



Policy 502: Patient Care Record and Transfer of Care Document

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I. Purpose

A. A patient care record shall be completed on every EMS response for all phases of prehospital care.

1. The California Code of Regulations Title 22, Section 100175 (A) (6) specifies the requirements for the initiation, completion, review, evaluation and retention of a patient care record.
 - a) The PCR is the permanent legal medical record that documents all aspects of prehospital care or refusal of care.
 - b) The PCR provides pertinent patient information to other health care providers regarding patient presentation and field care provided.
 - c) In Santa Cruz County, PCRs also serve as the basis for retrospective quality improvement.
2. All prehospital patient care data as listed below shall be recorded electronically in an approved format.
 - a) BLS and ALS First Responder
 - b) BLS, ALS and CCT Transports
 - c) Against Medical Advice (AMA) or Release at Scene (RAS) forms.
 - d) "Dry run" PCRs that do not result in a patient contact.
 - (1) A patient contact is defined as any prehospital provider offer of assistance or care to a person with a medical complaint or the suspicion of a medical/traumatic complaint.
 - e) A separate PCR must be completed for every patient contact.

II. Documentation Requirements

A. Transfer of Care Documentation (TOC)

1. The TOC is the preliminary patient care report that is critical for ensuring an informed continuum of care for all patients transported from the field.
2. Critical first responder information such as a brief history of present illness, physical exam, vital signs, medications administered, and procedures performed shall be recorded and reported to the transporting providers prior to patient arrival at the hospital.



3. Documentation responsibilities should never take precedence over hands-on rescue and patient care and therefore may not always be possible to complete during an incident. Nevertheless, prehospital information, particularly for critical patients, is essential for the Emergency Department and Hospital course of care and every effort to relay this information should be made.
 - a) eTOC (Imagetrend)
 - (1) Critical first responder data elements are recorded, electronically transferred to the transporting unit, and posted to the destination hospital within 10 minutes of patient departure from the scene.
 - b) Paper TOC
 - (1) A Transfer of Care paper form shall only be used as a backup during system downtime, equipment failures or temporary loss of internet connectivity.
 - (2) This document shall be handed directly to the transporting crew and in turn delivered to the Emergency Department care team.
 - (3) Transport personnel will take a photo of the TOC and attach image file to the PCR

B. PCR Required Elements

1. All sections of the PCR will be filled out as soon as possible and practical.
2. Data entry by any provider should occur at the scene and at a minimum should include:
 - d) Patient's name, Age, Address
 - e) Medications
 - (1) If the patient's medications are present on scene, the medics will bring the medications to the hospital. This will be documented on the Transfer of Care Document.
 - f) Chief complaint
 - g) Primary Impression
 - h) Secondary impression (if any)
 - i) Relevant vital signs
 - j) History of present illness
 - k) Significant interventions



- i) Patient's responses to relevant interventions
 - m) Critical contact names/numbers
3. See Section 700 for specific required data elements for:
 - a) 700-C1, 700-C1-P *Cardiac Arrest*
 - b) 700-C6 *Suspected Cardiac Ischemia*
 - c) 700-N3 *Stroke*
 - d) 700-T1, 700-T1-P *Trauma*
4. Advanced Airway Required documentations elements (See Procedure 705 *Advanced Airway Management*) are:
 - n) Indications for invasive airway
 - o) Date/Time Airway Device Placement Confirmation
 - p) Airway Device Being Confirmed
 - q) Airway Device Placement Confirmed Method
 - r) Tube Depth
 - s) Type of Individual Confirming Airway Device Placement
 - t) Crew Member ID
 - u) Airway Complications Encountered
 - v) Suspected Reasons for Failed Airway Management
 - w) Waveform capnography readings through duration of care

C. Completion Deadlines

1. eTOC data elements should be completed as soon as possible at the scene to ensure information is available at hospital handoff. See II.A.2 above
2. Full ePCRs shall be completed as soon as possible but no later than 48 hours.
3. All electronic documentation shall be uploaded and posted to the destination hospital or transporting unit as soon as possible.

D. Protected Health Information (HIPPA):

1. All users shall adhere to the County's Internet Usage Policy and shall sign into the secure system with their user name and password. User name, date, and time on printed or faxed PCRs constitute an electronic signature. PCRs may not be e-mailed except under secure systems.

E. Downtime procedures



1. During periods of system outages users will utilize paper PCRs and TOCs until the electronic system is restored. Users will enter data from paper PCRs into the electronic system by the end of their next shift after resumption of service.



Santa Cruz County EMS Agency
Documentation and Data Systems

Section 500