EMS Report Writing

Principles and Elements of Quality PCR Reports

David Ghilarducci MD FACEP

Outline For This Session

- Role of the EMS PCR
- The Narrative Section
  - SOAPP Format

Why We Write Reports

- Patient care
  - Handoff to other providers
  - We rely on each other and the patient relies on all of us
  - Clinical decisions are based on your PCR

Why We Write Reports

- Research
  - Optimize or modify existing protocols
  - Add new drugs and procedures
- Quality Assurance
  - Detecting Systems Issues
  - Finding and Correcting Errors
- Legal
  - Used in criminal and civil proceedings
  - Malpractice

Top 3 Features of a Good PCR

Timely

Accurate

Professional

Timely

- Your report is needed to make clinical decisions
- Delayed reports call credibility into question
- Addendums?
  - No problem provided they are documented as such

Accurate

- Matching sections
  - Statements in narrative should match the checkboxes
  - Don’t poison your good work with a typo
- Record objective observations only
  - Avoid judgments or personal bias
  - Avoid the politically incorrect
- Never change a report that has already been submitted!

Professional

- Clear
  - Can your colleague read and understand what happened?
- Concise
  - “More” is not always “better”
    - Don’t expand on areas that don’t need it
    - Avoid repeating other parts of report
    - Include only pertinent negatives
- Correct grammar and spelling
  - Only use medical terminology that you are familiar with

Writing the Narrative Section

- Common Questions about narratives
  - Is it really necessary?
  - What should it include?
  - What should it not include?
  - How much is enough?
  - How much is too much?

Narrative Section

- Check boxes are great but the narrative is the only place to:
  - “Paint” the picture
  - Describe your decision making
  - Defend your actions (or inactions)
  - Summarize the encounter

S.O.A.P.P.

- Standard Five Paragraph Format
  1. SUBJECTIVE (Story)
  2. OBJECTIVE
  3. ASSESSMENT
  4. PLAN
  5. PREHOSPITAL COURSE, PROCEDURES

S.O.A.P.P.

- Advantages of using SOAPP format
  - Provides a framework for organizing your thoughts
  - Creates a consistent report that includes all necessary information
  - Very familiar to all hospital personnel
  - Easy to remember
  - It's short!

Subjective (the story)

- Chief Complaint
- History of present illness (including history of events surrounding the call)
- Past medical history
- *“45 year old male with history of DM and HTN presents with 2 hours of substernal CP”*
- *“36 y/o female restrained driver stopped on freeway rear-ended by another vehicle traveling about 45 MPH”*

Objective

- Things that you see and measure
  - Vital signs (normal/abnormal)
  - Mental state
  - General impression/ physical findings (normal/abnormal in relation to the chief complaint)
  - Avoid repeating other parts of chart

"Ill appearing, hypotensive, in obvious pain"

"Anxious appearing but responds to questions appropriately"

Assessment

- Working diagnosis
  - You don’t need to make a diagnosis
  - Can be the same as the chief complaint

    “chest pain, possible MI, EKG negative for STEMI”

    “shortness of breath with cough and fever”

    “shortness of breath with GSW to chest”

    “abdominal pain, non traumatic”

Plan/Protocols/Procedures

- Protocol(s) followed
  - Suspected cardiac ischemia protocol
  - Respiratory distress protocol
- Procedures
  - Intubations (all airways), IV's, I/O's need to document number of attempts, verification techniques (capnograpy)
- Do not duplicate information entered elsewhere in the PCR

Prehospital Course

- How did the patient respond to your treatment?

"Oxygen applied with improved patient comfort"

"CPR and ACLS protocols continued but patient failed to achieve a perfusing rhythm"

- This may be very short if patient care is transferred quickly

"Patient's condition was continually monitored during transport until handoff at the hospital. No significant changes were noted"

Sample Narrative (Part 1)

PT Found A&OX4, sitting on chair at home in care of CNT. PT stated that approx 30 minutes PTA he woke suddenly with a cramp in his left groin/upper leg. PT state that he sometimes has leg cramps but no this severe. PT then walks to the bathroom, urinates, and describes a near syncopal episode and lowered himself to the floor.

PT complained of dizziness, being light headed, generalized weakness, SOB, and nausea. PT stated that he called for his wife who gave him a 325mg pill of ASA and called 911

Sample Narrative (Part 2)

PT'S wife stated that the PT appeared to be very clammy. PT also stated that the pain in his groin/leg subsided PTA. PT denied HA, blurred vision, vomiting, CP, abdominal pain, recent illness, numbness or tingling, fever/cough, and abnormal eating or drinking. PT stated that today he did not have an increase in physical activity, did drink lots of fluids, and had a glass of wine with dinner.

PT stated during the transport that his complaints lessened slightly. PT had equal grips, pupils PERL, clear lung sounds, BG of 140, sinus bradycardia on the12-lead, CSM intact x 4, and warm/dry skin with good color. No other complaints, vital signs stable, moderate and transported in position of comfort with no further changes enroute.

Same Narrative using SOAPP

- S: 68 Y/O male with history of HTN complaining of leg cramp, leading to near syncope during urination. CNT paramedics in attendance on arrival. Denies HA, CP, SOB.

- O: Comfortable, A&OX4. Normotensive, Bradycardic, Clammy skin, resolving. EKG shows sinus brady, No STEMI.

- A: Near Syncope, possible vasovagal vs bradycardia

- P: Cardiac monitor, IV, O2 and transport. Stable during transport and at time of handoff to ED personnel.

- Cardiac Arrest
  - Bystander CPR (PUB-1)
  - AED prior to arrival (CAR-1)
  - First Arrival time to rescuer CPR
  - Initial rhythm recorded
  - Defibrillation (number and dose)
  - Intubation (see #6)
  - ROSC (y/n) (CAR-2)
  - $EtCO_2$ readings (initial and continuous)
  - survival to ED discharge(CAR-3)
  - survival to hospital discharge (CAR4)

- STEMI
  - Arrival to EKG
  - ASA (ACS-1)
  - Scene time (ACS-3)
  - STEMI alert (ACS-4)
  - 911-to balloon
  - Appropriate destination (ACS-5)