

CALL SPECIFICS

Agency	Date of Service	Run Number	Level	Type	Provider
			ALS	Transport	
			BLS	Non-Transport	

NYS-SPECIFIC PCR DEFICIENCIES

Call Information					Patient Info	
Date	Run Number	Agency Code	Vehicle ID	Times	Name	DOB
Agency Name	Call Location	Call Info	Location Code	Location Type	Address	Sex
Care in Progress	MOI	Extrication	Safety Equipment	Call Rec'd As	Phone	Social Security #
Crew Names	Crew Cert #s	Presenting Problem			Age	Physician

PATIENT CARE AND DOCUMENTATION DEFICIENCIES

Scene Information	History of Present Incident		PMHx	Physical Examination		
Where found	Chief complaint	Region	Allergies	No Assessment		
How found	Rate of onset	Radiation	Medications	Neurological	Airway	Lung Sounds
Activity	Activity at onset	Reoccurrence	Taking meds	Pulses	Motor	Sensory
Scene conditions	Provocation	Severity	Medical conditions	HEENT	Posterior	Extx4
General impression	Palliation	Time	Last oral intake	Chest	Skin C T C	Blood glucose
	Quality	Treatment PTA	LMP	Abdomen	Perineum/Genitalia	Vitals x1
	Pert Negatives	Assoc. Signs	Pack/Years	Pelvis	SaO ₂	EtCO ₂
			Alcohol / Drug use			
Treatment						
Lack of Treatment / Plan		Order of Documented Treatment		Patient Required ALS Care		
Airway	Breathing	Circulation	Immobilization	Medications	MISC	
Manually Opened	Inapprop. O ₂ Device	Bleeding Control	Limb	Lack of Medication	Medical Consult	
OPA	Oxygen	IV	Spinal	Wrong Medication	Who Consulted	
NPA	Manual Ventilation	IV Rate / Total	Order of Spinal	Questionable Med	Time Contacted	
Suction	Ventilation Rate	AED	PMS Before/After	Wrong Dose	Orders Requested	
ETI	Occlusive Dressing	CPR	Other (specify below)	Questionable Dose	Orders Received	
BAID	Flail Stabilization	Cardiac Monitor		Wrong Route	How Extricated	
ETT Confirmation x3	Needle Decom	ECG Interpretation		Questionable Route	How to Stretcher	
Waveform EtCO ₂	Other (specify below)	Defibrillation		Time	Ambo Necessity	
Lip/Teeth Line		Pacing		Rate of Delivery	Other (specify below)	
ALS Airway Secured		Cardioversion		Route		
Other (specify below)		Other (specify below)		Dose		
				Patient Response		
				Other (specify below)		
Reassessment	Disposition	Refusals	Comments			
No Reassessment	Transport Method	LOC				
VS q5	Trans Destination	Level of Orientation				
VS q10	Assess on Arrival	Patient Appropriate				
ETT reassessment	Transfer of Care	PE Documented				
Multiple BS after ETI	Rec. Caregiver (RC)	Limitations of EMS				
Restraint Assessment	RC Name	Pt Speak w/ Med Dir				
PMS Reassessment	RC Level of Care	Poss Consequences				
Pain Reassessment	RC Association	Pt Adv to Call 911				
Med Reassessment	How Patient Moved	Medical Miranda				
ABCs Reassessment	How Patient Left	Trans Encouraged				
Focused Reassess	Where Patient Left	Where Pt Left				
		How Pt Left				
		LOC/LOO Left				