

**Caroline County
Department of Fire, Rescue, and Emergency
Management**

Patient Care Reporting Manual



April 2013

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Introduction

Beginning in 2013, Caroline County Fire Rescue and Emergency Management (CCFR) transitioned all Fire and EMS reporting to its own Rescue Bridge. This software is an ImageTrend product purchased by CCFR with the intention of improving all reporting system-wide.

The Rescue Bridge is comprised of two distinct functions. Primarily, the Rescue Bridge is an internet-based software that can be accessed by visiting <https://va.rescuebridge.com/carolineco>. From this website, users can log in using their issued credentials to check messages, create new fire and/or EMS reports, inventory equipment, capture activity and training hours, and run agency reports. The Rescue Bridge, as it is referred, is the primary method of completing all CCFR Fire Incident Reports.

Secondly, the Field Bridge is a function of the Rescue Bridge that has been loaded onto Panasonic Tough Book computers strategically placed throughout CCFR for in-the-field use. The Field Bridge is software that is loaded onto these machines so that EMS reports can be completed while outside of Internet connectivity, on incident scenes, while transporting patients and while at hospital facilities. The Field Bridge is the primary method for capturing all CCFR EMS Incident Reports. It is the responsibility of the provider to synchronize the Field Bridge computer after an incident report has been captured in order load the incident information into the Rescue Bridge database.

This CCFR Patient Care Report Manual is intended to walk a member through the steps necessary to create and complete a patient care report using the Field Bridge with all required information. All sections are separated by “Tab” noting the different sections of information to be documented by the software.

How to Create a New Report

- Open Field Bridge Icon
- Log in using your CCFR issued username and password or the password you have selected.
 - If you experience problems logging on, synchronize the tough book by selecting the “sync” button at the bottom left of the Field Bridge screen.
- If the system prompts you to download updates, accept and complete this download.
- Select “Create New Incident”
- Fill in all information as guided within on each of the tabs across the top of the report.

Registration

1. Nature of EMS Service Provided

- **Incident #-** Current year and CAD #. No dashes or spaces, ex. 20130000
- **Nature of Call-** What did you do for the patient? Did you transport, or get a refusal or were you cancelled? Make your selection by checking the box. Your selection here prompts what tabs are generated for the rest of the report.

2. Registration Information: Fill out your patient’s demographic information.

- **Full name-** Enter patient’s legal last and first name. Do not use nicknames
- **Birth day-** Enter Month, Day, Year and then their age and units (years, months, etc) will fill in automatically.

- **SSN-** if unknown, use 0's (if unable to obtain, enter patient's license number under the registration tab)
- **Gender-** Male or female
- **Race-** Identify your patient as one of the choices listed.
- **Ethnicity-** Patient's ethnicity must be documented. Not known is not sufficient.
- **Destination Name:** Select the name of the facility to which you have transported your patient.
- **Facility Diverted From:** During transport, if the hospital destination changes this is called being diverted. Move your "Destination Name" hospital to this selection (Facility Diverted From) and change your Destination Name hospital to the hospital where you physically drop off your patient.
- **Add New Patient:** Click on this if you have more than one patient from the same incident scene. If you click on this after you have completed the incident tab, it will pre-fill the incident address.

Incident

A. Dispatch Information

- **Incident Date-** Will be pre-filled with the date that the incident report was generated.
- **PCR #-** Use the number of the ambulance that you responded to the call for service in and add a dash followed by the number of patients treated on that scene. Each patient will be sequentially numbered (ex. 310-1, 310-2, 310-3)
- **Dispatch Reason-** Reason you are being dispatched

- **Call #-** If the Incident number was completed in the Registration tab, this will auto-populate. If not, fill it is using the incident number.
- **Incident Address-** The address of the incident.
- **Suite/Apartment/Room-** Fill this out if applicable.
- **Favorite Locations-** No need to use this section.
- **Incident Zip Code -** Put in the zip code and click on the ‘Set from Postal Code’ button and pick the correct city and state. This will fill in the ‘Incident City’ and ‘Incident State’.
- **Type of Service Requested-** Pre-Filled out. If you’re responding to a scene, the selection is correct. Other possibilities include: Mutual aid, Rendezvous, Standby, Flag down/walk in, etc.
- **EMD Performed (Emergency Medical Direction)-** Pre-filled out ‘Yes, without Pre-Arrival Instructions’. Change selection if dispatcher gave any instructions such as, CPR or Aspirin.

B. Response Information

- **Is patient a Caroline County Resident-** Yes, No, or Unknown.
- **Name of ride along/preceptee on truck-** Enter the full name of any students or ride-alongs with you. If you have no additional personnel, put N/A.
- **Crew Status-** Career, Volunteer, or Combination
- **Station-** Select the station from where you are responding.
- **Unit Call Sign-** Pre-filled out with ‘Unit Call Sign’ #. This needs to be filled out when you initially log on for your shift.

- **Responding Unit-** Pre-filled out with 'Responding Unit' #. This needs to be filled out when you initially log on for your shift.
- **Primary Role of Unit-** This depends on your personnel on the unit and what kind of vehicle you are driving (ex. First response, BLS Ground Unit)
- **Response Vehicle Type-** This is the type of vehicle you are driving.
- **Response Mode to Scene-** Lights and Sirens, or not.
- **Location Type-** Where is the call located? Select from list in drop down box.
- **Number of Patients at Scene-** The number of individuals on scene who have complaints or wish to be evaluated.
- **Primary Response District-** This is the "First Due" location.
- **At Scene Odometer-** Beginning mileage if you transport. You can use 0 or the mileage on the odometer.
- **Destination Odometer-** Mileage at the hospital.
- **Response Urgency-** An emergent or non-emergent transport.
- **Members Responding-** Name of personnel on truck and list who is in charge, providing care, and/or driving. This should be pre-populated. This info is generated from when you initially log into the system and add your crew. This information should be reviewed for each incident to ensure accuracy!

C. Add New Patient to Incident

- **New Patient Number-** Unit #-2 (ex. 510-2). Click add patient to the report and a new call sheet will populate. If there are more patients, use unit #- 3. Keep adding patients in this manner.

D. Mass Casualty Incident Information

- **Mass Casualty Incident-** Yes or No
- **Triage Tag Number-** Input the Virginia State Triage Form patient number if applicable.
- **Suspected Intentional or Unintentional Mass Casualty-** Choose suspected cause of MCI based upon the nature of the incident.

Scene**A. Co-Response Agencies-**

- **Other Co-Responders at Scene-** Identify any other responders on scene with you. Use “Not Applicable” if there are no other responders on scene
- **Other / Regional EMS Agencies at Scene-** This can be left blank
- **Date/Time Co-Responder Arrived On Scene-** Note the time, if known.
- **Estimated Time Between Co-Responder and EMS Arrival-** The drop down bar gives a selection of times, pick the most appropriate.

B. Receiving Facility & Agency Transfer Information

- **Receiving Facility Determination-** Note how and why the hospital destination was selected.
- **Receiving Facility Type-** This is to identify where the patient was transported.
- **Transport Mode To Hospital-** Note if you used lights and sirens during the patient transport
- **Receiving Hospital Contact Date/Time-** This is a place to note the time you contacted the receiving hospital to give your report.

C. EMS Response & Patient Care Delays

- **Dispatch Delay**- Usually this will be 'Not Known' unless dispatch advises you there was a delay on their end in dispatching a call (i.e. unable to obtain an address due to caller being uncooperative or hanging up).
- **Response Delay**- Note the reason if your responding time is delayed.
- **Scene Delay**- Note reason for extended time 'On-scene'. Usually recommended when on scene times reach more than 20 minutes.
- **Transport Delay**- Note reason for a long transport time.
- **Turn Around Delay**- Note reason for delay greater than 30 minutes at the hospital.

D. Personal Protective Equipment

- **Contact With Blood/Fluid**- Were you exposed to OPIM (Other Potentially Infections Material)? If No, you may leave the rest of this tab blank.
- **Type of Suspected Blood/Bodily Fluid Exposure, Injury or Death**- List what substance you were potentially exposed to.
- **Personal Protective Equipment Used**- Did you use gloves, eye protection, etc.? Options are available in drop down menu.
- **Personnel Exposed**- Use drop down menu to select who may have been exposed.

Patient

A. Patient Demographic Information

- **Address**- Patient's mailing address. If it is the same as the incident address, use the 'Get Incident Address' option.

- **Country-** Pre-filled in United States, change if different.
- **Driver's License #-** The number on the patient's issued driver's license. Make sure to obtain this number if at all possible, if you are unable to get the patient's Social Security Number.
- **State Issuing Driver's License-** Write name of the state that issued the driver's license to the patient.

B. Advanced Directives

- **Advanced Directives-** This is the place to note DDNR, Living Wills, or no advanced directives.

C. Next of Kin

- **First Name-** This selection is required section if the patient is a minor and optional for others. Often, this section can have the information of the patient's power of attorney. Please fill out next of kin (NOK) name and not the patients.
- **Middle Name/ Initial-** Enter the NOK's middle initial.
- **Last Name-** Enter the NOK's legal last name.
- **Phone Number-** Enter a telephone number where the NOK can be reached.
- **Relationship-** Note how this person is related to the patient. Options are provided in the drop down menu.
- **Address-** Enter the address of the NOK. If it is the same as the patient, you may use the 'Get Patient Address' option.

D. Valuables

- **Valuables-** On a transport, did you bring any of the patient's belongings with you (ex. Clothes, Wallets, Medications, Other).

- **Belongings Left With/Where?**- Use drop down menu to select where or with whom you left the belongings.
- **Other/Description**- If you used the 'Other' option for valuables, list what you specifically brought.
- **Other Location**- If you left valuables elsewhere, specify where or with whom you left them (ex. Left patient's purse with husband on scene of the MVA).

History

A. Treatment Prior to Arrival

- **Treatment Prior to Arrival**- Note any treatments performed before EMS arrival (ex. Did the patient use their prescribed Nitro, did the nursing home initiate CPR?).
- **Prior Treatment Performed By**- Note who performed the treatment.
- **Outcome of Prior Treatment**- Note how treatment affected the patient.

B. Patient Medical History & Doctor's Name

- **Medical History**- Note patient's medical history in the drop down box.
- **Additional Medical History**- This is for medical history not listed in the medical history drop down menu.
- **History Primarily Obtained From**- Note who gave you the medical history.
- **Patient's Doctor Last Name**- Note doctor's name if patient is able to recall.
- **Patient's Doctor First Name**- Note if given.

- **Pregnancy-** If a female is of child-bearing age, use the drop down menu to answer this question.

C: Patient Medications- Fill out current medications the patient is taking. Note doses if known. Be thorough. Make sure to spell medication names correctly. If unable to obtain, add ‘Unable to obtain medications’ which is found in the drop down menu.

D: Patients Drug Allergies- Note if the patient has drug allergies or “NKDA” if they do not. If unable to obtain, add ‘Unable to determine allergies’ which is found in the drop down menu.

E: Patient Environmental/ Food Allergies- List seasonal, environmental, or food allergies (ex. Latex, Bees, Peanuts, etc.)

Assessment

A: Provider Impression

- **Provider Primary Impression-** Use drop down menu to select your primary clinical impression of patient.
- **Life Threat Present-** If patient is a victim of crime, abuse, neglect, or if they were injured in a hunting accident, select yes.
- **Provider Secondary Impression-** Select your secondary impression.
- **Barriers to Patient Care-** If you had difficulty providing care or assessing your patient, choose reasons here (ex. Unconscious, language barrier, deaf, etc.).

B: Patient Chief Complaint

- **Onset Date (Add Onset Time if Known)**- Enter time that patient developed symptoms.
- **Primary Symptom**- Pick the best choice in the drop down box.
- **Chief Complaint**- Write in the chief complaint
- **Duration of Chief Complaint**- How long has this been going on?
- **Secondary Complaint**- Write in the second complaint here.
- **Duration of Secondary Complaint**- How long has this complaint been going on?
- **Anatomic Location Complaint**- Select the location of the chief complaint.
- **Organ System Complaint**- Select the organ system of the chief complaint.
- **Other Systems**- Select additional complaints here.
- **Alcohol/ Drug Use**- Note if you see alcohol or drugs on the scene or if patient admits/denies use.

C: Assessment

- **Medical**- For medical calls, click on the medical tab, then site selection tab and assess your patient. Put in your positive and negative findings. Make sure your time of the assessment is within the call times. Add patient's weight.
- **Injury**- For trauma calls, you also have to click on the trauma tab and note where your patient's injury is. Make sure your time of the assessment is within the call times.
- **Burn**- Click on the area of the body burnt. First click identifies the area. Each additional click changes from 1st, 2nd or 3rd degree burn. Click on the red and blue

arrows to identify circumferential burns and the black and white arrow to transfer information to injury assessment.

D: Cardiac Arrest

- **Cardiac Arrest-** Yes or No. If yes, fill in appropriate boxes.
- **Down Time Prior to EMS Arrival-** How long the patient was in arrest prior to your arrival.
- **Cardiac Arrest Witness-** Was the arrest witnessed.
- **Pre-Ambulance AED-** Was there an AED on scene prior to your arrival.
- **Pulse with Pre-Ambulance Defib-** Was a shock indicated or not.
- **Date/Time of First CPR-** Time that CPR was initiated.
- **Initial Cardiac Rhythm-** Often unknown, but there are options for AED shockable or non-shockable rhythms.
- **Return of Circulation-** Select if ROSC was obtained.
- **Date/Time First Defibrillation-** Time of first defibrillation, if applicable.
- **Cardiac Arrest Etiology-** Select the potential reason for arrest.
- **Reason CPR Discontinued-** Select reason why Code Grey was called.
- **Date/Time CPR Discontinued-** Enter the time patient had ROSC or was confirmed.
- **CPR skills Performed-** Use drop down menu to select skills performed and also reasons why skills were not attempted.
- **Cardiac Rhythm at Hospital-** List patient's rhythm upon ER arrival, if you transported patient. Options include but are not limited to AED shockable or non-shockable rhythms.

E: Trauma Information

- **Possible Injury-** Yes or No. If yes, fill out appropriate boxes.
- **Injury Intent-** Was injury self-inflicted, accidental, etc.
- **Cause of Injury-** Use drop down menu to select reason for injury.
- **Height of Fall-** How far did the patient fall, if applicable. If fall was ground level, use '0' feet.
- **Mechanism of Injury-** Use drop down menu to select mechanism (ex. blunt force, penetrating trauma, etc.)

F: Motor Vehicle Crash/Seat Belt Use/Safety Equipment

- **Motor Vehicle Type-** Answer questions appropriately for MVA. Includes aircrafts, SUVs, cars, etc.
- **Area of the Vehicle Impacted-** Select area of the car that sustained damage. Rollover is an option under drop down menu if applicable.
- **Position of Patient In Seat of Vehicle-** Where was patient located in the vehicle during the accident.
- **Vehicular Injury Indicators-** Use drop down menu to help determine severity of mechanism.
- **Seat Row Location-** Choose the row location of your patient. Rows go up to 50 for buses, trains, etc.
- **Airbag Deployment-** Select if vehicle had airbags and/or if they deployed.
- **Exterior Damage-** Select how severe the damage was to the vehicle.

- **Seat Belt Use/ Safety Equipment-** Select what safety equipment was used in any trauma, not just MVAs (ex. helmets, seatbelts, protective clothing, personal flotation devices, etc.).

Clinical

A. Provider Actions-

- **Facility Notified By-** Pick appropriate choice from drop down box.
- **12 Lead EKG Transmitted-** We cannot transmit 12-leads at this time
- **Add Med-** If you gave a med, including oxygen, document here. Check your times to make sure it falls within your call time.
- **Add Pro-**If you do something/anything for you patient, document it here. Check your times to make sure it falls within your call time.
- **Add Vitals-** Add your vitals here. Check your times to make sure it falls within your call time.
- **Add EKG-** Add your 12-lead and limb lead monitoring here. Check your times to make sure it falls within your call time.

B. Patient Movement & Condition at Receiving Facility

- **Patient Moved to Ambulance-** How did your patient get to the ambulance?
- **Patient's Position in Transport-** What position was your patient in during transport?
- **Patient Moved from Ambulance-** How did you take you patient from the ambulance to the hospital?

- **Patient Condition on Arrival at Receiving Facility-** Was your patient better, worse or no change?

Narrative

A: Narrative- Click on the 'Set Narrative' button. Answer the 3 questions thoroughly.

Make sure you use spell check. Remember: If you didn't write it down, it didn't happen. Yes, this is a legal document.

B. Radio Report (COR) Report: This auto generates after you fill in 'Registration Information', Patient History, and 'Clinical' tabs.

Signatures

A. Patient Signature-

- **HIPPA Consent-** If you have a patient, whether you transport or not, you should be advising your patient of their medical privacy rights. Then you click on 'I Agree'. The 'Not Applicable' button is chosen if there is no patient.
- **Waiver of Liability-** 'I Agree' is chosen if you have a patient that is a patient refusal. OR. In rare cases, you have a patient that refuses a procedure or care that you think they should have. (ex. back boarding, C-collar, etc.) 'Not Applicable' is chosen if you are transporting a patient.
- **Authorization for Billing-** 'I Agree' is chosen if you transport a patient, 'Not Applicable' is chosen for a patient refusal.

- **Signature block-** Your patient signs here. PUTS – Patient Unable To Sign. If the patient can not sign, for whatever reason, sign ‘PUTS- reason why your patient can not sign’. If someone else other than your patient is signing, you still put ‘PUTS-Reason’ and fill out the ‘Parent or Authorized representative signature’.
- **Printed name-** If your patient signs, click on ‘Get Name’
- **Date-** Click on the clock button

B. Against Medical Advice- Click ‘ Attach AMA to this incident’ and pick one of the 3 selections underneath.

- **List specific Items Refused-** This could be anything you think your patient needs, and they refuse. (Ex. back boarding, c-collar, transported, etc.)
- **Patient/ Authorized Reason for AMA-** Choose from the drop down selection. If you choose ‘Other’, fill out in the ‘List Specific Items Refused’
- **Patient/ Authorized Representative Alternative Plan-** Choose from the drop down selection.
- **Who is with the patient now?-** Choose from the drop down box.
- **AMA/ Release Checklist-** The next 7 questions need to be evaluated and a yes or no chosen from the drop down selection. If no is selected, document supporting evidence in the refusal narrative.

C. Parent or Authorized Representative Signature-

- **HIPPA Consent-** Click on ‘I Agree’ if you have a patient.
- **Waiver of Liability-** Click on ‘I Agree’ if you are getting a Patient refusal. And click on ‘Not Applicable’ if you are transporting

- **Authorization for Billing-** Click on 'I Agree' if you are transporting, click on 'Not Applicable' for refusals, cancellation, etc.
- **Witness-** This block is if you have a person witness a parent or guardian sign the report, click on I agree. If you are having a parent or authorized representative sign, then click on 'Not Applicable'.
- **Authorized Representative-** Click on 'I Agree if you are have a person sign on behalf of the patient for any reason. Click on 'Not Applicable' if you are having a witness sign.
- **Signature Block-** This is for whoever is signing for the patient. Whether it is a witness or an authorized representative.
- **Printed Name-** This is the name in the above signature block.
- **Relationship-** This is the relationship of above signer to the patient. Write witness, parent, legal guardian, etc.
- **Authorized Representative-** This is the relationship if the above signer is an authorized representative. Choose from the drop down selection.
- **Address Phone Number-** Phone number of the above signer.
- **City –** Signers address
- **State**
- **Zip**
- **Reason patient unable to sign-** Type in a reason the patient is unable to sign. back boarded, AMS, child, etc.

D. Receiving Medical Practitioner- ALS providers get a Dr or PA signature for your patient.

- E. Waste of Controlled Substance-** If you use narcotics and have to waste them, get the signature of the person who witnessed this.
- F. Attendant-in-Charge Signature- Technician:** Click 'I Agree' if you treated or assessed your patient or patient refusal. Click 'Not Applicable' if you do not have a patient or get cancelled. **Ambulance Crew Member Statement:** Click 'I Agree' if you are signing on behalf of your patient because your patient was unable or incapable or unwilling to sign. Click 'Not Applicable' if you have your patient signature or authorized representative signature. Get the name and signature of the AIC. If your patient was unable to sign, again put the reason in the 'Reason patient unable to sign'
- G. Pharmacy Signature-** Unknown what this is for
- H. Hospital/ Receiving Agent Signature-** This tab is available if your patient is a 'BLS treated and transported'. Click on the 'I agree' tab and have the receiving agent sign. Make sure you get name and click on the clock button.

Questions???

If you have questions or are having any issues with the system, please contact Capt Leigh Doucet at ldoucet@co.caroline.va.us or (804)633-9831 for assistance. Please include your name, contact info, your agency, and a brief description of the issue in the email.