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an all volunteer ems agency serving the north fork valley since 1969

NFAA Annual Meeting & Board Member Elections

Thursday, February 2nd at 7:00 pm in Hotchkiss at the Fire Station.

Make plans to attend this year's NFAA Annual Meeting. The Annual Meeting will be held at the Hotchkiss Fire Station this year and will include a "State of the Association" address by NFAA Board President and Operations Chief, Richard Kinser.

The Annual Meeting will also include board member elections for the following seats:

- Clinton Clock (Paonia) – Community Member Position
- Butch Rogers (Crawford) – Community Member Position
- Shelia Maki (Hotchkiss) – EMS Volunteer Position

The Annual meeting is your chance to see how the North Fork Ambulance is doing, learn about accomplishments in the past year, and plans for the future of the Association. The Board will highlight the new changes that will come in 2012 such as the 'working board', the station captains, and other events scheduled to occur in 2012.

The regularly scheduled February Board and business meeting will follow immediately following the Annual Meeting.

The Board of Directors and Station Captains invite everyone to attend the meeting and get more involved in the North Fork Ambulance Association. Remember as an EMT/Driver and an EMS member, you each have a vote in the election and on significant issues which the Board chooses to present to the membership. If you know anyone that is an EMS member, either household or business, invite them to attend also so they can participate in the election and learn more how important their membership is.

Working together as a team. Some tips for assisting Law Enforcement and Protecting yourself.

Kris Stewart

In January, the Continuing Education highlighted the need to write good patient care reports and be advocates for your patient. Part of being an advocate for your patient(s) is not only doing good patient care, but helping other agencies, such as law enforcement do their job so they can help your patient.

It is important to remember that your actions as an EMT or driver do have a direct effect not only on the patient's health but also on law enforcement's ability to assist your patient by prosecuting the perpetrator of any crime(s) committed against the patient, or ensuring that a complete and accurate investigation is completed.

Here are some helpful tips to keep in mind when responding to calls:

- Remember scene safety – do not rush into a scene just because you want to help. You can't help if you become a patient.
- If it is a potential crime scene and you move something – let law enforcement know.
- On a crime scene, law enforcement could ask for your name and driver's license to identify who you are. Don't be offended, we have to document everyone that comes into a scene, and driver's licenses are the easiest way to do it.
- On traffic accidents, if the occupants are seat belted in when you get there and it is a major crash requiring extrication, have the fire department cut the seatbelts, do not unbuckle the safety belt. If you unbuckle the seat belt, it could be documented in the accident report that the occupant(s) were not wearing their seatbelt. This could mean that your patient's medical expenses are declined by their insurance company for failure to wear a seat belt – that's not being a patient advocate.
- Document in your SOAP, not only statements the patient tells you but also bystanders such as family members, police and neighbors. In your observations, document what you see, smell and hear – it will help you remember if you are ever called to testify about what you saw and did on-scene and the condition of your patient. Get in the habit of doing it on small scenes and when you are on a larger scene, you will do it without thinking.
- Remember as an EMS volunteer, if you suspect abuse or neglect and law enforcement isn't involved, you are mandated by state law to notify law enforcement, otherwise **you** can be criminally charged. If you have suspicions, and you transport, ask a doctor if they agree – they have more experience and if they concur, they will notify law enforcement.
- Always write your reports knowing that at some point law enforcement, the district attorney and/or defense attorneys could subpoena your report for an investigation and you might get called into court to testify. Always ask yourself, "Will my report accurately reflect on my training, skills and actions or will it make me look unprofessional and incompetent?"

Documentation in EMS – Patient Care Reports

Lawrence Bejarano

“If you didn’t write it, it didn’t happen!” How many times have you heard that in your EMS career? But just WHAT do I write, and why do I need to write it? This topic was covered in January’s monthly C.E.

Your PCR is the first “look” that the Doctor has of your patient. You are the Dr.’s “eyes” and “ears” and the only way he gets to see your patient’s condition on scene, en route and prior to arrival. Believe it or not, your reports are read by the attending Doctor and it will follow your patient through the remainder of their care at the hospital. It is important that you complete and deliver your report in a timely matter. Your report has several uses; medical uses, legal uses, administrative uses and even educational uses, just to name a few. Remember, your PCR is a legal document and is designed to protect both you and your patient. The best legal defense is competent care, and accurate assessments and documentation.

Let’s talk a little about HOW to write a report. We are all familiar with the SOAP format: Subjective, Objective, Assessment, and Plan. The question is, how do you tie all these elements together to create a comprehensive and effective PCR?

First let’s talk Subjective. This is what the patient, family, Officers and any others on scene TELL you. S equals says. This includes your SAMPLE, your OPQRST, and the patient’s stated chief complaint. You should also include all the pertinent negatives and positives. Pertinent negatives and positives are answers to YOUR questions that build your assessment.

The Objective is anything YOU see, or Observe; the patient’s environment, position and your first impression of their condition. Keep your assessment organized. Everyone will develop their own style; I find it easier to start with my CAB’s and work head to toe. Include all your pertinent findings, both positive and negative, and also your treatments and how they affected your patient. Your objective findings MUST match your assessment and the plan part of your report.

The Assessment part of your report is just what is says, your assessment. What is your educated diagnosis (yes I said the “D” word)? This can be simply the chief complaint (shortness of breath, chest pain, abdominal pain, obvious fracture), and can sometimes include any “Possible” causes for the chief complaint. Your assessment must match your Objective findings and your Plan.

The Plan part of your report is what you did to assist your patient. This should include how you obtained consent to treat (expressed or implied), who, and if, you spoke with about your treatments, any treatments or procedures, all the way to your transfer of care. Your plan should create a timeline of everything you did and everything that occurred.

Remember:

- **Be descriptive**
- **Write your report in your head throughout the call**
- **You made decisions on the call. Put in the information you used to make them.**
- **Organize the order of information**
- **Sentence structure, grammar, punctuation**
- **USE SPELL CHECK!!!**
- **Be careful on abbreviations**
- **Your report is the first document for your patient, be their advocate!**
- **Your report is the first impression the E.R. staff has of you, radio or written.**
- **It is the basis for YOUR credibility**

calendar of events

Thursday, February 2 – Annual Meeting & Board Meeting

- Hotchkiss Fire Station @ 7 pm

Thursday, February 16th – Continuing Education

- Crawford Fire Station @ 7:00 pm
- Topic: Behavioral Emergencies
- Instructor: Adam Clifford and Rick Steckel

DCAD Farm Emergencies CE

DCAD will be hosting a Farm Emergencies CE on Friday, March 30th and Saturday, March 31st. Friday night’s class will be lecture from 1800 to 2100 hours. The hands-on day will be on Saturday, March 31st at 0900 hours at station 1 in Delta and go all day.

Bring warm clothes, as the class will be outside, onsite at a farm in the afternoon for some hands on. The lecture will be presented by Fidel Garcia of Professional EMS Education. For those of you who don't know Fidel, he is an exceptional instructor.

This will be a great class. The hands-on will be lead by Slim as well as Paramedic Troy Stumpf and Paramedic Charles Huffman. **Please email your RSVP or call or email with questions to Slim Farnsworth.**