COMMUNICATION PROCEDURE

I. The following guidelines have been developed to standardize communication with SAEMS Regional approved Receiving-Facilities. The options to communicate with area hospitals are:

1. E-Telemetry (if available)
2. PCWIN direct radio communications to receiving facility
3. Dedicated cellular/landline telephone number

II. On-Line Medical Direction allows for physician consultation for individual patientcare 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:

EMS to ED Communication		
I	**Identification/Introduction**	Unit Designation Patient Name, Age, Sex
M	**Mechanism** or **Medical Complaint**	Mechanism: Speed, Mass, Height, Restraints, Helmet use/damage, Weapon type Medical: Onset, Duration, History
I	**Injuries** or **Illness Identified**	Head to Toe Pain, Deformity, Injury Pattern
S	**Signs** and **symptoms**	Symptoms and Vitals Initial, Current, Lowest HR. BP, O2, RR, FSBG AVPU
T	**Treatments** and **Trends**	Tubes, Lines, Fluids Medications and Response, Splints Defibrillation, Pacing, CPAP, O2

Outstanding objective findings may take precedence over history and need tobe reported first. Additional information should be sought **only** if it alters prehospital

care or pre-arrival preparations.

Two way communication with the receiving facility is required for the following patients (using the IMIST Format).

1. Respiratory Distress measured by O2 saturation <90% with signs of poor ventilation, patient on CPAP or requiring assisted ventilation.
2. Hypotension as measured by SBP <90 in adult SBP<70 + (age x 2) for children
3. All patients meeting SAEMS Trauma Triage criteria.

IV. SAEMS Regional "Alerts" to the receiving facility for:

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

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

Stroke – new-onset neurologic complaint (present or resolved) within the last24 hrs., include "Last Known Well" time in the Chief Complaint box.

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

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

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

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

VI. Communication Failure

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