

# ***Dynamic Documentation***

## *Post-Test Answers*

1. *EMS providers should strive to set a good example to others regarding the completion of documentation.*
  - a. *True*
  - b. *False*
2. *An EMS provider must be present for the patient care report to be used in legal proceedings.*
  - a. *True*
  - b. *False*
3. *Documentation should be completed as soon as possible following an incident to ensure an accurate account of the incident.*
  - a. *True*
  - b. *False*
4. *You're dispatched to a local address for an unknown problem. Upon arrival at the residence, the occupants advise you they didn't call 911 and no one needs help. Which one of the following forms must be completed for appropriate documentation of the call?*
  - a. *Incident Report*
  - b. *Patient Care Report*
  - c. *Preliminary Report*
  - d. *AMA/Refusal*
5. *When documenting in the narrative portion of the patient care report, it is appropriate to use "plain English" when spelling and/or correct medical terminology is uncertain.*
  - a. *True*
  - b. *False*
6. *Information obtained during the interview process of the patient, bystanders, or witnesses of an event should be documented in the \_\_\_\_\_ portion of the patient care report narrative.*
  - a. *Subjective*
  - b. *Objective*
  - c. *Assessment*
  - d. *Plan*

7. Information obtained upon inspection, palpation, auscultation, percussion, and diagnostic testing should be documented in the \_\_\_\_\_ portion of the patient care report narrative.
- a. Subjective
  - b. Objective
  - c. Assessment
  - d. Plan
8. Documentation of a pediatric assessment is preformed using a toe-to-head approach even though the actual assessment is preformed using a head-to-toe approach.
- a. True
  - b. False
9. Using a format when writing a patient care report allows the writer to organize the various components into an easily readable structure.
- a. True
  - b. False
10. A Preliminary Field Medical Report Form must be completed, signed and left with the receiving hospital's Emergency Department if a patient care report cannot be done prior to departure from the hospital.
- a. True
  - b. False
11. When documenting a high risk refusal, which of the following information needs to be included on the patient care report.
- a. Telemetry (Log) number
  - b. Through patient assessment
  - c. Competency of the patient
  - d. All the above
12. After a refusal has been obtained, which copy of the refusal advice form does the agency maintain with the patient care report?
- a. Gold
  - b. Pink
  - c. White
  - d. Yellow