



## HOSPITAL RADIO REPORTS

**Effective:** February 12, 2015  
**Replaces:** January 22, 2008

### Resources:

Policy 605: Prehospital Trauma Triage  
Policy 610: EMS Response to Hazardous Materials Incidents

### I. Purpose

The purpose of this policy is to establish a standard 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.
- B. Standard hospital notifications shall occur via cellular phone or the services dispatch centers (not County Communications).
- C. Major Trauma Victim (MTV) Alerts, STEMI Alerts, Stroke Alerts, and critical patient transports, transporting with red lights and sirens (RLS), to the hospital and when cell phone contact is *not* possible shall be transmitted via self-initiated radio on EMS Command 92.
- D. Interfacility transfer notifications are not to occur on Santa Clara County EMS Communication System frequencies. This is the responsibility of the private ambulance service dispatch center.
- E. When EMS Command 92 is restricted for command or tactical EMS operations or when hospital communication has been suspended, prehospital crews shall:
  - 1. Contact the receiving facility by cellular phone; or
  - 2. Provide the patient's age, sex, chief complaint, and estimated time of arrival (ETA) to County Communications and request they notify the facility of the units impending arrival

### III. Standard Hospital Report Format

- A. A standard hospital radio report includes the following information and is intended to provide a brief summary of the patient's condition prior to ambulance arrival at the emergency department.



1. Demographics:
  - a. Unit ID (agency, type, number)
  - b. Estimated Time of Arrival
  - c. Patient's Age
  - d. Patient's Sex
2. EMS provider's primary impression and patient's chief complaint
3. State any pertinent medical history, pertinent medications, pertinent allergies, or other significant findings from physical assessment
4. Vital Signs: explain and report abnormal vital signs; otherwise state "within normal limits"
5. Treatment provided: drugs given, airway status, or procedures completed

#### IV. Specialty Center Hospital Report Format

- A. Specialty centers include Trauma, Stroke, and STEMI.
- B. Specialty center hospital reports are transmitted via self-initiated radio ring-down on EMS Command 92.
- C. Specialty center hospital reports should occur prior to departure from the scene and shall be made by the ground paramedic crews if an air ambulance transportation is being utilized.
- D. In addition to the information provided in Section III (above), specialty center radio reports shall start with a clear statement indicating what type of alert applies to the patient (Major Trauma Victim Alert, Stroke Alert, or STEMI Alert)
- E. Additional information for Major Trauma Victim Alert shall contain the following:
  1. State the Mechanism of Injury according to *Santa Clara County Prehospital Care Policy #605: Prehospital Trauma Triage*
  2. State the Anatomic and Physiologic MTV Criteria for transport to a trauma center according to *Santa Clara County Prehospital Care Policy #605: Prehospital Trauma Triage*

**Example:**

*"Medic 25 enroute with a STEMI ALERT, ETA is eleven minutes, 56 year old male complaining of severe chest pain. Pt is pale, cool, diaphoretic, GCS 14, BP=90/60, Pulse= 60, RR=10, ECG confirmed STEMI. Aspirin, Nitro, and Morphine given"*



Example:

*"Medic 9 enroute with a Major Trauma Alert, ETA is ten minutes, 24 year old female bilateral femur fractures, secondary to a long fall. GCS=3, BP=100/50, Pulse= 120. Pt is intubated."*

**V. Hazardous Materials Incidents**

- A. As per *Santa Clara County Prehospital Care Policy #610: Private EMS Response to Hazardous Materials Incidents*, the transporting crew will contact the receiving hospital, before leaving the scene, but before arriving at the hospital, and provide the following information:
1. State "DECON ALERT"
  2. Identify that the patient being transported has been decontaminated after being exposed to a contaminant
  3. Identify the following:
    - a. Chemical name
    - b. Decontamination methods used on-scene
    - c. DOT reference number
    - d. Any appropriate treatment information/considerations
    - e. Provide routine patient notification report
    - f. Request that the ED have an appropriate representative meet the ambulance outside the ED door to evaluate the patient before entry
    - g. Ambulance personnel shall not enter the emergency department with the decontaminated patient until authorized by the appropriate emergency department representative

**VI. Base Hospital Contact**

Base Hospital Contact varies greatly from hospital ring-downs, as detailed patient information must be presented to the mobile intensive care nurse (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 Base Hospital (VMC).



- B. Only paramedics may contact the Base Hospital for direction as EMTs may not receive online medical direction.
- 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 a 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.
- D. Immediately following an incident where a paramedic believes that they were given inappropriate direction, the paramedic shall complete and submit a System Variance Report.
- E. Paramedics shall take reasonable measures to establish Base Contact when required. In the event of telephone failure, radio contact shall be attempted.
- F. If contact with the base was not possible and the paramedic performs in absence of a Base Order when indicated by *Santa Clara County Prehospital Care Policy*, a *System Variance Report* shall be completed and submitted.
- G. Base Hospital Contact Report Standard Format:
  - 1. Provide the following information:
    - a. Demographics
      - 1) Provider Agency
      - 2) Unit number
      - 3) Paramedic ID (P-number)
      - 4) Incident or Event Number
    - b. General Patient Information: narrative of the patient's condition.
    - c. Vital Signs:
      - 1) Pulse
      - 2) Blood Pressure
      - 3) Respiratory rate
      - 4) Electrocardiogram (ECG)
      - 5) Level of consciousness (GCS)
      - 6) Pupils
      - 7) Skin signs
      - 8) Lung sounds
      - 9) Others as appropriate.
    - d. What has been done: medications administered and procedures completed
    - e. State the reason that Base contact is being made:



- 1) What orders are requested and why
  - 2) Consultation
2. Conclusion: all orders shall be repeated by the paramedics and verified by the MICN or physician.

*Example:*

*“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 8oz 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, respirations 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.”*