Matt’s Patient Care Report Breakdown

What is a Patient Care Report (PCR)?

* Legal document
* Written by all levels of EMS
* Medical record for you & other health care providers
* Contains all essential info regarding the incident, assessment, treatment, etc.

Tips for writing PCRs

* Write legibly with blue or black ink
* Write sparingly (avoid excessive or wordy descriptions)
* Separate PCR for each patient
* Cannot alter after the fact...
* If you didn’t write it, it didn’t happen!
* Strike through mistakes, initial & continue
* Don’t leave empty or blank spaces

Parts of a PCR

* Tombstone data
* Vitals – who, what & time
* Allergies
* Medications
* Treatments - who, what & time
* Handover to EMS
* Narrative
	+ **O/A** – What you see, impressions, patient position, # patients, bystanders, hazards
	+ **C/C** – Patient’s own words, why called
	+ **HxC/C** – Onset, what patient was doing at time of onset, symptoms
	+ **PmHx** – Current or past pertinent medical conditions, smoking, substance abuse
	+ **O/E** – Findings of physical exam
	+ **Tx** – Interventions, management of patient

More Detail

**O/A** – Age, sex, position/location found, LOC (alert, taking, eyes tracking), scene observations, distress/dyspnea, calm/co-operative, first aid & by whom; home O2; family/bystanders present

MVC - # of vehicles, description, condition, location of patient in vehicle, # occupants, extrication required; obvious trauma, blood

**C/C** – What patient tells you, reason 911 called, related injuries

**HxC/C** – Events leading to emergency response, why/who called, pertinent statements from patient/family/bystanders, previous episodes, any loss of consciousness, how long?

 Pain – OPQRST

MVC – Seatbelts, air bags, interior/exterior damage, starring on windshield, deformation of steering wheel, approximate speed, self-extrication

Vomit - # of times, blood?

Bowel movement - normal, when?

ETOH consumption - when, how much?

Drug use – amount, when?

Last meal, last urination

PERTINENT NEGATIVES

Pregnancy – LMP, sexually active, chance of being pregnant, gravida/para/abortus, gestation period

DNR? Personal directive?

Change in meds?

Last seen doctor/hospital – Tx & results

O/E – On Examination

**CNS** – A/O PPTE, GCS, AVPU, PEARL – size, fixed, pinpoint; drainage from ears/nose, Battle’s signs, Racoon eyes

**CVS** – Skin – colour/condition/temp, peripheral/central pulses present/absent & rate/rhythm/quality, BP, edema

**HEENT** – Pain, audio-disturbances, airway patent, swelling, facial droop, slurred speech, odour on breath, mucosa, cyanosis, JVD, tracheal deviation, trauma

**CHEST** – Air entry – clear apices to bases, adventitious sounds, bilateral chest rise, dyspnea – exertion/rest, cough – productive/non-productive, trauma, pain, accessory muscle use, barrel chest, indrawing, pacemaker, medication patches

**ABD** – Trauma, pain on palpitation – quadrant?, DRT – rebound, guarding, scars, pulsating masses, needle marks, nausea, vomit, bowel movements, urine output

**PELVIS** – Stable, trauma, pain, incontinence, priapism, bleeding, discharge

**EXT’S** – PMS x 4, strong/weak pulses, deficits, grip strength, pedal/peripheral edema, needle marks, cyanosis, trauma, pain

**BACK** – Trauma, pain, sacral edema

TX – Treatments

Following from patient assessment:

* O2 – admin device, flow rate
* BVM – ventilation rate (adjunct?)
* Spinal immobilization (collar, blocks, board, straps)
* CPR performed
* AED – number of times shocked
* Suctioning – device used, # of times
* Bandage/splinting – PMS present prior to & after
* Position on stretcher
* TPT normal/emergency
* Complications en route
* Or no Tx – why?