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# EL DORADO COUNTY
# EMERGENCY MEDICAL SERVICES AGENCY

# DOCUMENTATION POLICY

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**SECTION A - DEFINITIONS:**

1. EDCEMSA – El Dorado County Emergency Medical Services Agency.
2. e-PCR - The mandatory electronic data elements that as a whole make up the electronic patient care report that is completed by the EMS care provider which shall serve as the permanent patient care report documenting patient condition, treatment, and all associated circumstances pertaining to a response.
3. First Responder – Any non-transporting BLS or ALS unit dispatched to the scene of a medical emergency to provide immediate patient care.
4. Mandatory Element - A data field identified by EDCEMSA that must be completed and transmitted by EMS contractor.
5. Medic Unit – A qualified contractor of medical transportation for patients requiring treatment and/or monitoring due to illness or injury.
6. Person – Any individual encountered by EMS personnel who, in the judgment of the EMS personnel, does not demonstrate any known illness or injury.
7. Patient – Any individual encountered by EMS personnel who, in the judgment of the EMS personnel, demonstrates a known or suspected illness or injury.
8. Clean PCR – A legible document that has no defect or impropriety, including a lack of any documentation that would require investigation or further development before it can be processed for billing purposes or submitted into a patient care record.

**SECTION B – GENERAL PROVISIONS:**

1. A PCR must be completed for every patient contact, including “patient contact non-transports”.

2. This policy defines all requirements regarding electronic data collection (Electronic Patient Care Report) and written data collection (Patient Care Report) and their uses, completion, referral, retention and reporting within El Dorado County.

3. The patient care report (PCR) and mandatory electronic data elements (e-PCR), are established and maintained under the authority of the EDCEMSA in accordance with California Health and Safety Code and California Code of Regulations Title 22.

4. The mandatory data elements, documents, electronic records and printed reports are official medical records and upon submission is the property of EDCEMSA. Patient Care Records in either electronic or printed form are confidential medical records and are

limited to the possession of EDCEMSA, authorized EMS contractors involved with response to the patient location or direct patient care, and authorized medical facilities that receive the patient if transported.

5. EDCEMSA uses the National Highway Traffic Safety Administration (NHTSA) Uniform Prehospital Emergency Medical Services Dataset, National Emergency Medical Services Information System (NEMSIS) for the collection and aggregation of all electronic data in the local EMS system. All references herein to "Mandatory Elements", "Data Elements", "Elements" or "Data" are taken directly from the most up to date NEMSIS Dataset and can be located and referenced at NEMSIS website located at: http://www.nemsis.org/

6. The patient care report in either electronic or printed format may be provided to other covered entities or law enforcement sources in accordance with applicable state and/or federal laws, and EDCEMSA Policy; or may be provided to the patient or patient responsible party by valid written authorization through the EDCEMSA.

7. The patient care report in either electronic or printed format shall be accurately completed in accordance with these policies and procedures. Willful falsification of a patient care record or failure to comply with these policies and procedures shall result in formal investigative action per 1798.200 of the California Health and Safety Code.

8. The mandatory data elements (e-PCR) listed in Section III - PCR Operational Procedures, below shall be generated by the service agency and transmitted to EDCEMSA in accordance with PCR Operational Procedures.

9. The data obtained through a patient care report will be used for, but not limited to, the following purposes:
   a. Documentation of patient problem history, assessment findings, care, response to care and patient outcome for the purposes of effective continued patient care by responsible medical professionals; and medical-legal documentation.
   b. Development of aggregate data reports of various topics determined by EDCEMSA to drive the continuous quality improvement (CQI) system action plan;
   c. Indicator for individual case evaluation
   d. EDCEMSA issue or case investigation.
   e. Medical legal documentation for billing of services

10. EDCEMSA is the final authority for determination of aggregate data reports that are to be maintained confidential or distributed. Any EMS service agency may request in writing that EDCEMSA hold a specific aggregate report confidential. The written request must include the specific report topic or topics and detailed rationale for confidentiality. Data reports that may be deemed proprietary, at the EDCEMSA' discretion, will be

referred to the potentially affected service agency(s) for feedback prior to public distribution.

11. EDCEMSA, in consultation with EMS contractors and service agencies, may revise these policies and procedures and mandatory data elements (e-PCR) as deemed necessary.

12. Any agency that experiences a failure of its electronic data collection system shall immediately notify EDCEMSA of said failure. Said agency is responsible for maintaining the collection of all mandatory data elements should a failure occur. Said agency shall have 48 hours to correct the above mentioned electronic data collection failure and begin submitting all mandatory electronic data elements. All data elements collected during the above mentioned failure shall be maintained and entered into the electronic collection system immediately following the system's availability. In addition, any agency planning system maintenance or upgrades that could cause a delay in data transmission, will notify EDCEMSA at least 24 hours in advance of said maintenance or upgrade.

13. Each service agency is responsible to maintain a record of every medical response dispatched.

14. A PCR is not required for calls/units cancelled prior to patient contact.

15. Refusal of Care/Transport & Release of Liability:

In cases where the patient refuses treatment or transport the primary provider at the time of refusal shall document the refusal.

a. The following information must be documented in the patient refusal section of the PCR/ePCR:
   i. Patient or responsible party must sign if refusing care and/or transport
   ii. Date
   iii. Witness signature is required If patient refuses care and/or transport and should be in the following order of preference:
      1) Crew member.
      2) Other EMS Personnel.
      3) Law Enforcement.
      4) Family member.

Reference: EDCEMSA Refusal of Care and/or Transportation Policy

16. Non-Transporting Unit:

A First Responder PCR must be completed for all patient contacts unless care is transferred to a medic unit. In this case, a single PCR from the transporting paramedic will suffice.

The PCR will be completed in a clear, concise, and accurate manner, and will reflect all care delivered prior to transfer of care. The first responder shall provide a transfer of care report to the transporting paramedic, preferably in written form using the EDCEMSA Transfer of Care form, including, but not limited to: name of the first responder, patient history, mechanism of injury, medications normally taken, allergies, assessment findings, treatments already performed and times associated with these events. This information shall be documented in the transporting medic's PCR.

The First Responder may, if desired, complete and submit a First Responder PCR even in cases where care is transferred to a JPA medic unit or if the responder's agency requires such documentation for service tracking and/or QA.

If an First Responder maintains patient care and becomes the attending paramedic this responder shall complete the PCR documenting the entire patient contact. Documentation shall be done while logged in under the transporting medic unit.

If you are a First Responder on a Strike Team a PCR needs to be completed on all patients receiving care. If you are unable to document electronically you shall complete a paper pcr at the time of treatment. The pcr will then be completed electronically and submitted to the server (Elite WEB) when access is available.

17. Transporting Unit:

A PCR will be completed for every patient transported by an EDC JPA medic unit. The PCR will be completed in a clear, concise, and accurate manner, and will reflect all care delivered during the entire patient contact, including care by first responders. Care provided by first responder prior to transfer of care shall be documented with the provider's name, time at which care was rendered and notes as "Prior to Arrival."

18. Fines:

Fines for non-compliance with the delivery of PCR's will be assessed in accordance with the terms and conditions identified in the "Data Collection and Reporting Requirements" section of the specific service agency contracts.

**SECTION C - INTERFACTILTY TRANSFERS (IFTs):**

1. The PCR must document any and all assessments and treatments performed by the Medic Unit personnel for Inter-Facility Transfer Calls. In addition, the following items must be documented on every Inter-Facility Transfer PCR:
    - Chief Complaint - Phrases such as "BLS transfer" or "return transfer" are not appropriate and/or accepted

A signed Physician's Certification Statement (PCS) shall be obtained. The PCS must document why other means of transportation is contraindicated.

2. For Round Trip Inter-Facility Transfers, a separate PCR for each leg of the transfer must be completed. All inter-facility transfer information must be included for each individual PCR. The hospital admissions information sheet is required for both transfers. The Physicians Certification Statement **must document why other means of transportation is contraindicated**. The PCR **must state why the patient is being transferred to another facility** for example: Patient being transferred to other hospital for neurology services not available at originating hospital.

3. For Critical Care Transfers (CCTs)

   a. JPA Contracted MICNs/CCT RNs/Flight Crew RNs: **Paramedics are responsible for documenting the following information**:

      - All patient demographic and billing info (name, address, etc.)
      - Specific reason for transport (Why patient is going to another facility and the services not available at the original hospital).
      - Patient's chief complaint and reason(s) for higher level of care during transport (why CCT vs just an IFT?). (If the patient is unable to talk, then the CC should say something like "patient is non-verbal, or patient unconscious". Never put "IFT" or "None" as the chief complaint. If the patient is currently pain free awaiting transfer, you can put whatever the patient's diagnosis is that is requiring the IFT like needs CABG, active labor with twins, or intracranial bleed.)
      - All equipment/supplies/medications need to be documented in the paramedic narrative.
        a. Narcotics that are used off of the medic unit need to be documented in the narrative with dosage/route/and waste if applicable.
        b. This allows all supplies used off of the medic unit to be billed.
      - If the paramedic does a procedure then the procedure and vital signs associated with that procedure should be documented along with why the paramedic was needed during the CCT.
      - *Sample narratives for CCTs:*

   1) *Arrive at Barton ER to find a 67 year old male that needs to be transferred to Renown for CABG surgery, Cardiac services not available at Barton Hospital. Patient came into hospital this morning with complaints of chest pain and arm numbness. Patient was found to have an inferior wall MI. Patient was transferred by sheet lift to gurney and moved to M3 for transport.*

2) *M85 crew arrived at Marshall ICU to transfer a 34 year old female to UCD for neurosurgery Neurology services not available at Marshall Hospital. Patient was involved in a motorcycle accident yesterday and was found to have multiple facial fractures and a subdural hematoma. All care was provided by MICN Jane Doe. Arrived at UCD, transferred patient to RN Jones.*

3) *M7 dispatched to Barton Hospital for a code 3 CCT transport. Patient is a 26 year old female that is 35 weeks pregnant and is in active labor. Fetus has a known cardiac abnormality. Patient needs gynecologic services not available at Barton Hospital. Patient is slid onto gurney by 4 man sheet drag. Placed patient in position of comfort for transport. All care and vitals monitored by RN Jane Smith due to possible imminent delivery in route. Arrived at UCD and all care transferred to Labor and Delivery staff.*

*The 3rd scenario justifies the nurse on board due to the fact that the patient **may** deliver en route. There have been situations where a nurse is with the patient, but not supplying and special services. This is still completely justified as long as the reason why he/she is there is realistic.*

**SECTION D – PCR PROCEDURES:**

I. e-PCR:

1. EMS service agencies shall accurately complete and submit all mandatory electronic data for each patient contact as described in this document. This includes making sure all attachments are included in the e-PCR and that all PCR's are posted to the main server (Elite WEB).
2. All mandatory electronic data elements (e-PCR), shall be completed by the First responder, EMT, Paramedic, or CCT Nurse responsible for patient care within 12 hours of being cleared from the call.
3. Prior to submitting the mandatory data elements (e-PCR) to EDCEMSA, the EMT or Paramedic responsible for patient care shall review in detail each mandatory data element to ensure its accuracy. After 24 hours of the PCR being posted to the server all electronic data elements are locked and become a legal document. The contents cannot be modified. Any desired changes, corrections, or deletions shall be documented as an addendum to the e-PCR.
4. The EMS report 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.

5. Each patient contact made in the field will result in a completed ePCR that contains a narrative data element that includes, at minimum:
   SUBJECTIVE – The Patient's Story

   a. Patient description.
   b. Chief complaint.
   c. 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?
   d. Allergies, current medications, past medical history (pertinent), and last oral intake.

   OBJECTIVE INFORMATION – The Rescuer's Story

   a. The rescuer's initial impression: Description of the scene. What was your first impression of the scene and patient?
   b. Vital signs.
   c. Physical Exam findings.
   d. General observations: Other noteworthy information such as environmental conditions, patient location upon arrival, patient behavior, etc.

   ASSESSMENT – The Rescuer's Impression

   a. Conclusions made based on chief complaint and physical exam findings.
   b. Often, this is the "narrowed-down" version of the differential diagnosis.

   PLAN – The Rescuer's Plan of Therapy (Treatment)

   a. What was done for the patient. This should include treatment provided prior to your arrival as well as what you did for the patient.
   b. Describe what you did with the patient – Disposition. 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 (Patient Trending)

   a. Information regarding therapies provided during transport as well as changes in the patient's condition during transport.
   b. It may also include pertinent events surrounding the transfer of the patient at the hospital.

7. Use of abbreviations is permitted in the e-PCR narratives. Acceptable abbreviations can be found in Section F. Symbols shall not be used to abbreviate when writing an ePCR.

8. Times entered for interventions, vital signs, and assessments are considered estimates based on the approximate time the particular skill or procedure was completed.

9. ePCR DISTRIBUTION:

   Hospital - The completed hospital copy of the ePCR shall be left at the receiving facility prior to the medic unit's departure from that facility. The only exception would be an "immediate need" response/move up request prior to completion of the PCR, in which case a copy of a completed EDCEMSA transfer of care sheet shall be left with the ER staff and a completed copy of the ePCR shall be faxed, emailed, viewed through the hospital hub, or hand delivered as soon as possible not to exceed **12 hours** after transfer of care. **In this case an EMS Event Analysis Form shall be completed and forwarded to the EMS Agency by the next business day.** In cases where medic units are transferring patients to non-hospital settings such as private residences, convalescent facilities, or MRI/CT scan facilities are exempt from this section of the policy. In cases of determination of death at scene it is permissible to leave this copy of the PCR with the coroner or deputy coroner.

10. For patients who are transported to medical facilities or hospitals outside of El Dorado County or to medical facilities within El Dorado County **other than hospital emergency departments**, a print out of the electronic patient care report can be submitted via fax to the facility, if requested by that facility. If written documentation is requested at time the patient is delivered, the attending EMT, Paramedic, or CCT Nurse shall provide a completed EDCEMSA PCR or Transfer of Care Form.

11. For transports to emergency departments where an ePCR printer is not available, a completed EDCEMSA transfer of care sheet shall be left with the ER staff and a completed copy of the ePCR shall be faxed, emailed, or hand delivered as soon as possible not to exceed **12 hours** after transfer of care.

12. ePCR Printers:

    a. Contractors shall be responsible for maintaining printer hardware (including paper, toner, etc.) compatible with electronic data collection devices being used, to facilitate the printing of the electronic record. Should printer hardware be temporarily unavailable, a transfer of care sheet can be left or the hospital can download a copy of the ePCR from the hospital hub and entered into the patient's chart.

b. It is understood that technological failures occur, and the hospital printer or the ambulance crew's electronic device may malfunction from time to time. The EDCEMSA PCR will be used to leave a written patient report when technology fails.

c. The ambulance contractor shall assure that the final electronic patient care record is delivered to the hospital within 12 hours of call time.

13. Submission of each mandatory electronic data element (e-PCR) to EDCEMSA shall be completed as soon as possible, after transferring patient to care of hospital staff. **In no case shall e-PCR submission to the EDCEMSA be in excess of 12 hours from call time.**

14. EKG strips, PCS forms, face sheets, and electronic Medicare signature sheets shall be included with all ePCR submissions. The paramedic is responsible to make sure that all attachments are viewable within the WEB/Elite version of the e-PCR. If the attachments are not able to be transmitted via the tablet the paramedic is responsible to scan and attach the attachment through a desktop computer. To ensure attachments are successfully loaded to the e-PCR you need to log into Elite Web and view all attachments. If this is not done the PCR will be incomplete and be sent back to the respective paramedic for completion. The billing department will not search for the hard copy attachments.

15. EDCEMSA may also request immediate submission of the e-PCR for a specific call or calls. EMS contractors shall immediately submit requested e-PCR to EDCEMSA.

16. Implementation of the e-PCR policy for those agencies that have yet to submit electronic patient care reports shall be accomplished in two (2) phases:
    a. Contractors will immediately begin working with EDCEMSA to send data already being collecting electronically, to match as many of the NEMSIS data elements and locally required data elements as possible.

II. PCRs:

1. All items on the PCR shall be completed. If information is unknown, click "unk"; if an item is not applicable, click "N/A".

2. Only standardized abbreviations from the approved El Dorado County Abbreviation List (See Section F) may be used.

3. Document in the appropriate location the following items of information:
   a. Basic Information:

   - Date, incident number, Patient # (if multiple patient incident)
   - Complete patient name, date of birth, age, sex, weight in kilograms
   - Location of incident, scene zip code, service area/Alpine County

b. Patient Assessment Information: Complete all applicable:

- Chief Complaint – Document the patient's primary symptom(s); utilize the narrative section to describe the condition of the patient
- Provider Impression - The suspected cause of the patient's medical condition
- Cause of Injury Code - The suspected cause of the patient's injury
- Narrative - Document the history of the patient's present illness or injury and the present condition of the patient in a manner that will satisfactorily explain the medical necessity of the transport (why the patient had to be transported by ambulance) and justify the level of service provided. Include all associated symptoms that the patient is experiencing and other pertinent medical information that is obtained during the patient assessment. Pertinent negatives should be documented on all assessment questions asked
- Past medical history, medications, and allergies
- Glasgow Coma Scale and Trauma Score should be entered when applicable

d. Response Information:
- Incident times, unit ID number, service type, response code
- First responder ID number (i.e., engine company, squad, ski patrol, etc.)

e. Patient Management Information:
- All procedures performed shall be documented. Include the time the procedure was performed, the patient's response to the procedure, and who performed the procedure
- Document the patient's vital signs. Recheck vital signs at least every fifteen minutes

f. Transport Information:
- Transport destination – Facility or location the patient was transported to
- If the patient went to a landing zone – document location In the narrative
- Transfer of care (used when patient care is transferred to another transporting agency (i.e., CALSTAR, Care Flight, Reach, or CHP)

g. Base Contact Information: ☐ Time, Base, MICN/M.D.

h. Crew Information:
- Primary name and license number
- Secondary name and license number
- Additional crewmember(s) and license number(s)
- Primary medic's signature

4. Billing information needed:

a. General Information:
- Date, incident number, complete patient name
- Date of birth, age, sex, weight

- Mailing address, including city, state, and zip code  Home telephone number
- Ending mileage reported fractionally
- **PATIENT SIGNATURE**

b. Reason for transport/medical necessity:
   - Write a brief descriptive statement that justifies the medical necessity for the transport in the narrative

c. Financial responsibility and assignment of benefits:
   - Ambulance personnel shall secure the signature of the responsible party for all patient transports. When a patient is unable to sign, a reasonable explanation must be provided stating why the patient's signature was unobtainable and the attending paramedic must sign in the space provided. (Acceptable reasons for not obtaining a signature are: patient is deceased or unresponsive and a family member is not present to sign.)
   - If patient was unable to sign these signatures are required:
     - Paramedic treatment signature
     - Paramedic unable to sign section
     - Facility medical personnel signature with (identification: Jane Doe)
     - Face sheet must be attached.
   - Minors must have a parent or guardian (if present) sign the consent section

**THIS IS REQUIERED FOR ALL PATIENT CARE REPORTS INCLUDING IFT AND CCT**

PAPER PCR ATTACHMENTS:

- ***CSA #3*:** All paper attachments must be delivered to the EMS Agency Office no later than Wednesday of each week and treated as confidential.
- ***CSA #7:*** All paper attachments must be delivered to the EMS Agency Office no later than Wednesday of each week and treated as confidential.

THESE ATTACHMENTS WILL NOT BE ATTACHED TO THE PCR BY THE BILLING DEPARTMENT. THIS IS THE RESPONSIBILITY OF THE TRANSPORTING EMS PROVIDER PRIOR TO THE DELIVERY.

a. EMS/Billing Copies - The hospital face sheet and PCS form shall be delivered to the EMS Agency Office as stated above**.**

b. Hospital - The completed hospital copy of the PCR shall be "Finished" with the hospital destination identified and posted to WEB. This will upload a finished copy to the Hospital Hub. This shall be completed prior to the medic unit's departure from that facility. The only exception would be an "immediate need" response/move up request prior to completion of the PCR, in which case a copy of a completed transfer of care sheet shall be left with the ER staff and a

completed copy of the PCR shall be uploaded with 12 hours of departure. **If the PCR is not uploaded within the 12 hours an EMS Event Analysis Form shall be completed and forwarded to the EMS Agency with 24 hours.** In cases where medic units are transferring patients to non-hospital settings such as private residences, convalescent facilities, or MRI/CT scan facilities are exempt from this section of the policy. In cases of determination of death at scene it is permissible to leave a transfer of care copy of the PCR with the coroner or deputy coroner.

c. CQI - Peer review quality improvement copy of the e- PCR will be handled as per each individual agency's EQIP CQI plan.
d. Misc - EKG strips, PCS forms, and face sheets shall be included with all PCR's if applicable. It is the responsibility of the patient care provider to ensure that these documents are attached in Image Trend Elite Web (server).

**SECTION E – HIPAA COMPLIANCE:**

**GENERAL:** The Health Insurance Portability and Accountability Act (HIPAA) requires that any private individual health information acquired by the County or its agents during dispatch, patient evaluation, treatment, transportation, or billing for ambulance services be kept confidential. In addition, HIPAA also requires the County to provide all patients with a notice of its privacy practices and to obtain the patient's acknowledgement they have received it.

**GUIDELINES:**

The following guidelines are recommended to meet the intent of HIPAA regarding patient privacy in accordance with 45 CFR Part 160 and Part 164**,**:

1. Any PCR that contains protected health information is a legal medical record subject to the privacy requirements of HIPAA.

2. Completed PCR's and any associated attachments (i.e., EKG strips, dispatch records, hospital face sheets, etc.) will be treated as confidential medical records at all times.

3. Access to all protected health information shall be restricted to essential EMS personnel, ambulance service contractor, EMS Agency, hospital, and Ambulance Billing staff only.

* ***Protected Health Information (PHI) includes any individually identifiable health information that is acquired during dispatch, patient evaluation, treatment, transportation, or billing for ambulance services.***

4. Protected health information shall not be discussed with or disclosed to persons other than the patient except for the following reasons:

   a. Between an EMS first responder and ground/air ambulance personnel for the transfer of patient care.
   b. Between air/ground ambulance personnel and a receiving hospital for the transfer of patient care.
   c. Between Ambulance Billing and a receiving hospital, insurance carrier, or County Counsel/Collections for the purpose of obtaining payment for services.
   d. By Ambulance Billing to comply with a legal court order, such as a subpoena.
   e. For the specific purpose of conducting continuous quality improvement review under the direction of the EMS Agency Medical Director.
   f. At the request of the County Coroner or Deputy Coroner in the event a patient is determined dead at scene.

5. EMS personnel shall provide a Privacy Statement and mark the "Receipt of Notice of Privacy Rights" box on the PCR for all patient contacts, including IFTs and/or for patients released in the field against medical advice. Air ambulance calls, unresponsive patients, and major MCIs are allowable exceptions to providing the notice.

6. All EMS personnel shall take appropriate steps to ensure the confidentiality of all PHI.

7. EMS contractors and/or personnel may be individually responsible to meet applicable HIPAA requirements separately from the County.

8. In the event that PHI is accidentally breached (i.e., PCR lost, or left in a clip board, etc.) a breach notification letter shall be either mailed or emailed to the patient by the provider. This breach notification letter must be sent within 60 days of the breach and shall include: when the breach occurred, how the breach occurred, what PHI was breached, and if applicable, how the breached information was recovered. A copy of this letter must also be sent to the EMS Agency within 60 days of the breach.

**Section F- Abbreviations**

| Abbreviation | Definition |
|---|---|
| A-fib | atrial fibrillation |
| AAA | abdominal aortic aneurysm |
| ACLS | advanced cardiac life support |
| Abd | abdomen, abdominal |
| AC | antecubital |
| ALS | advanced life support |
| a.m. | morning |
| AMA | against medical advice |
| A&O | alert and oriented |
| ALOC | altered level of consciousness |
| BLS | basic life support |
| BP | blood pressure |
| BPM | beats per minute |
| b.s. | blood sugar |
| BSH | base station hospital |
| BVM | bag valve mask |
| C/C | chief complaint |

| | |
|---|---|
| CHF | congestive heart failure |
| CHP | California Hwy Patrol |
| CNS | central nervous system |
| c/o | complains of |
| CO | carbon monoxide |
| CO2 | carbon dioxide |
| COPD | chronic obstructive pulmonary disease |
| CPAP | continuous positive airway pressure |
| CPR | cardiopulmonary resuscitation |
| CSM | circulation sensation movement |
| C-spine | cervical spine |
| DKA | diabetic ketoacidosis |
| DNR | do not resuscitate |
| DVT | deep vein thrombosis |
| D5W | 5% dextrose in water |
| EKG | electrocardiogram |
| ENT | ear, nose, throat |
| EMT | emergency medical technician |
| Epi | epinephrine |
| ER | emergency room |
| ET | endotracheal |
| ETA | estimated time of arrival |
| EtCO2 | end tidal CO2 |
| ETOH | alcohol/ethanol |

| | |
|---|---|
| GCS | Glascow Coma Score |
| GI | gastrointestinal |
| gm or G | gram |
| HCTZ | hydroclorothiazide |
| HTN | hypertension |
| Hx | historical exam |
| ICU | intensive care unit |
| IM | intramuscular |
| IO | intraosseous |
| IV | intravenous |
| IVP | IV push |
| J | joule |
| JVD | jugular vein distention |
| kg | kilogram |
| TKO | to keep vein open |
| L | liter |
| LOC | loss of consciousness |
| LPM | liter per minute |
| LR | lactated ringers |
| L/S | lung sounds |
| LUQ | left upper quadrant |
| MAD | mucosal atomization device |
| MCI | multi casualty incident |
| MD | medical doctor |

| | |
|---|---|
| mEq | milliequivalent |
| mg | milligram |
| MI | myocardial infarction |
| mL | milliliter |
| mm | millimeter |
| MOI | mechanism of injury |
| N/A | not applicable |
| Nc | nasal cannula |
| NCD | needle chest decompression |
| NG | nasogastric |
| NKA/NKDA | no known allergies/ no known drug allergies |
| NPA | nasal pharyngeal airway |
| NS | normal saline |
| NSAID | nonsteroidal anti-inflammatory |
| NSR | normal sinus rhythm |
| N/V | nausea/vomiting |
| O2 | oxygen |
| OB | obstetrics |
| OD | overdose |
| Opa | oropharyngeal airway |
| OR | operating room |
| OTC | over the counter |
| PAC | premature atrial contractions |
| PCN | penicillin |

| | |
|---|---|
| PD | police department |
| PEA | pulseless electrical activity |
| PERL | pupil, equal, round, reactive to light |
| PJC | premature junctional contraction |
| PT | patient |
| PTA | prior to arrival |
| PVC | premature ventricular contractions |
| RLQ | right lower quadrant |
| RN | registered nurse |
| R/O | rule out |
| ROSC | return of spontaneous circulation |
| RPM | respirations per minute |
| RUQ | right upper quadrant |
| Rx | prescription |
| SIDS | sudden infant death syndrome |
| S.O. | sheriff's office |
| SOB | shortness of breath |
| s/s | signs and symptoms |
| STD | sexually transmitted disease |
| STEMI | ST elevation myocardial infarction |
| SVT | supraventricular tachycardia |
| TB | tuberculosis |
| TIA | transient ischemic attack |
| Tib-fib | tibia/fibula |

| | |
|---|---|
| TKO | to keep vein open |
| Tx | treatment |
| UTI | urinary tract infection |
| UNK | unknown |
| V-fib/VF | ventricular fibrillation |
| Via | by the way of |
| VS | vital signs |
| w/ | with |
| w/o | with out |
| Yrs | years |
| yo | years old |

**No symbols shall be used while documenting your pcr.**

**Section G- Facility Abbreviations**

| | |
|---|---|
| S.A.F.H. / A.F.E.R. | Auburn Faith Hospital / Emergency Room |
| B.M.H. / B.M.E.R. | Barton Memorial Hospital / Emergency Room |
| C.T.H. / C.T.H.E.R. | Carson Tahoe Hospital / Emergency Room |
| C.V.M.C. / C.V.M.C.E.R. | Carson Valley Medical Center / Emergency Room |
| El.C.H. | El Dorado Convalescent Hospital |
| G.C.C.H. | Gold Country Convalescent Hospital |
| M.F.H. / M.F.E.R. | Mercy Folsom Hospital / Emergency Room |
| M.G.H. / M.G.E.R. | Mercy General Hospital / Emergency Room |

| | |
|---|---|
| M.M.H. / M.M.H.E.R. | Mercy Methodist Hospital / Emergency Room |
| M.M.C. | Marshall Medical Center |
| M.S.J / M.S.J.E.R. | Mercy San Juan Hospital / Emergency Room |
| K.N.H. / K.N.E.R. | Kaiser North Hospital / Emergency Room |
| K.S.H. / K.S.E.R. | Kaiser South Hospital / Emergency Room |
| K.R.H. / K.R.E.R. | Kaiser Roseville Hospital / Emergency Room |
| N.N.R. | Northern Nevada Rehab |
| P.P.C.H. | Placerville Pines Convalescent Hospital |
| R.M.C. / R.M.C.E.R. | Renown Medical Center / Emergency Room |
| S.A.H. / S.A.E.R. | Sutter Amador Hospital / Emergency Room |
| S.T.M. / S.T.M.E.R. | Saint Mary's Hospital / Emergency Room |
| S.G.H. / S.G.E.R. | Sutter General Hospital / Emergency Room |
| S.M.H. / S.M.E.R. | Sutter Memorial Hospital / Emergency Room |
| T.F.H. / T.F.H.E.R. | Tahoe Forest Hospital / Emergency Room |
| U.C.D.M.C / U.C.D.E.R. | UC Davis Medical Center / Emergency Room |