

PROCEDURE:

- A. A patient care report shall be generated for each identified patient and shall be completed on an approved State EMS patient care form.

- B. Documentation shall include, at least:
 - 1. The patient's presenting problem.
 - 2. Vital signs with times.
 - 3. History and physical findings as directed in by individual protocols.
 - 4. Treatment(s) provided, and time(s).
 - 5. If monitored, ECG strip and interpretation.
 - 6. Any change in the condition of patient.
 - 7. OLMC contact:
 - a. Include physician name
 - b. Time of contact
 - c. Orders received from physician

- C. A copy of the Prehospital Care Report must be left or sent to the receiving hospital whenever a patient is transported per ORS 333-250-0044.

- D. If a patient refuses treatment and/or transport, refer to Refusal and Informed consent procedure.