



# Narratives For The BLS Provider

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2009 Virginia EMS Symposium  
Norfolk, Virginia

## DISCLAIMER

I am not an attorney!

This is an informational presentation.

If you are named in a lawsuit, seek professional counsel  
and representation by an attorney.

This is in no way intended to provide legal advice.



# Experience???

- How much time did you spend writing narratives in your BLS certification course?
  - 1 hour?
  - 3 hours?
- How much time did you spend practicing patient evaluation?



# The “GOLDEN RULE” of EMS

If you did not document it,

You did not do it!

Honey please,  
just calm down.  
Let me explain...



# You be the Judge:

- You apply a splint to a patient's leg
- You evaluate pulse, motor & sensory response before & after splint application
- Patient is moved in the radiology department
- Patient goes to surgery and becomes a unilateral amputee



# Patient names you in a lawsuit



Your PPCR is subpoenaed

Your narrative states you applied a splint

- What else does it say?
- What doesn't it say?

# Perception

- Often times, poor or incomplete documentation is perceived by jury members to be indicative of poor or incomplete care!
- Will the jury members think you breached your duty to the patient?
- Will they perceive your care as being less than the “standard”?



# Good Documentation...

- **Complete**
- **Accurate**
- **Timely**



***Spike "Zilla"***

# Key Area's of Liability to EMT's

- **Bad Refusals**
  - Failure to consider “competency”
  - Failure to document
- **Negligence**
  - Ordinary negligence vs. Gross negligence
- **Abandonment**
  - Transfer of care
  - Failure to document
- **Patient Care Issues**
  - Airway
  - Spinal Immobilization
  - Equipment Failure



# Bad Refusals

- Failure to consider AND document “competency”
- Know your state’s requirements
- Informed consent to refuse:
  - 14 years of age
  - Legally emancipated
  - Is the patient “informed” of the potential consequences of the refusal



# Commonwealth of Virginia:

## ***VA Code § 54.1-2969.C***

Provides a minor in need of emergency care can be treated without consent of legal authority, but if the minor is 14 years or over and able to respond, he or she must be consulted for his or her consent.

The authority to consent necessarily contains the authority not to consent, or in other words, to refuse.



# Negligence

- **Elements:**

- **Duty** *“obligatory conduct owed by a person to another person.” In tort law, duty is a legally sanctioned obligation – the breach of which results in liability.*
- **Breach** *“a failure to perform a duty owed to another; a failure to exercise that care which a reasonable, prudent man would exercise under similar circumstances.”*
- **Damages** *“for actual harm resulting from the defendant’s wrongful act or omission”*
- **Proximate Cause** *“results were caused by one’s conduct or omission.”*

*Barron’s Law Dictionary, Fifth Edition, 2003*



# Abandonment



- Failure to ensure your patient is turned over to the same or greater level of care, based upon the assessed and documented needs of the patient!
- If you fail to document the transfer of care, the perception is perhaps you did not transfer care in accordance with the Standard of Care!

# Patient Care Issues

- Often the result of a failure to document the care you provided, leading jurors to believe you did not perform skills consistent with the curriculum you attended.



# Mistakes???

- The presiding judiciary seeks the truth...
- Humans make mistakes
- Do NOT lie or alter your report
- Document what happened
  - Can write addendum in follow up



# Basics in Documentation

- Medical Record
- Legal Document



**CAT**



# Benefits of Proper Documentation

A blue stethoscope is positioned in the upper right corner of the slide, partially overlapping the dark blue header. The stethoscope is shown from a slightly elevated angle, with its chest piece and earpieces visible.

- Writing clinical impressions may reduce the potential to miss things
- Recording your observations thoroughly assists other healthcare providers in the continuum of care
- Reduce the potential for liability – memory fades with time
- Withstand litigation – if a medical record is CAT it may prevent a suit from progressing beyond the investigative stages

# Consequences of Poor Documentation

A blue stethoscope is positioned in the top right corner of the slide, partially overlapping the dark blue header bar. The stethoscope's chest piece and tubing are visible, and it is oriented diagonally.

- May lead to a claim you breached your duty to the patient
- The main piece of evidence used to prove or destroy a case is the medical record
- Medical records are permanent and usually secure; therefore, the record is presumed to be the truth

# Rules of Documentation

- Develop & practice a systematic approach
- Consistency reduces the potential to miss a key piece of information
- Never ignore negative findings – document pertinent negatives
  - Things you find during your exam that warrant no care, but show evidence of your thorough performance
- Never falsify any information on the chart



# Rules (continued)

- Quote the patient
- Document promptly
  - Res gestae statements
- Document legibly – neatness counts
- Write in ink – preferably black
- Be specific & objective
- Only use medically acceptable abbreviations, if you are not sure, DON'T use it



## Rules (continued)

- If you must alter the document, do so cautiously and carefully - corrections should be made with a single line drawn through the error and your initials beside the correction
- Consent or refusal should be documented
- Report should be complete – no blanks
  - Fill in blanks with “N/A” or “unknown”



# Rules (continued)

- Avoid omissions
- Baseline vital signs should be obtained and recorded for every patient – if you are unable to obtain a complete set of vital signs, document why
- Record your ongoing assessments, did your interventions / care result in improvement, deterioration, or no change
- Document the transfer of care





Protect  
Yourself  
with  
CAT  
Documentation

# Confidentiality



What You See Here  
What You Hear Here  
What You Do Here  
When You Leave Here  
Let It Stay Here!

# You be the Judge

- You respond to a motor vehicle crash and find a female patient with a small contusion and laceration to her forehead.
- The patient is refusing treatment &/or transport.



## You be the Judge (continued)

- The patient signs a refusal, but the refusal &/or narrative does not paint a picture of the advice you provided when you informed the patient of the potential consequences of the refusal.
- The patient dies as a result of a subdural hematoma later that night.



# The Medical Record

- Your PPCR is the only record of events immediately after the accident...
  - What does the record indicate?
  - What information was not recorded?
  - Could you be perceived as breaching your duty to the patient?
    - Was your care sub-standard?
  - Would the reasonable and prudent EMT testify that the standard of care was not adhered to?



# Devil's Advocate

- Write each and every patient record as though you are a juror
- Try to detach yourself and look at your report from the outside looking in – think like an attorney...
- Did you “paint a picture”?
- Is it thorough and accurate?

Did this EMT uphold the “Standard of Care”?



# Systematic Approach

CHART

What's Your  
System?

SOAP

Hx, Pe, Tx



# SOAP Method

- **S**ubjective
- **O**bjective
- **A**ssessment
- **P**lan



# CHART Method

- **C**hief Complaint
- **H**istory
- **A**ssessment
- **R**x (Prescription for Treatment)
- **T**ransport



# HPT Method

- Hx = History



- PE = Physical Examination



- Tx = Treatment & Transport



# Consistency

- Regardless of format:
  - Head-to-Toe every time
  - Consistency
  - Reduces mistakes
  - Reduces potential for liability

“Cat”



## TRUE Examples of poor documentation

A blue stethoscope is positioned in the top right corner of the slide, partially overlapping the dark blue header and the white content area.

- Arrived on scene, pt sick to her stomach, said she ate some food that may be bad. V/S normal. Placed pt in POC and transported to ER.

# Improvements:

- SAMPLE & OPQRST?
- Pertinent Negatives?
- Vital Signs – how do you know what is normal for that patient?
- Skin temperature, texture, color?
- Abdominal tenderness or rigidity?
- Age of patient – is she in child bearing years?
- Correct your spelling!



## Another TRUE example:

- On scene found patient drunk. He's a regular who always gets drunk. He called for EMS to avoid going to jail. He stinks bad. We turned him over to PO.



# And another....

- Caled 4 medcal raisins. Patience in floore. She wus sikk. She puuked on floore. Blud wus in the puok. She didn't waunt us so we lift.

*Buddy*

# Proper Documentation

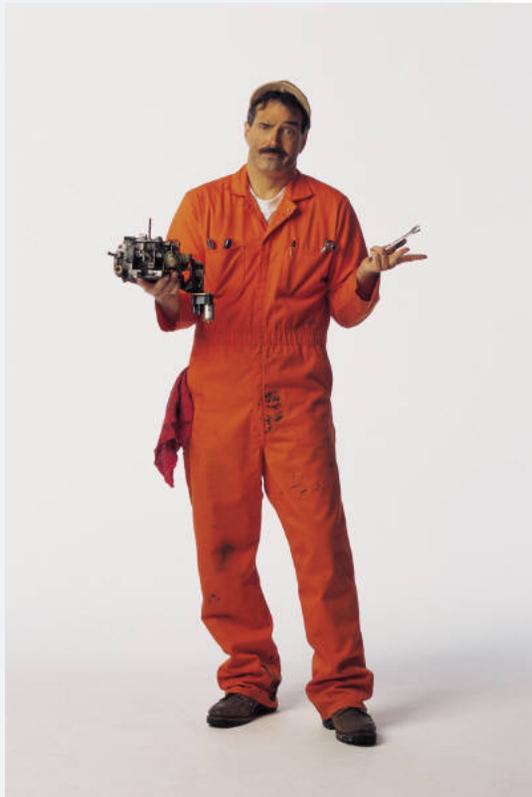


**HX:** Upon arrival, I found a 64 y/o female patient (Pt), lying prone on carpeted floor in living room. Pt states “I laid down on the floor because I am just too weak to stand”. Pt’s C/C is nausea, vomiting and weakness. Pt has been sick x 2 days and vomited x 3 within the last hour. Pt denies allergies, takes Atenolol for HTN and low-dose ASA. No GI hx. Pt states she ate a can of tomato soup yesterday evening but doesn’t remember what time.

**PE:** Pt CAO x 3, denies loss of consciousness, denies any trauma. Pt denies SOB &/or chest pain. V/S: B/P 108/62, P 94 & Regular, R 24 & non labored at time of exam, PERL, skin Pale/W/D. BBS = clear. Poor skin turgor. ABD soft & non-tender at time of exam. Pt denies diarrhea & states urinary function is normal. Distal pulses weak, grips =/strong. Balance of PE unremarkable. Noted vomitus on floor which appears to contain a small amount of dark colored blood.

**TX:** Evaluation and assist back to chair only. Pt refusing additional treatment &/or transport adamantly because her daughter is on the way. Pt states she will go POV to the hospital when her daughter arrives. I explained to the patient that she may be bleeding internally, which is a serious condition that warrants immediate transport and evaluation by a physician in an emergency department. I informed the patient of the potential risks associated with refusal and delay in care. I advised her to call us back immediately if her condition worsens or if she changes her mind. Pt still refusing transport AMA, pt signed refusal, witnessed by Troy Copeland, FF, Co. 1. Crew returned to quarters and I contacted medical control to advise them of the situation. *S. H. Phillips, NREMT-P*

# Who Is The "Professional"?



***Buddy***



*S. H. Phillips, NREMT-P  
Terrance Andrews, EMT  
Breanne Timbrook, EMT*



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# QUESTIONS???

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