



Section 1: Administrative / Medical Control

OPERATIONS: EMS COMMUNICATIONS

A member of the prehospital care team must contact Medical Control at the earliest time conducive to good patient care. This may be a brief early notification or “heads up”. It may mean that the hospital is contacted from the scene if assistance is needed in the patient's immediate care or permission is required for part of the patient care deemed necessary by the EMS provider in charge.

PURPOSE

- To provide the receiving hospital an accurate, updated report of the patient’s presentation and condition throughout prehospital care and transport.
- To allow the receiving hospital the opportunity to prepare for receiving the patient and continue necessary medical treatment.

PROCEDURE

1. Contact the receiving facility and provide the following information:
 - Type of Squad: EMT, Advanced EMT, Paramedic
 - Age and Sex of Patient
 - For stroke and Stemi patients, requested patient information via cell phone is appropriate for interventional procedures upon arrival to ED
 - Type of Situation: Injury and / or Illness
 - Specific Complaint: Short and to the point (i.e., chest pain, skull fracture)
 - Mechanism: MVA / MCA / Fall
 - Vital Signs: B/P / Pulse / Resp. / LOC / EKG
 - Patient Care: Airway Management, Circulatory Support, Drug Therapy
 - General Impression: Stable / Unstable
 - Destination ETA

- When calling in a report it should begin by identification of the squad calling, and the level of care that can be provided to the patient (EMT, AEMT, Paramedic) and the nature of the call (who you need to talk with, physician or nurse).
- Whenever possible, the EMS provider responsible for the highest level of direct patient care should call in the report.
- Although all EMS Providers have been trained to give a full, complete report, this is often not necessary and may interfere with the physician's duties in the Emergency Department. Reports should be as complete but concise as possible to allow the physician to understand the patient's condition.
- It is not an insult for the physician to ask questions after the report is given. This is often more efficient than giving a thorough report consisting mostly of irrelevant information.
- If multiple victims are present on the scene, it is advisable to contact Medical Control with a preliminary report. This should be an overview of the scene, including the number of victims; seriousness of the injuries, estimated on-scene and transport times to the control hospital or possible other nearby facilities. This allows preparation for receiving the victims and facilitates good patient care. EMS should elect to contact receiving facilities directly
 - **Cleveland Clinic MERT teams will contact ED directly**