

Guidelines for Documenting Inter-Facility Transport and Patient Care



Objectives



- Learn how to accurately and thoroughly document Inter-facility and Critical Care Transports
- Understand the importance of supportive documentation (i.e. Hospital Face Sheet, EKG and Physician Certification Statement (PCS) forms
- Identify and Understand the liability issues of poor medical documentation.

Objectives



- Understand that under no circumstances shall a paramedic , EMT and/or their employing agency mischaracterize the condition of a patient in an effort to claim that the transport was medically necessary and/or to justify a higher fee for service.

Definitions



- An Emergency transport is one provided after the sudden onset of a medical condition that manifest itself with acute symptoms of such severity that the absence of immediate medical attention could reasonably be expected to:
 1. Place the patient's health in serious jeopardy;
 2. Result in serious impairment of bodily functions;
 3. Result in serious dysfunction of a bodily organ.

Definitions



- Nonemergency transportation by ambulance is appropriate when a patient is bed confined BUT bed confined cannot be the only reason the patient cannot go by other means. The patient's condition, regardless of bed confinement, is such that transportation is medically required and the patient be attended to by a paramedic, EMT and/or CCT nurse.

What is a *Patient Care Report (PCR)*?



A Legal Document

A Life-Saving Tool

A Means for Reimbursement



Patient Care Report (PCR)



- Used to effectively document essential elements of patient assessment, care, and transport
- A legal document that, next to providing good patient care, is the paramedic's best protection from liability action
- What is documented or not documented may make the difference in whether a patient lives or dies!
(Example: You are the only one who sees the forces involved in accidents, if you don't document this other's caring for the patient will have no idea.)

Patient Care Report



- An incomplete, inaccurate, or illegible report may cause subsequent care givers to provide inappropriate care to a patient.
- If illegible the trip may be billed at a lower rate than the care that was actually provided
- It is also the leading cause for unfavorable results if litigation ever occurs!
- *If you didn't document it- it didn't happen!*

Patient Care Report



Shall include:

- + All dates and response times
- + A detailed description of patient Assessment, Chief Complaint, History, Medications, Treatment, Care, Handling, and Transport. Include lifting methods when appropriate
- + Observations
- + A description of any prior medical care provided (and by whom). Why they are in the hospital.
- + Patient and witness statements (When available)
- + Any unusual occurrences that occurred on scene or while in transit
- + Patient's response to treatment

Patient Care Report



Shall include:

- Thorough documentation on how the patient was transferred to the gurney.
- Were they sheeted across? For example: A 4 person sheet lift was utilized to transfer the patient to gurney, patient unable to bear weight due to....
- Did the patient stand and pivot with assistance?
- Could they walk?

Patient Care Report



- Shall include:
- The reason for transport to a skilled nursing facility or second hospital.
- What specific services were not available at the first hospital.
- Documenting a “Higher Level of Care” alone is not acceptable. *Be specific!*
- The specific treatment should be on both the PCR and the PCS.

Legal Implications



- ***There is NO SUCH THING AS ROUTINE DOCUMENTATION!***
- Good documentation is complete
- It is timely
- Careful attention to detail is given

Documentation Styles



The SOAP System

Subjective

Objective

Assessment

Plan

Documentation Styles



CHART System

Chief complaint

History

Assessment

Rx (treatment)

Transport

Chief Complaint



- Reason for transport- “ None per patient “ is not acceptable!
- Include medical diagnosis from transferring hospital
- This is where the patient’s chief complaint shall be noted.
- An example of what is not a chief complaint is ESRF. End stage renal failure is a disease process not a reason for an ambulance transport!
- Weakness secondary to CVA is a reason for transport.
- Ask yourself- Why is this a necessary transport by ambulance?

History



- This is a history of present illness (HPI). This portion of the report should immediately follow the chief complaint. HPI should include such information as:
- Time of onset?
- Duration of signs and symptoms (S&S)?
- Was the patient doing anything when the S&S began?
- Have they ever had these S&S before?
- Has the patient taken any medications, or done anything else to alleviate the S&S?
- Complete medical history

History – cont...



- OPQRST
- is also useful documentation method for any patient, not just the Cardiac patient
- This includes all pertinent portions of the patient's medical history that lend credibility to the patient being transported.
- HTN, NIDDM, AK Amputee, Hyperlipidemia, ESRF, etc. are all appropriate notations for history.

Assessment



- EVERY PATIENT GETS ASSESSED!
- Airway :Patent?
- Breathing: Normal? Lung Sounds?
- Circulation: Pulses, radial?
- Neuro: State of Consciousness (SOC), Pupils, able to move extremities?
- Skin Signs?
- Musculoskeletal: DCAP-BTLS?
- GI/GU?
- Blood Pressure?
- What caused the injury(s)?

Treatment



- What care was provided prior to your arrival ?
- What care has been given to the patient while in your care?
- How much oxygen and by what device was it administered?
- Patient required medical monitoring secondary _____ disease process.
- IV?
- Airway procedures should always be meticulously documented.

Transport



- What procedures or treatments did the patient receive prior to transport?
- What services did the patient receive at the hospital facility?
- What was the condition of patient when reaching transport destination?
- Were required signatures obtained or reasons signatures were not able to be obtained?

Supportive Documentation



- Physician Certifying Statement (PCS) form is required for ALL InterFacility Transfers
- ECG Strips
- Hospital face sheet is required for all PCR's.

PCS Form



- Must obtain a PCS on all scheduled patient InterFacility transfers
- Make sure all sections of the PCS form is completed and include the signature of the attending physician
- Include physician's comments in the narrative section of your report
- Document “per PCS, patient diagnosis is”
- If PCS form is incomplete contact the charge nurse for it to be completed properly.

PCS Form Example

SECTION I – GENERAL INFORMATION

Patient's Name: _____ Date of Birth: _____ Medicare #: _____
Initial Transport Date: _____ Repetitive Transport Expiration Date (Max 60 Days From Date Signed): _____
Origin: _____ Destination: _____

SECTION II – MEDICAL NECESSITY QUESTIONNAIRE

Non-emergency transportation by ambulance is appropriate if either: the beneficiary is bed confined, and it is documented that the beneficiary's condition is such that other methods of transport are contraindicated; **OR**, if his or her medical condition, regardless of bed confinement, is such that transportation by ambulance is medically required. (Bed confinement is not the sole criterion.)

To be "bed confined" the patient must be: (1) unable to get up from bed without assistance; AND (2) unable to ambulate; AND (3) unable to sit in a chair or wheelchair (Note: All three of the above conditions **must** be met in order for the patient to qualify as bed confined)

The following questions must be answered by the medical professional signing below for this form to be valid:

- 1) Is this patient "bed confined" as defined above? Yes No
- 2) Describe the Medical condition of this patient AT THE TIME OF AMBULANCE TRANSPORTATION that requires the patient to be transported on a stretcher in an ambulance and why transport by other means is contraindicated by the patient's condition:

- 3) Can this patient safely be transported in a wheelchair van (i.e., seated for the duration of the transport, and without a medical attendant?)
 Yes No
- 4) **In addition** to completing questions 1-3 above, please check any of the following conditions that apply*:
**Note: supporting documentation for any boxes checked must be maintained in the patient's medical records*
 - Contractures Non-healed fractures Moderate/severe pain on movement
 - Danger to self/others IV meds/fluids required Special handling/isolation required
 - Third party assistance/attendant required to apply, administer or regulate or adjust oxygen enroute
 - Restraints (physical or chemical) anticipated or used during transport
 - Patient is confused, combative, lethargic, or comatose
 - Cardio/hemodynamic monitoring required enroute
 - DVT requires elevation of a lower extremity
 - Orthopedic device (backboard, halo, use of pins in traction, etc.) requiring special handling during transport
 - Unable to maintain erect sitting position in a chair for time needed to transport
 - Unable to sit in a chair or wheelchair due to Grade II or greater decubitus ulcers on buttocks
 - Morbid obesity requires additional personnel/equipment to safely handle patient

SECTION III – SIGNATURE OF PHYSICIAN OR HEALTHCARE PROFESSIONAL

I certify that the above information is true and correct based on my evaluation of this patient, and represent that the patient requires transport by ambulance due to the reasons documented on this form. I understand that this information will be used by the Centers for Medicare and Medicaid Services (CMS) to support the determination of medical necessity for ambulance services, and that I have personal knowledge of the patient's condition at the time of transport.

If this box is checked, I also certify that the patient is physically or mentally incapable of signing the ambulance service's claim and that the institution with which I am affiliated has furnished care, services or assistance to the patient. My signature below is made on behalf of the patient pursuant to 42 CFR §424.36(b)(4). In accordance with 42 CFR §424.37, **the specific reason(s) that the patient is physically or mentally incapable of signing the claim form is as follows:**

Signature of Physician* or Healthcare Professional _____

Date Signed _____

*Form must be signed only by patient's attending physician for scheduled, repetitive transports. For non-repetitive, unscheduled ambulance transports, the form may be signed by any of the following if the attending physician is unavailable to sign (please check appropriate box below)

- | | | |
|--|--|---|
| <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Clinical Nurse Specialist | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Discharge Planner | |

PCS form



- The PCS can have slight variations in format.
- But all will have the critical components for reimbursement

Who can sign the PCS form?

- Patients Physician
- Registered Nurse
- Physicians Assistant
- Clinical Nurse Specialist
- Nurse Practitioner
- Discharge Planner

❖ According to Palmetto GBA a co-signing MD is necessary for all non-physician signatures...

The best signature is *always* the physician's: Medi-Cal only accepts signatures from the treating physician, unlike Medicare.

- With a Repetitive Patient CMN (PCS) a physician is the ONLY ACCEPTED SIGNATURE!



PCS Components



SECTION I - GENERAL INFORMATION

Patient's Name: _____ Date of Birth: _____ Medicare #: _____

Initial Transport Date: _____ Repetitive Transport Expiration Date (Max 90 Days From Date Signed): _____

Origin: _____ Destination: _____

PCS Components



Section 1

General Information

- Patient's Name
- Date of Birth
- Initial Transport Date
- Repetitive Transport Expiration Date- max 60 days
- Origin & Destination

PCS Components

SECTION II - MEDICAL NECESSITY QUESTIONNAIRE

Non-emergency transportation by ambulance is appropriate if either: the beneficiary is bed confined, and it is documented that the beneficiary's condition is such that other methods of transport are contraindicated; **OR**, if his or her medical condition, regardless of bed confinement, is such that transportation by ambulance is medically required. (Bed confinement is not the sole criterion.)

To be "bed confined" the patient must be: (1) unable to get up from bed without assistance; AND (2) unable to ambulate; AND (3) unable to sit in a chair or wheelchair (Note: All three of the above conditions must be met in order for the patient to qualify as bed confined)

The following questions must be answered by the medical professional signing below for this form to be valid:

- 1) Is this patient "bed confined" as defined above? Yes No
- 2) Describe the Medical condition of this patient **AT THE TIME OF AMBULANCE TRANSPORTATION** that requires the patient to be transported on a stretcher in an ambulance and why transport by other means is contraindicated by the patient's condition:

- 3) Can this patient safely be transported in a wheelchair van (i.e., seated for the duration of the transport, and without a medical attendant?)
 Yes No
- 4) In addition to completing questions 1-3 above, please check any of the following conditions that apply*:
**Note: supporting documentation for any boxes checked must be maintained in the patient's medical records*
 - Contractures Non-healed fractures Moderate/severe pain on movement
 - Danger to self/others IV meds/fluids required Special handling/isolation required
 - Third party assistance/attendant required to apply, administer or regulate or adjust oxygen enroute
 - Restraints (physical or chemical) anticipated or used during transport
 - Patient is confused, combative, lethargic, or comatose
 - Cardiac/hemodynamic monitoring required enroute
 - DVT requires elevation of a lower extremity
 - Orthopedic device (backboard, halo, use of pins in traction, etc.) requiring special handling during transport
 - Unable to maintain erect sitting position in a chair for time needed to transport
 - Unable to sit in a chair or wheelchair due to Grade II or greater decubitus ulcers on buttocks
 - Morbid obesity requires additional personnel/equipment to safely handle patient

PCS Components



Section II

Medical Necessity Questionnaire

- Medicare uses medical necessity as a way to determine if they should pay for goods or services
- Non-emergency transportation by ambulance is appropriate if either: the beneficiary is bed confined, and it is documented that the beneficiary's condition is such that other methods of transport are contraindicated

Important ! PCS Components

Section II, Medical Necessity Questionnaire cont...



While bed confinement is an important factor to determine the qualification for ambulance transport, bed confinement alone is not sufficient. Important questions to ask and document include:

1. Can the patient sit up,
2. Sit in a wheel chair, and/or
3. Ambulate without assistance?
4. Or, if his or her medical condition, regardless of bed confinement, is such that transportation by ambulance is medically required. (Bed confinement is not the sole criterion.)

PCS Components

Section II, Medical Necessity Questionnaire cont...



To be “bed confined” the patient must be:

1. unable to get up from bed without assistance; AND
 2. unable to ambulate; AND
 3. unable to sit in a chair or wheelchair
- Note: All three of the above conditions must be met in order for the patient to qualify as bed confined.

PCS Components

Section II, Medical Necessity Questionnaire cont...



The following questions must be answered by the medical professional signing below for this form to be valid:

- 1) Is this patient “bed confined” as defined above?
 Yes No
- 2) Describe the Medical condition of this patient AT THE TIME OF AMBULANCE TRANSPORTATION that requires the patient to be transported on a stretcher in an ambulance and why transport by other means is contraindicated by the patient’s condition: _____

PCS Components

Section II, Medical Necessity Questionnaire cont...



3) Can this patient safely be transported in a wheelchair van (i.e., seated for the duration of the transport, and without a medical attendant?)

Yes No

4) **In addition** to completing questions 1-3 above, please **check** any of the following conditions that apply*:

***Note:** supporting documentation for any boxes checked must be maintained in the patient's medical records

PCS Components

Section II, Medical Necessity Questionnaire cont...



In addition to completing questions 1-3 above, please **check** any of the following conditions that apply **(cont...)**:

- Contractures
- Non-healed fractures
- Moderate / severe pain on movement
- Danger to self/others
- IV meds/fluids required
- Special handling/isolation required

PCS Components

Section II, Medical Necessity Questionnaire cont...



- Third party assistance/ attendant required to apply, administer or regulate oxygen enroute
- Restraints (physical or chemical) anticipated
- Patients is confused, combative, lethargic or comatose
- Cardiac/hemodynamic monitoring required
- DVT requires elevation of extremity
- Orthopedic device (backboard, halo, use of pins in traction, etc.) requiring special handling during transport

PCS Components

Section II, Medical Necessity Questionnaire cont...



- Unable to maintain erect sitting position in a chair for time needed to transport
- Unable to sit in a chair or wheelchair due to Grade II or greater decubitus ulcers on buttocks
- Morbid obesity requires additional personnel/equipment to safely handle patient

PCS Components



Section III

Signature of Physician or Healthcare Professional

- ***Must*** be signed with printed name, dated and credentials indicated (MD, DO, RN, etc.)

PCS Components

Section III, Signature of Physician or Healthcare Professional

SECTION III - SIGNATURE OF PHYSICIAN OR HEALTHCARE PROFESSIONAL

I certify that the above information is true and correct based on my evaluation of this patient, and represent that the patient requires transport by ambulance due to the reasons documented on this form. I understand that this information will be used by the Centers for Medicare and Medicaid Services (CMS) to support the determination of medical necessity for ambulance services, and that I have personal knowledge of the patient's condition at the time of transport.

If this box is checked, I also certify that the patient is physically or mentally incapable of signing the ambulance service's claim and that the institution with which I am affiliated has furnished care, services or assistance to the patient. My signature below is made on behalf of the patient pursuant to 43 CFR §434.36(b)(4). In accordance with 43 CFR §434.37, the specific reason(s) that the patient is physically or mentally incapable of signing the claim form is as follows:

Signature of Physician* or Healthcare Professional

Date Signed

**Form must be signed only by patient's attending physician for scheduled, repetitive transports. For non-repetitive, unscheduled ambulance transports, the form may be signed by any of the following if the attending physician is unavailable to sign (please check appropriate box below)*

Physician Assistant

Clinical Nurse Specialist

Registered Nurse

Nurse Practitioner

Discharge Planner

Patient Signature



- ❑ The patient should be signing the PCR for ambulance transport.
- ❑ If the patient is physically incapable of signing, then it should be documented why.
- ❑ If the patient is mentally incapable of signing then it should be documented why.

If the patient is truly mentally and physically incapable a thorough and complete PCR will reflect this.

Ambulance Billing Authorization Form



Ambulance Crew & Facility Representative Signatures

- Document reason patient incapable of signing, name and location of receiving facility and time of arrival at receiving facility. Using this form should be the **exception** not the rule!
- Crew member signs and obtains:
 - Receiving Facility Representative Signature
 - Secondary Documentation – most likely facility face sheet/admissions record

WITH DOCTOR IS NOT A VALID REASON FOR NOT OBTAINING A PATIENT SIGNATURE!

Critical Care Transport (CCT)



- InterFacility hospital transfer to another hospital for higher level of care and/or for a specialized procedure to be performed. **Note: Inquire and document what procedure is to be performed.**
- Critically Injured or Ill Patient
- Patient care beyond Scope of paramedic
- Ongoing care required by CCT nurse and/or respiratory care specialist
- Documentation must include the CCT Nurse's name and a brief overview of the treatment and monitoring performed by the CCT nurse during transport

Patient Care Report



Accurately note medical direction's advice and orders, and the results of carrying out that advice and those orders

Medical Necessity



- Why Was Transportation By Any Other Means Contraindicated For This Patient, TODAY?
- Complete a thorough and accurate PCR
- Obtain a thorough history from attending nurse
- Reason for hospitalization
- Mental Status during stay

Medical Necessity



- Why is the patient being transported by ambulance to another hospital or medical facility? BE SPECIFIC!
- (Patient transferred from X Facility to Y Medical Facility for CT scan of head for suspected CVA not available at sending facility.)
- Can patient transfer without lifting assistance?
- Is patient unable to remain in fowlers position secondary to sacral dicubitus ulcers for duration of transport?
- Was medical monitoring required for risk of bleeding?

Ambulance Transport Necessity for IFT transports

- Moderate to severe muscle weakness
- Decubitus ulcers
 - Include location of ulcers
- Morbid obesity- not a reason alone
- Paralysis (Para, hemi, quad)
- Contractures
- Non-healed fractures- be specific
- Decreased LOC (due to...)
- Prone to seizures and requires trained monitoring
- Isolation precautions
 - Reason
- IV medicines
- Cardiac monitoring required

Ambulance Transport Necessity for IFT transports



- Hemodynamic monitoring required
- Orthopedic devices
- Airway monitoring or suctioning
- Oxygen regulation or Portable ventilator administered by paramedic (PATIENT INCAPABLE OF SELF ADMINISTERING OF O₂)
- Danger to self or others (Elopement or Flight risk)
- Physical or chemical restraints anticipated

ALL OF THESE CONDITIONS *MUST* BE
DOCUMENTED IN DETAIL IF APPLICABLE...

Ambulance Transport Necessity for IFT transports



- Was any special handling required?

For example:

“Patient had stage 4 decubitus ulcers on buttocks with special positioning required to put patient on left lateral recumbent, with a pillow placed under hip for comfort and protection of ulcers”

Ambulance Transport Necessity for IFT transports



- Administration of Oxygen

Document what prevented patient from self monitoring their own oxygen.

For Example:

Patient was unable to monitor their own oxygen due to past Stroke with left sided hemi paralysis and residual weakness.

Medical Terminology



- Follow approved terminology and abbreviations approved by the EMS Agency.

Pertinent Statements



- Pertinent oral statements made by patients and other on-scene people should also be documented
 - Document statements that may have an impact on subsequent patient care or resolution of the situation
- Use of quotations
 - Put in quotation marks any statements by patients or others
 - (Examples: statements that relate to possible criminal activity or admissions of suicidal intention, etc.)

Additional Documentation



- Record support services used
 - Engine companies, helicopter, coroner, rescue/extrication, etc.
- Record use of mutual aid services

Narrative Examples



- The Good
- The Bad
- The Ugly

Narrative –the bad, Lacking specific details



M-XX responded to MH for a return to Western Slope. Patient was being held at MH due to recent hip surgery. C/C of a sore hip. Patient transported without incident. **To be more descriptive: Was special handling required because of hip surgery. If yes, what did that special handling involve?**

Narrative –the bad, Lacking specific details (cont...)



M-XX responded to MH for an IFT of a 97 Y/O M with no C/C. At scene PT was supine on hospital bed A&Ox2 which is baseline per staff RN. PT was speaking in full word sentences and warm, pink, and dry. PT was confused and bed confined per PCS. PT denied CP, SOB, N/V, dizziness or headache. PT was transported to Placerville Pines nursing facility C2 without incident. **To be more descriptive, could the PT sit up, ambulate? What was involved in moving the PT from the hospital bed to the gurney?**

Narrative –the bad, Lacking specific details (cont...)



M-XX dispatched code 2 to a transfer from MHER bed #1 to UC Davis. Enter to find the 14 Y/O male laying supine in Bed #1 in partial spinal immobilization in a c-collar w/family standing by. Received report and proper documentation from RN. PT put in full spinal immobilization W/O incident. Per RN, the PT was riding his bike and collided w/another bicyclist head on and was not wearing a helmet. The PT had a small amount of blood coming from the right ear associated w/ a headache and back pain. Diagnosis is bruising of the right side of his brain and a small occipital fracture.

Narrative –the bad, Lacking specific details (cont...)



Per the attending physician, the PT needs to be transported via ambulance because he needs to be monitored for possible seizures and mental status changes. +CSMx4 strong and equal grips and push/pulls before and after spinal immobilization. PT transported with CCT Nurse on board. During transport PT stated he was getting nauseous and his head pain worsened to 8/10 and showing signs of severe pain. Administered 4mg Zofran and 2.0 mg MS IVP w/improvement of nausea and pain. PT transported w/o any other change. PT transferred to care of RN.

Narrative –the bad, Lacking specific details **(cont...)**



Why did this PCR come back?

A lot of good points documented but it came back from Medicare because (1) there was no mention of why the PT was going to the another hospital. What was to be performed at the new hospital and was that not available at Marshall? (2) a new requirement is that we need to identify by name the CCT nurse and briefly describe what she/he did for the patient while enroute.

Narrative- the ugly



Chief Complaint: None per Patient. Secondary complaint: BLS transfer.

M-XX arrived at MH RM 112 for a ALS transfer of a 66 y/o female CAOx4 to CPMC Stanford Hospital for further evaluation and procedures based PT's current health problems. Per PCS form PT cannot be transferred in a wheelchair van without medical attendant. PT loaded into a position of comfort and transported complaint free without major change or incident.

Narrative- the ugly

Problems here: Medic states there is no Chief Complaint yet the PT is being transported all the way to Stanford Hospital for current health problems. *What are the current health problems? What evaluations and procedures are to be performed at Stanford and is this something Marshall cannot do?* Secondary Complaint: BLS transfer? That should not go there. How does the medic know this is a BLS transfer? It may very well have met Medicare's approval for ALS reimbursement.

Narrative- the Good



Medic XX on scene Marshall Hospital for a CCT transfer to SMH with CCT RN Smith. Medic XX crew found a CAO 60 year old female patient laying supine in bed in minor distress with no complaints at the current moment. Patient was transported by EMS to the hospital 4 days ago for SOB. Patient was diagnosed with an MI. Patient is going to SMH for a heart catheter procedure not available at MH and for further treatment and care. Patient transported by ambulance for continued ALS care and for continuous oxygen and cardiac monitoring. Patient is currently on a Heparin IV drip which is monitored by the CCT RN on board. Patient also has a PIC line in place. Patient is stable for the transfer and had negative changes enroute. Patient denied all cardiac pressure or pain, all other pain, headache, dizziness, SOB, nausea and vomiting.

Narrative- the Good



Excellent!!! Original reason for being at MH was stated along with diagnosis, patient assessment, why being transferred to another hospital, the procedure to be performed at SMH and not available at MH, identified CCT nurse and the procedures performed by the nurse.

Narrative- the Good



M-XX responded to Marshall Hospital ER to find a 72 y/o female A&Ox4 sitting up in her hospital bed. RN reported that the PT had come in by ambulance with a chief complaint of chest tightness/pain rated at 10/10 radiating to the PT's left arm. RN also reported that she was being treated for Acute Anterolateral STEMI and required transport to Sutter Memorial Hospital for further evaluation/treatment that was not available at Marshall Hospital. The PT also required constant cardiac monitoring enroute. Upon assessment of pt, she was able to answer all questions appropriately. PT denied any chest pain, SOB, however she was feeling nauseated.

Narrative- the Good



Two IVs had been established PTA and PT was being administered Amiodarone as well as NTG via drips at a predetermined dose and rate per MD. MXX assisted nursing staff with moving PT from bed to gurney and PT was switched over to MXX monitor and O₂. Initial vitals were taken by MXX. Once secured to the gurney and all documentation was in order, the PT was then moved and loaded into the ambulance. RN Smith was the attending MICN and was present throughout the duration of the transport and monitored cardiac signs and IV treatment. PT's vitals were taken every ten minutes enroute with no significant changes or findings. The PT's only complaint enroute was nausea that would intermittently come and go. Upon arrival at Sutter memorial, vitals were reassessed. PT denied any chest pain or SOB but was still nauseous. PT was moved to Sutter Memorial cardiac ICU where care was transferred to an attending RN.

Narrative- the Good



- **Excellent All points covered.**

Conclusion



- ✓ *Reviewed how to accurately and thoroughly document Inter-facility and Critical Care Transports*
- ✓ *Understand the importance of supportive documentation (i.e. Hospital Face Sheet, EKG and Physician Certification Statement (PCS) forms*