

# Montgomery County Fire and Rescue Service

## Fire Chief's General Order

**NUMBER: 13-01 (Revised)**

May 30, 2013

**TO:** All MCFRS Personnel

**FROM:** Fire Chief Steve Lohr



**SUBJECT:** Emergency Medical Services Patient Care Reporting Requirements

The Montgomery County Fire Rescue Service currently uses an electronic patient care reporting system (ePCR) to document patient encounters during EMS incidents. Personnel who are assigned by the unit officer as the primary EMS provider on any apparatus are responsible for using the ePCR to document their findings and actions for each patient whom they transport, or whom they obtain a refusal from, or whom they downgrade from ALS to BLS.

**The primary EMS provider must ensure that the crew identification information logged into the ePCR is accurate.**

**For all patients who are TRANSPORTED to a hospital, the primary EMS provider must include the specific points below in the ePCR report:**

1. The patient's name, complete address (including apartment number), date of birth and age.
2. The patient's Social Security Number. If the patient is unable or unwilling to provide a SSN, the provider must fill in the field with "999-99-9999".
3. The patient's pertinent medical history. For example:
  - a. Past and current medical conditions;
  - b. Prescribed and over-the-counter medications; and,
  - c. Allergies to medications.
4. The provider's assessment findings, including:
  - a. At least one complete set of vital signs;
  - b. Findings pertaining to the patient's chief complaint;

- c. Actions, treatment and/or interventions performed during the incident and the patient's response to the actions.
5. A narrative documenting items in # 4 that are not otherwise documented (or fully documented) by entry in other fields within the ePCR.
6. The name of the receiving hospital. If the receiving hospital was chosen because the closest appropriate hospital was on a *diversion alert* status, this fact must be documented in the ePCR.
7. **The provider must obtain signatures as follows:**
  - a. The EMS Provider must make an attempt to obtain a signature from the patient. If a patient is physically unable to sign the report, and an authorized representative for the patient is unavailable, the provider must document the specific reason for the inability to obtain the patient signature in the narrative. Wording such as "the patient was unable to sign ePCR due to hand tremors and no authorized representative was present" is acceptable.
    - i. If the patient is physically or mentally incapable of signing, an authorized representative may sign for the patient in the appropriate section. Authorized representatives include **only** the following individuals:
      1. The patient's legal guardian, or
      2. A member of the patient's family (or other person) who receives social security or other governmental benefits on behalf of the patient , or
      3. A member of the patient's family (or other person) who arranges for the patient's medical treatment or exercises other responsibility for the patient's affairs , or
      4. A representative of an agency or institution other than MCFRS that furnished other care or medical services to the patient. This would include nursing home staff, a school nurse etc.
    - ii. If a patient is a minor, the provider must attempt to obtain a parent/guardian signature.
  - b. Upon turnover to the receiving facility, the provider must obtain a signature from the nurse or physician assuming care. The provider must also obtain the full name and title of this person and enter this information into the appropriate ePCR field. "Dr. Adam Smith is acceptable; "Dr. A. S. is not.
  - c. The provider must also sign the report and also ensure that his/her full name is documented in the appropriate field.

**For a patient that is not transported, the information required by sections 1, 3 & 4 above is also required, *supplemented by the additional requirements below:***

1. All patients must be offered transport to a hospital by the responding EMS providers.
2. EMS providers are ***prohibited*** from attempting to persuade or coerce a patient into refusing care and/or transport. EMS Providers also must not discourage or dissuade a patient from seeking care and / or transport.
3. If a patient genuinely refuses treatment and/or transport to a hospital, **the provider must obtain the patient's signature, and document on the ePCR:**
  - a. A complete patient assessment, including a full set of vital signs
  - b. An explanation to the patient of the potential risks involved in refusing treatment and/or transport and
  - c. That the EMS provider advised the patient that if their medical condition changes, the patient should call 911 immediately.

Providers should refer to the Maryland Medical Protocol, page 198-7 "Patient Initiated Refusal of EMS" for more information, and additional direction regarding actions and documentation of a patient refusal.

**For an ALS dispatched patient that is downgraded by an ALS provider to a BLS transport; the ALS provider must complete an ePCR as follows:**

1. The ALS to BLS downgrade field must be checked.
2. A narrative **must be completed** containing a complete patient assessment and a full explanation as to the reason for the downgrade.

**For additional information and direction regarding the ALS to BLS downgrade see the ...Transition of Patient Care ALS to BLS Section of the General Patient Care Protocol within the Maryland Medical Protocols.**

This FCGO cancels and replaces the governing documents below:

- FCGO 07-11 – Documentation of EMS Incidents, issued May 16, 2007.
- FCGO 09-18 – Electronic Patient Care Reporting System (ePCR), issued September 23, 2009.
- DFRS Directive 97-17 – EMS Transport Issues and Incident Documentation, issued October 8, 1997.
- MCFRS Operations Directive 06-16 – Patient Refusals and Non-Transport Situations, issued August 22, 2006.