



RADIO REPORTS and PATIENT CARE REPORTS



Escambia County, Florida - ALS/BLS Medical Protocol

I. Electronic Patient Care Report (ePCR) - (Fire and EMS Crews)

An electronic Patient Care Report (ePCR) will be completed by the assigned primary patient care provider (normally the Paramedic) on all incidents in which an EMS/Fire unit arrives on scene and there is a complaint and/or obvious injury of a patient. ("Walkup" patients are considered the same.)

This includes documentation of cancellations where patients are transported via air or other EMS agency. You should document by whom and under what circumstances EMS/Fire was cancelled after arrival on scene.

Patient Care Reports (ePCR) should be completed immediately following patient transfer to an Emergency Department or transporting EMS unit.

All ePCR's are to be completed prior to leaving at the end-of-shift.

The attending paramedic is responsible for downloading ePCR's.

See Zoll's website or QA for training materials (RescueNet ePCR).

II. Abbreviated Patient Care (short) Form - (EMS Crews Only)

In cases where there are patients (single and/or multiple) without complaint or injury, documentation may be completed via abbreviated patient care (short) form. This only applies if all are refusing care, deny any complaints, and there are no visible or suspected injuries.

An abbreviated patient care (short) form is allowable and encouraged for incidents not having an actual patient (example: Medical Alarm).

If time to complete an ePCR is not available the minimum amount of paper work that must be completed before leaving the Emergency Department is an abbreviated (short) form. (The State of Florida requires at least a short form be left at the Emergency Department at time of patient drop off.)


The abbreviated patient care (short) form will be completed by the assigned primary patient care provider (normally the Paramedic).



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Completing a abbreviated (short) form includes:


1. Date
2. Gender
3. Patient Name
4. Date of birth
5. Nature of Call
6. Location of Call
7. Destination
8. Chief complaint
9. Allergies
10. Past medical history
11. Assessment
12. Vitals
13. Interventions
14. Crew Members
15. Unit number
16. Lead Crew Signature
17. Incident number



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III. Special Situations-Stand-by's – (EMS Crews Only)

An abbreviated patient care (short) form should be completed showing no patients were seen during this event.

During non-scheduled stand-by's such as fires, SWAT, etc. an ePCR only needs to be completed if treatment or examination of an injury or complaint is rendered. An abbreviated patient care (short) form should be completed showing no patients were seen.

For Fire Stand-by's (rehabilitation only), the rehabilitation forms are sufficient alone with an abbreviated patient care (short) form showing no patients were seen with medical problems. (Additional documentation via ePCR for firefighters and patients requiring treatment and further evaluation.)

IV. Special Situations-Completion of Patient Care Forms when responding with ALS Fire and Life Flight – (EMS Crews Only)

The following situations will dictate the necessary paperwork to be completed when EMS personnel arrive on scene with an Escambia County Fire-Rescue ALS engine company and Life Flight transports the patient.

1. Short Form:

When the Fire-Medic and their crew solely performed the patient assessment and care. This is only when the EMS crew had no patient contact.

2. ePCR:


Anytime EMS personnel are actively involved with patient assessment or care. This includes basic assessment including taking vital signs or auscultate breath sounds.



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NOTE:

The patient care record is a confidential patient care document and will not be released to anyone not involved in the patient's care or any professional standards review organization without the patient's written release of information/permission.

V. Reports on Scene – (Fire and EMS Crews)

Ensure all patient care assessment information and treatment provided is conveyed in an accurate, precise, and timely manner to the attending Paramedic upon arrival at a scene.


1. Upon arrival of the attending Paramedic, First Responder, EMT, or Paramedic administering patient care, will provide a detailed report of all signs, symptoms, vital signs, and history of the patient. The report may be a combination of verbal and written documentation. The attending Paramedic is responsible for receiving and documenting this information, while ensuring pertinent questions are addressed relating to information that requires additional clarification. All participating health care professionals are expected to maintain the highest level of professionalism, courtesy, and compassion when interacting with other agencies, the patient's family members and good Samaritans specifically involved in this incident.
2. The Escambia County Public Safety employees or mutual aid attending Paramedic will be in charge of managing the patient upon their arrival. All participating agencies are expected to honor and abide by this prescribed standard. The proper care, management, and expeditious transport of the patient should always be the primary focus of all involved agencies. Concerns about scene or patient management that do not present an immediate threat to the health and well-being of the patient should be addressed with your immediate supervisor at a more opportune time.
3. If a situation arises where the course of treatment being rendered is "considered or perceived" as inconsistent with normal practices/protocols, the other medical personnel on scene should address this with the primary care provider immediately. If the suggestion or recommendation is not accepted, then the attending Paramedic will have the final decision on proper course of treatment. The On-duty Supervisor and the highest-ranking Fire official on scene will be



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notified on any scene irregularities. Contingent upon the situation, this individual will notify their immediate Supervisor and/or Medical Director(s) for further guidance and direction.

VI. Radio Reports to Hospitals – (EMS and Fire Crews)

The ideal radio report should relate all pertinent information regarding both the patient and the plan for treatment in less than two minutes.

The report itself must be prefaced with an explanation of the type of report to follow.

Reports must be described as emergent or non-emergent. This statement must be followed by noting if on-line physician orders are to be requested or if the report is for information only.

It is understood that some prehospital situations preclude providing a complete report to the destination facility. However, paramedics should strive to furnish a complete report at the earliest possible opportunity, and deviations from this standard must be for the benefit of the patient.

Ambulance identification

1. Vehicle identification
2. Paramedic name (if asked)
3. Location of vehicle, including description of scene (if on site) and estimated time of arrival to the destination facility.

Patient data


4. Patient's age, sex, and chief complaint
5. Brief history of the present illness; include past medical history, medications, and allergies only if relevant to the chief complaint.
6. Vital signs (to include pulse, respiratory rate and depth, blood pressure, cardiac



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rhythm, and oxyhemoglobin saturation as appropriate).

7. General appearance (including level of consciousness) and pertinent physical findings.
8. Care in progress.
9. Request for orders and confirmation of same.

Contacting the Hospitals:

Radio report should be given to the hospitals as follows:

- 1 Baptist: (UHF)
- 2 Sacred Heart: (UHF)
- 3 West Florida: (UHF)
- 4 Gulf Breeze: (UHF)
- 5 Navy: (UHF)
- 6 Santa Rosa & Jay: (VHF)
- 7 Atmore & DW McMillan: (VHF)

VII. Unable to contact a hospital via their assigned radio channel - (Fire and EMS Crews)

1. You may attempt to make contact via telephone through dispatch (See Base Physician Orders Protocol);
2. If unsuccessful or unavailable, you may relay a short report to dispatch and they will relay the information to the hospital. Provide only the following information, if possible:


a. Age



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- b. Sex
- c. Patient(s) condition & chief complaint
- d. ETA to the hospital

Examples:

“Advise Baptist that we are en-route to them with a stable, 21 y/o male, c/o chest pain, ETA 7 minute.”

“Advise Sacred Heart that we are en-route to them with an unstable, 8 month old female with severe difficulty breathing, ETA 3 minutes.”

“Trauma Alert to Baptist, 35 y/o male, GCS less than 12, ETA 15 minutes.”

“Setup West Florida for a Cardiac Arrest, 55 y/o female, ETA 20 minutes.”

VIII. Arrival at Facility – (EMS Crews Only)

The attending paramedic will immediately advise the appropriate nursing station that they have arrived, request a room number, and request that the appropriate staff be sent to the room.

Arrival at Room with Patient


1. Patients, which can be safely moved to the hospital stretcher without additional assistance, will be placed in the designated bed.
2. The side rails will be placed in the “up” position and any treatment modalities (oxygen, monitor, etc.) will be appropriately reconnected to hospital equipment.
3. The attending paramedic will either give report to the hospital staff in the room or the non-attending crewmember will remain with the patient and the paramedic will report to the nursing station and ask the physician/nursing staff if there are any further questions.



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4. Upon completion of the verbal report, the attending paramedic will advise the hospital staff that the patient is formally released to their care.
5. The attending paramedic will return to the room to release their partner.
6. The crew will then restock and begin the documentation.
7. Public Safety employees should avoid performing any procedures within the receiving hospital, once the patient is placed in a hospital bed. Therefore, the timely response of hospital staff is essential.

IX. Documentation of Delays in Accepting Patients – (EMS Crews Only)

Crews should advise dispatch of any unreasonable delays in the hospital staff accepting patients so it will be documented in CAD.


This will allow for extended turnaround times to be more closely analyzed.



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