

CHAPTER 14 QUIZ

Write the letter of the best answer in the space provided.

- _____ 1. Documentation of a call actually begins:
A. at the end of a call. C. after initial assessment.
B. early in the call. D. en route to the hospital.
- _____ 2. The documentation produced by an EMT-B is known informally as a:
A. PCR. C. QA.
B. QI. D. TQM.
- _____ 3. A prehospital care report can become all of the following except:
A. evidence in a legal case.
B. part of the hospital's permanent records.
C. data in a research project.
D. private property controlled by the patient.
- _____ 4. A system in which calls are routinely reviewed for conformity to current medical and organizational standards is called:
A. Quality Insurance. C. Quality Evaluation.
B. Quality Improvement. D. Quality Improvisation.
- _____ 5. Each individual box in the prehospital care report is called a:
A. data element. C. check box.
B. minimum data set. D. narrative.
- _____ 6. The federal agency that has developed a list of minimum elements to be included in all prehospital care reports is the:
A. DOT. C. FCC.
B. FDA. D. EPA.
- _____ 7. An EMT-B would record the time in which an emergency unit left on a call in the:
A. patient data section. C. check boxes section.
B. narrative section. D. run data section.
- _____ 8. Unlike a radio report, a prehospital care report will include the patient's:
A. name and address. C. chief complaint.
B. age and sex. D. vital signs.
- _____ 9. All of the following are included in the patient data section of a prehospital care report except:
A. charges to the patient. C. mechanism of injury.
B. patient's name and address. D. SAMPLE history.
- _____ 10. In writing narratives, EMT-Bs usually place quotation marks around:
A. objective observations. C. baseline vital signs.
B. opposing observations. D. chief complaints.
- _____ 11. All the following can be found in a well-written narrative except:
A. pertinent negatives.
B. radio codes.
C. specialized medical terminology.
D. standardized abbreviations.

HANDOUT 14-2: Continued

- _____ 12. Actions performed on a patient that are wrong and improper are known as:
- A. errors of commission.
 - B. pertinent negatives.
 - C. errors of omission.
 - D. breaches of confidentiality.
- _____ 13. If a competent patient refuses care or transport, an EMT-B should:
- A. immediately leave the scene.
 - B. argue with the patient.
 - C. document the refusal.
 - D. request the police.
- _____ 14. Incorrect information in a prehospital care report should be:
- A. erased.
 - B. crossed out completely.
 - C. corrected in different colored ink.
 - D. left unchanged.
- _____ 15. During a multiple casualty incident (MCI), patient information is usually passed along by:
- A. triage tags.
 - B. face-to-face reports.
 - C. electronic clipboards.
 - D. cellular telephones.

IN THE FIELD

Read the following real-life situation. Then answer the questions that follow.

The emergency medical dispatcher sends you to the scene of a motor-vehicle accident 1.2 miles north of the Quik Stop on Eldridge Street. The accident involves a single car that has struck a telephone pole.

When you arrive at the scene, you do a quick scene survey. The vehicle has only minor damage and no lines are down. First Responders from the fire department have secured the scene and have initiated CPR on a male patient. You notice no obvious signs of trauma on the patient, except a 1-inch laceration about the left eye.

One of the First Responders reports: “The patient’s license indicates that he is in his mid-60s. When we arrived, he was already in cardiac arrest. We extricated him from the vehicle and began CPR, providing cervical spine control manually and with a C-collar.”

You write down the First Responder’s comments in quotes and tell First Responders to continue with CPR. Meanwhile, you insert an oral airway and apply the Automated External Defibrillator (AED). Readings on the AED advise you to stand clear as it begins to charge to deliver a shock. The AED shocks the patient a total of three times in this sequence.

Your EMT-B partner restarts CPR and continues it for one minute. Readings on the AED indicate that the patient has a shockable rhythm. Your partner stands back, and the AED shocks three more times.

The patient now has a thin pulse, but he is not breathing. You place him on a long spineboard and begin transport to the hospital. En route, the patient becomes pulseless. You use the AED again, regaining the pulse on the ninth shock.

You recheck the patient’s pulse and find it to be strong—62 beats per minute. Other vital signs show a blood pressure of 112/52 and six spontaneous breaths per minute.

You continue checking vital signs. Upon arrival at the hospital, the patient has a pulse rate of 68, blood pressure of 124/72, and respirations of 16. He has spontaneous eye opening, but no verbal response.

Because of the patient’s condition, you have been unable to obtain a medical history. You also have no knowledge of prescribed medications or allergies. You did, however, discover some pertinent personal information from the patient’s license. Data included: patient name—James Smith; date of birth—January 1, 1935; address—12 Webb Lane, Cairo, NY.

You have also recorded these times for your unit, ID# 123.

Call received: 1200 hours

Dispatched: 1200 hours

Responding: 1201 hours

On Scene: 1206 hours

En route to hospital: 1218 hours

Arrived at hospital: 1225 hours

Clear: 1300 hours

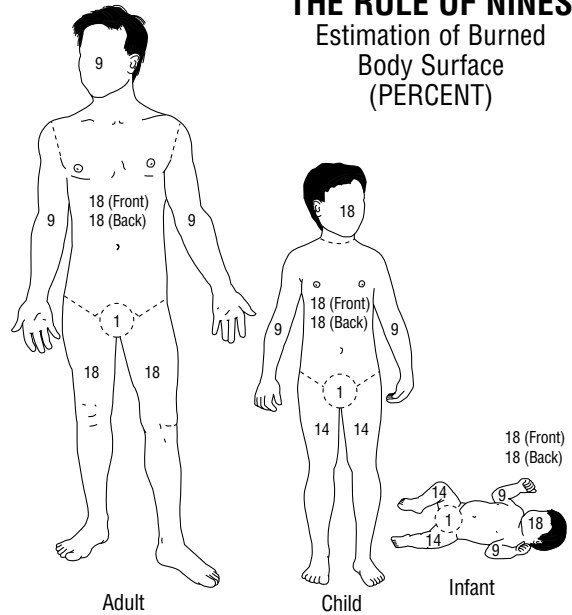
Using the information in this scenario, fill out as many parts of the following prehospital care report as possible. This form is three pages long. You might substitute the prehospital care report used by an EMS agency in your area.

NON-HOSPITAL DISPOSITION CODES:

- NURSING HOME 001
- OTHER MEDICAL FACILITY 002
- RESIDENCE 003
- TREATED BY THIS UNIT, TRANSPORTED
BY ANOTHER UNIT 004
- REFUSED MEDICAL AID OR
TRANSPORT 005
- CALL CANCELLED 006
- STANDBY ONLY (NO PATIENT) 007
- NO PATIENT FOUND 008
- OTHER 010

THE RULE OF NINES

Estimation of Burned
Body Surface
(PERCENT)



Hospital Receiving Agent

(IF REQUIRED)

COMPLETE ON WHITE (AGENCY) COPY **ONLY**

SIGNATURE

REFUSAL OF TREATMENT/TRANSPORTATION
NEGATIVA A RECIBIR TRATAMIENTO/SER TRASLADADO

RELEASE

EXONERACION DE RESPONSABILIDADES

COMPLETE ON WHITE (AGENCY) COPY **ONLY**

LLENE UNICAMENTE LA COPIA BLANCA (DE LA AGENCIA)

I hereby refuse (treatment/transport to a hospital) and I acknowledge that such treatment/transportation was advised by the ambulance crew or physician. I hereby release such persons from liability for respecting and following my express wishes.

Mediante la presente declaro que me niego a aceptar el tratamiento/traslado a un hospital y reconozco asimismo que el medico o el personal de la ambulancia recomendaron ese tratamiento/traslado. Consiguientemente, eximo a dichas personas de toda responsabilidad por haber respetado y cumplido mis deseos expresos.

Signed: _____
firma: _____

Witness: _____
Testigo: _____

Glasgow Coma Scale

Eye Opening	Spontaneous	4	Patient's Best Verbal Response
	To Voice	3	
	To Pain	2	
	None	1	
Verbal Response	Oriented	5	Patient's Best Motor Response
	Confused	4	
	Inappropriate Words	3	
	Incomprehensible Sounds	2	
	None	1	
Motor Response	Obeys Commands	6	Patient's Best Motor Response
	Localizes Pain	5	
	Withdraw (pain)	4	
	Flexion (pain)	3	
	Extension (pain)	2	
	None	1	

Total GCS Score :3-15

ICD DIAGNOSTIC CODE

INSURANCE ID#

CARRIER

1 MEDICARE 2 MEDICAID 3 BLUE CROSS 4 COMMERCIAL INSURANCE 5 SELF PAY

WAS THIS A WORKERS' COMPENSATION INJURY: YES NO INSURANCE CODE _____

PATIENT'S EMPLOYER _____ PHONE (_____) _____

EMPLOYER'S ADDRESS _____

RESPONSIBLE PARTY _____ PHONE (_____) _____

ADDRESS _____ (ZIP _____) RELATION _____

HANDOUT 14-3: Continued

CONTINUATION FORM FOR THE Prehospital Care Report

USE BALL POINT PEN ONLY.

Press Down Firmly. You're Making 4 Copies.

M	D	Y							
DATE			RUN NO.						

AGENCY CODE					VEH. ID				

Name	Agency Name	Enter PCR ID# (Top Center of PCR)									
ADDITIONAL HISTORY & PHYSICAL EXAM FINDINGS								Weight in Kilograms			

R	BREATH SOUNDS	L	NECK VEINS	EDEMA	ABDOMEN
<input type="checkbox"/>	Normal	<input type="checkbox"/>	<input type="checkbox"/> Normal	<input type="checkbox"/> Pedal	<input type="checkbox"/> Normal
<input type="checkbox"/>	Decreased	<input type="checkbox"/>	<input type="checkbox"/> Distended	<input type="checkbox"/> Sacral	<input type="checkbox"/> Tender
<input type="checkbox"/>	Absent	<input type="checkbox"/>	TRACHEAL SHIFT		<input type="checkbox"/> Rigid
<input type="checkbox"/>	Rales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ascites	<input type="checkbox"/> Distended
<input type="checkbox"/>	Rhonchi	<input type="checkbox"/>	<input type="checkbox"/> R	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/>	Wheezes	<input type="checkbox"/>	<input type="checkbox"/> L		

SERIAL VITAL SIGNS, EKG, RHYTHMS, MEDICATIONS AND TREATMENT

TIME	RESP.	PULSE	B. P.	LEVEL OF CONSCIOUSNESS	EKG RHYTHMS	DEFIBRILLATION CARDIOVERSION	MEDICATIONS	DOSE	ROUTE
	Rate: <input type="checkbox"/> Regular <input type="checkbox"/> Shallow <input type="checkbox"/> Labored	Rate: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular		<input type="checkbox"/> Alert <input type="checkbox"/> Voice <input type="checkbox"/> Pain <input type="checkbox"/> Unresp.	<input type="checkbox"/> NSR <input type="checkbox"/> Asystole <input type="checkbox"/> V. Fib. <input type="checkbox"/> PVC <input type="checkbox"/> Other	<input type="checkbox"/> Brady <input type="checkbox"/> IVR <input type="checkbox"/> V. Tach. <input type="checkbox"/> SVT	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Atropine <input type="checkbox"/> Dextrose <input type="checkbox"/> Lidocaine <input type="checkbox"/> Lasix <input type="checkbox"/> Dopamine <input type="checkbox"/> Sodium Bicarb. <input type="checkbox"/> Isoproterenol <input type="checkbox"/> Other		<input type="checkbox"/> IV <input type="checkbox"/> ET <input type="checkbox"/> IM <input type="checkbox"/> SL <input type="checkbox"/> SQ <input type="checkbox"/> PO <input type="checkbox"/> Nebulizer
	Rate: <input type="checkbox"/> Regular <input type="checkbox"/> Shallow <input type="checkbox"/> Labored	Rate: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular		<input type="checkbox"/> Alert <input type="checkbox"/> Voice <input type="checkbox"/> Pain <input type="checkbox"/> Unresp.	<input type="checkbox"/> NSR <input type="checkbox"/> Asystole <input type="checkbox"/> V. Fib. <input type="checkbox"/> PVC <input type="checkbox"/> Other	<input type="checkbox"/> Brady <input type="checkbox"/> IVR <input type="checkbox"/> V. Tach. <input type="checkbox"/> SVT	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Atropine <input type="checkbox"/> Dextrose <input type="checkbox"/> Lidocaine <input type="checkbox"/> Lasix <input type="checkbox"/> Dopamine <input type="checkbox"/> Sodium Bicarb. <input type="checkbox"/> Isoproterenol <input type="checkbox"/> Other		<input type="checkbox"/> IV <input type="checkbox"/> ET <input type="checkbox"/> IM <input type="checkbox"/> SL <input type="checkbox"/> SQ <input type="checkbox"/> PO <input type="checkbox"/> Nebulizer
	Rate: <input type="checkbox"/> Regular <input type="checkbox"/> Shallow <input type="checkbox"/> Labored	Rate: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular		<input type="checkbox"/> Alert <input type="checkbox"/> Voice <input type="checkbox"/> Pain <input type="checkbox"/> Unresp.	<input type="checkbox"/> NSR <input type="checkbox"/> Asystole <input type="checkbox"/> V. Fib. <input type="checkbox"/> PVC <input type="checkbox"/> Other	<input type="checkbox"/> Brady <input type="checkbox"/> IVR <input type="checkbox"/> V. Tach. <input type="checkbox"/> SVT	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Atropine <input type="checkbox"/> Dextrose <input type="checkbox"/> Lidocaine <input type="checkbox"/> Lasix <input type="checkbox"/> Dopamine <input type="checkbox"/> Sodium Bicarb. <input type="checkbox"/> Isoproterenol <input type="checkbox"/> Other		<input type="checkbox"/> IV <input type="checkbox"/> ET <input type="checkbox"/> IM <input type="checkbox"/> SL <input type="checkbox"/> SQ <input type="checkbox"/> PO <input type="checkbox"/> Nebulizer
	Rate: <input type="checkbox"/> Regular <input type="checkbox"/> Shallow <input type="checkbox"/> Labored	Rate: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular		<input type="checkbox"/> Alert <input type="checkbox"/> Voice <input type="checkbox"/> Pain <input type="checkbox"/> Unresp.	<input type="checkbox"/> NSR <input type="checkbox"/> Asystole <input type="checkbox"/> V. Fib. <input type="checkbox"/> PVC <input type="checkbox"/> Other	<input type="checkbox"/> Brady <input type="checkbox"/> IVR <input type="checkbox"/> V. Tach. <input type="checkbox"/> SVT	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Atropine <input type="checkbox"/> Dextrose <input type="checkbox"/> Lidocaine <input type="checkbox"/> Lasix <input type="checkbox"/> Dopamine <input type="checkbox"/> Sodium Bicarb. <input type="checkbox"/> Isoproterenol <input type="checkbox"/> Other		<input type="checkbox"/> IV <input type="checkbox"/> ET <input type="checkbox"/> IM <input type="checkbox"/> SL <input type="checkbox"/> SQ <input type="checkbox"/> PO <input type="checkbox"/> Nebulizer
	Rate: <input type="checkbox"/> Regular <input type="checkbox"/> Shallow <input type="checkbox"/> Labored	Rate: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular		<input type="checkbox"/> Alert <input type="checkbox"/> Voice <input type="checkbox"/> Pain <input type="checkbox"/> Unresp.	<input type="checkbox"/> NSR <input type="checkbox"/> Asystole <input type="checkbox"/> V. Fib. <input type="checkbox"/> PVC <input type="checkbox"/> Other	<input type="checkbox"/> Brady <input type="checkbox"/> IVR <input type="checkbox"/> V. Tach. <input type="checkbox"/> SVT	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Atropine <input type="checkbox"/> Dextrose <input type="checkbox"/> Lidocaine <input type="checkbox"/> Lasix <input type="checkbox"/> Dopamine <input type="checkbox"/> Sodium Bicarb. <input type="checkbox"/> Isoproterenol <input type="checkbox"/> Other		<input type="checkbox"/> IV <input type="checkbox"/> ET <input type="checkbox"/> IM <input type="checkbox"/> SL <input type="checkbox"/> SQ <input type="checkbox"/> PO <input type="checkbox"/> Nebulizer
	Rate: <input type="checkbox"/> Regular <input type="checkbox"/> Shallow <input type="checkbox"/> Labored	Rate: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular		<input type="checkbox"/> Alert <input type="checkbox"/> Voice <input type="checkbox"/> Pain <input type="checkbox"/> Unresp.	<input type="checkbox"/> NSR <input type="checkbox"/> Asystole <input type="checkbox"/> V. Fib. <input type="checkbox"/> PVC <input type="checkbox"/> Other	<input type="checkbox"/> Brady <input type="checkbox"/> IVR <input type="checkbox"/> V. Tach. <input type="checkbox"/> SVT	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Atropine <input type="checkbox"/> Dextrose <input type="checkbox"/> Lidocaine <input type="checkbox"/> Lasix <input type="checkbox"/> Dopamine <input type="checkbox"/> Sodium Bicarb. <input type="checkbox"/> Isoproterenol <input type="checkbox"/> Other		<input type="checkbox"/> IV <input type="checkbox"/> ET <input type="checkbox"/> IM <input type="checkbox"/> SL <input type="checkbox"/> SQ <input type="checkbox"/> PO <input type="checkbox"/> Nebulizer
	Rate: <input type="checkbox"/> Regular <input type="checkbox"/> Shallow <input type="checkbox"/> Labored	Rate: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular		<input type="checkbox"/> Alert <input type="checkbox"/> Voice <input type="checkbox"/> Pain <input type="checkbox"/> Unresp.	<input type="checkbox"/> NSR <input type="checkbox"/> Asystole <input type="checkbox"/> V. Fib. <input type="checkbox"/> PVC <input type="checkbox"/> Other	<input type="checkbox"/> Brady <input type="checkbox"/> IVR <input type="checkbox"/> V. Tach. <input type="checkbox"/> SVT	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Atropine <input type="checkbox"/> Dextrose <input type="checkbox"/> Lidocaine <input type="checkbox"/> Lasix <input type="checkbox"/> Dopamine <input type="checkbox"/> Sodium Bicarb. <input type="checkbox"/> Isoproterenol <input type="checkbox"/> Other		<input type="checkbox"/> IV <input type="checkbox"/> ET <input type="checkbox"/> IM <input type="checkbox"/> SL <input type="checkbox"/> SQ <input type="checkbox"/> PO <input type="checkbox"/> Nebulizer

COMMENTS:

MEDICAL FACILITY CONTACTED

ADDITIONAL NAME — CREW	ADDITIONAL NAME — CREW	ADDITIONAL NAME — CREW	ADDITIONAL NAME — CREW
<input type="checkbox"/> EMS-FR <input type="checkbox"/> EMT <input type="checkbox"/> AEMT #	<input type="checkbox"/> EMS-FR <input type="checkbox"/> EMT <input type="checkbox"/> AEMT #	<input type="checkbox"/> EMS-FR <input type="checkbox"/> EMT <input type="checkbox"/> AEMT #	<input type="checkbox"/> EMS-FR <input type="checkbox"/> EMT <input type="checkbox"/> AEMT #

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RESEARCH COPY/BLUE

EXTRA SERVICE COPY/GREEN

PAGE _____ OF _____

CHAPTER 14 REVIEW

Write the word or words that best complete each sentence in the space provided.

1. _____ is an important part of the patient care process and lasts long after the call.
2. A recent development in prehospital care reports is the _____, a device that converts handwriting into computerized text.
3. A PCR is a(n) _____ that can sometimes find its way into either criminal or civil court cases.
4. To ensure that runs meet current medical and organizational standards, most EMS agencies have a(n) _____ Improvement system in place.
5. The Department of Transportation has developed a(n) _____ of elements to be included in prehospital care reports nationwide.
6. The _____ includes the agency name, unit numbers, date, times, call number, and crew member names.
7. Treatment administered before the arrival of EMT-Bs is usually recorded in the _____ section of a PCR.
8. _____ statements can be measured or verified; _____ statements reflect an individual's point of view.
9. Each individual box on a PCR is called a(n) _____.
10. When bystander observations and the chief complaint are recorded, they should be placed in _____.
11. Documenting _____ lets other medical professionals know that an EMT-B examined certain areas and discovered the findings to be negative.
12. An important concept in EMS documentation is, "If it's not written down, you _____."
13. If a patient declines treatment or transport, he or she should be asked to sign a(n) _____ form.
14. The failure to document errors of omission and commission are examples of _____.
15. In a multiple casualty incident (MCI), patient information is often passed through the system in the form of _____.

LISTING DOCUMENTATION BASICS

1. List five functions of the prehospital care report (PCR).

2. List the four sections in a typical prehospital care report.

3. List at least five do's and don'ts to keep in mind when writing the narrative portion of a PCR.

4. List three legal issues that pertain to PCRs and other documents that an EMT-B may complete.

5. List three things that must be done to correct an error in a PCR.

MEDICAL ABBREVIATIONS

Below is a list of symbols and codes that you might encounter when reading a prehospital care report (PCR).

AAO	Awake, alert, and oriented	LOC	Level of consciousness
ACO	Alert, conscious, and oriented	LUQ	Left upper quadrant
A&O × 3	Alert and oriented to person, place, and time	LLQ	Left lower quadrant
AAA	Abdominal aortic aneurysm	L&D	Labor and delivery
ABC	Airway, breathing, and circulation	LAT	Lateral
ACLS	Advanced Cardiac Life Support	LSC=BILAT	Lung sounds clear and equal on both sides
ALS	Advanced Life Support	MAST	Military Anti-Shock Trousers
ASA	Acetylsalicylic acid (aspirin)	MI	Myocardial infarction (heart attack)
ABD	Abdomen (abdominal)	MVA	Motor-vehicle accident
AMT	Amount	MED	Medicine (medication)
Approx.	Approximately	NC	Nasal cannula
AMS	Altered mental status	NSR	Normal sinus rhythm
AMA	Against medical advice	NRM	Nonrebreather mask
AFIB	Atrial fibrillation	NKM	No known medications
BP	Blood pressure	NKA	No known allergies
BVM	Bag-valve mask	N/V	Nausea and vomiting
BS	Breath sounds	N/V/D	Nausea, vomiting, and diarrhea
BILAT	Bilateral	NKDA	No known drug allergies
BSC&=	Breath sounds clear and equal	PMHX	Past medical history
C-Spine	Cervical spine	PT	Patient
CA	Cancer	PE	Pulmonary edema
CVA	Stroke	PVC	Premature ventricular contraction
CHF	Congestive heart failure	PEARL	Pupils equal and reactive to light
CSF	Cerebrospinal fluid	PALP	Palpation
COPD	Chronic obstructive pulmonary disease	RX	Medicine
CNS	Central nervous system	RLQ	Right lower quadrant
CPR	Cardiopulmonary resuscitation	RUQ	Right upper quadrant
C-Section	Cesarean section	RXN	Reaction
CC	Chief complaint	SOB	Shortness of breath
cc	Cubic centimeter	SX	Symptom
C/O	Complaining of	SZ	Seizure
CAO × 4	Conscious, alert, and oriented × 4	T	Temperature
DOA	Dead on arrival	TIA	Transient ischemic attack (mini-stroke)
DT	Delirium tremens	TX	Treatment
DX	Diagnosis	VS	Vital signs
DKA	Diabetic ketoacidosis	YO	Years old
DNR	Do not resuscitate	♀	Female
ETOH	Ethanol (or drinking alcohol)	♂	Male
ET	Endotracheal tube	+	Positive
EGTA	Esophageal gastric tube airway	-	Negative
EKG	Electrocardiogram	ψ	Psychiatric
EDP	Emotionally disturbed person	∴	Therefore
FX	Fracture	~	Approximately
FB	Foreign body	>	Greater than
GSW	Gunshot wound	<	Less than
GYN	Gynecology	=	Equal
HTN	Hypertension (high blood pressure)	⊕	Increased
HX	History	⊖	Decreased
HEENT	Head, eyes, ears, nose, and throat	̄	Before
IV	Intravenous	p	After
ICU	Intensive Care Unit	̄	With
		̄	Without
		Δ	Change
		Ⓛ	Left
		Ⓡ	Right

Chapter 14 Answer Key

HANDOUT 14-2: Chapter 14 Quiz

- | | | |
|------|-------|-------|
| 1. B | 6. A | 11. B |
| 2. A | 7. D | 12. A |
| 3. D | 8. A | 13. C |
| 4. B | 9. D | 14. C |
| 5. A | 10. D | 15. A |

HANDOUT 14-3: In the Field

Work with students as they fill out the prehospital care form. You might invite several EMT-Bs to work with students, thus sharing their knowledge of documentation.

HANDOUT 14-4: Chapter 14 Review

- | | |
|--------------------------|-------------------------|
| 1. Documentation | 9. data element |
| 2. electronic clipboard | 10. quotes |
| 3. legal document | 11. pertinent negatives |
| 4. Quality | 12. didn't do it |
| 5. minimum data set | 13. refusal-of-care |
| 6. run data | 14. falsification |
| 7. patient data | 15. triage tags |
| 8. Objective, subjective | |

HANDOUT 14-5: Listing Documentation Basics

1. becomes part of the patient's permanent hospital record, can serve as a legal document in a civil or criminal case, can be used for administrative purposes, supplies data for education research, supplies data for Quality Assurance/Improvement
2. run data, patient data, check boxes, narrative
3. Sample do's and don'ts include the following: DO put quotes around bystander comments or the chief complaint. DO include pertinent negatives. DON'T use radio codes and nonstandardized abbreviations. DO use medical terminology correctly. DO remember this rule—"If it's not written down, you didn't do it."
4. confidentiality, patient refusals, falsification (omission and commission)
5. Sample response: Cross out the error with a single line, initial it, date it. (Some students might list "make the change" and "initial and date it.")

HANDOUT 14-6: Medical Abbreviations

Encourage students to add these abbreviations to their notebooks.