



Emergency Medical Services Agency Prehospital Care Manual **Policy 501**

HOSPITAL RADIO REPORTS

Effective Date January 22, 2008
Replaces January 22, 2007

Resources

None

I. Purpose

To establish a uniform hospital radio report format for prehospital care providers to inform a hospital of pending arrival and when communicating with the Base Hospital

II. Hospital Report (Ring-Down)

- A. The intent of the hospital radio report is to provide the receiving facility a brief notification of impending patient arrival, not medical direction. It is important to note that a receiving hospital may not refuse to accept any patient (except when closed to approved diversion statuses).
- B. Standard 9-1-1 System hospital notifications shall occur via cellular phone or the services dispatch centers (not County Communications). Trauma Alerts (patients being transported to a Trauma Center based on criteria), STEMI and Stroke Alerts, and critical patient transports (transporting with RLS to the hospital and cell phone contact is not possible) shall be transmitted via self-initiated radio on EMS Command 92.
- C. Interfacility transfer notifications are not to occur on EMS Communication System frequencies. This is the responsibility of the private ambulance service.

- D. When EMS Command 92 is restricted for Command or Tactical EMS Operations and when hospital communication has been suspended, prehospital crews shall either:
1. Contact the receiving facility by cellular phone, or
 2. Provide the patients age, sex, chief complaint, and ETA to County Communications and request they notify the facility of the units impending arrival.

E. Standard Reports

1. Occur via cellular phone or services dispatch center when transporting patients to a hospital that does not meet Trauma, Stroke, or STEMI Alert Criteria.

Provide the following information:

- a) Demographics
 - (1) Unit ID
 - (2) ETA
 - (3) Patients Age
 - (4) Patients Sex
- b) Complaint
 - (1) State the patient's chief complaint
- c) Physical
 - (1) State major physical findings
- d) Vital Signs
 - (1) Explain and report abnormal vital signs, otherwise state "within normal limits".

e) Treatment

- (1) Airway status (intubated or not)
- (2) Major treatments done (drugs given, procedures completed)

F. Trauma Alerts

1. Occur via self-initiated radio ring down on EMS Command 92 when transporting to a Trauma Center for a patient meeting Trauma Center Criteria. If a patient is being transported to a Trauma Center for any reason other than meeting Trauma Center Criteria, cellular notification shall be used.
2. Trauma Center notifications should occur prior to departure from the scene and shall be made by the ground paramedic crews if air ambulance transportation is being utilized.
3. Provide the following information:
 - a) Demographics
 - (1) Unit ID
 - (2) ETA
 - (3) Patients Age
 - (4) Patients Sex
 - b) Mechanism
 - (1) State the Mechanism according to Policy 606
 - c) Injuries
 - (1) State the injuries according to Policy 606
 - d) Vital Signs
 - (1) Explain GCS abnormalities if not 15
 - (2) Pulse Rate and Location if a BP is not available

e) Treatment

- (1) Airway status (intubated or not)
- (2) Major treatments done (drugs given, procedures completed)

G. Stroke and STEMI Alerts

In addition to the information provided in Section E, Radio reports for patients meeting Stroke or STEMI Alert Criteria (established in ALS Standing Orders) should start with a clear statement indicating what type of alert applies to the patient. The specific criterion does not need to be reported (what items on the stroke or thrombolytics screen were met).

Example:

*“Medic 654 enroute with a STEMI ALERT.....
(Continue with standard report format identified in Section E)”*

III. Base Hospital Contact

Base Hospital Contact varies greatly from hospital “ring-downs”, as detailed patient information must be presented to the MICN or physician in order to provide appropriate medical direction.

- A. Under normal circumstances, Base Hospital Contact should be made via cellular phone. In the event that cellular communication is not available, contact may be made on EMS Command 92 however, the paramedic shall clearly state they are making Base Hospital Contact once the radio is answered by Santa Clara Valley Medical Center.
- B. Only paramedics or flight nurses may contact the Base Hospital for direction. EMTs may not receive on-line medical direction or take orders from the Base Hospital.
- C. A paramedic may not request to speak to a physician over an MICN unless the order given (or withheld) will prove detrimental to the patient. In such case, the paramedic shall inform the MICN that they do not feel comfortable with the order and request a physician consultation. The final direction provided by the Base Hospital shall stand as long as the order is within the approved paramedic practice in Santa Clara County.

Immediately following the response, an Unusual Occurrence Form shall be completed and faxed to the Agency with a copy of the PCR for review. The EMS Duty Chief shall be paged at the conclusion of the call and briefed by the paramedics' supervisor.

- D. Paramedics shall take reasonable measures to establish Base Contact when required. In the event of telephone failure, radio contact shall be attempted.

If contact with the base was not possible and the paramedic performs in absence of a Base Order when indicated an Unusual Occurrence Report shall be completed and faxed to the Agency with a copy of the PCR for review. The EMS Duty Chief shall be paged at the conclusion of the call and briefed by the paramedics' supervisor.

- E. Base Hospital Contact (sample)

- 1. Provide the following information:
 - a) Demographics
 - (1) Provider Agency, Unit, and Paramedic ID (P-number), and Incident/Event Number
 - b) General Patient Information
 - (1) Narrative of the patients condition
 - c) Vital Signs
 - (1) Pulse, BP, Respiratory Rate, ECG, LOC, Pupils, Skin Signs, Lung Sounds, other as appropriate.
 - d) What Has Been Done
 - (1) Drugs and procedures completed
 - e) Why is Contact Being Made
 - (1) What orders are requested and why
 - (2) Consultation – what are the issues

f) Conclusion

- (1) All orders shall be repeated by the paramedics and verified by the MICN or physician.

Sample Base Hospital Report

“VMC this is San Jose, Engine 6, Paramedic P08674 with a Base Hospital Contact for Incident #071280405.”

“We were called to the home of a 45 year old male complaining of nausea and dizziness after accidentally ingesting approximately 8 oz of an unknown chemical used in his garden. He is also producing great amounts of mucous from his nose and mouth. He complains of abdominal pain and the need to urinate. The on-scene HazMat team has identified the chemical as an organophosphate.”

“Vital signs are a pulse of 110, blood pressure of 92 by palpation, respiration’s of 32 with a decreased tidal volume bilaterally – sounds like some wheezes in the bases. Skins are hot, moist, and flushed. GCS 15, Pupils sluggish and appear to be midrange. Sinus tachycardia on the monitor without ectopy.”

“We have administered 2 mg of Atropine IV with no relief. We would like to administer 1- 2PAM Autoinjector enroute to your facility with a 4 minute ETA.”