

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual:	Emergency Medical Services Administrative Policies and Procedures	Policy Number: 510.02
Subject:	Basic Life Support (BLS) Protocols BASIC LIFE SUPPORT CALL-INS	Page: 1 of 3
References:	California Administrative Code, Title 22, Division 9, Chapter 2	Effective: 11/15/83

I. **FORMAT FOR BASE AND/OR RECEIVING HOSPITAL COMMUNICATIONS**

The following formats will be used when transmitting the report of a patient's assessment or notification of therapy that has been completed for treatment of the patient.

A. No Call-In Necessary

Patients that generally do not need a call-in to the Base Hospital:

1. Non-Stat (stable)

B. ETA Only Call-In

1. STAT/Non-STAT/Medical or Trauma/Code Blue.

NOTE: If requesting consultation, further orders, Refusal of Medical Care or Transportation (RMCT), EMT-I must contact a Base Hospital.

2. ETA notification must be provided when indicated (backboard, restraints, active labor and patients on oxygen).

C. Standard Call-ins

Patients who require Standard Call-Ins:

1. Refusal of Medical Care or Transportation (RMCT) that require Base Hospital contact (EMS Policy #544 – Criteria for Base Hospital Contact).
2. Non-Stat or Stat calls where the patient needs additional therapy.
3. Base Hospital requires additional information and asks for a standard call-in.

Approved By EMS Division Manager	Daniel J. Lynch (Signature on File at EMS Agency)	Revision
EMS Medical Director	Jim Andrews, M.D. (Signature on File at EMS Agency)	05/15/2007

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4. Patients requesting transport to hospitals on diversion.
 5. EMT-Is should call the Base Hospital any time they have questions or need help with interpretation of patient's condition.
- E. The severity of the patient's problem shall be identified with the following designators when hospital contact is made:
1. "STAT" – Potentially life or limb threatening conditions, in a rapidly changing status, or unstable as identified by the assessment and vital signs.
 2. "NON-STAT" – Non-life or limb-threatening conditions, usually indicated by stable vital signs, including Refusal of Medical Care or Transportation (RMCT) that require Base Hospital contact by EMS Policy #544 – Criteria for Base Hospital Contact.
 3. "Medical" or "Trauma" – Depending on the patient's most severe problems. For example, alcohol intoxication causing a fall with severe head injury, would be designated, "STAT Trauma".
 4. "Code Blue" – When the patient is pulseless and/or non-breathing.
- F. Call-in Format for Patients that Require Call-ins
1. ETA: Steps 1-5 Below (Base or Receiving Facility)
 - a. For use with Non-STAT patients with backboard, restraints, active labor and patients on oxygen. If a receiving hospital does not answer the radio, there is no need to contact a Base to relay an ETA call-in for Non-STAT patients.
 - b. STAT/ /Medical or Trauma/Code Blue. If short ETA and receiving hospital does not answer the radio, EMS personnel using *good judgement* may need to contact a Base Hospital or have dispatch contact the receiving hospital with a ETA of arriving EMS unit. [Can be received by any hospital personnel.]
 2. Standard/ Diversion: Steps 1-13 Below (Base Only)
For use with STAT patients needing consultation, Refusal of Medical Care or Transportation (RMCT), or for patients requesting transport to a hospital on diversion. [Must be received by a MICN or Base Hospital Physician.]
- G. At the initiation of call-ins, EMTs should identify the call as STAT/NON-STAT, Medical/Trauma, and ETA/Standard or Diversion (i.e., NON-STAT Medical ETA or STAT Medical Diversion). This will expedite communications and Base decisions.

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STANDARD/ DIVERSION	ETA	<u>Steps 1-5:</u>
		1. Unit ID, Name
		2. ETA
		3. Age, Sex, Weight
		4. Chief Complaint, STAT/Non-STAT/Medical or Trauma/Code Blue
		5. Reason for Notification (backboard, restraints, active labor, and patients requiring oxygen.
		<u>Steps 6-13:</u>
		6. GCS and Trauma Score
		7. Vital Signs
		8. Physical Exam
		9. Treatment Completed or in Progress
		10. PMH
		11. Medications
		12. Allergies
		13. Refusal of Medical Care or Transportation

- H. Multi-Casualty/Format (Base Hospital Only)
Refer to EMS Policy #620 “Multi-Casualty” for multiple patient incidents.

- I. Base Receiving Hospital Response Format

The MICN or Base Hospital Physician shall use a format for communicating with field personnel, which briefly highlights the Base Hospital response and key points of the prehospital patient report. This includes the patient profile, the radio operator’s impression of the patient’s primary problem and a description of the patient’s vital signs. An example would be, “A 34-year-old male with chest pain who is hypotensive.”

If the call is ETA only to a receiving hospital, the receiving facility will simply identify the facility and personal answering the radio and acknowledge your radio transmission.

- J. Diversion Call-In Format

If a patient request a hospital that is on diversion, a standard call-in is required. If the requested hospital is a Base Hospital, the call-in should go to that Base Hospital. If the patient requests transport to a receiving hospital (not a Base Hospital), the call-in should go to the appropriate Base (see note below). The Base Hospital will then notify the receiving hospital.

NOTES:

1. When the requested hospital is part of the Community Medical Centers (RMC, CMC-C), the call-in should be made to RMC, if possible; otherwise, geographic proximity (i.e., SAMC for Kaiser) should determine which Base Hospital is called.
2. To expedite patient destination decisions, these call-ins should be made as early as possible.
3. EMS Units should continue to prepare patients for transport and begin transport while waiting for Base Hospital response (i.e. diversions). Under **No** circumstances should EMS units wait on scene with stat patients for a Base Hospital decision for patient destination.