

Monterey County EMS System Policy



Policy Number: 3080
Effective Date: 7/1/2019
Review Date: 6/30/2022

HOSPITAL COMMUNICATIONS

PURPOSE:

This policy is to establish guidelines for essential communication between EMS field providers and receiving facilities. These guidelines pertain to communication prior to arrival at an approved receiving hospital, during communication with the Base Hospital, or during patient care turnover.

POLICY

- A. The person with the most knowledge of the patient's complaint and current condition will communicate with the receiving hospital or Base Hospital. This will usually be the provider with primary patient care responsibilities.
- B. Receiving hospital reports, including Base Hospital contact, allow the receiving hospital to prepare the appropriate bed, equipment, and personnel to care for the needs of the patient.
- C. This policy addresses the minimum acceptable information to be communicated.
- D. Base hospital contact shall be made in the following circumstances:
 1. To receive direction from a base hospital physician to administer medications or provide treatments that are restricted by policy or protocol to base contact order only.
 2. For a patient presenting with symptoms that cause uncertainty regarding the appropriate protocol to be used.
 3. To obtain a field pronouncement of death when the patient does not meet criteria for determination of death.
 4. For ALS treatments not specifically authorized by Monterey County Policy and Protocol but are within the Monterey County paramedic scope of practice
 5. For consultation with the base physician when:
 - a. The patient is refusing care or transport and base physician involvement may convince the patient to accept the recommended treatment or transport
 - b. There is disagreement among field providers regarding patient care.
 - c. The paramedic believes that base hospital physician involvement will benefit patient care.
 6. As required under Monterey County EMS Policy such as Physician on Scene.
- E. Base contact should be made to the following base hospitals and circumstances:
 1. For patients meeting Step 1-3 Trauma Triage Criteria, contact Natividad Medical Center.
 2. For patients who are believed to be experiencing a stroke, contact Salinas Valley Medical Center (SVMH) or Community Hospital of the Monterey Peninsula.

3. For patients who are believed to be experiencing a ST-Elevation Myocardial Infarction (STEMI), contact SVMH or CHOMP.
4. For all other base contacts, contact the intended receiving hospital, if it is also a base hospital. If it is not a base hospital, contact the closest base hospital.
 - a. If the base hospital is not also the receiving hospital, the base hospital shall contact the receiving hospital with a report on the patient and any orders given by the base hospital.
5. For cardiac arrests, unstable cardiac dysrhythmias, or ROSC, adult or pediatric, contact the nearest STEMI Receiving Center.

PROCEDURE

- A. Communications during patient hand-offs shall utilize the SBAR mnemonic, as below:
 1. **S**ituation
 2. **B**ackground
 3. **A**ssessment
 4. **R**ecommendations/ **R**ecap
- B. A full report should take 60 seconds or less, unless there are multiple patients or other mitigating circumstances.
- C. Paramedics shall repeat any orders given by a Base Hospital Physician prior to closing communication with the Base Hospital.

Identify yourself, organization, unit, and type of call


(e.g., "This is Paramedic Smith, AMR Medic 20 with a 52 y/o male Stroke Alert patient")

Situation	<ul style="list-style-type: none"> • Code 2 or Code 3 • ETA • Age/Sex/Chief Complaint of patient • State urgent issues and immediate needs up front • Reason for base consult (trauma patient destination, specialty patient, AMA documentation, request for orders, etc.) 	
	<p align="center">Trauma</p> <ul style="list-style-type: none"> • MVC: <ul style="list-style-type: none"> ○ Speed (known mph and/or freeway or city streets) ○ Type of impact (rollover, head-on, etc.) ○ Describe significant damage to vehicle (e.g., amount of intrusion, entrapment, steering wheel damaged, etc.) ○ Number and type of patients (e.g., 3 moderates, 2 criticals) • MCC <ul style="list-style-type: none"> ○ Protective clothing ○ Damage to helmet ○ Distance of ejection from motorcycle • Falls <ul style="list-style-type: none"> ○ Distance (2nd story, ground level fall, etc.) • Assault <ul style="list-style-type: none"> ○ Object (e.g., GSW, stabbing, fists, etc.) ○ Impact area 	<p align="center">Medical</p> <ul style="list-style-type: none"> • Stroke <ul style="list-style-type: none"> ○ Time last known well ○ Time of onset of symptoms ○ What was the positive hit on the BEFAST? • STEMI <ul style="list-style-type: none"> ○ ECG transmitted ○ Is this patient s/p cardiac arrest with ROSC? • OB <ul style="list-style-type: none"> ○ # of months pregnant ○ Gravida/Para status ○ Prenatal care? ○ Any known complications (e.g., breech presentation) • Behavioral Health <ul style="list-style-type: none"> ○ Restraints (physical and/or chemical) ○ Security needed? ○ Is the patient on a 5150?
Background	<ul style="list-style-type: none"> • History of current illness/injury • Pertinent past medical history • Pertinent medications/allergies (e.g., stroke pt with history of A-fib, takes Coumadin, allergic to aspirin) 	
Assessment	<ul style="list-style-type: none"> • ABC's • Focused physical assessment • General impression • Vital signs (including systolic and diastolic blood pressure, if possible), GCS, lung sounds, pain level, skin signs, pupils, blood glucose, ECG as appropriate <ul style="list-style-type: none"> ○ Vitals to be monitored every 15" for stable patients, every 5" for unstable 	
Recommendations/ Recap	<ul style="list-style-type: none"> • Treatment rendered and patient's response 	

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| | <ul style="list-style-type: none">• What would you like from the physician? If you are looking for a specific order, state that here.• Repeat orders given by a physician |
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A full report should take 60 seconds or less, unless there are multiple patients or other mitigating circumstances.

END OF POLICY



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