

PEORIA AREA EMS SYSTEM
PREHOSPITAL CARE MANUAL

**EMS Patient Care Reports
Policy**

Documentation of patient contacts and care is a vital aspect of assuring continuity of care, providing a means of quality assurance and historical documentation of the event. It is just as important as the care itself and should be an accurate reflection of the events that transpired. **It is imperative that written documentation is left with the patient at the receiving facility.**

Patient Care Reports

1. All EMS providers must complete a patient care report for each patient contact or *request* for response (e.g. agency is cancelled en route to a call then a “cancelled call” chart must be completed).
2. Ideally, a patient care report will be completed in its entirety and provided to the receiving hospital’s Emergency Department immediately after transferring care to the ED staff and **prior to** departing the hospital.
3. If the patient care report cannot be completed prior to departing the ED, then a Peoria Area EMS System *Preliminary Field Medical Report Form* **must** be completed and left with the ED staff. The patient care report should then be completed and faxed to the ED as soon as possible.
4. Documentation must be completed on System approved forms and/or System approved electronic reporting systems.
5. Failure to leave written documentation will be reported to the EMS Office by ED personnel. Agencies and/or personnel failing to comply with documentation requirements will be reported to the EMS Medical Director and corrective action may be taken to assure documentation policies and procedures are followed.