

POLICY #121: EMS BASE STATION REPORT

I. PURPOSE

- A. To provide EMS personnel with a guideline for giving a brief, consistent, and clear report that provides pertinent information to base hospital personnel.

II. SCOPE

- A. This policy applies to all radio and telephone communications between the San Luis Obispo (SLO) EMS personnel, Sierra Vista Regional Medical Center (SVRMC), French Hospital Medical Center (FHMC), Twin Cities Community Hospital (TCCH), Arroyo Grande Community Hospital (AGH), and Marian Medical Center (MMC) providing patient information.

III. DEFINITIONS

The following terms shall initiate communication with a base hospital to better identify the type of patient or patient needs:

- “Notification” – Communication with intended receiving hospital for routine patient care not needing special orders, destination requests or consultation.
- “Alert” – Communication with intended receiving Specialty Care Base Hospital to identify patients meeting “Alert” triage criteria for a Specialty Care Center, i.e. Trauma Step 1 or 2, STEMI, ROSC or Stroke.
- “Medication Request” – When requesting a medication order beyond standing orders from a SLO Base Hospital physician or MICN.
- “Destination Consultation” – Communication with SLO Specialty Care Base Hospital physician or MICN for patients requiring a destination other than the Specialty Care Base Hospital, (i.e. Trauma and STEMI) or in circumstances where the initial intended destination needs to be re-routed to a closer or alternate hospital i.e. unmanageable airway.
- “Physician Consultation” – For circumstances needing SLO Base Hospital physician assistance when patient management is not clear or other unusual situations as determined by EMS personnel.
- “AMA Consultation” – The patient is requesting an AMA per EMS Agency Patient Refusal of Treatment and/or Transport Policy # 203
- “Termination” – Contact with the SLO Base Hospital physician or MICN to terminate resuscitative measures when the patient has not responded to medical therapy per EMS Agency Prehospital Determination of Death/ Do Not Resuscitate (DNR)/End of Life Care Policy # 125
- “MCI Level I” – When a MCI is declared with 3 to 10 patients
- “MCI Level II” – When a MCI is declared with 11 or more patients

IV. POLICY

- A. Common communication format will be used, with both parties utilizing professional communication etiquette, including; identifying who they are and with whom they are speaking with each transmission.
- B. Use acceptable language (plain text) and avoid using “10” codes, etc.
- C. EMS personnel will identify themselves with their identification number and transporting unit number when making contact with a base hospital.
- D. MICNs will confirm the base hospital name and state their identification number when receiving the base station report.
- E. Once contacted, the SLO Base Hospital, if not receiving the patient, must notify the receiving hospital of the incoming patient and provide that hospital with the prehospital care patient information.

V. PROCEDURE

- A. When initiating a Base Hospital contact include:
 - 1. Type of Base Hospital contact i.e. “Notification”, “Medication Request” “Step 1 Trauma Alert”, etc.
 - 2. Transport Code
 - 3. Estimated time of arrival (ETA)
- B. “*NOTIFICATIONS*” – contact the intended Receiving Base Hospital
 - 1. Age, gender
 - 2. Brief description of the chief complaint/mechanism of injury
 - 3. Protocol followed
 - 4. Base Hospital should refrain from further questioning
- C. “*ALERTS*”- contact the appropriate intended receiving hospital
Include the information above and the following information as it pertains to the specific call:
 - a. Vital Signs
 - b. Medications and procedures
 - c. Response to treatments
 - d. Pertinent positives and negatives
 - 1. “*STEMI ALERT*” – Contact intended receiving STEMI base (FHMC or MMC) for:
 - a. Patients positive for STEMI per EMS Agency Policy STEMI Triage and Destination #152
 - 2. “*TRAUMA ALERT*” – Contact intended receiving Trauma Center (SVRMC or MMC) for:
 - a. Patients meeting Step 1 or 2 of the trauma triage criteria per EMS Agency Trauma Patient Triage and Destination Policy #153

- b. Additional MIVT information to be included in the radio report
 - 1. M – Mechanism of injury
 - 2. I – Injuries identified and/or chief complaint
 - 3. V – Vital signs and symptoms:
 - (a) Blood pressure – communicate ANY episode of hypotension (BP < 90) that occurs at any time during the call
 - (b) Pulse rate
 - (c) Respiratory rate
 - (d) Glasgow Coma Scale (GCS)
 - 4. T – Treatments
- 3. “*STROKE ALERT*” – Contact intended Receiving Base Hospital for:
 - a. Patients meeting Stroke Alert criteria per EMS Agency Policy Suspected Stroke/TIA # 621
 - b. Include additional stroke specific information in the report:
 - 1. Any *BEFAST* information that was positive:
 - (a) B - Balance (changes or problems from normal)
 - (b) E - Eyes (sudden change in vision or double vision)
 - (c) F - Facial droop
 - (d) A - Arm drift
 - (e) S - Speech abnormalities
 - (f) T - Time last seen normal (not time of symptoms noticed)
- D. “*ROSC*” (Return of Spontaneous Circulation) – Contact nearest STEMI BASE HOSPITAL (FHMC or MMC) for:
 - a. Patients with ROSC per EMS Agency Pulseless Cardiac Arrest (Atraumatic) Policy #641
- E. “*MEDICATION REQUEST*” - contact the SLO Receiving Base Hospital
- F. “*CONSULTATION*” - contact the SLO Receiving Base Hospital except as noted below:
 - 1. *DESTINATION CONSULTATION* - contact appropriate receiving SLO BASE HOSPITAL or SPECIALITY CARE CENTER
 - a. *TRAUMA DESTINATION CONSULT* - Contact the SLO Trauma Center (SVRMC) per Trauma Triage and Destination Policy #153
 - 1. Use MIVT format.
 - 2. ETA to destination options
 - b. *12-LEAD CONSULT* – Contact the SLO STEMI Base Hospital (FHMC) per STEMI Triage and Destination Policy #152
- G. *PHYSICIAN CONSULTATION* – contact appropriate SLO Base Hospital or Specialty Care Center

- H. “AMA” – contact the SLO Receiving Base Hospital per AMA Policy #203
- I. “*TERMINATION*”- refer to Prehospital Determination of Death/ Do Not Resuscitate (DNR)/End of Life Care Policy #125
 - a. Adult Atraumatic Arrest of Cardiac Origin - contact the SLO STEMI Base Hospital (FHMC) if the patient has not responded to resuscitative measures
 - b. Traumatic Arrest – contact the SLO Trauma Center (SVRMC)
 - c. All other terminations - contact closest receiving SLO base hospital
- J. “*MCI Level I and Level II*” – initiate an MCI notification per EMS Agency MCI Policy #210

VI. AUTHORITY

- Health and Safety Code, Division 2.5, Sections 1798 &1798

VII. ATTACHMENTS

- A. Base Hospital notification list

Notify the appropriate Base Hospital for the following situations:

**RECEIVING SLO BASE
HOSPITAL**

- Notifications
- Medication Requests
- Physician Consultation
- Termination of CPR for cardiac arrests in patients ≤ 34 kg
- Termination of CPR for pulseless arrests not of cardiac origin (i.e., OD, drowning, etc.)
- Stroke Alert
- AMA after ALS procedures performed or indicated

**TRAUMA CENTER
(Sierra Vista)**

- Trauma Alert Step 1 and 2
- Destination Consultation for Trauma Step 3 and 4 including Marian
- Traumatic arrests

**STEMI BASE
(French Hospital)**

- STEMI Alert
- Cardiac arrest orders
- ROSC
- ROSC to MMC if orders required
- 12-Lead Consult
- Termination of CPR for pulseless arrest of cardiac origin (>34 Kg)
- After initiation of Transcutaneous Pacing

MARIAN MEDICAL CENTER

When MMC is the intended receiving facility, the medic may communicate directly for:

- Notifications
- STEMI Alerts
- Trauma Alerts
- Stroke Alerts
- ROSC – no additional orders needed

For any orders, medication request or consultations the medic shall use the appropriate County of SLO Base or Specialty Care Hospital