

SUBJECT: **PREHOSPITAL CARE FORMS**

(EMT, PARAMEDIC, MICN)
REFERENCE NO. 604

PURPOSE: To outline the appropriate process for procurement of prehospital care forms which includes: EMS Report Form, Advanced Life Support (ALS) Continuation Form, Base Hospital Form, Base Hospital Form Page 2, and Base Hospital Multiple Casualty Incident (MCI) Form.

PRINCIPLES:

1. Base Hospital Forms are revised on a regular basis to reflect medical advances, integrate evidence-based medical practices and perform relevant EMS system analysis.
2. EMS Report Forms shall be used as a backup in the event of an electronic patient care report (ePCR) system failure and are not revised or printed on a routine basis.
3. Sequence number duplication is costly and time consuming to correct. Every effort shall be made to ensure that duplication does not occur.

POLICY:

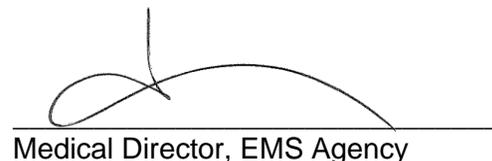
- I. EMS Report Forms and Base Hospital Forms provided by the EMS Agency
 - A. Distribution of Base Hospital Forms
 1. The vendor contracted by the EMS Agency distributes Base Hospital Forms quarterly based on projected base contact call volume.
 2. The EMS Agency will:
 - a. Coordinate the form distribution with the form vendor to ensure base hospitals have a sufficient supply of forms available.
 - B. Requests for Base Hospital Page 2 and Base Hospital MCI Forms
 1. The requesting party shall e-mail their request to the EMS Agency's Base Hospital Coordinator for Base Hospital Page 2 or Base Hospital MCI forms as soon as the need becomes evident.
 2. The EMS Agency will acknowledge the request and confirm pick up arrangements with the requesting party.
 - C. EMS Report Forms and ALS Continuation Forms
 1. The public and private EMS provider shall:

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APPROVED:


Director, EMS Agency


Medical Director, EMS Agency

- a. Contact the EMS Agency's Data Systems Management Chief (or designee) to coordinate a date and time to pick-up EMS Report Forms or ALS Continuation Forms at the EMS Agency at least one week prior to desired form pick-up date.
 - b. Shall maintain EMS Agency-supplied EMS Report forms on each apparatus, to be utilized only during electronic patient care record (ePCR) system failure.
2. The EMS Agency shall maintain an inventory of forms distributed and reconcile monthly with the form vendor's records.
- II. Base Hospital Forms **NOT** provided by the EMS Agency
- A. Form Approval Procedure
 1. The requesting base hospital shall submit a written request to the Director of the EMS Agency advising the EMS Agency of their desire to utilize their own form.
 2. Submit a DRAFT form to the EMS Agency for approval prior to printing the forms. Each time a revision is made, the form shall be approved prior to printing.
 3. Forms must include all appropriate copies for distribution and contain all current data elements.
 - B. Form Printing Procedure
 1. Print no more than a one-year supply of forms as data elements may change.
- III. Fees
- A. There is no charge to utilize EMS Agency-supplied EMS Report Forms or Base Hospital Forms.
 - B. Base hospitals utilizing their own forms are responsible for all costs incurred by such processes.

CROSS REFERENCES:Prehospital Care ManualRef. No. 606, **Documentation of Prehospital Care**Ref. No. 608, **Retention and Disposition of Prehospital Patient Care Records**