EMS|MC
EMS MANAGEMENT & CONSULTANTS
RESULTS | SERVICE | COMMUNITY

Patient Care Report Documentation Training Checklist

Patient Demographics

- ☐ Correct spelling of patient's legal name (including generations if applicable)
- ☐ Complete mailing address (including PO Box and Lot #'s if applicable)
- ☐ Date of birth & social security number

Insurance Information

- ☐ Medicare
  - ☐ Patient's name as it appears on card, Medicare ID number, policy type: Traditional of HMO, effective date for Part B coverage
- ☐ Medicaid
  - ☐ Patient's name & Medicaid ID number
- ☐ Commercial
  - ☐ Patient's Name, subscriber's name if different, policy number & group number
- ☐ Third Party Liability
  - ☐ Patient's regular health insurance info
  - ☐ Additional information available at the scene
    - Car accidents: Automobile insurance policy information
    - Work related accidents: Name of the employer, address, and contact information
- ☐ No information available
  - ☐ Request a copy of the hospital face sheet
- ☐ Guarantor & Power of Attorney, if applicable

Dispatch

- ☐ Date & time of dispatch
- ☐ Patient's chief complaint(s): The chief compliant is usually a direct quote from the patient, it describes the patient's complaints, and explains why the patient or someone else called 9-1-1.
  - ☐ Head injury, seizure, possible heart attack
- ☐ Dispatch mode
  - ☐ Immediate response or a planned/unplanned response
- ☐ Origin (location of patient) including point of pick-up address & zip code
  - Residence: 2405 Hubbard Street, Winston-Salem, NC 27103
  - Nursing home: Sunshine Manor Assisted Living, 123 Elm Street, W-S, NC 27103
  - Car accident scene: Intersection of 4th & Broad Street, Winston-Salem, NC 27103
  - Hospital: Baptist Hospital, 1 Medical Center Blvd, Winston-Salem, NC 27157

Upon Arrival

- ☐ Location of patient
  - ☐ For example, the patient was found in bed, in a chair, on the floor, ambulatory, walking to ambulance, in the passenger seat of a vehicle, etc.
    - Arrived to find 80 YOF lying supine on the floor next to her bed with staff present.
    - ATF a 67 y/o male Pt. sitting in a chair a&o x4.
    - Patient walked out to meet the ambulance with their bags packed and is in no-apparent distress.
- ☐ Chief complaint(s): Usually what the patient tells you.
  - ☐ Abdominal pain, chest pain, weakness, dizziness, etc.
    - "Well, I felt like I was going to pass out and I felt like I was about to die."
    - Pt. stated her legs got weak and gave out.
- ☐ Signs & symptoms (detailed to anatomical site & severity)
  - Mid-sternal chest pressure rated to be a 7/10 that woke him from his sleep. Pain was non-radiating. Pt. was noted to be belching.
- ☐ Duration of the signs & symptoms
  - The patient began experiencing abdominal pain approx. 12 hours ago along with nausea and vomiting. The patient has worsening of symptoms over the past 2 hours.
- ☐ Overall appearance
  - ☐ For example, diaphoretic, deformities, grimacing, no distress, etc.
    - Noted poor skin turgor, mucous membranes appear dry and pale.

Treatment

- ☐ Assessments: List an accurate account of the chronological care provided to the patient.
  - ☐ Be descriptive: what did you see, smell & hear?
    - Pt. CAO x4, skin warm, dry, and normal in color. PMS x4 throughout EMS contact. Lung sounds clear and equal in all fields. Respirations regular and non-labored. Pt. denied LOC, SOB, head, neck, back, hip or abdominal pain and no N/V. Pt. PEARL. No external blood loss or trauma noted. Pt. denied feeling lightheaded or dizzy.
    - For neurological complaints such as CVAs, syncope, and general weakness, document your assessments. Did they have any facial drooping? Did they have aphasia or slurred speech? Did they have stupor, delirium, confusion, or hallucinations? Did they have paralysis, vertigo, or an unsteady gate?

Patient Care Report Documentation Training Checklist (Continued)

- ☐ Interventions:
  - ☐ Attempted initiated, administered, or monitored
    - "Started fluids with a total of 200 ml being given during transport due to dehydration."
    - Attempted an unsuccessful intubation, so we managed the patient with a bag valve mask.
  - ☐ EKG monitoring & interpretation.
    - "Patient was placed on a 12-Lead cardiac monitor, and the readings showed tachycardia."
  - ☐ ALS Assessment with a standard dispatch protocol must be in place, such as Emergency Medical Dispatch (EMD).
- ☐ Medications
  - ☐ What medications did you administer, what route and dose(s)?
    - Pt. was given 324 mg of ASA and x1 nitroglycerin.
- ☐ Supplies & equipment
  - ☐ Moved patient via stair chair from and upstairs bathroom
  - ☐ The Pt. was placed in a c-collar and then log rolled onto a long board and a CID was put in place.
  - ☐ CPR, oxygen administration
- ☐ Effects of treatment (during & after)
  - ☐ For example, improved, remained the same, worsened, etc.
    - Post nitroglycerin administration Pt.'s BP was noted to have dropped and the Pt. was pain free.

Mileage

- ☐ Record loaded patient mileage in tenths: 3.4, 5.0, 7.6
- ☐ Record loaded out-of-county patient mileage if applicable to state's Medicaid program

Movement of Patient & Transfer of Care

- ☐ How did you move/position the patient?
  - ☐ Placed patient in left lateral recumbent position to protect airway in case of vomiting.
  - ☐ Pt. lifted Hoyer and moved to stretcher and secured with 3 straps.
  - ☐ Pt. was turned over to the Midland ER staff in room 9 and report was given to the RN in the room.
- ☐ Destination drop off location & complete address
  - ☐ For example, ER bed, ICU, treatment no transport, etc.

Signatures

- ☐ Medical author who completed treatment on the patient
  - ☐ Credentials
- ☐ Billing/Claims Authorization
  - ☐ Patient's signature or mark
  - ☐ Authorized Representative and valid unable to sign reason
  - ☐ Ambulance Crew & Receiving facility signatures and a valid unable to sign reason

Additional Documentation Requirements for Non-Emergency Transports

- ☐ Location of patient
  - ☐ For example, the patient was found in bed, in a chair, ambulatory, walking to ambulance, etc.
    - 89 YOWF was found in her Lake Side Memorial Hospital bed in room 4225 in stable condition for transport in semi-fowler's position.
- ☐ How did you move/position the patient?
  - ☐ For example, the patient was moved using draw sheet method, pivot assist, or patient self-ambulated.
- ☐ Reason for transport
  - ☐ Dialysis services, wound care, discharge, inter-facility transport
- ☐ Reason for ambulance transport
  - ☐ Past applicable medical history
    - Left sided paralysis due to a post CVA, past medical history of…
  - ☐ Patient's current mental status
    - Confused, alert and oriented, non-verbal
  - ☐ Patient's current mental status
    - Weak, unable to sit for duration of transport, unable to support self, danger to self/others
- ☐ Overall appearance
  - Paralysis, contractures, abnormal skin signs
- ☐ Special handling required, if applicable
  - Orthopedic devices, unhealed fractures that remained immobile, decubitus ulcers including site and severity
- ☐ Medical device and/or monitoring required
  - Orthopedic Cardiac monitoring, vital monitoring, oxygen administration, IV maintenance
- ☐ Destination
  - ☐ Home, SNF, Room XXX
- ☐ Location of patient at destination
  - ☐ Chair, bed, couch, recliner, ambulated