Quick Reference Guide for PCRs

Your PCR should be….

Legible, Sensible

LEGIBILITY AND SENSIBILITY	PROTECT YOUR IMAGE!
Legibility – Ability of the reader to ***read*** **what is written** on the PCR. Please use **standard medical abbreviations.** ***Correct spelling counts!***	
Sensibility – Ability of the reader to ***understand*** **what is written** on the PCR. PCRs that make sense **"paint" a picture** of both the incident and patient.	
KEEP IN MIND – The PCR is the **ONLY** record we have of what was done for the patient. **SLOPPY documentation** often makes readers think you did **SLOPPY patient care!**	

Your PCR should contain….

PATIENT INFORMATION	VERIFICATION IS ESSENTIAL!
Documented Patient Name – Verify **full name of patient** using government issued identification such as a driver's license, social security card, passport, military ID card, birth certificate or other similar documentation. ***If patient name is unavailable, use hospital record number.***	
Social Security Number – Attempt to verify **Social Security Number of patient** using government issued identification, insurance cards or hospital records. ***If identification does not include Social Security Number, politely ask patient to provide it for "insurance claim purposes."***	
Birth Date – Verify ***birth date of patient*** using government issued identification or hospital records. If entering into an E-PCR field, make certain birth year is correct and matches reported age.	
Address – Verify ***mailing address of patient,*** preferably a home address. ***Remember to include apartment, condominium or trailer numbers.*** Avoid P.O. Boxes or other "alternative" addresses if possible. If using address from driver's license, ask patient to verify address.	
Telephone Number – Verify ***home telephone number of patient,*** preferably an "installed" telephone line, **NOT** a cell phone, if possible.	

Insurance Information….

IDENTIFICATION AND INSURANCE INFORMATION PROCEDURE
Identification Cards to Hospital – Please make certain ***patient identification cards go with patient to the hospital.*** Identification cards should be government issued and include name, social security number (if available), birth date and address. Please verify patient address and ask for a home telephone number. Fill all of this information out on the PCR or E-PCR and provide the identification cards to hospital personnel.
Insurance Cards to Hospital – Please make certain ***patient insurance cards go with patient to the hospital.*** Insurance cards include health insurance, auto insurance and/or employer identification (worker's compensation). Please provide insurance cards to hospital personnel. In "special" cases where third parties may pay (for example, a regional jail), please indicate the name of the third party on the PCR.
Verify PCRs with Hospital Information – If available, please ***verify patient information on the PCR using the hospital "face sheet."*** For paper PCRs, please ***staple the copy of the "face sheet" to the PCR and retain.*** If using E-PCRs or a "face sheet" collection box, verify E-PCR information and either retain or deposit the "face sheet" in the collection box.

Providers should be accurate and consistent with PCR completion….

AVOID FRAUD WHEN COMPLETING PCRs	PROTECT YOURSELF!
"Heard" – means what you "heard" or were told about what happened by the dispatcher, witnesses, first responders or the patient.	
"Saw" – means what you "saw" or observed about the incident scene and the condition of the patient.	
"Did" – means what you "did" or completed for treatment and transport of the patient.	
KEEP IN MIND – Service Classification, ALS Assessment, Mileage and Multiple Patient Transports all are related to FRAUD. Try to be **ACCURATE** and **CONSISTENT** with PCR completion!	

PCR Elements….

PCR NARRATIVE ELEMENTS	REMEMBER → C H A R T
Chief Complaint – If the PCR or E-PCR you are using contains a "chief complaint" field, fill it out using one (1) chief complaint. If the patient has multiple complaints, pick the "worst complaint" and use that in the box. Describe the chief complaint in the narrative (detail multiple complaints) using CMS terms if possible. Attempt to link chief complaint to medical or incident history.	
History – Describe the history of events today. If the patient's medical history can be linked to the chief complaint (if possible for "illness" calls), verify the association. For "injury" calls, describe the mechanism of injury. Try and relate why the patient called for an ambulance today.	
Assessment – Describe the condition of the patient using CMS terms if possible. Use a "primary assessment" (**A** = airway, **B** = breathing, **C** = circulation, **D** = disability, **E** = expose) level of examination and indicate "positive findings" for most patients. Link patient condition with CMS "reasons of medical necessity" if possible. If completing "ALS assessment" (followed by BLS transport) for billing purposes, provide complete detail of "why" an ALS assessment was required.	
Treatment – Describe the treatment of the patient in the narrative using simple terms; save detail for procedure explanation boxes generally found in most PCRs or E-PCRs. Indicate all procedures performed, abbreviate appropriately. List procedures in the order they were done. Indicate the use of a "treatment protocol" when treating based on suspicion.	
Transport – Indicate the mode of ambulance transport (emergency or non-emergency) and name of receiving facility. If used, indicate the level of care provided (ALS or BLS) and certification level of the attending ambulance crew (ALS or BLS). If the patient is diverted, indicate the reason for diversion. If transferring to an air ambulance, indicate the name of the air ambulance and destination hospital. When applicable, indicate CMS transport codes.	

PCRs should be descriptive….

REASONS OF MEDICAL NECESSITY FOR USING AN AMBULANCE
1. The patient required transport as the **result of an emergency situation** including an accident, injury or acute medical condition.
2. The patient **suffered from a life-threatening condition** including heart attack, stroke, unconsciousness, shock, respiratory distress, bleeding or significant traumatic injury.
3. The patient **required oxygen, medications or other emergency treatment** as a result of their condition.
4. The patient **required restraint** as a result of a behavioral or medical condition.
5. The patient **needed to remain immobile due to a suspected fracture** or documented untreated fracture.
6. The patient **was bed-confined** prior to and after transport.
7. The patient **could only be moved by stretcher.**

CMS Documentation Requirements

CMS Documentation Requirements

Medical

Documentation Criteria for Medical Conditions		
Step 1 – Select ***"Chief Complaint"*** from conditions and complaints below.	**Step 2** – If applicable to patient, the ***narrative description*** of history, assessment and findings should **include** those described below. Note transport type generally indicated.	
Condition – *Abdominal Pain*		
"Severe Abdominal Pain"	Signs and symptoms such as nausea, vomiting, fainting, pulsating mass, distention, rigid, tenderness on exam or guarding.	**ALS**
"Abdominal Pain"	Without other signs or symptoms.	**BLS**
Condition – *Airway Obstruction*		
"Choking Episode"	Signs and symptoms such as complete or partial obstruction.	**ALS**
Condition – *Allergic Reaction*		
"Severe Allergic Reaction"	Life-threatening signs and symptoms including rapid progression of symptoms, prior history of anaphylaxis, wheezing and difficulty swallowing.	**ALS**
"Allergic Reaction"	Other non-life threatening signs and symptoms such as hives, itching, rash, slow onset, local swelling, redness and erythema.	**BLS**
Condition – *Altered Level of Consciousness*		
"Unconscious **or** Fainted **or** Syncope **or** Near Syncope **or** Weakness **or** Dizziness"	**Non-traumatic,** found unconscious or experienced transient unconscious episode and/or presents with signs and symptoms of weakness or dizziness.	**ALS**
"Altered Level of Consciousness"	**Non-traumatic,** with signs and symptoms of an acute condition, Glascow Coma Score <15.	**ALS**
Condition – *Behavioral/Psychiatric Disorder*		
"Psychiatric/Behavioral – ETOH **or** Drugs"	Signs and symptoms of abnormal mental status and/or ETOH/Drug withdrawal including disorientation, DT's or other withdrawal symptoms.	**ALS**
"Psychiatric/Behavioral"	Signs and symptoms of being a threat to self or others, acute episode or exacerbation of paranoia, disruptive behavior, suicidal tendencies, homicidal or violent behavior.	**BLS**

CMS Documentation Requirements

Medical

Condition – *Cardiac*		
"Cardiac Arrest"	Cardiac arrest with a **description of resuscitative efforts.**	**ALS**
"Abnormal Cardiac Rhythm **or** Cardiac Dysrythmia"	Signs and symptoms including bradycardia, junctional and ventricular blocks, non-sinus tachycardias, PVC's >6, bi and trigeminy, ventricular tachycardia, ventricular fibrillation, atrial flutter, PEA, asystole or AICD/AED fired.	**ALS**
"Cardiac Symptoms, NO Chest Pain"	Signs and symptoms of palpitations or skipped beats.	**ALS**
"Cardiac Symptoms, NO Chest Pain"	Signs and symptoms including atypical pain, persistent nausea and vomiting, weakness, hiccups, pleuritic pain, feeling of impending doom, or other common symptoms.	**ALS**
"Chest Pain"	Signs and symptoms described as dull, severe, crushing, substernal, or epigastric pain; left sided chest pain associated with pain of the jaw, left arm, neck or back; chest pain with nausea, vomiting, palpitations, pallor, diaphoresis or decreased LOC.	**ALS**
Condition – *Diabetic*		
"Low Blood Sugar **or** Hypoglycemia"	Signs and symptoms including a BG reading < 80, altered mental status, diaphoresis or combativeness.	**ALS**
"High Blood Sugar **or** "Hyperglycemia"	Signs and symptoms including a BG reading > 250, altered mental status, vomiting or dehydration.	**ALS**
Condition – *Hyperthermia*		
"Severe Heat Exposure"	Life-threatening signs and symptoms including hot and dry skin, body temperature >105F, neurologic distress, signs of heat stroke or heat exhaustion, orthostatic vitals or other emergency conditions.	**ALS**
"Heat Exposure"	Signs and symptoms of muscle cramps, profuse sweating or fatigue.	**BLS**
Condition – *Hypothermia*		
"Severe Cold Exposure"	Life-threatening signs and symptoms of body temperature <95F, deep frost bite or other emergency conditions	**ALS**
"Cold Exposure"	Signs and symptoms of shivering, superficial frost bite or other emergency conditions.	**BLS**

CMS Documentation Requirements

Medical

Condition – *Hypovolemia/Shock*		
"Abnormal Skin Signs"	Signs and symptoms of diaphorhesis, cyanosis, delayed cap refill, poor turgor or mottled appearance.	**ALS**
"Abnormal Vital Signs"	Abnormal vital signs, including pulse oximetry, outside of expected values, with or without signs and symptoms.	**ALS**
"Hemorrhage"	Signs and symptoms of severe and life-threatening bleeding including uncontrolled bleeding or significant signs of shock or other emergency conditions. Can be associated with severe, active vaginal, rectal bleeding, hematemesis, hemoptysis, epistaxis, or active post-surgical bleeding.	**ALS**
Condition – *Infectious Diseases*		
"Infectious Disease"	Signs and symptoms of an infectious disease requiring isolation procedures due to a public health risk.	**BLS**
Condition – *Intoxication*		
"Severe ETOH **and/or** Drug Intoxication"	Signs and symptoms of altered level of consciousness that may result or potentially result in airway compromise. Pharmacological intervention or cardiac monitoring may be needed.	**ALS**
"ETOH **and/or** Drug Intoxication"	Signs and symptoms of being unable to care for self or unable to ambulate. No airway compromise.	**BLS**
Condition – *Illness*		
"Sickness – Fever"	Fever with associated signs and symptoms (headache, weakness, neck stiffness, etc.)	**BLS**
"Sickness – Dehydration"	Signs and symptoms of severe nausea and vomiting and/or diarrhea resulting in dehydration.	**ALS**
Condition – *Other Conditions*		
"Eye Problems"	Signs and symptoms of acute vision loss and/or severe pain.	**BLS**
"Headache"	Signs and symptoms of neurological distress or sudden severe onset	**ALS**
"Medical Device Failure/Life Threatening"	Life or limb threatening malfunction, failure or complication including malfunction of ventilator, internal pacemaker, internal defibrillator or implanted drug delivery device.	**ALS**
"Medical Device failure"	Health maintenance device failures that cannot be resolved on location including oxygen system supply malfunction or orthopedic device failure.	**BLS**
"Post Operative Complication"	Major wound dehiscence, evisceration, or patient requires special handling for transport, non-life threatening.	**BLS**

CMS Documentation Requirements

Medical

Condition – *Pain*		
"Severe Pain"	Acute onset of pain, unable to ambulate or sit due to intensity. Pain is the reason for transport. Severity scale must be in the 7 to10 range or the patient must receive pharmacologic intervention.	**ALS**
"Back Pain – Cardiovascular"	Signs and symptoms of cardiac or vascular etiology. Other emergency conditions, absence of or decreased leg pulses, pulsating abdominal mass, severe tearing abdominal pain.	**ALS**
"Back Pain"	Signs and symptoms of new neurological symptoms.	**ALS**
Condition – *Poisoning/Drug Ingestion*		
"Poisoning"	Poisoning agent that was ingested, injected, inhaled or absorbed; adverse drug reaction or other signs and symptoms associated with poisoning.	**ALS**
"Hazmat Exposure"	Hazardous materials that were ingested, injected, inhaled or absorbed; radiation exposure; smoke inhalation and other toxic exposures including fumes or liquids.	**ALS**
Condition – *Pregnancy/OB*		
"Pregnancy Complication **or** Labor **or** Childbirth"	Pregnancy/OB condition with a **description of event.**	**ALS**
Condition – *Respiratory*		
"Respiratory Arrest"	Apnea or hypoventilation requiring ventilatory assistance and airway management.	**ALS**
"Difficulty Breathing"	Signs and symptoms of respiratory distress including Asthma, COPD, CHF, shortness of breath or other emergency conditions.	**ALS**
Condition – *Seizures*		
"Convulsions/Seizures"	Signs and symptoms of active seizing, immediate post-seizure, postictal, or patient is at risk of seizure and requires medical monitoring/observation.	**ALS**
Condition – *Stroke*		
"Neurological Distress"	Signs and symptoms of decreased blood flow to the brain including facial drooping; loss of vision; aphasia; difficulty swallowing; numbness, tingling extremity; stupor, delirium, confusion, hallucinations; paralysis, paresis (focal-weakness); abnormal movements; vertigo; unsteady gait/ balance; slurred speech or an inability to speak.	**ALS**

CMS Documentation Requirements

Trauma

Documentation Criteria for Trauma		
Step 1 – Select ***"Chief Complaint"*** from conditions and complaints below.	**Step 2** – If applicable to patient, the ***narrative description*** of history, assessment and findings should **include** those described below. Note transport type generally indicated.	
Condition – *Airway Pain*		
"Unstable **or** Obstructed Airway"	Signs and symptoms include decreased level of consciousness, bleeding into airway, trauma to head, face or neck.	**ALS**
Condition – *Bleeding*		
"Major Bleeding"	Signs and symptoms of uncontrolled or significant bleeding.	**ALS**
Condition – *Burns*		
"Severe Burns"	Signs and symptoms of major burns including partial thickness burns > 10% TBSA; involvement of face, hands, feet, genitalia, perineum, or major joints; third degree burns; electrical, chemical or inhalation burns; burns with pre-existing medical disorders; burns with trauma.	**ALS**
"Burns"	**Describe** extent of burns other than listed immediately above.	**BLS**
Condition – *Bites and Stings*		
"Severe Animal Bite **or** Sting **or** Envenomation"	Potentially life or limb threatening. Signs and symptoms include specific envenomation indicators; significant face, neck, trunk or extremity involvement; other emergency conditions.	**ALS**
"Animal Bite **or** Sting **or** Envenomation"	Signs and symptoms include local pain and swelling.	**BLS**
Condition – *Electrocution*		
"Electrocution"	Potentially life or limb threatening, **describe event.**	**ALS**
"Struck by Lightning"	**Describe event.**	**ALS**

CMS Documentation Requirements

Trauma

Condition – *Pain*		
"Severe Pain"	Acute onset of pain, unable to ambulate or sit due to intensity. Pain is the reason for transport. Severity scale must be in the 7 to10 range or the patient must receive pharmacologic intervention.	**ALS**
"Back Pain – Cardiovascular"	Signs and symptoms of cardiac or vascular etiology. Other emergency conditions, absence of or decreased leg pulses, pulsating abdominal mass, severe tearing abdominal pain.	**ALS**
"Back Pain"	Signs and symptoms of new neurological symptoms.	**ALS**
"Amputation of Finger **or** Toe"	Amputation of a finger or toe.	**BLS**
"Eye Injury"	Signs and symptoms include acute vision loss or blurring; severe pain or chemical exposure; penetrating trauma; severe lid lacerations.	**BLS**
"Extremity Injury"	Blunt or penetrating trauma to an extremity. Signs and symptoms include bruising, minor bleeding, lacerations, abrasions, etc. Injury is isolated with bleeding stopped and good CSM.	**BLS**
"Internal Injuries"	Signs and symptoms of closed or open head injury; pneumothorax, hemothorax; abdominal bruising; positive abdominal signs on exam, internal bleeding criteria; evisceration.	**ALS**
"Sexual Assault with Injuries"	Sexual assault with significant injuries, **describe event.**	**ALS**
"Sexual Assault"	Sexual assault with minor or no injuries, **describe event.**	
Condition – *Major Trauma*		
"Trauma **or** Major Trauma **or** Multi-System Trauma"	As defined by ACS Field Triage Decision Scheme. Trauma with one of the following: GCS <14; systolic BP<90; RR<10 or >29; all penetrating injuries to head, neck, torso, extremities proximal to elbow or knee; flail chest; combination of trauma and burns; pelvic fracture; 2 or more long bone fractures; open or depressed skull fracture; paralysis; severe mechanism of injury including: ejection, death of another passenger in same patient compartment, falls >20", 20" deformity in vehicle or 12" deformity of patient compartment, auto pedestrian/ bike, pedestrian thrown/run over, motorcycle accident at speeds >20 mph and rider separated from vehicle.	**ALS**

CMS Documentation Requirements

Transport Type

Step 3 for ALL Patients – Select Transport Type *Indicate in narrative text the CODE for the transport type provided (if applicable)*			
Code	**Transport Category**	**Service Type**	**Description**
C1	Interfacility	Any	EMTALA certified transfer of patient to facility with higher level of care.
C2	Interfacility	Any	Particular medical service not available at original facility and patient must meet certain emergency or non-emergency conditions to be transferred to another facility.
C3	Emergency	BLS/ALS	Patient is a victim of trauma involved in a major incident with significant mechanism of injury and transported BLS or ALS to the hospital.
C4	Emergency/Non-Emergency	BLS/ALS	Excessive miles during BLS or ALS transport due to hospital unavailability, diversion or other reason. Documentation required.
C5	Emergency	BLS	Ambulance is BLS crewed, incident dispatch information and patient condition indicates need for ALS, patient is treated and transported BLS – **NO** ALS assessment or treatment is available or provided.
C6	Emergency	ALS	Ambulance is ALS crewed, incident dispatch information indicates need for ALS, patient assessment by ALS crew at incident scene indicates BLS treatment and transport is appropriate, patient transported BLS.
C7	Non-Emergency	ALS	Ambulance is ALS crewed, patient is receiving IV medications using an IV drip administration set, patient transported ALS for monitoring purposes.

HIPAA Quick Reference

PROTECTED HEALTH INFORMATION (PHI)	DEFINITION
PHI is – any ***medical information*** concerning patients identified by ***"patient name, identification number or other means of identification."*** Common forms of ***PHI include*** patient care reports ***(PCRs) containing medical information*** (including chief complaint, medical history, assessment and treatment information), ***forms***, ***patient data*** (including EKG, blood glucose, pulse oximetry, vital signs and other data that may be electronically recorded and transferred), ***pictures*** or ***other types of patient information that can be identified by individual.*** Generally, all medical information found on PCRs is considered PHI.
PHI is NOT – incident, dispatch or call information including subject name, location, reason for call, dispatch and incident times or other non-medical information that may be shared between Police, Fire and EMS Agencies for the purpose of identifying and responding to emergency incidents.
Who is Responsible for PHI? – ***EMS is responsible!*** 911 Centers, Police Departments or Fire Departments that do not transport patients or charge for services are NOT considered health care agencies and are NOT covered by HIPAA!
PHI can be De-identified – by ***removing all references to patient identity*** and, if necessary, ***removing other information that may identify the patient*** by other means. ***De-identified information is NOT considered PHI.***
USING PHI IN EMS AGENCIES	**BASIC RULES**
EMS can use PHI for Treatment, Payment and Healthcare Operations – ***WITHOUT*** the permission of the patient. ***ALL*** PHI can be shared for ***TREATMENT*** purposes. Only ***MINIMUM NECESSARY*** PHI can be shared for ***payment*** and ***operational*** needs.
EMS can share PHI with certain governmental agencies – for specific reasons. Such reasons include Mandated Requirements of Law, Public Health Activities, Abuse/Domestic Situations, Health Oversight Activities, Judicial & Administrative Reasons, Law Enforcement Activities, Deceased Patients, Tissue Donation Patients, Research Purposes, Threat to Public Safety, Specialized Government Functions and Workers Compensation. ***MINIMUM NECESSARY information requirements apply to these disclosures!***
Sharing PHI with LEAs – is limited to Processes Covered by Law, Identification and Location, Identifying Victims of Crime, Deceased Patients from the Result of Criminal Activity, Crime on Premises and Reporting Crime in Emergencies. ***MINIMUM NECESSARY information requirements apply to these disclosures!***
Only EMS and Other Emergency Personnel – directly involved in assessing, treating or transporting patients ***may share PHI between each other.*** EMS may also share PHI with hospital personnel including doctors, nurses and pharmacies. ***Other members of EMS*** (excluding supervision, management, quality control and training), unless directly involved with the response to an incident, ***CANNOT view, share or be told PHI.***

HIPAA Quick Reference

SHARING PHI WITH FAMILY OR FRIENDS OF THE PATIENT

PHI MAY be Shared With Family or Friends of a Patient – involved with healthcare decisions or payment of charges ***provided*** 1) EMS obtains verbal agreement from the patient or, 2) EMS provides the patient an opportunity to object (which the patient does NOT) or 3) EMS personnel, using professional judgment, determine that such a disclosure is in the patient's best interest. ***MINIMUM NECESSARY information requirements apply to these disclosures!***

DECISION METHOD FOR SHARING PHI — 4 QUESTIONS

The Decision Method for Sharing PHI – asks four (4) basic questions that include:

1. Does the information flow IN or OUT? – PHI information disclosures **ONLY** occur if information is given **OUT**. Any communication involving **RECEIVING** information is **NOT** considered a disclosure.
2. WHO is making the PHI request and for WHAT reason? – PHI can **ONLY** be shared without patient permission for certain reasons. Do the reasons and party making the request fall within the rules?
3. Does the reason fall within TREATMENT, PAYMENT or OPERATIONAL requirements? – If the reason involves **TREATMENT**, all PHI may be released to appropriate parties. Other requests fall under **MINIMUM NECESSARY INFORMATION** requirements.
4. If NOT, is the reason VALID and APPROPRIATE? – Is the request being made by other parties that **MAY** have rights to such information or is such a request in the **BEST INTEREST OF THE PATIENT?**

NPP NOTIFICATION PROCEDURE — 3 STEP PROCESS

A Notice of Privacy Practices – must be left with the patient. The NPP can be 1) given to the patient, 2) given to a family member or friend, 3) given to another healthcare worker to be given to the patient or 4) left with the patient's belongings. ***Generally, if the patient is capable of receiving an NPP, the NPP should be given directly to the patient.***

A NPP Acknowledgement Form – should be signed by the patient. The acknowledgement form can be combined with other signature forms. Family members, friends, healthcare workers or other individuals can sign the form for a patient, but the ambulance crew should indicate the relationship of the signing party on the form. Crews should also indicate if they are unable to obtain a patient signature, signature of another responsible party or if such individuals refuse to sign the form.

The NPP Acknowledgement Form Should be Attached to the PCR – or otherwise secured for EMS agencies using paper based forms. Electronic forms should be attached to E-PCRs or indexed by E-PCR and/or incident number.

PCR AND RECORD MANAGEMENT

Management of PCRs and Other Patient Records – must include securing documents containing PHI in locked cabinets, file drawers or boxes. Only authorized EMS personnel may have access to stored documents for official reasons.

PCR Record Requests – must be approved using EMS agency HIPAA policy and meet all requirements for release. Identification of parties requesting records should be verified. An official record request form should be used and maintained with the original copy of the PCR.

Facsimile or E-Mail Transmission – of PCR records should **ONLY** be done using EMS agency HIPAA policy and meet all HIPAA security requirements for such purposes.

Use of an E-PCR Software System – must meet all HIPAA security requirements for electronic record management. EMS personnel using such systems must maintain unique user and security password access that **CANNOT** be shared with other personnel or used inappropriately.

For more information…

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