



VITALS

A Weekly Safety Newsletter For Medical Transport Professionals

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Make Your Patient Care Report A Safety Net- Part 3

Clinical documentation should be objective, standardized, and contain adequate information to support your assessment and interventions, as well as describe the patient's response to treatment. As you review your PCRs, think about the following:

- First impression: Does it look good?
- Is it complete?
- Are there obvious errors?
- Are there adequate patient identifiers?
- Are all times accurate?
- Are all times synchronized with dispatch times?
- Include all times on watches and all medical devices that have a time noted on them. It looks really suspicious to have an EKG strip with a time stamp that is earlier than the dispatch times indicate you arrived.
- Are all attachment clearly marked with patient identifiers, dates and times?
- Are the assessment, timeliness of assessments, treatments, mode of transport and transport destination compliant with protocols?
- Are dispatch logs and recordings kept long enough to be useful if litigation occurs?
- Are radio/telemetry communications with Medical Control kept long enough to be useful if litigation occurs?
- If you don't know the pertinent statutes, particularly the statutes of limitation in your State, how do you know how long to keep anything?

If you're still using pen and paper, legibility, good grammar and correct spelling are essential. The first time you write a report that looks like it should be written on a Big Chief tablet with a red crayon, you'll be sued. A copy will be made, blown up to man-size and paraded in front of the jury.

Abbreviations, if permitted, should be uniform and established by policy. This is critical if you have personnel from multiple training programs. Think about abbreviations such as these below, and the potential problems they may cause:

LOC Is it level of consciousness, loss of consciousness or laxative of choice?

SOB I always hated this one, because invariably when somebody uses it they don't mention respiratory status for three or four lines.

WNL Effectively means "We Never Looked" not "Within Normal Limits"

TKO/KVO To Keep Open/Keep Vein Open Do your protocols define these in drops per minute?



Sign Up for The
EVOC - "T3" Train-the-Trainer Course
August 25-27 in Iowa, or September 22-24 in California

American Integrated Training Systems, Inc. (AITS) is conducting an EVOC Train the Trainer course in conjunction with the Delaware TWP Fire Department, August 25-27 in Des Moines, Iowa, and with San Diego Medical Service in San Diego, California on September 22-24. The course will qualify instructors to present the classroom portion of the training and provide an orientation to the practical driving exercises. Each participant will act as a student and coach for ambulance driving exercises. Cost is \$575 and registration closes August 20. For more information please contact Billy Rutherford at 703-440-0914 or brutherf@aitstraining.com.