

Marquette County EMS Medical Control Authority

Documentation Procedure

Part 1, Section 2
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- A. An EMS patient care record will be completed by all responding agencies on all patients where any type of care has been rendered, e.g., vital signs, assessment, including those patients who refuse treatment or transport.
- B. Patient Care Reports should be completed immediately following patient transfer to Emergency Department staff. The Patient Care Report is a part of the patient's medical record, and should remain with the patient throughout their emergency department and/or inpatient stay.

When completing the Patient Care Report while remaining in the Emergency Department is not possible due to EMS staffing, it may be sent via fax to the receiving hospital as soon as possible and no more than 24 hours following the EMS run. This is acceptable only after an adequate verbal report is provided to the physician or the nursing staff. The fax should include a cover sheet with a Statement of Confidentiality.

Example: "The information contained in this facsimile transmission is legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any disclosure, dissemination, or copy of this transmission is strictly prohibited. If you have received this transmission in error, please contact the agency above immediately to arrange for retrieval of this information at no cost to you."

Fax numbers for the Emergency Departments:

BELL MEMORIAL HOSPITAL ED FAX: 485-2343
MARQUETTE GENERAL HOSPITAL ED FAX: 225-3033

- C. The patient care record will be distributed in the following manner:
 - One copy kept by agency for their record.
 - Second copy will be sent/left to the receiving facility to be attached to the patient's medical record.
 - A copy shall be sent or made available to the Medical Control Authority.

NOTE: The EMS patient care record is a confidential patient care document and will not be released to anyone not involved in the patient's care or any professional standards review organization without the patient's written release of information/permission.

AUTHENTICATION AND APPROVAL

Marquette County EMS Medical Director
Original Approval: 09/10/02

Date