider is a member of a roving team, the name of the Aid Station the team is assigned.

Location

- This is the location of the incident where the patient is seen. If the patient is seen in the Aid Station indicate "Aid Station." If the patient was seen by a roving team the location where the patient was seen (i.e. "13th and Constitution Ave NW").

Pt Num

- The Patient Number that is assigned to the patient

Date

- Date the patient was seen. Use the format of Month/Day/Year (e.g. May 17, 2010 would be entered as 05/17/2010)

Time

- Time the patient was seen. Use the 24-hour format (do not use am/pm)

Last Name

- The patient's last name. If unknown use "Doe"

First Name

- The patient's first name. If unknown use "John" for a male patient and "Jane" for a female patient

Address

- Patient's address. Use City, State

Age

- Patient's age. If months, follow the number by the letter "M" (e.g. "6M"). If days, follow the number by the letter "D" (e.g. "8D").

DOB

- Patient's date of birth. Use the format of Month/Day/Year (e.g. May 17, 2010 would be entered as 05/17/2010). If unknown, use "UNK"

Sex

- Patient's apparent sex. Use "M" for male, "F" for female, "U" for unknown

Reason for Call

- This section contains common complaints, including;
    - Abd Pain (abdominal pain)
    - Bleeding
    - Burns
    - Chest Pain
    - Cardiac Arrest
    - Gen Malaise (general malaise)
    - Trbl Breath (trouble breathing)
    - Trauma
    - Other

- Select at least one complaint
  - You can select multiple complaints
  - If "Other" is selected, explain in the narrative

Care Providers

- Enter the DC certification number of the care providers that treated the patient.
- Preface the number with the certification level
  - R = Emergency Medical Responder
  - E = Emergency Medical Technician
  - A = Advanced EMT
  - I = EMT-Intermediate
  - P = Paramedic

Airway

- Check the box that best describes the patient's airway during your initial assessment
  - Normal
  - Part Obstructed (partial obstruction)
  - Full Obstruction

Breathing

- Check the box that best describes the patient's breathing during your initial assessment
  - Normal
  - Rapid
  - Slow
  - Irregular
  - Labored
  - None

Circulation

- This area consist of four sections;
  - Time
    - Use the 24-hour format (do not use am/pm)
  - BP
    - Blood pressure.
    - Enter as systolic/diastolic
    - If taken by palpation, place "P" in place of a diastolic number
    - If no pulse is present (cardiac arrest), indicate 0/0
    - If you are unable to obtain a blood pressure on a living patient, indicate "UTO" (Unable To Obtain)

- Pulse
  - If no pulse is present (cardiac arrest), indicate 0
  - If you are unable to obtain a pulse on a living patient, indicate "UTO" (Unable To Obtain)
- Resp (respirations)
  - If no pulse is present (cardiac or respiratory arrest), indicate 0

- Up to six sets of vital signs can be entered in the area

Skin

- Check the box(es) that best describes the patient's skin color and temperature during your initial assessment
  - Normal
  - Moist
  - Cool
  - Pale
  - Cyanotic
  - Rash
  - Localized Lesions

Thorax

This is divided into two sections;

- Chest
  - Check the box that best describes the patient's chest wall during your initial assessment
    - Normal
    - Flail
    - Tender
- Abdomen
  - Check the box that best describes the patient's abdomen during your initial assessment
    - Tender
    - Rigid
    - Soft

Other Symptoms

- Neuro
  - Check the box that best describes the patient's presentation during your initial assessment
    - Normal
    - Flaccid
    - Paralysis
- Gastrointestinal
  - Check the box that best describes the patient's presentation during your initial assessment
    - Nausea
    - Vomiting
    - Diarrhea

Glasgow Coma Score

- This area is divided into the three sections that make up the Glasgow Coma Score (GCS)
- Each section can be recorded up to three times, as noted by the 1, 2, and 3 at the top of column.
  - The 1, 2 and 3 correspond to the times in the Circulation area.
- Eye Opening
  - Check the box that best describes the patient's eye opening
    - Spontaneous (Score=4)
    - To Speech (Score=3)
    - To Pain (Score=2)
    - None (Score=1)
- Verbal Response
  - Check the box that best describes the patient's verbal responses to questioning
    - Oriented x3 (Score=5)
    - Confused (Score=4)
    - Inappropriate Words (Score=3)
    - Incomprehensible Sounds (Score=2)
    - None (No verbal response) (Score=1)
- Motor Response
  - Check the box that best describes the patient's motor responses
    - Obeys (Score=6)
    - Localized (Score=5)
    - Withdraws (Score=4)
    - Flexes (decorticate) (Score=3)
    - Extends (decerebrate) (Score=2)
    - None (No verbal response) (Score=1)

Pupils

- This area is divided into the three sections
- Each section can be recorded up to three times, as noted by the 1, 2 and 3 at the top of column.
    - The 1, 2 and 3 correspond to the times in the Circulation area.
- Size
    - Using the size chart to the left of the Pupils fields, estimate the size as 1, 2 or 3
    - Indicate a size for the left (L) and right (R) pupils
- Reactive
    - Check the appropriate box if the left (L) and/or right (R) pupils are reactive to light
- Non-reactive
    - Check the appropriate box if the left (L) and/or right (R) pupils are non-reactive to light

Injury Description

- This area is used to identify where on the patient's body an injury has occurred.
- Mark the approximate area where the injury is located and note the number of the type of injury sustained.

Airway

- This area is used to identify the type(s) of airways used.
- Check all that apply
    - Oral (oropharyngeal airway)
    - Nasal (nasopharyngeal airway)
    - Combi (combitube or similar airway)
    - Other
        - If "Other" is checked write the type of airway in the box below

Oxygen

- This area is used to identify the type(s) of oxygen delivery devices used.
- Check all that apply
    - Nasal cannula
    - Non-rebreather oxygen mask
    - B-V-M (Bag-Valve-Mask)
    - Other
        - If "Other" is selected, make sure the device is identified in the narrative
    - LPM (Liters Per Minute)
        - Indicate the flow rate next to LPM

Treatment

- This area is used to identify the common types of treatments administered to a patient.
- Check all that apply
  - Limb splints
  - Traction splint
  - Spine board
  - Cervical collar
  - CPR
  - Citizen CPR
  - Suction
  - Extrication
  - Control Bleeding
  - Other
    - If "Other" is selected, make sure the treatment is identified in the narrative

Defibrillation

- This area is used to identify when an AED has been used in treating a patient
  - Time
    - Time the shock was administered
  - Number of Shocks
    - Number of shocks delivered by the AED
  - Outcome
    - Indicate the outcome of the defibrillation attempt
      - Pulse return
      - No change
- Up to two usages of the AED can be recorded.
- If more than two are administered it must be noted in the narrative

Meds Given

- Up to three medications can be noted.
- If more than three are administered it must be noted in the narrative

History

- This area contains common medical history.
- Check all that apply
  - Cardiac
  - CA (cancer)
  - COPD (chronic obstructive pulmonary disease)
  - Diabetes
  - HTN (hypertension)
  - Psych (psychiatric)
  - Stroke
  - Other
    - If "Other" is checked indicate other history in the box directly below

Meds

- This section is for listing any medication the patient is currently taking.
- Unknown and None are available as checkboxes

Allergies

- This section is for listing any patient allergies.
- Unknown and None are available as checkboxes

Time/Location of Onset of Symptoms

- This section is for noting the approximate time and where the patient was located when their symptoms occurred
- This is used by the epidemiological staff to determine if there is the possibility of a common cause
- Do not complete this section if trauma related

Narrative

- This section is used to complete your narrative of how the patient presented and any treatments administered.
- If there is insufficient space on the front, continue on the back of the document

Attach Triage Tag Transport Record Sticker Below

- If triage transport tag stickers are used during the event, place the sticker in this box

Category

- This section is divided into three sections
  - Patient Priority (check the appropriate box)
    - 1 = Unstable
    - 2 = Potentially unstable
    - 3 = Stable
  - Treat and Release
    - Check this box if the patient does not wish to be transported to a care facility
  - Treat and Transport by
    - Check this box if the patient is transported by ambulance to a care facility.
    - Indicate the ambulance organization name and unit number

Time Exit

- This is used to note the time the patient left the Aid Station, or the time the call was cleared by the roving team.
- Use the 24-hour format (do not use am/pm)

Provider Signature

- The lead care provider that assessed and treated the patient must sign the form.

Disposition of PCR

All patient care reports are to be maintained in a secure area within the Aid Station

- No PCR should be left out in the open where other members of the public could view the report.
- All pertinent HIPAA and federal and local privacy policies apply.

The Administrative person in each Aid Station is responsible for the collection and submission of all PCRs generated within their Aid Station or by roving teams attached to their Aid Station. The Administrative person in each Aid Station will submit the PCRs from their Aid Station to the DOH Event Operations Director.

The Operations Director will submit all of the PCRs to the District EMS Officer for review.

All PCRs will be stored in accordance with District laws and regulations.

Patient Care Report

Aid Station: _____

Location:			Pt Num:	Date: / /	Time: :
Last Name:			**Reason for Call**		**Care Providers**
First Name:			☐ Abd Pain ☐ Chest Pain ☐ Trbl Breath		1
Address:			☐ Bleeding ☐ Cardiac Arrest ☐ Trauma		2
Age:	DOB:	Sex:	☐ Burns ☐ Gen Malaise ☐ Other		3

Airway

☐ Normal
☐ Part Obstructed
☐ Full Obstructed

Breathing

☐ Normal
☐ Rapid
☐ Slow
☐ Irregular
☐ Labored
☐ None

Circulation

	Time	*BP*	*Pulse*	*Resp*
1	:	/		
2	:	/		
3	:	/		
4	:	/		
5	:	/		
6	:	/		

Skin

☐ Normal
☐ Moist
☐ Cool
☐ Pale
☐ Cyanotic
☐ Fever
☐ Rash
☐ Localized Lesions

Thorax

Chest
☐ Normal
☐ Flail
☐ Tender

Abdomen
☐ Tender
☐ Rigid
☐ Soft

Other Symptoms

Neuro
☐ Normal
☐ Flaccid
☐ Paralysis

Gastrointestinal
☐ Nausea
☐ Vomiting
☐ Diarrhea

Glasgow Coma Score

Eye Opening	*1*	*2*	*3*
Spontaneous(4)	☐	☐	☐
To Speech (3)	☐	☐	☐
To Pain (2)	☐	☐	☐
None (1)	☐	☐	☐

Verbal Resp	*1*	*2*	*3*
Oriented (5)	☐	☐	☐
Confused (4)	☐	☐	☐
Inapprop Words (3)	☐	☐	☐
Incomp Sounds (2)	☐	☐	☐
None (1)	☐	☐	☐

Motor Resp	*1*	*2*	*3*
Obeys (6)	☐	☐	☐
Localized (5)	☐	☐	☐
Withdraws (4)	☐	☐	☐
Flexes (3)	☐	☐	☐
Extends (2)	☐	☐	☐
None (1)	☐	☐	☐

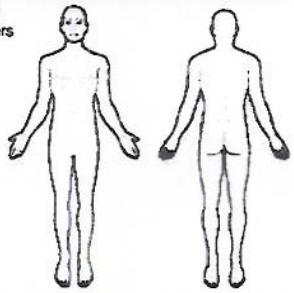
Pupils

		1	2	3
Size	L			
	R			
Reactive	L			
	R			
Non-reactive	L			
	R			

Injury Description

Identify the area of injury with the following numbers

1 - Amputation
2 - Blunt Injury
3 - Burn
4 - Crush
5 - Dislocation/Fracture
6 - Gunshot
7 - Laceration
8 - Pain
9 - Puncture/Stab
10 - Soft Tissue Injury



Airway	**Oxygen**	**Treatment**	
☐ Oral	☐ Nasal Cannula	☐ Limb Splints	☐ Citizen CPR
☐ Nasal	☐ Non-rebreather	☐ Traction Splints	☐ Suction
☐ Combi	☐ B-V-M	☐ Spine Board	☐ Extrication
☐ Other	☐ Other	☐ Cervical Collar	☐ Control Bleeding
	LPM:	☐ CPR	☐ Other

Defibrillation			**Meds Given**
Time	*Num of Shocks*	*Outcome*	

History	☐ Cardiac ☐ CA ☐ COPD ☐Diabetes ☐ HTN ☐ Psych ☐ Stroke ☐ Other:
Meds	☐ Unknown ☐ None
Allergies	☐ Unknown ☐ None
Time /Location of Onset of Symptoms	:

Narrative

Attach Triage Tag Transport Record Sticker Below

Category	☐ 1 ☐ 2 ☐ 3	☐ Treat & Release	☐ Treat and Transport by
Time Exit	Provider Signature		
:			