

PCR

INSTRUCTION MANUAL FOR *PREHOSPITAL CARE REPORT

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Prepared by
STREMS, Inc.

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Bureau of Emergency Medical Services

GENERAL INSTRUCTIONS

The PCR is a three-part document printed on NCR paper. Each form is bonded at the top. Care must be taken that what is written on one PCR set does not come through on the set below (an aluminum form-holder clipboard is recommended). It is important that **firm pressure with a ballpoint pen** be used. Be as neat, complete and accurate as possible when completing this form. If a section does not apply to a particular call, leave it blank. Do **NOT** write **NA** or draw lines across sections of the form. It is important for the crew members to review the document before it is submitted. If an error is made prior to the PCR being submitted, enter the correct information on a second PCR and destroy all copies of the first form.

DISTRIBUTION OF COPIES

The distribution of the PCR is as follows:

- ◆ **White copy** is retained by the agency.
- ◆ **Yellow copy** is used for data collection, and agencies should follow procedures for collection of these records. This copy is the **only acceptable form** for the data program, because it contains the keypunch codes.
- ◆ **Pink Copy** becomes part of the medical record and therefore must be left at the hospital.

WHEN TO USE A PCR

Complete a PCR for every patient and every call. The PCR is used to substantiate all patient assessment and care provided, and documents all calls including canceled calls, standby calls, refused medical aid calls, walk-ins, etc. The call outcome is recorded in the Disposition section of the form (see Disposition Codes). A PCR should **NOT** be completed when the unit is being used for administrative purposes such as driver training or vehicle maintenance.

A separate PCR should be completed for each patient. When a mother and newborn infant are transported together, or a baby is delivered en route, separate PCRs should be completed for the mother and each infant. A separate PCR should be completed for each patient transport. A PCR should be concluded whenever a patient is delivered to a destination such as a hospital, nursing home, or doctor's office. If the same patient is then transported to another facility/destination or returned to the original call location, a second PCR should be completed. For example, when a patient is taken to and from a hospital for diagnostic tests or for therapeutic purposes, two PCRs should be completed. Or, when a critical patient is taken to one hospital and then transferred to another hospital, a separate PCR should be completed for each leg of the trip.

TIERED RESPONSES

When more than one agency responds to the scene, each service should complete a separate PCR. Each PCR should reflect **only** the actions taken by that crew. When a fly car arrives at the scene prior to an ambulance from the **same agency**, two PCRs should be completed. When patient assessment and/or treatment is provided by a first responder agency, fly car, or other nontransporting service, a PCR should be completed and the Disposition Code 004, "treated by this unit and transported by another," should be entered on the form. The hospital (pink) copy should be given to the transporting ambulance to accompany the patient to the hospital.

DETAILED INSTRUCTIONS

Serial

Located in the upper center of PCR form: this number is to identify each call. Be careful when separating the copies that you do not tear this number off. If this happens you should tape the torn pieces together immediately. The form will not be accepted without this number.

Date of Call

Enter the date the call is received. If a unit is reserved ahead of time for a transport, enter the date the unit responds. Numbers less than 10 are to be listed as two digits. Example: January 2, 2001 (01:02:01). NOTE: The record is dropped from all data reports if the date is omitted.

Run

Enter the number assigned by your dispatcher or agency. Agency Code Enter the number that is assigned to your agency by the Emergency Medical Services Program of the New York State Department of Health or your regional emergency medical services agency.

Vehicle ID

Enter the identification number of the vehicle that responds to the call. This is the number assigned by your agency.

Name

Enter the name of the patient. If the name is unknown, write "unknown" and add important identifiers. Examples:

- ◆ unknown white female
- ◆ unknown black male.

Address

Enter the mailing address of the patient. Be as complete as possible. If the address is unknown, write "unknown."

Ph

Enter the patient's telephone number.

Age

Enter the age of the patient. The patient's age must be entered even if the date of birth is entered. If the patient's age is unknown, enter the approximate age of the patient. If the patient is less than one year of age, enter either H for hours, or D for days, or M for months. Examples:

- ◆ 12 hours entered as 12H,
- ◆ 5 days entered as 5D
- ◆ 7 months entered as 7M.

DOB

Enter the date of the patient's birth. If the date of birth is unknown, leave this section blank. Numbers less than 10 are to be listed as two digits. Example:

- ◆ January 3, 1925 (01:03:25).

Sex

Place an X in the appropriate box to indicate whether the patient is male or female.

Physician

Enter the name of the patient's personal physician.

Care in Progress on Arrival

Place an X in the appropriate box to indicate the type of care, if any, the patient received prior to your arrival. Indicate what was done for the patient in the comment section.

- ◆ **None:** the patient is not receiving any care.
- ◆ **Citizen:** care is being administered by a person who is not certified at any level of EMS.
- ◆ **PD/FD/Other First Responder:** care is being administered by a member of the Police Department, Fire Department, or another certified as a First Responder (may be off-duty).
- ◆ **Other EMS:** patient is being cared for by physician, nurse, EMT or paramedic (may be off-duty).

Agency Name

Enter the official name of your agency or service.

Dispatch Information

Enter any additional dispatch information provided to your agency or service. (Examples: MVA, unconscious patient, gunshot wound).

Call Location

Enter the address of the incident scene to which you were dispatched. Place an X in the appropriate box indicating the location where the patient was initially found. (Check ONLY one box).

- ◆ **Residence:** Private homes, multiple occupancies such as apartments, dormitories, etc. (Note: May not necessarily be the patient's own residence).
- ◆ **Health Facility:** A place where medical care is routinely provided. (Examples include: hospital, nursing home, doctor's office, health clinic, emergicare clinic, infirmary).
- ◆ **Farm:** National Safety Council Definition: A rural place from which \$1,000 or more of agricultural products were sold, or normally would have been sold. (Examples: dairy farms, fields where crops are grown, chicken farms, tree farms; includes barns as well as fields).
- ◆ **Indus.Facility:** A place where a product is manufactured or stored. (Examples: warehouses, manufacturing plants, etc.).
- ◆ **Other Work Location:** A place of work other than an industrial facility. (Example: Offices).
- ◆ **Roadway:** A place that is designated as a thoroughfare for motor vehicles, to include passenger vehicles, trucks and motorcycles. Not a private residence driveway. (Examples: interstates, town or village roads, county roads, streets).
- ◆ **Recreational:** National Safety Council Definition: Recreational places are those organized for recreation or sport but excluding homes and industrial places. (Examples: gymnasium, tennis court, bike or jogging path, basketball courts).
- ◆ **Other:** Any place which has not been defined by any of the other call locations in this section.

Mileage

Enter the mileage information required by your agency. Indicate the mileage on the responding vehicle's odometer at the beginning of the run and at the end of the run. Subtract the "beginning" reading from the "end" reading and enter the "total" mileage.

Location Code

Enter the four-digit municipality code, from the New York State Gazetteer, for the municipality in which the patient is located at the time of your response.

Call Type As Rec'd

Place an X in the box that indicates how the call was received from the dispatcher. Indicate whether the unit responding was dispatched as an emergency, a non-emergency, or a standby. *NOTE: The PCR will automatically be entered as an emergency call if not marked otherwise.*

- ◆ **Emergency:** Place an X in this box when a call is dispatched as an emergency or a potential emergency even though it may not turn out to be an emergency. This box should also include any emergency or critical care transfers.
- ◆ **Non-Emergency:** Place an X in this box for routine calls such as a non-urgent transport from home to hospital, a transport from hospital to home, or a non-urgent call to assist a patient at home. This box should also include any non-urgent transfers.
- ◆ **Stand-by:** Place an X in this box when your unit is dispatched but no patient is treated such as when covering a football game, standing by at a fire, or providing mutual aid at a neighboring station. If an incident occurs during a standby such as an injured football player, a separate PCR should be completed and the appropriate Call Type (emergency, non-emergency) marked.

Interfacility Transfers

Complete this section *ONLY* if the patient is transferred from one medical facility to another.

- ◆ **Transferred from:** Hospital Disposition Code.
- ◆ **No Previous PCR:** Place an X in box if no previous PCR has been filled out.
- ◆ **Unknown if Previous PCR:** Place an X in box if you do not know if a PCR was previously completed for this patient, or if you do not know the PCR number.
- ◆ **Previous PCR Number:** Fill in the serial number of the PCR that was completed when this patient was originally transported for this complaint.

Call Times

Only enter military times in this section. To calculate military time, see General Instructions.

- ◆ **Call Rec'd** Enter the time the service/agency receives the call. If a unit was reserved ahead of time for a transport, record the time when the vehicle responds. In that case, the call received time and the enroute time will be the same.
- ◆ **Enroute** Enter the time the unit starts toward the incident location.
- ◆ **Arrived At Scene** Enter the time the unit arrives at the incident location. If the incident is within a structure, the time the emergency vehicle arrives at the structure should be entered.
- ◆ **From Scene** Enter the time of departure from the scene.
- ◆ **At Destin** Enter the time the unit arrives at the destination. The destination (hospital, nursing home, residence, etc.) is where the patient is unloaded. If the unit does not transport, leave blank.
- ◆ **In Service** Enter the time when the unit is available to receive another call. If your county or region requires the research (yellow) copy to be handed in at the hospital, estimate and enter in-service time.
- ◆ **In Quarters** Enter the time the unit is back in the station where it is regularly housed. If the unit is dispatched to another call before returning to quarters, then this time should be left blank.

Mechanism of Injury

Place an X in the appropriate box. Check all that apply.

- ◆ **MVA (complete seat belt section)** Place an X in this box if the patient was in a motor vehicle at the time of the accident (this includes motorcycles). If in doubt, check to see if the police agency investigating completes an MV-104A form. (If this box is checked, then the "Seatbelt used?" section must be completed).
- ◆ **Struck by Vehicle** Place an X in this box if the patient was struck by a vehicle (including a motorcycle). The patient could be a pedestrian or riding on a non-motorized vehicle such as a bicycle. If in doubt, check to see if the police agency investigating completes an MV-104 form.

- ◆ **Fall of ____ feet** Place an X in this box if the patient fell from some height. (If this box is checked, place a number in the section to indicate the approximate number of feet of the fall).
- ◆ **Unarmed Assault** Place an X in this box if the patient was assaulted (harmed by another person) but no weapon such as gun, knife, etc., was used.
- ◆ **GSW (GunShot Wound)** Place an X in this box if the patient was injured by ballistics from a rifle, handgun or shotgun. This box should be checked whether the wound was intentional or accidental.
- ◆ **Knife** Place an X in this box if the patient was harmed by a knife or knife-like object (i.e., scissors, screwdriver).
- ◆ **Machinery** Place an X in this box if the patient's injury was related to use of any type of machinery (i.e., farm or industrial equipment).
- ◆ Place an X in this box if the mechanism of injury is not among the choices listed on the PCR; fill in the cause of injury.

Extrication required _____ minutes

Place an X in this box if the patient had to be extricated. (Note: this does not just apply to motor vehicles but any situation where extraordinary measures and/or equipment must be used to disentangle a patient for treatment and/or transport). (NOTE: If this box is marked, then the details of the situation that required the patient to be extricated should be placed in the comment section). The number of minutes required to extricate the patient should be placed in the space provided. The number of minutes to extricate a victim is determined from the time "at scene" till the patient is free to be removed from the vehicle and transported.

Seat Belt Used?

Place an X in the appropriate box to indicate if the patient being reported on the PCR was using safety equipment such as a lap belt, shoulder harness, 3 point harness, or child restraint device. This may be determined by observation of the crew, or as reported by the police, or stated by the patient, or reported by other observers. Mark the appropriate box. Do not complete this section for pedestrians, bicycle riders, or motorcycle riders involved in the MVA.

Chief Complaint

Record the most important problem the patient is describing, or state the reason the unit was called. Use the patient's own words. Example: "My chest hurts; I can't breathe."

Subjective Assessment

From your patient interview, record additional information regarding the patient's Chief Complaint in the space provided.

Presenting Problem

Place an X in the box or boxes that describe the patient's current problem(s). Mark all that apply; circle the primary problem. If necessary, describe any presenting problem in the Comment section. Do not record the patient's past medical history in this section.

- ◆ **Airway Obstruction** Complete or partial blockage of the route for the passage of air into the lungs.
- ◆ **Respiratory Arrest** When breathing stops completely.
- ◆ **Respiratory Distress** Difficulty in breathing.
- ◆ **Cardiac Related (Potential)** Signs and symptoms that may relate to, or indicate, a heart condition or disease.
- ◆ **Cardiac Arrest** When the heart stops beating and there is absence (disappearance) of a palpable carotid pulse.
- ◆ **Allergic Reaction** An abnormal or unexpected reaction to a substance such as a drug, an insect sting or bite, a food, dust, pollen, or chemical.
- ◆ **Syncope** A temporary loss of consciousness; fainting.
- ◆ **Stroke/CVA** A condition characterized by a sudden lessening or a loss of consciousness, sensation and/or voluntary movement. Cerebrovascular accident (CVA) is a medical problem and not a trauma-related problem.
- ◆ **General Illness/Malaise** A vague feeling of physical discomfort or uneasiness often occurring before or during an illness.
- ◆ **Gastro-Intestinal Distress** Complaints associated with the stomach and intestines such as nausea, vomiting, diarrhea, stomach pain, indigestion, and passage of blood in the stool.

- ◆ **Diabetic Related (Potential)** Signs and symptoms that are consistent with insulin shock or diabetic coma. Potential Insulin Shock: The patient is hypoglycemic with presenting signs of full, rapid pulse; normal breathing; dizziness; headache; fainting; seizures; disorientation; coma; normal blood pressure. Potential Diabetic Coma: The patient is hyperglycemic with presenting signs of sweet or fruity smelling breath; rapid, weak pulse; rapid, deep breathing; varying degrees of unresponsiveness up to coma; normal or slightly low blood pressure.
- ◆ **Pain** A sensation in which the patient states he is experiencing distress, discomfort, or suffering. Specify the type and location of pain on the line provided.
- ◆ **Unconscious/Unresponsive** When the Patient is comatose and does not react to verbal or painful stimuli.
- ◆ **Seizure** Involuntary contraction and relaxation of voluntary muscles (convulsions). These are signs, for example, that may be seen with a grand mal seizure.
- ◆ **Behavioral Disorder** An inappropriate mood or conduct exhibited by the patient.

Select Substance Abuse or Poisoning. Do not check both categories.

- ◆ **Substance Abuse (Potential)** An injection, ingestion, or inhalation of excessive amounts of any drug including alcohol. Overdose and suicide attempts using drugs and/or alcohol would fall into this category.
- ◆ **Poisoning (Accidental)** The injection, ingestion, exposure, inhalation, or absorption of any substance that will produce a harmful or injurious effect on the body. Substance abuse, overdose, or attempted suicides should not be recorded under this category.
- ◆ **Shock** is defined as:
 - 1. systolic BP is 90mmhg or less
 - 2. systolic BP above 90mmhg and signs of inadequate perfusion, such as:
 - a. altered mental state (restlessness, inattention, confusion, agitation)
 - b. tachycardia (pulse greater than 100)
 - c. delayed capillary refill (greater than 2 seconds)
 - d. pallor
 - e. cold, clammy skin
- ◆ **Head Injury** Any obvious or suspected injury to the skull, brain, or facial structures.
- ◆ **Spinal Injury** Signs and symptoms consistent with injury to the vertebral column including fracture, dislocation, and disc injury (including compression), or suspicion of such injury based on the mechanism of injury.
- ◆ **Fracture/Dislocation** Suspected bone or joint injury such as a fracture or dislocations.
 - ◆ *Fracture:* A break, crack, split, or crumbling of a bone.
 - ◆ *Dislocation:* A temporary displacement of a bone out of its normal position in a joint.
- ◆ **Amputation** The traumatic removal or separation of a body part.
- ◆ **Other** Any presenting problem other than those listed in this section. Note the problem on the line provided and explain in detail in the Comment section.
- ◆ **Major Trauma** is present if the mechanism of injury or patient's physical findings meets any one of the following criteria. By definition, all such patients fall into either the critical or unstable "C.U.P.S." classification.

MECHANISM OF INJURY

1. Fall more than 20 feet.
2. Survivor of motor vehicle crash in which there was a death of an occupant of the same vehicle.
3. Patient struck by a vehicle moving faster than 20 mph.
4. Patient ejected from the vehicle.
5. High speed crash with resulting severe deformity of the vehicle
6. Vehicle rollover.

PHYSICAL FINDINGS

7. Pulse less than 50/min or greater than 120/min.
8. Systolic blood pressure of 90 mm Hg or less.
9. Respiratory rate less than 10/min or greater than 28/min.
10. Glasgow coma scale less than 13.
11. Penetrating injuries of the trunk, head, neck, chest, abdomen or groin.
12. Two or more proximal long bone fractures.
13. Flail chest.
14. Burns that involve 15% or more of the body surface or facial/airway.
15. Combined system trauma that involves two or more body systems.
16. Spinal cord injury or limb paralysis.
17. Amputation (except digits).

- ◆ **Trauma - Blunt** A severe injury caused by a thick or dull-edged object. Since the damage occurs below the skin, there may not be a break in the skin.
- ◆ **Trauma - Penetrating** A severe injury with an entrance and/or exit wound. This includes penetrating wounds, perforating wounds, and impaled objects.
- ◆ **Soft Tissue Injury** An injury that involved skin, muscle, blood vessel, nerve, fatty tissue, or tissues that line or cover an organ. This injury is not severe enough to be classified as blunt trauma. Examples: contusions, abrasions, incisions, lacerations, and avulsions.
- ◆ **Bleeding/Hemorrhage** Blood escaping from arteries or veins. The blood loss may be either internal, external, or both.
- ◆ **OB/GYN**
 - ◆ *Obstetrics (OB)*: Conditions resulting from the state of pregnancy.
 - ◆ *Gynecology (GYN)*: Conditions related to the female reproductive system.
- ◆ **Burns** An injury to the body surface and/or underlying tissue caused by overexposure to heat, chemicals, electricity, or radiation.
- ◆ **Environmental**
 - ◆ *Heat* A condition caused by exposure to excessively high temperatures. It may be characterized by heat cramps, heat exhaustion, or heat stroke.
 - ◆ *Cold* A condition caused by exposure to excessively low temperatures. It may be characterized by frostnip, superficial frostbite, or freezing.
- ◆ **Hazardous Materials** Exposure to or an injury suspected to have been caused by hazardous materials such as solid, liquid or gaseous chemicals, or radioactive materials.
- ◆ **Obvious Death** Conforms to the commissioner of Health's statement of December 1, 1981, relative to CPR by EMTs. Obvious death includes decapitation or other similarly mortal injuries, or where rigor mortis, tissue decomposition or extreme dependent lividity is present (Policy Statement appended).

Past Medical History

Place an X in all appropriate boxes. List allergies and current medications in the spaces provided. If necessary, continue past medical history in the comment section.

Vital Signs

Enter each set of vital signs in the space provided. If more than three sets are taken, record them in the Comment section or on a Continuation Form. (Note: The statistical program uses only complete sets of vital signs-- respiration, pulse, blood pressure-- that are recorded in numbers; vital signs recorded by terms such as "normal" or "stable" are not included.)

- ◆ **Time** Enter the time each set of vitals are taken. Only enter military time in this section. To calculate military time, see General Instructions.
- ◆ **Resp.** Record the number of respirations per minute. Also place an X in the box that best describes the quality of respiration (regular, shallow, labored).
- ◆ **Pulse** Record the pulse rate per minute. Also place an X in the box that best describes the patient's pulse (regular, irregular).
- ◆ **B.P.** Record the blood pressure (B.P.) as systolic over diastolic pressure. If you are unable to take the patient's blood pressure, explain the reason in the Comment section. If the blood pressure is taken by palpation, record the systolic pressure over P. Example: 90/P.

Level of Consciousness

This section denotes level of consciousness, using the acronym AVPU, which stands for:

- A** - Alert--Knows his name (person); knows where he is (place); knows day of week (day).
- V** - Verbally responds--but not able to respond correctly to all three questions above.
- P** - Responds to painful stimulus but not oriented to person, place and/or time.
- U** - Unresponsive to both painful and verbal stimulus.

Place an X in the box that most accurately describes the patient's level of consciousness at the time this assessment was performed.

Glasgow Coma Scale (CGS)

The Glasgow Coma Scale (GCS), based upon eye opening, verbal, and motor responses is a practical means of monitoring changes in level of consciousness. If response on the scale is given a number, the responsiveness of the patient can be expressed by summation of the figures. Lowest score is 3; highest is 15. (Refer to GCS guide on back of PCR). Record the numeric total of the highest level of responses to the level of consciousness survey.

Example: GCS
Eye Opening - To Pain 2
Verbal Response - Confused 4
Motor Response - Withdraw (Pain) 4
TOTAL GCS SCORE 10

Pupils

Place an X in the box that best describes each eye's response to light. Record the right pupil under the R column and the left under the L column. These columns are the patient's right and left sides. Indicate in the Comment section if the pupils are normally uneven or if a patient has an artificial eye.

Skin

Place an X only in the boxes that apply. Mark "unremarkable" only if all three assessment categories (temperature, moisture and color) are within normal limits.

Status

Place an X in the box that most accurately describes the patient's status:

C - CPR/arrested patient: cardiac arrest, respiratory arrest, patient being ventilated

U - Unstable patient: severe upper airway difficulties, serious chest trauma, de-compensated shock, rising intracranial pressure, uncontrollable external hemorrhage, penetrating injury to head, neck, chest, abdomen, pelvis

P - Potentially unstable patient: early signs of compensated shock, kinematics or injuries suggest "hidden injury", major isolated injury

S - Stable patient: minor isolated injuries, uncomplicated extremity injuries.

Objective Physical Assessment

Enter in this section a summary of the primary and secondary assessment of the patient.

Comments

Enter in this section information obtained during Primary and Secondary Survey that should be reported, or information that is not described in enough detail in any other part of this form. If there is not sufficient room, use additional PCRs or a Continuation Form if available. Attach additional sheets used to the agency (white), and hospital (pink) copies of the PCR.

Treatment Given

Place an X in the boxes that describe the treatments given by your agency. Mark all that apply.

- ◆ **Moved to Ambulance on Stretcher/Backboard** Place an X in the box if the patient was moved to the ambulance on a stretcher and/or backboard.
- ◆ **Moved to Ambulance on Stair Chair** Place an X in the box if the patient was moved to the ambulance in a stair chair.
- ◆ **Walked to Ambulance** Place an X in the box if the patient walked to the ambulance.
- ◆ **Airway Cleared** Place an X in the box if the patient's airway was cleared.
- ◆ **Oral/Nasal Airway** Place an X in the box if an oropharyngeal or nasal airway was used.
- ◆ **EOA/EGTA** Place an X in the box ONLY if the placement of an esophageal obturator airway or an esophageal gastric tube airway was successful. Circle either EOA or EGTA. If the attempt was unsuccessful, explain in the comment section.
- ◆ **Endotracheal Tube (E/T)** Place an X in the box if the placement of an endotracheal tube was successful. If the attempt was unsuccessful explain in the comment section.

- ◆ **Oxygen Administration** Place an X in the box in oxygen was given. Record the numbers of liters per minute and the appliance(s) used.
- ◆ **Suction Used** Place an X in the box if the patient was suctioned.
- ◆ **Artificial Ventilation** Place an X in the box if the patient was artificially ventilated and record the method.
- ◆ **CPR in progress on arrival** Place an X in the box if cardiopulmonary resuscitation (CPR) was initiated prior to the arrival of responding emergency personnel. (NOTE: if the above is checked, check all of the following that apply) BY:
 - ◆ **Citizen** Place an X in the box if CPR was initiated by a physician, nurse or other EMS personnel (i.e., CFR or EMT who did not respond in an official capacity).
 - ◆ **PD/FD/Other First Responder** Place an X in this box if CPR was initiated by personnel from the Police Department, Fire Department or a Certified First Responder who responded in an official capacity.
 - ◆ **Other** Place an X in the box if CPR was initiated by an individual who was not part of emergency services personnel (EMS, Police, Fire) who responded in an official capacity.
- ◆ **CPR Started** Place an X in this box if the patient was given CPR by anyone (bystander, CFRs, your agency, etc.) @ Time Enter the time that CPR was first started. Only enter this time if you have a reliable source of information regarding the actual time when PCR was started. Use military time. To calculate military time, see General Instructions.
- ◆ **Time From Arrest Until CPR** Enter the best approximation of the patient's down time prior to CPR being administered by anyone. Only enter this time if you have a reliable source of information regarding the patient's down time. If the time is unknown, leave the boxes blank.
- ◆ **EKG Monitored** Place an X in the box if an electrocardiogram (EKG/ECG) was performed and attach section of the tracing to the agency (white) and Hospital (pink) copies of the PCR. Indicated the interpretation of each significant tracing in the space provided.
- ◆ **Defibrillation/Cardioversion** Place an X in the box if the patient was defibrillated or cardioverted. Indicate the number of times and whether the equipment used was manual or semi-automatic.
- ◆ **Medication Administered** Place an X in the box if your crew administered any medication (s). List all medications including time, dosage, and route on a Continuation Form.
- ◆ **IV** Place an X in the box if an intravenous line was established or attempted. Do not mark this section if the IV was started by hospital personnel prior to an Interfacility Transfer (note in Comment section). Indicate the IV fluid (normal saline, D5W, lactated Ringers) administered, and the catheter gauge used. For additional IVs administered, use a Continuation Form.
- ◆ **MAST Inflated** Place an X in the box only if MAST were inflated; enter the time MAST were inflated. (NOTE: Only enter a time if MAST is inflated. Do not enter a time if applied but not inflated.
- ◆ **Bleeding/Hemorrhage** Controlled Place an X in the box and enter the method used to control bleeding/hemorrhage.
- ◆ **Spinal Immobilization** Place an X in the box if spinal column was immobilized. Circle "neck" or "back" or both to indicate the area(s) immobilized.
- ◆ **Limb Immobilized** Place an X in the box if arms or legs were immobilized. Also place an X in the box(es) to indicate the method (fixation and/or traction).
- ◆ **(Heat) or (Cold) Applied** Place an X in the box if either heat or cold applications were used. Circle either "heat" or "cold" to note the appropriate application.
- ◆ **Vomiting Induced** Place an X in the box if vomiting was induced. Note the time and method used. Use military time; to calculate military time, see General Instructions.
- ◆ **Restraints Applied** Place an X in this box if restraint devices or methods were used to prevent the patient from injuring him/herself or others. Indicate the type of restraints used. Restraints applied by other agencies (e.g., police) should be noted in the Comment Section.
- ◆ **Baby Delivered** Place an X in the box if a baby was delivered. Note the time of delivery, the county in which the baby was born, if the baby was born alive or stillborn and whether the baby was male or female. Note the time of birth in military time; to calculate military time, see General Instructions. Complete a separate PCR form for each infant delivered.
- ◆ **Transport**
 - ◆ **Trendelenburg Position** Place an X in the box if the patient was transported in the Trendelenburg position.
 - ◆ **Left Lateral Recumbent Position** Place an X in the box if the patient was transported in the left lateral recumbent position.
 - ◆ **With Head Elevated** Place an X in the box if the patient was transported with their head elevated.
 - ◆ **Other** Place an X in the box if the treatment or care given has not been noted above. Enter the treatment or care given on the line provided. Use the Comment Section if additional space is needed.

Disposition

If your unit transported the patient to a hospital, nursing home, or other medical facility (e.g., doctor's office, clinic, health center), enter the name of the facility. Enter "residence" if the patient was taken home. When these do not apply, enter the phrase from the "Disposition Code" list below that best describes the outcome of the call. Non-hospital disposition codes are listed on the back of the PCR form.

Disposition Code

Enter the code number from the list below that corresponds to the disposition entered. Note that each hospital has an individual code number listed on the PCR Disposition Code List (available from the Department of Health). Nontransporting services should only use codes 004 through 010.

Code Disposition

001 Nursing Home

002 Other Medical Facility

003 Residence

004 Treated by this Unit and Transported by Another

005 Refused Medical Aid or Transport

006 Call Canceled En Route

007 Standby Only

008 Gone on Arrival (Patient removed prior to arrival)

009 Unfounded (False Alarm or no patient found)

010 Other

Continuation Form Used

Place an X over the word YES if a Continuation Form was used on this call.

Crew

Enter the names of the crew members. If there are more than four members on the call, list the additional names in the Comment Section. The crew member in charge of the call should be entered in the first box; the driver's name must be entered in the second box. When the crew member is certified at any level, place an X in the box which indicates his/her highest level of certification and enter the six-digit NYS certification number in the space provided. If the crew member is not New York State certified enter the person's name only, do not enter any numbers.