Printing Prehospital Care Reports (PCRs):

1. Choose the number of PCRs to be printed

Print a single PCR:

Click on the record to be printed using a single left mouse click. If the Service Date is within the last three days, the Run Details panel will open. Click the print icon in the top left corner of the Run Details pane.

Note: if the Service Date is older than three days, the Run Details will no longer be available and the user will be asked to authenticate their user credentials to generate a PDF of the completed PCR. Continue to step 2.

Print multiple PCRs:

Click on the print icon in the upper left corner of the XchangER Run Information page to generate a PDF of all PCRs displayed on the current page and are designated as Complete by the green fill and check mark.

or

Add a checkmark to the check boxes in the Print column for specific completed PCRs, then click on the print icon in the upper left corner of the XchangER runs page. Continue to step 2.

2. Enter a valid username and password

3. The PCR will open in a new widow. To send the PDF file to the printer, click the print icon.

NOTE: An electronic copy of this record may be saved by clicking the save icon. The file will be saved in a PDF format.

Prehospital Care Report Summary

HealthEMS Ambulance Service Demo Agency

Date:02/15/2011 Call #:371175 Incident #:371175 Matching #: 236 Time Zone:America/Chicago

Call Information:

Call Origin: N/A   Run Type: Non-Emergency   Disposition: Treated / Transported
Unit #: 0409 - 409   Lights/Siren: Not used
Incident Loc: NY 13736
Location Type: N/A
Receiving Facility: St. Mary's Regional Hospital
Dest. Reason: Managed Care
Loaded Mileage: 1.0 (Total Mileage: 2.1)
Crew Members: (DS)

Moved to Amb By: Chair
Transport Position: Supine

 # Patients:
 # Patients at Scene:

Call Received: 1148:00
Dispatched: 1148:00
En Route: 1148:00
On Scene: 1150:00
Patient Contact: 1150:00
Left Scene: 1151:00
At Destination: 1152:00
In Service: 1154:00

Time On Scene: 1 Min
Time to Destination: 4 Min
Total Time of Run: 6 Min

Patient Information:

Name: B T L
Address:

Phone:
SSN:
PMH: Asthma, Chronic Respiratory Failure, Cancer, Hypertension
Comment:

DOB:
Gender: No Data
Age:
Weight: 251.0 lbs

Ins. Type:
Ins. Name/Payer:
Policy Name:
Address:
Medicare:
Medicaid:
Policy:
Group:
Auth Signature: Yes
Privacy Sig: No
Unable to Sign: No
Refused to Sign: No
Guarantor
Name:
Onset Time: 02/13/2011 1140:00

Env Allergies: NKA   Med Allergies: NKDA   Current Meds: None

Clinical:

Medical Need: Medically Necessary, Severe Pain

Dispatch Reason (EMD):
Provider Impression: Abdominal Pain, Alt. Level Conscious, Seizure, GI-Diarrhea, OB/Gyn, Shock, Vomiting Blood, Trauma Injury, Chest Pain, Flu Symptoms, Cardiac Arrest
Mechanism of Injury: Alcohol Intox, Animal Bite
Chief Complaint: Abdominal Pain
Protocol 1:   Protocol 2:

Initial Assessment:

Airway: Partially ObstructedStridor, Drooling
Breathing - Rate: Slow   Quality: Irregular   Lung Sounds: Left: Clear, Wheeze   Right: Clear
Skin - Color: Flush   Temp: Hot   Condition: Normal   Cap Refill: <2sec   Edema: Pitting
Pupils - Left: Sluggish   Right: Unreactive
Glasgow Coma Score - 1: E (4) + V (4) + M (5) = 13 2: E (2) + V (3) + M (3) = 8   AVPU: Verbal
Trauma Score: 12   APGAR Score: 1-min: 5-min: 10-min:
Rhythm 1: PAC's, SVT, AV Block   Rhythm 2: SVT, Atrial Fib.

Vitals:

Time	PTA Employee	BP	Pulse	Resp.	SPO2	CO2	B.Sugar	Pain	Temp	Qty	Supply
1153	Yes	120/80	56	12	90	50	150	7	99.7		
1154	Yes	110/75	68	14	90	45	160	8	100.0		

Treatments/Medications:

Time	PTA Employee	Treatment	Level	Medication	Dose	Unit	Route	Att	Unable

Narrative History Text: