



**CALVERT COUNTY GOVERNMENT
GUIDELINE/POLICY/PROCEDURE**

TITLE:	2.2-Clinical Documentation Standards		
ISSUED BY:	Department of Public Safety		
RESPONSIBLE STAFF:	Deputy Public Safety Director Alfred Jeffery		
ISSUE DATE:	April 21 st , 2021	REVISION DATE:	
PURPOSE:	To establish the policy regarding the timeframes and standards of Patient Care Reports and run logs		
APPLICABLE TO:	All Field Clinicians		
ATTACHMENTS:			

<input checked="" type="checkbox"/> GUIDELINE	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PROCEDURE
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This document needs to be reviewed/updated:

<input type="checkbox"/> Annually <input type="checkbox"/> (Fiscal Year) <input type="checkbox"/> (Calendar Year)	<input type="checkbox"/> Other Interval:	
	<input checked="" type="checkbox"/> As needed	Flag for review on:

I. Purpose:

To establish the standards of how and when electronic Patient Care Reports (ePCRs) must be completed. Also to establish expectations of maintain run logs at individual stations.

II. Definitions

COMAR – Code of Maryland Regulations. This is the official compilation of all administrative regulations issued by agencies of the state of Maryland.

PCR or ePCR – Patient Care Report (hand written report) or electronic Patient Care Report (computer-based report). All documentation in Calvert County and the State of Maryland is required to have final completion on the ePCR website known as eMEDs (ImageTrend elite).

Run Log – Any method of tracking the calls a unit responds to. The method is determined by the individual volunteer station the Career EMS staff is assigned to.

Short Form – This is a MIEMSS approved, 1-page form that documents the most relevant information from the patient transport (vitals, medications, etc.) for the hospitals records. The sole purpose is to provide documentation when providing a full ePCR is not an option.

III. Policy

Upon transfer of patient care, crews must provide hospital staff with a completed Maryland Short Form-Patient Information Sheet.

PCRs should be completed as soon as possible, preferably prior to leaving the hospital. In accordance with COMAR 30.03.04.04, all PCRs must be completed within 24 hours of dispatch. Calvert Career EMS policy, however, requires the completion of all ePCR by end of shift or before you leave duty. Supervisors may approve an extended timeline within state compliance on a case-by-case basis.

IV. Procedure

A. Documentation Standards

- Field clinicians shall accurately complete and submit all mandatory electronic data for each response to a call for service as described herein. This includes all emergency responses, non-emergency responses, responses that are canceled before scene arrival, and any pre-arranged ambulance standbys, and ambulance patient transfers originating in Calvert County. In addition, any contact between a field clinician and a potential patient requires completion of an ePCR report.
- All ePCR shall be completed by the field clinician, responsible for patient care. The provider of the highest level of care given to the patient will complete the ePCR.
- Prior to submitting the mandatory data elements (e-PCR) to EDCEMS, the field clinician responsible for patient care shall review in detail each mandatory data element to ensure its accuracy. All ePCR once submitted to the server become a locked legal document and the contents cannot be modified. Calvert County CEMS uses the Maryland State Bridge known as eMEDs (ImageTrend Elite) for transferring mandatory data elements which adheres to HIPPA and HITECH standards.
- All EMS documentation becomes part of the patient's medical record and as such is a legal and confidential document. In addition to serving an immediate medical communication purpose, the report also provides a historical record of this specific incident. In the event of future legal action, the report may also serve as a reminder to the author of the events and details surrounding this patient's medical event. Any detail or information which may benefit the patient's immediate medical care, or which may protect the patient from potential harm related to this incident, or that may prove useful in the event of a future legal action shall be included in the narrative portion of the ePCR.

- Calvert County EMS endorse no individual method of documentation. As such, methods such as SOAP, CHARTS, and chronological narrative are all acceptable forms of documentation. Regardless of method, each patient contact made in the field will result in a completed ePCR that contains a standard set of narrative data element to include at minimum:
 - SUBJECTIVE – The Patient’s Perspective
 - Patient description.
 - Chief concern (formally chief complaint).
 - History of the Present Event: What happened? When did it happen? Where did it happen? Who was involved? How did it happen? How long did it occur? What was done to improve or change things?
 - Allergies, current medications, past medical history (pertinent), and last oral intake
 - OBJECTIVE INFORMATION – The Clinician’s Perspective
 - The Clinician’s initial impression: Description of the scene. What was your first impression of the scene and patient?
 - Vital signs every 15 minutes for non-critical patients and every 5 minutes for critical patients, to include at a minimum:
 - Blood Pressure
 - Pulse or Heart Rate
 - Respiration Rate
 - Saturation Percent of Blood Oxygen (SpO₂)
 - Mental status documented (GCS, CAO, etc.)
 - +/- Temperature as indicated
 - +/- Blood Glucose as indicated (such as altered mental status)
 - +/- 12 lead ECG as indicated (such as chest pain)
 - +/- Continuous ECG monitoring – required for all ALS patients
 - +/- End Tidal Capnography (EtCO₂) – Required for all intubated patients
 - Physical Exam findings to include at a minimum:
 - Head-to-Toe exam findings
 - Focused physical exam findings, as pertinent
 - Lung Sounds
 - Pupillary response and quality
 - Pulse quality
 - Skin color and quality
 - General observations: Other noteworthy information such as environmental conditions, patient location upon arrival, patient behavior, etc.
 - ASSESSMENT – The Clinician’s Impression
 - Conclusions made based on chief concern (formally known as chief complaint) and physical exam findings.

- This is sometimes known as a differential diagnosis. Because field clinician's do not diagnose, we consider listing pertinent negatives such as "denies chest pain," "denies shortness of breath," etcetera.
 - We also consider follow up statements for the hospital clinicians such as "rule out AMI", "rule out sepsis", etcetera.
 - We do not offer diagnosis, ever.
 - PLAN – The Clinician's Plan of Care
 - What was done for the patient?
 - This should include treatment provided prior to your arrival as well as what you did for the patient.
 - Procedures completed such as IV, ETT, etc.
 - Medications administered (including oxygen) as well as the 6 rights:
 - Right Patient
 - Right Medication
 - Right Dose
 - Right Method
 - Right Time
 - Right Documentation
 - Disposition of the patient?
 - Describe what you did with the patient. This could be "patient loaded and prepared for transport", "patient handed off to flight crew", or "patient signed refusal of transport and is left home with family."
 - TRANSPORT – Re-Assessment (Changes in Status & Identifying Trends)
 - Information regarding therapies provided during transport as well as changes in the patient's condition during transport.
 - It may also include pertinent events surrounding the transfer of the patient at the hospital.
- Use of abbreviations and symbols is permitted in PCR and ePCR narratives and comments elements ONLY. Acceptable abbreviations can be found in Section D.
- Times entered for interventions, vital signs, and assessments are considered best estimates based on the approximate time the particular skill or procedure was completed.

B. Refusal of Care and/or Transport and Release of Liability

- Ensure eMEDS refusal form and checkboxes have been completed, and physician consulted as indicated.
- The following information must be documented in the patient refusal section of the PCR/ePCR:
 - Patient or responsible party must sign if refusing care and/or transport
 - Date
 - Witness signature is required If patient refuses care and/or transport and should be in the following order of preference:
 - 1) Immediate family member.

- 2) Law enforcement officer.
 - 3) Other EMS personnel.
 - 4) Crew member.
- ALS Care on non-transports: For situations where ALS care is provided by the ambulance or medic crew and the patient refuses transport to the hospital, the provider must document an explanation of risks of refusal and the benefits of transport in the refusal form which must be signed by the patient. Paramedics shall have this form signed any time ALS care is delivered to patient and that patient refuses transport.

C. Timeliness and Operational Considerations

- A PCR must be completed for every patient contact, including “patient contact non-transports.”
- Upon the transfer of patient care, crews shall provide hospital staff with a completed Maryland Short Form-Patient Information Sheet. This form must be filled out in its entirety, including patient demographics.
- PCRs (such as a short form) must be completed in the following timeframes:
 - Priority 1- Must be completed prior to leaving the hospital.
 - Priority 2- Must be completed prior to leaving the hospital.
 - Priority 3-Preferably completed prior to leaving the hospital.
 - The only exception to the above timeframes is if a crew is dispatched for a priority call in which there is no other paramedic/crew available. In this situation, reports should be completed as soon as possible upon return to service.
- Regardless of call volume or severity, COMAR 30.03.04.04 requires **ALL** Patient Care Reports to be completed within 24 hours of dispatch.
 - CEMS employees may not be relieved from duty until all documentation from their shift is completed.
 - CEMS employees that do not complete required documentation prior to completing their shift will be subject to disciplinary action.
 - Because CEMS shares jurisdictional responsibility with other companies in Calvert County, CEMS employees that volunteer with other Calvert County Fire, Rescue, and EMS companies may be suspended from CEMS duty until all COMAR required documentation the employee is responsible is completed, regardless of company.
 - Temporary employees who habitually fail to meet this standard are subject to dismissal as a temporary employee by the CEMS Chief.
 - Supervisors may approve an extended timeline within state compliance on a case-by-case basis.
- Upon return to the station, the CEMS staff will complete the station run log. The method of completing this is determined by individual stations, whether it be electronic or paper.

D. APPROVED ABBREVIATIONS & SYMBOLS

Abbreviation ... Definition

A-fib or A.F. ...atrial fibrillation
AAA ...abdominal aortic aneurysm
ACLS ...advanced cardiac life support
ABC ...airway breathing circulation
ABD ... Abdomen or Abdominal
AC ...antecubital
ACE... angiotension converting enzyme
ALS ...advanced life support
~~ALTE... Apparent Life Threatening Event~~ (should be replaced by BRUE)
A.M. ...morning
AMA ...against medical advice
amb ...ambulate
amp... ampule
ant ...anterior
A & O x 1-2-3 or 4 ...alert and oriented times 1-2-3 or 4
AOS ... Arrived on scene
Approx ...approximately
ASAP ...as soon as possible
ASHD... arteriosclerotic heart disease
ALOC ...altered level of consciousness
ASA ...aspirin (acetylsalicylic acid)
Ax... assessment
ADD ...attention deficit disorder
ADHD... attention deficit hyperactivity disorder
AK/AKA ...above knee/above knee amputation
AMI... acute myocardial infarction
BB ... Beta Blocker
BBB/LBBB/RBBB ...bundle branch block / Left BBB / Right BBB
BK/BKA ...below knee/below knee amputation
BCA... bicycle accident
BG... Blood Glucose
b.i.d. ...twice daily
bicarb or NaHCO₃ ...sodium bicarbonate
BiPAP ... BiLevel Positive Airway Pressure
BLE...bilateral lower extremity
BLS ...basic life support
BLU...bilateral upper extremity
BP... blood pressure
BPM ...beats per minute
Brady ...bradycardia
BRUE ... Brief, Resolved Unexplained Event (replaces ~~ALTE~~)
BS ...blood sugar
BSA... Body Surface Area

BSH ...base station hospital
BVM ...bag-valve-mask
C ...centigrade
cc ...cubic centimeter
Ca ...cancer
CABG ...coronary artery bypass graft surgery
C, A & O x 1, 2, 3, or 4 ...conscious and alert & oriented x 1,2,3,or 4
CaCl₂ ...calcium chloride
CAD ...coronary artery disease
C/C... chief concern (complaint)
CCB ...calcium channel blocker
CF ...cystic fibrosis
CHB ...Complete heart block
CHF ...congestive heart failure
CNS ...central nervous system
CO ...carbon monoxide
CO₂ ...carbon dioxide
COPD ...chronic obstructive pulmonary disease
CPAP ...continuous positive airway pressure
CPR ...cardiopulmonary resuscitation
CSF... cerebrospinal fluid
CSM ...circulation sensation movement
C-spine ...cervical spine
CV... cardiovascular
CVA ...cerebral vascular accident
Cxr ... Chest x-ray
D & C... dilatation and curettage
D/C... discontinue
Defib... defibrillation
DKA ...diabetic ketoacidosis
DM ...diabetes mellitus
DNR... do not resuscitate
d.o. ...days old
D.O. ...Doctor of Osteopathic Medicine
DOA... dead on arrival
DOE... dyspnea on exertion
Dr ...doctor
D/T... due to
DT's... delirium tremens
DU... duodenal ulcer
DVT ...deep vein thrombosis
Dx ...diagnosis E expiratory
EBL ...estimated blood loss
EBV ...Epstein-Barr Virus
ECG or EKG ...electrocardiogram
EDC ...estimated date of confinement

EEG ...electroencephalogram
EENT ...eyes, ears, nose and throat
e.g. ...for example
EMD... electromechanical dissociation
EMT ...emergency medical technician
ENT... ear, nose and throat
EOM... extra ocular movements
EPAP ... Expiration Positive Airway Pressure
Epi... epinephrine
E.R. or E.D. ...emergency room or emergency department
ESRD ...end stage renal disease
ET ...endotracheal
ETA... estimated time of arrival
EtCO2 ...end tidal CO2
ETAD ...esophageal tracheal airway device
Etc. ...etcetera
EtOH ...alcohol/ethanol / ethyl-alcohol
Exc ...exacerbate
Exp ...expiratory
F ... Fahrenheit
FB/FBO ...foreign body/foreign body obstruction
Fr ...French
FROMfull range of motion
fx ...fracture
ga ...gauge
GB ...gallbladder
GCS ...Glasgow Coma Scale
GERD ...gastro esophageal reflux disease
GI ...gastrointestinal
G or gm ...gram
G.O.A. ...gone on arrival
GSW ...gunshot wound
gt ...drop
gtt ...drops
GU... genitourinary
HAV ...hepatitis A virus
H, h, hr ...hour
H₂O ...water
HBV... hepatitis B virus
HCTZ ...hydrochlorothiazide
HCV ...hepatitis C virus
HEENT ...head eyes ears nose throat
Hg... mercury
HH... hiatal hernia
H/T ... Heart Tones
HTN... hypertension

Hx... history/historical exam
HPI... history of present illness/injury
HR... heart rate
h/o ...history of
I... inspiratory
IABP... Intra-Aortic Balloon Pump
ICU... intensive care unit
IDDM... insulin dependent diabetes mellitus
i.e. ...that is
IM ...intramuscular
Inj. ...injection / inject
IO ...intraosseous
IPAP ... Inspiratory Positive Airway Pressure
IPPB... intermittent positive pressure breathing
Irreg ...irregular
IV... intravenous
IVP... IV push
IVPB ...IV piggyback
IWMI ...inferior wall myocardial infarction
J... joule
JVD... jugular venous distention
K⁺ ...potassium
KCl ...potassium chloride
Kg... kilogram
KO ...knocked out
KVO... keep vein open
L ...liter
lac ...laceration
lat ...lateral
lb... pound
lbs...pounds
lg... large
LLE ...left lower extremity
LLL ...left lower lobe
LLQ ...left lower quadrant
LMP ...last menstrual period
LOC ...loss of consciousness
LvOC... Level of Consciousness
LPM ...liters per minute
LR ...lactated ringers
L/S ...lung sounds
L-S spine ...lumbar sacral spine
L spine ...lumbar spine
LUE ...left upper extremity
LUL... left upper lobe
LUQ... left upper quadrant

LVN ...licensed vocational nurse
M... Molarity
MAD... mucosal atomizer device
MAO ...monoamine oxidase
MCA ...motorcycle accident
MCI ...multi-casualty incident
MAE ...moves all extremities
M.D. ...medical doctor
Mec ...meconium
Med... medication or medicated
mEq ...milliequivalent
mg ...milligram
Mhx ...Medical History
MI ...myocardial infarction
mL ...milliliter
mm ...millimeter
MMM ... Moist Mucous Membranes
mod ...moderate
MOI ...mechanism of injury
M.O. ...months old
mol... Moles
mmol... millimoles
Mon ...monitor
MR ...may repeat
M & S ...motor and sensory check
MVC ...motor vehicle crash
MVP ...mitral valve prolapse
Na⁺ ...sodium
N/A ...not applicable
NaCl ...sodium chloride
NaHCO₃ ...sodium bicarbonate
NAD ...no acute distress
N.C. ...nasal cannula
NCD ...needle chest decompression
neg ...negative
neuro ...neurologic
NG ...nasogastric
NIDDM... non-insulin dependent diabetes mellitus
Nitro or NTG... nitroglycerine
NKA/NKDA ...no known allergy/no known drug allergy
NMP... normal menstrual period
NPA ...nasal pharyngeal airway
NPO ...nothing by mouth
NR-P ...Nationally Registered Paramedic
NRP ...Neonatal Resuscitative Procedure
NS... normal saline

NSTEMI... Non-ST Elevation Myocardial Infraction
NSR ...Normal Sinus Rhythm
NSAID ...nonsteroidal anti-inflammatory drug
NSR ...normal sinus rhythm
N/V ...nausea / vomiting
N/V/D ... nausea/vomiting/diarrhea
N₂O:O₂ ...nitrous oxide
O₂ ...oxygen
OB ...obstetrical
OBS ...organic brain syndrome
OD ...overdose
OK ...okay
OLMC ... Online Medical Control or Consult
OPA ...oral pharyngeal airway
OPP ...organophosphate poisoning
OR ...operating room
OTC ...over the counter
PAC ...premature atrial contraction
PAP ... Positive Airway Pressure
Palp ...palpation
PAR ...post anesthesia recovery
PAT ...paroxysmal atrial tachycardia
PCN ...penicillin
PD ...police department
PE ...physical exam
PEA... pulseless electrical activity
PERRL... pupils equal, regular, round and reactive to light
PID ...pelvic inflammatory disease
PIH... pregnancy induced hypertension
PJC ...premature junctional contraction
PM ...afternoon
PMD ...private medical doctor
PMH ...past medical history
PND ...paroxysmal nocturnal dyspnea
PO ...by mouth
Poss... possible
Post... posterior
PPV... Positive Pressure Ventilation
P-RP-R interval
PRN ...whenever necessary
PT ...patient
PTA ...prior to arrival
P/U ...pick up
PUD ...peptic ulcer disease
PVC ...premature ventricular contraction
PE ...physical exam

q ...every
q.d. ...every day
q.h. ...every hour
q2h ...every two hours
q.i.d. ...four times a day
q.o.d. ...every other day
q.s. ...sufficient quantity
RR respiratory rate
rec'd... received
reg ...regular
RHD ...rheumatic heart disease
RLE ...right lower extremity

RLL... right lower lobe
RLQ ...right lower quadrant
RN ...registered nurse
R/O... rule out
ROM ...range of motion
ROSC ...return of spontaneous circulation
RPM ...respirations per minute
RUE ...right upper extremity
RUL ...right upper lobe
RUQ ...right upper quadrant
Rx ...prescription
SB ...sinus bradycardia
SBP... Systolic Blood Pressure
SQ ...subcutaneous
SCU ...special care unit
sec ...second
SIDS ...sudden infant death syndrome
SL ...sublingual
sm ...small
SNT... soft non tender
S.O. ...sheriff's office
SOB... shortness of breath
Soln... solution
S/P... status post
ST ...sinus tachycardia
STAT ...at once
STEMI ...ST elevation myocardial infarction
STI ...sexually transmitted Infection
suct ...suction
SVT... supraventricular tachycardia
SW... sterile water
Sx ...symptoms
SxS or S/S ... Signs and Symptoms

Tab... tablet
 tach, tachy ...tachycardia
 TB ...tuberculosis
 TCA ...tricyclic antidepressant
 Temp ...temperature
 TIA... transient ischemic attack
 tib-fib... tibia/fibula
 t.i.d. ...three times a day
 TKO... to keep open
 T-L... spine thoraco lumbar spine
 TMJ ...temporo-mandibular joint
 TML... trachea midline
 TPN... total parenteral nutrition
 Trans... transfer
 T-spin...e thoracic spine
 TTCV... trans-tracheal catheter ventilation
 TV... tidal volume
 Tx... treatment
 Txp/Transp... transport
 TVI... total volume infused
 ug or mcg... microgram
 URI... upper respiratory infection
 UTI... urinary tract infection
 UNK... unknown
 Vd...void
 vent... ventilator
 V-fib or VF... ventricular fibrillation
 Via... by way of
 vs... versus
 VS... vital signs
 VT... ventricular tachycardia
 WAP... wandering atrial pacemaker
 WD/WN...well developed, well nourished
 WNL...within normal limits
 WOB ...work of breathing
 WPW ...Wolf Parkinson White Syndrome
 W/s or Ws⁻¹ ...watt seconds
 x ...times
 XR ...x-ray
 y or yrs ...years
 Y/O ...years old

Symbols

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Definition

at

alpha

approximate

B	beta
Δ	change (Delta)
↓	decrease
°	degree
♀	female
′	foot
”	inches
↑	increase
<	less than
♂	male
+/-	more or less than
>	more than
#	number
%	percent
1°	primary to or 1 st degree
2°	secondary to or 2 nd degree
3°	tertiary to or 3 rd degree
4°	quaternary to or 4 th degree