

contains:

- a. Dispatch information including accurate location address.
 - b. Correct shift, apparatus and all personnel with appropriate crew level and role.
 - c. Identifying patient information including insurance information on transports.
 - d. A chief complaint, a physical exam and a working assessment.
 - e. A narrative detailing the specifics of the patient's presentation, care, decision making processes, and proper documentation of patient refusals if applicable.
 - f. Documentation of vital signs, medications and procedures in their appropriate sections. **It is not acceptable for vitals, medications and interventions to be listed only in the narrative section.**
 - g. The 12-lead ECG shall be downloaded into the patient record if performed.
 - h. The appropriate Incident Disposition for the incident.
 - i. The signatures from all required HFD personnel and, as indicated, the patient, witness, law enforcement or hospital representative.
 - j. The Telemetry Number from Base Station and the Hospital Medical Record number when a patient is transported.
 - k. The name of the receiving hospital for all patient transports.
2. Any unit without a laptop computer to complete the ePCR shall utilize the ePCR software on a station computer to complete the record according to the requirements stated (6.06 K.I.)
- L. All members are to fully document and describe the events of their dispatched incident, even when a patient (*Ref. 3.28*) was not found. An explanation for why an individual for whom EMS was requested is not 'a patient' is required.

6.07 Emergency Transfers (One Emergency Dept. to Another)

- A. In all cases when dispatched to a hospital Emergency Department, HFD members should contact their immediate EMS Supervisor to apprise him/her of the situation.
- B. The EMS Supervisor is to review the case to ensure the use of public safety resources is appropriate. If there is any question or doubt, contact the on-line physician via the base station.
- C. Given approval from the EMS Supervisor, paramedics should be able to transfer patients as long as the patient care is within their scope of practice. If the patient is in need of a medication that is not currently on the approved drug list or is on a mechanical device that is not used by the Houston Fire Department, then a nurse or physician familiar with such medications/devices needs to accompany the patient during the transfer.

6.08 Equipment and Actions on Each Run

- A. Bring all basic equipment (see "D.R.O.P.S." below) in close proximity to the patient.
- B. Basic equipment ("D.R.O.P.S.") includes: **D**efibrillator (LifePak, A.E.D., etc.), **R**adio, **O**xygen and airway equipment, **P**rimarily Medical Kit and **S**uction.
- C. The defibrillator and/or the suction may be left in the ambulance at a motor vehicle incident scene, only if it remains in close proximity and there is no prior evidence or communication of possible need for these devices.
- D. Consider special circumstances in which additional equipment should be immediately carried (such as stretcher/backboard into a high-rise or a C-collar and other packaging devices in an entrapment case).
- E. ALS units must take all appropriate ALS equipment onto the transporting BLS unit.
- F. Upon arrival to the dispatched address, the HFD apparatus will attempt to locate the person(s) for which 911 was activated.
- G. The HFD apparatus will determine if this/these individual(s) meet the definition of a 'patient' as per 3.28.