

APPENDIX: 25

TITLE: Integration of care reporting guidelines

REVISED: November 1, 2017

Purpose: To provide regional EMS providers with a method to standardize the communication of patient information between primary and incoming EMS providers (EMT, Adv .EMT or Paramedic), pre-hospital EMS providers and Emergency Department staff or in-hospital specialty units/staff. This will be achieved via radio “Call-in” and verbal “Bed-side” reporting.

The use of these scripted guidelines will provide for a more cohesive and organized standard of care for the communication of both EMS providers and hospital staff throughout the region.

I. Radio / Phone Call – In Report:

This brief (30– 45 second), but complete information set will not be questioned by the receiving radio/phone operator for further information that could be given during the bedside report (Medications, Allergies, PMH, etc.).

General “Radio / Phone Call-In” to area Hospitals

General radio/phone guidelines will be for **Medical** (any medical call not meeting “STEMI” and “Brain Attack” criteria) and *Trauma* (any trauma call not meeting Trauma Priority Criteria) type patients.

Call-in / Bedside Template	Medical	Trauma
Unit #:	✓	✓
Patient Age:	✓	✓
Patient Gender:	✓	✓
Chief Complaint:	✓	
Mechanism of Injury:		✓
Pertinent Exam Finding:	✓	
Pertinent Injury Finding:		✓
Vital Signs: (<i>complete set</i>)	✓	✓
Treatment based on clinical impression:	✓	✓
ETA:	✓	✓
(Stay on Hospital Frequency)	✓	✓

Specialty “Radio/Phone Call-In” to area Hospitals.

Specialty radio/phone guidelines will be for the patient who has entered into a specialty group of the hospital system (Trauma Priority, “STEMI”, “Brain Attack”). This will initiate the ED protocol for that specialty patient. (activates: Shift Coordinator and Trauma Response Team to the ED, alerts ICU and Surgery; activates: Shift Coordinator and “STEMI” Response team to the ED, alerts Cath Lab/CCU; activates “Brain Attack” Team to the ED, alerts ICU and “Brain Attack” Coordinator)

The primary pre-hospital provider on the scene of a Trauma Priority, “STEMI”, or “Brain Attack” patient, will call the receiving hospital moments after the specialty criteria have been met. Use mnemonic **M.I.V.T.** for trauma priority. It is imperative that the name of the cardiologist (if known) is given in the radio report.

Call-in / Bedside Template	Trauma Priority	STEMI	Brain Attack
Unit #:	✓	✓	✓
Announce : Trauma Priority # / “STEMI” / Brain Attack: (Justified by announcing criteria)	✓	✓	✓
Patient Age:	✓	✓	✓
Patient Gender:	✓	✓	✓
M echanism of Injury:	✓		
Stable vs Unstable		✓	
Last seen normal (time/place)			✓
Pertinent Exam Finding:		✓	✓
Pertinent I njury Finding:	✓		□
V ital Signs: (complete set; with the <i>LOWEST</i> B/P recorded or any hypotension)	✓	✓	✓
T reatment based on clinical impression:	✓	✓	✓
Name of Cardiologist		✓	
ETA:	✓	✓	✓
(Stay on Hospital Frequency):	✓	✓	✓

II. Area Hospital Bedside Report.

This 45 to 60 second verbal report by the EMS provider will follow the same guideline template that is used for the General "Radio/Phone Call In". After "Treatment Based on Clinical Impression", the EMS provider will continue his/her report with PMH: Medications, Allergies, and Family Member Status. If the initial Specialty "Radio/Phone Call In" guideline template is used, the EMS provider will stand-by and remain in the patient's room. Once the Trauma, STEMI or Brain Attack response team has completed its initial assessment, and it has been documented, the Recording RN will request additional information from the EMS provider. (i.e., PMH, Medications, Allergies, Family Member status, etc.). During this brief but complete report the receiving RN, MD or specialty team staff members will not interrupt the EMS provider. Once the report is given the receiving RN or MD then can ask the EMS provider for additional information as needed. The Patient Registrar will be given an Ada County EMS Patient Information Sheet (pink sheet) by the EMS provider with the patient's demographics. This document then will be given to the receiving RN

SPECIALTY

Call-in / Bedside Template	Trauma Priority	STEMI	Brain Attack
Unit #:	✓	✓	✓
Announce : Trauma Priority # / "STEMI" / Brain Attack: <i>(Justified by announcing criteria)</i>	✓	✓	✓
Patient Age:	✓	✓	✓
Patient Gender:	✓	✓	✓
M echanism of Injury:	✓		
Stable vs Unstable		✓	
Last seen normal <i>(time/place)</i>			✓
Pertinent Exam Finding:		✓	✓
Pertinent I Injury Finding:	✓		☐
V ital Signs: <i>(complete set; with the LOWEST B/P recorded or any hypotension)</i>	✓	✓	✓
T reatment based on clinical impression:	✓	✓	✓
Name of Cardiologist		✓	

GENERAL

Call-in / Bedside Template	Medical	Trauma
Unit #:	✓	✓
Patient Age:	✓	✓
Patient Gender:	✓	✓
Chief Complaint:	✓	
Mechanism of Injury:		✓
Pertinent Exam Finding:	✓	✓
Pertinent Injury Finding:		✓
Vital Signs: <i>(complete set)</i>	✓	✓
Treatment based on clinical impression:	✓	
PMH:	✓	✓
Medication:	✓	✓
Allergies:	✓	✓
Family Member Status:	✓	✓

INTEGRATION OF CARE REPORTING GUIDELINES

(Standby till Specialty Team has completed their Initial Assessment)

- PMH:
- Medications:
- Allergies
- Family Member Status

III. Integration of Care (prior to the transport of a patient) Report.

The Primary EMS Provider will follow the same General and Specialty guideline template that is used for the “Area Hospital Bedside Report”. Note: If the initial Specialty guideline template is used, the primary EMS provider will continue his/her report with PMH: Medications: Allergies and Family Member status after treatment Based on Clinical Impression”. During this brief but complete report the incoming EMS provider will not interrupt the primary EMS providers report. Once the report is given by the primary EMS provider, the incoming Paramedic then can ask the primary EMS provider for additional information.