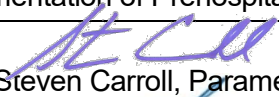



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Documentation of Prehospital Care		Policy Number 1000	
APPROVED: Administration:	 Steven Carroll, Paramedic	Date: January 3, 2023	
APPROVED: Medical Director	 Daniel Shepherd, M.D.	Date: January 3, 2023	
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Date Revised:	October 13, 2022		
Date Last Reviewed:	October 13, 2022		
Review Date:	October 31, 2025		

- I. **PURPOSE:** To define the use of standardized records to be used by Ventura County Emergency Medical Service (VCEMS) providers for documentation of pre-hospital care.
- II. **AUTHORITY:** California Health and Safety Code, Sections 1797.225, and 1798; California Code of Regulations, Title 22, Division 9, Section 100147.
- III. **Definitions:**

**Incident:** For the purposes of this policy, will be defined as any response involving any Ventura County pre-hospital personnel to any event in which there is an actual victim, or the potential for a victim

**Patient Contact:** Any encounter involving Ventura County pre-hospital personnel with any person consenting, either implied or informed, to assessment and/or treatment.

**National EMS Information System (NEMSIS):** The national data standard for emergency medical services as defined by the National Highway Traffic and Safety Administration (NHTSA) and the NEMSIS Technical Assistance Center (TAC)

**California EMS Information System (CEMSIS):** The California data standard for emergency medical services, as defined by the California EMS Authority (CalEMSA). This data standard includes the NEMSIS standards and state defined data elements.

**VCEMS Data Standard:** The local data standard, as defined by VCEMS. This data standard includes the NEMSIS and CEMSIS standards, in addition to locally defined data elements.

**Ventura County Electronic Patient Care Report (VCePCR):** The electronic software platform that allows for real time collection of prehospital patient care information at the time of service.

IV. POLICY: Patient care provided by first responders and transport personnel shall be documented using the appropriate method. The VCEMS VCePCR will be used to document the care provided by pre-hospital personnel for every incident in which there is a patient contact. Documentation shall be completed on any person with medical complaint, obvious injury or significant mechanism - regardless of consent.

V. PROCEDURE:

A. Provision of Access

VCEMS will provide access to the approved Ventura County Electronic Patient Care Report (VCePCR) system and software to EMS system stakeholders required to enter, edit, or analyze data.

B. Documentation

1. Specific requirements related to the documentation of patient care and coordination of that documentation between multiple agencies are outlined below:

- a. If a First Responder Advanced Life Support (FR ALS) Paramedic initiates care of the patient, the FR ALS Paramedic shall document all care provided to the patient on VCePCR.
- b. If/when care is turned over to another ALS agency, a VCePCR shall be completed by all pre-hospital provider agencies who delivered patient care and/or transport.
- c. All relevant fields pertaining to the EMS event will be appropriately documented on the VCePCR.
- d. Patient side documentation is encouraged and should be practiced whenever patient care would not be negatively affected.
- e. In the event of an incident with three or more victims, documentation will be accomplished as follows:
  - 1) MCI/Level I (3-14 victims): The care of each patient shall be documented using a VCePCR.
  - 2) MCI/Level II or III (15+ victims): Each patient transported to a hospital shall have their care documented on a Ventura County Multi-Casualty Patient Record.
    - a) The transporting agency is responsible for completion of the multi-casualty patient record.

The record is designed to be completed by the transporting crew enroute to the receiving hospital.

- b) The transporting agency retains the original of the multi-casualty patient record. A copy shall be left with the patient at the receiving hospital. The triage tag shall be attached to this copy and is included as official documentation in the patient's medical record.
- c) The transporting agency shall distribute copies of the multi-casualty patient record to the base hospital and EMS Agency within twenty-four hours of demobilization of the incident.

C. Transfer of Care

- 1. Transfer of care between two field provider teams and between field provider and hospital will be documented on the VCePCR. The first arriving agency will post to the server and perform a coordinated electronic transfer of care whenever possible within the VCePCR system to the next incoming unit. The unit receiving the electronic transfer will download the correct corresponding report prior to completion of the VCePCR. This includes intra-agency units and inter-agency units.
  - a. Any / all agencies involved in the transferring of electronic medical records shall ensure they are uploading and downloading the correct record for the correct patient.
- 2. A VCePCR shall be completed in accordance with training administered by VCEMS, or designee.
- 3. The time that patient care is transferred to hospital staff shall be documented by the primary provider handling patient care in all circumstances where a patient is transported to a hospital.
  - a. Transfer of care to the receiving facility is complete when:
    - 1) The patient is moved off of the EMS gurney, and;
    - 2) Verbal patient report is given by transporting EMS personnel and acknowledged by Emergency Department

medical personnel and a signature of patient receipt is obtained in the VCePCR.

- a) The signature time shall be the official transfer of care time and will be documented in eTimes.12 –  
Destination Patient Transfer of Care Date/Time  
Destination.

D. Cardiac Monitor

In the event the cardiac monitor is utilized as required by any of the VCEMS policy(ies), a complete ECG data transfer shall be recorded and attached to the corresponding VCePCR. ECG data shall be downloaded by each provider agency involved in that incident and attached to the corresponding VCePCR. An original 12 lead ECG shall be printed and submitted upon transfer of care to hospital staff for any patient where a 12 lead ECG was performed.

1. If a 12 lead ECG is performed by medical staff at a clinic or urgent care the original document shall be scanned or photographed and attached to the VCePCR, at the time of posting to the server, as part of the patient's prehospital medical record and the original or a copy of the 12-lead ECG shall be submitted to SRC staff upon transfer of care to hospital personnel.

E. Handtevy

In the event the patient is treated, within the pediatric definition of VCEMS Policies, a complete Handtevy data transfer will be recorded and attached to the corresponding VCePCR.

F. Submission to VCEMS

1. In the following circumstances, a complete VCePCR shall be completed and posted by any transporting unit, and by FR ALS personnel retaining care, within thirty (30) minutes of arrival at destination:
  - a. Any patient that falls into Step 1 or Step 2 (1.1 – 2.8) of the Ventura County Field Triage Decision Scheme
  - b. Any patient that is in cardiac arrest or had a cardiac arrest with ROSC.
  - c. Any patient with a STEMI positive 12 lead ECG.

- d. Any patient with a positive Cincinnati Stroke Screening (CSS +). This includes all prehospital Stroke Alerts and all prehospital ELVO alerts.
    - e. Any patient that is unable to effectively communicate information regarding present or past medical history.
  - 2. For circumstances not listed above, in which the patient was transported to a hospital, the entire data set found within the VCePCR 'REPORT' tab shall be completed and electronically posted to the server by transporting agencies, and by FR ALS personnel retaining care, within thirty (30) minutes of arrival at destination. This includes all assessments, vital signs, procedures, and medications performed as part of the response.
  - 3. All other reports not falling into the above criteria shall be completed and posted to the server as soon as possible and no later than by the end of the current shift.
  - 4. In all circumstances in which a person is transported to a receiving hospital from the scene of an emergency, or as part of any emergent/urgent specialty care transfer (STEMI, Stroke, Trauma), the transporting personnel shall obtain and document the eOutcome.04 – Hospital Encounter Number.
- G. For Refusal of EMS Services, Refer to Policy 603 for documentation requirements. Every patient contact resulting in refusal of any medical treatment and/or transport must be documented with the following information, the reason dispatched and/or chief complaint, assessment and vital signs, base hospital contact (when appropriate), patient advised to seek medical attention and completion of all applicable fields. Signatures will be captured by each agency at the time of patient contact/refusal. If, at any point, a signature is not obtained for any reason, a detailed explanation shall be documented in the narrative section of the VCePCR.
- H. ALS Inter-facility Transfers (Acute Care Facility to Acute Care Facility)  
Documentation shall be completed on all ALS Inter-facility transfers only. Documentation will include, but not be limited to, baseline assessment, medications administered, reason for transfer, procedures done to the patient, vital signs and any changes from baseline assessment.

If the transferring facility sends staff to accompany the patient, the staff member(s) name(s) shall be documented on the VCePCR.

- I. The completion of any VCePCR will not delay patient transport to hospital/receiving facility.
- J. Patient Medical Record  
The VCePCR and Ventura County Multi-Casualty Patient Record shall be considered a legal document and part of the patient's medical record.
- K. The first responder agency, transport agency, and hospital are custodians of record. Printing should only be performed as needed, and an electronic copy of the VCePCR should be utilized and referred to whenever feasible. A print log and reason for printing shall be monitored regularly to help ensure security of protected health information within the system.

Attachment A

These abbreviations have been accumulated from the California approved EMT Curriculum and various other resource material. The abbreviations were collected by the Ventura County ALS CQI Team to assist EMS field, hospital and dispatch personnel in providing consistent medical documentation.

Term	Abbreviation
Above knee amputation	AKA
Antecubital	AC
Aspirin	ASA
Bi-Level Positive Airway Pressure	BiPAP
Bundle Branch Block	BBB
Central Nervous System	CNS
Circulation, Sensation, Motor	CSM
Continuous Positive Airway Pressure	CPAP
Diabetes Mellitus	DM
Deformity, Contusion, Abrasion, Penetration, Burn, Tenderness, Laceration, Swelling	DCAPBTLS
Drops	gtts
Endotracheal	ET
End-Tidal CO <sub>2</sub>	EtCO <sub>2</sub>
Every day*	qd*
Evening	pm
Foreign body	FB

Term	Abbreviation
Fracture	Fx
Gastrointestinal	GI
Genitourinary	GU
Glasgow Coma Score	GCS
Gun Shot Wound	GSW
Intravenous Push	IVP
Jugular venous distention	JVD
Metered Dose Inhaler	MDI
Morphine Sulphate*	MS*
Nausea/Vomiting	NV
Negative	neg
Nitroglycerin	NTG
No Acute Distress	NAD
No Known Drug Allergies	NKDA
Non Insulin Dependent Diabetes Mellitus	NIDDM
Over the Counter	OTC
Oxygen	O <sub>2</sub>
Oxygen Saturation	SpO <sub>2</sub>
Pupils Equal Round and Reactive to Light	PERRL
Range of Motion	ROM

\*THE JOINT COMMISSION and ISMP have indicated these abbreviations have a high likelihood of misinterpretation; thereby leading to medical errors, therefore, they are **not** to be used in **handwritten** documentation.