

# SAEMS PREHOSPITAL PROTOCOLS

## COMMUNICATION PROCEDURE

The following guidelines have been developed to standardize communication with area hospitals.

- I. The options to communicate with area hospitals are:
  1. eTelemetry (if available)
  2. MEDS Control for PCWIN Radio users on MEDS Calling
  3. VMED 28 for radio patch for VHF Radio system users
  4. Dedicated Line via cellular / landline telephone
  5. AIRS 2 Radio patch
  6. Free Standing Repeater
- II. On-Line Medical Direction allows for physician consultation for individual patient care management.
  - A. Patient care orders are provided by an approved medical direction authority (certified ALS base hospital, agency medical director, or centralized medical direction communications center).
  - B. On-line communication should be brief and concise, rarely taking more than a minute or two. It should use direct and orderly language, describe the problem, explain treatment initiated or requested and prepare the hospital for the patient's arrival.
  - C. At a minimum, the following information should be provided:
    - Unit Designation and Level of Care
    - Patient age and gender
    - Chief complaint / Mechanism of Injury
    - History of the Present Illness
    - Assessment findings / Vital signs / Interventions
    - Request orders, if needed
    - ETA
    - If pertinent: Medications, Allergies, Past History

Outstanding objective findings may take precedence over history and need to be reported first. Additional information should be sought **only** if it alters prehospital care or pre-arrival preparations.

- D. All patients meeting SAEMS Trauma Triage criteria require on-line communication.

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III. Receiving Facility Notification provides patient related information and can be accomplished by:

- eTelemetry – utilized whenever following a Standing Order, Administrative Order or Administrative Guideline.
- Dispatch Relay / Ring down

IV. Interfacility transfers require pre-departure contact with the receiving facility.

V. Communication Failure

A. In the event of a communications failure where EMS personnel are unable to contact medical direction, EMS personnel will contact the alternate Medical Direction Authority facility as designated in their base hospital agreement.

VI. Regional “Alerts” to the receiving facility for:

Cardiac – patient with cardiac symptoms not defined under STEMI

STEMI – patient with CP or *angina equivalent*\* with ST segment elevation of 1 mm or more in two or more contiguous leads

Stroke – new onset neurologic complaint (present or resolved) within the last 24 hrs, include “Last Known Well” time in the Chief Complaint box

Bariatric – patient with increased weight who requires additional assistance on arrival

Cardiac Arrest – patient in arrest with continued resuscitative effort that necessitates transport or who has achieved ROSC and needs post-arrest care and interventions

CPAP – patient currently on CPAP device and will require Respiratory Therapy and appropriate equipment upon arrival

Infection Control – Please list your concern in the Chief Complaint box

Security/Restraints – patient who is agitated, uncooperative, or a danger to staff and requires that security be present on arrival to the ED

Sepsis – patient with temperature: <36 or > 38 C (<96.8 or >100.4 F) and HR > 100 or BP < 90

Trauma – patient meeting Trauma Triage Decision Criteria

\**angina equivalent* = atypical CP, dyspnea, extreme fatigue and / or diaphoresis.