Central DuPage Emergency Medical Services system

Emergency Department Communication Guidelines with Prehospital Care Providers

INTRODUCTION AND APPROVAL: 3/90	EMS MEDICAL DIRECTOR: _____
REVIEW & APPROVAL: 6/92	EMSS COORDINATOR: _____
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PURPOSE:

To establish guidelines for Emergency Department communication with pre-hospital care providers.

POLICY:

The hospital will insure that its staff is familiar with proper MERCI and Telemetry Radio function and protocols.

PROCEDURE:

1. The ECRN or physician will answer the initial radio call by identifying himself or herself with the hospital's name.

2. Both parties, hospital and pre-hospital care providers should speak clearly and concisely.

3. Once communication is established with the Resource Hospital, the EMT will give the following pertinent information:

    a. Age, sex, level of consciousness and estimated weight
    b. Chief complaint
        (1). Symptoms - degree of distress
        (2). Findings from observation of patient and environment
    c. Vital Signs:
        (1). Pulse - rate, quality, regularity
        (2). Blood Pressure - auscultated, or palpated
        (3). Respirations - rate, pattern, depth
        (4). Skin - color, temperature, moisture, turgor

d. Medical History
   A - Allergies
   M - Medications - bring all meds to ED
   P - Past history of pertinent illness/injury
   L - Last oral intake (food or fluid), if known and LMP if applicable
   E - Events surrounding incident
e. Physical examination - Primary Survey, level of consciousness and orientation (use GCS for patients with altered level of consciousness), Secondary Survey, EKG findings, including 12 lead if applicable,
f. Treatment rendered at time of transmission and response to treatment
g. ETA and destination

4. Questions for clarification of information may be asked by ED or provider.

5. Orders may be given by ECRN/Physician (within the limits of EMT-P training, equipment available and SOP's).

6. After receiving the order, the EMT will acknowledge and repeat the orders back to the hospital.

7. The EMT will be told to re-contact the hospital if there are any changes in the patient’s condition.

8. The ED Telemetry log is to be completed by the ECRN/Physician and must be signed.

9. The EMT may request to speak to a physician at any time.

10. BLS transports should be called to Receiving ED, not the Resource Hospital unless there are medical-legal issues.

11. Information requested by ED should be appropriate to level of training of EMT and patient condition. (Ex. Don’t request meds/allergies on Category I trauma or full arrest.)

12. At all times communications should be brief, concise and appropriate to the patient.