

# Instructions for completing LDH EMS Disaster Patient Care Report (PCR)

This document is to be used by all LDH EMS resources. Below are instructions of how to complete this form.

## I. Call Information

1. PCR # -This number will be specific to the patient and the transport.
  - a. **Surge Units** - The number will include the unit's Placard Number to identify which unit made the transport and will be followed by a number that increments with each patient. The number includes "LA", "LB" or "EA" or "EB" and the three-digits of the Placard Number after the alpha, then a four-digit incrementing run number after the dash. Do not duplicate this number.

Example: LA051-0001

- b. **Shelter Units** – The number will include the unit's number to identify which unit made the transport and will be followed by a number that increments with each patient. the vehicle #, then a four-digit incrementing run number after the dash.

Example: Unit # ME1--0001

It is the responsibility of the crew to keep track of the incrementing numbers and to enter that number on the PCR and the PCR Log. PCR numbers initiate on the unit's first patient encounter and run throughout the event, they **DO NOT** start over. If a PCR number is skipped for any reason then the crew is to write VOID on the line of the PCR Log.

2. Check the appropriate box for Emergency or Non-Emergency
3. Event Name: An event name will be issued by the state and will be relayed to the surge units to enter in this block. If the circumstance arises there are multiple events the TOC will relay to the units through the liaison which event to log.
4. Call Location- (Origin of the Call) Street Address, City, State, and Zip code.

III. **Unit Information** – Enter your Service Name and your full Placard number.

## IV. Patient Information –

- a. Patient Name – Last, First, Middle
- b. Age and Date of Birth
- c. Sex – F=Female M=Male
- d. Complete home, City, State, and Zip
- e. Phone number including area code

## V. Call Date/Time/Mileage

- a. Times captured are Enroute, On-Scene, Departed, Arrived, Completed.
- b. Total miles driven from enroute to completed.

**VI. Assessment/Medical Care/Narrative**

- a. Chief Complaint
- b. Onset Date/Time
- c. Pertinent Past Medical History
- d. Pertinent Finding from Physical Exam
- e. Narrative – additional space provided on PCR Continuation Form

**VII. Vital Signs**

Blood Pressure (BP); Heart Rate (HR); Respiratory Rate (RR); Capillary Blood Glucose (CBG); Peripheral Capillary Oxygen Saturation (SPO2); Temperature (TEMP); Glasgow Coma Scale (GCS)

Additional Space for Vital Signs is provided on the PCR Continuation Form. Check the box next to “Additional Documentation” if a Continuation Form is used.

**VIII. Treatment Provided/Medication Administered**

- a. Enter the Procedure and include the time performed.
- b. Medication/Dose include the time administered.

Additional Space for Procedure and Medication is provided on the PCR Continuation Form. Check the box next to “Additional Documentation” if a Continuation Form is used.

**IX. Disposition/Medical Control/Receiving/Crew Information & Signature**

- a. Patient Destination (Location): Name of facility patient was transported to, this could be but is not limited to; hospital, nursing home, SMNS, patient’s home (SMN repatriation), Federal Medical Shelter, etc.
- b. Care Transferred to (Print Name): Enter the name of the person you transferred care to at the facility or at the patient’s home (care giver).
- c. Receiving Signature: Signature of the person identified above as the person assuming care for the patient.
- d. Medical Control Name (If Applicable): Print the name of the physician contacted when required.
- e. EMT#1 & EMT#2 printed names and NREMT numbers.
- f. Attending EMT Signature.

**PCR CONTINUATION FORM**

If the Continuation Form is used enter the PCR#; Mission #, Patient Name and Date on the top of the form.

**X. Narrative Continuation – Attending EMT signature is required.**

**XI. Vital Signs Continuation**

**XII. Treatment Provided/Medical Administered Continuation**

**XIII. Attach ECG strips**

**RELEASE OF MEDICAL RESPONSIBILITY (REFUSAL)**

Please complete the entire Refusal Section-A for any patient refusing medical care and/or transport.

**REFUSAL OF SPECIFIC MEDICAL CARE/TREATMENT**

Please complete the Refusal Section-B for any patient refusing specific medical care but is consenting to transport, i.e. patient is refusing IV therapy.

**Important:** All Refusals **MUST** be accompanied by a complete Patient Care Report (PCR).