

Tips to Write Better NY State PCR's

Make sure your PCR is Legible:

The PCR is a legal document it should be written so that anyone is able to read & understand what is documented. Keep in mind you could be called into court to read what you wrote years back, and it can be embarrassing if you can't read your own handwriting...

There should be no "blackouts". Mistakes happen so when they do, put only one line through them & initialed the correction.

Remaining white space should not be "x"ed or lined out. Just initial the end of your narrative.

Patient personal information:

The patient's complete name, address, phone #, date of birth, age, sex and physician is indicated. Use None, Unknown, Denies or UTO (unable to obtain) instead of leaving a box blank and make sure to explain why in comments.

Completed care in progress section for every patient.

Dispatch info/location:

The Agency name, dispatch information, call location, check one box, call type as received, and mileage are all completed. Remember dispatch info is generally the type of call.

All times recorded: Self-explanatory. Use military time and included all four digits for each time. The only times allowed to be missing from the hospital copy of the PCR are "in service" and "in quarters".

Chief complaint:

Why the patient called the ambulance. It should be recorded in the patient's own words using "quotation marks". Duration of complaint should also be recorded when applicable to complaint, e.g. chest pain, difficulty breathing, abdominal pain, etc. If patient cannot respond, write "unresponsive" as chief complaint. On trauma patients, make sure to complete the mechanism of injury & seat belt use sections.

Subjective assessment:

Expansion of patient's complaints describing the symptoms the patient has. If you document in a narrative form, you may start your narrative here and continue it in the objective physical assessments and comments sections.

Presenting problem:

At least one box checked. If more than one problem is checked the primary one should be circled. "Pain" & "Other" require further details (such as type, location, duration, & severity for pain and "none" for other).

Vital Signs:

MAKE SURE TO RECORD AT LEAST TWO COMPLETE SETS WITH TIMES SETS. A baseline set when the first patient contact is made. Subsequent sets based on patient's condition (every 5 minutes for unstable patients, every 15 minutes for stable ones). If any particular vitals signs cannot be recorded, document reason in comments. E.g. Patient refused. Have patient sign RMA, circling treatment.

The ONLY TIME ONE SET OF VITALS IS ACCEPTABLE is when the patient is found dead ... (and has been that way for awhile, i.e. has obvious mortal injury, Extreme dependant lividity, Rigor mortis, obvious decomposition {FYI : in theses cases writing a B/P is not necessary}).

Objective physical exam:

Every patient should receive a detailed physical exam or a vectored exam based on their complaints. E.g.: CNS trauma - presence of distal pulse, motor, sensation findings; Breathing problems - lung sounds, JVD; Chest pain - presence of pedal edema, ascites, JVD; Abdominal pain - rigid or soft abdomen; Extremity fractures - swelling, deformity, presence of distal pulse, motor, sensation findings, etc.

Past medical History/allergies:

Check off all that apply. Use None, Unknown, Denies or UTO(unable to obtain) instead of leaving the box blank and explain in comments.

Medications:

List all meds including dosage when possible. Continue in comments if more space is needed. Use None, Unknown, Denies or UTO (unable to obtain) instead of leaving the box blank and explain in comments.

Disposition/Disp.Code:

This should explain how call was completed. Transports to hospital should have hospital name and hospital code documented. Proper code for calls where patient is not transported. See Other notes below.

Crew names/EMT numbers: Self-explanatory. Use Shield # or if required first name or initial when agency has more than one member with the same last name.

Appropriate treatment:

REMEMBER THE OLD SAYING: "IF YOU DIDN'T WRITE IT DOWN, YOU DIDN'T DO IT1".

All BLS treatments should be recorded even if performed by ALS. No ALS treatments should be recorded on BLS PCR. Please remember to check off how the patient was moved to ambulance and the position they were transported.

On scene time appropriate:

All trauma patients classified as unstable or critical should be removed from the scene within 10 minutes of arrival. All medical patients should be removed from the scene within 20 minutes of arrival. If on scene times exceed this, an explanation of why should be documented.

Other notes:

All RMA's must be documented as completely (if not more) as any other patient. This includes vital signs, mechanism of injury and steps taken to convince patient to receive treatment &/or transport. Patients that do not complain of injuries, and do not have any mechanism of injury are not patients. Since they are not patients, they do not require a RMA. The call disposition should be recorded as "no patient found" or "canceled" UNLESS OTHERWISE REQUIRED BY YOU LOCAL PROTOCOLS!.

As mentioned under Vital signs, DOA's require only one set of vital signs and should not have a blood pressure recorded. We must document signs of obvious death (and check that box as presenting problem), dependant lividity, rigor mortis, or tissue decomposition. If you don't then you should have treated the patient!

DNR's must also be documented & a copy attached to PCR.

If a call is cancelled by ALS, it should be recorded as canceled and no patient information need be recorded. To do so makes it appear you had patient contact. E.g. ALS taking an RMA prior to BLS arriving on scene & beginning care.

If you are going to omit a section because it was performed by the paramedic or the paramedic acted as EMT on the call, make sure to obtain a copy of the PCR or the unit and PCR # attach it to (or write in the comments) the BLS PCR.

If care is transferred, same thing, document the ALS PCR# and paramedic's name / Shied # in comments section.