



SAN MATEO COUNTY HEALTH EMERGENCY MEDICAL SERVICES

POLICY NO:	COM 5
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BASE AND RECEIVING CENTER REPORTS

I. PURPOSE

This policy establishes guidelines for essential communication between prehospital providers and receiving facilities. These guidelines pertain to communication prior to arrival at an approved receiving hospital, during communication with the Base Hospital, or during patient care turn over.

II. AUTHORITY

California Code of Regulations, Title 22, Division 9, §100128 and §100170

III. DEFINITIONS

Advanced Life Support (“ALS”) Ambulance [or “Paramedic Ambulance”]: An ambulance authorized by LEMSA to provide ALS emergency services within San Mateo County.

Advanced Life Support (“ALS”) First Responder Unit (“FRU”): A fire department first responder authorized by LEMSA to provide ALS emergency services within San Mateo County.

Base Hospital: A hospital authorized by LEMSA to provide online physician medical control to prehospital providers. Base Hospitals are capable of providing basic and advanced life support medical direction.

Electronic Health Record (“EHR”): The official and legal patient care record completed by EMS personnel. Formally referred to as ePCR.

Emergency Medical Services Agency (“LEMSA”) [or “Agency”]: The San Mateo County EMS Agency.

IV. POLICY

A. The paramedic with the most comprehensive knowledge of the patient’s complaint and current condition will communicate with the receiving hospital or Base Hospital. This will usually be the provider with primary patient care responsibility. During multi-patient events, this may be the Medical Communication Coordinator, Transportation Unit Leader, or other designee of the Incident Commander.

B. Receiving hospital reports, including Base Hospital contact, allow the receiving hospital

to prepare the appropriate bed, equipment, and personnel to care for the needs of the patient.

- C. There are many different formats for giving report including SOAP, SAMPLE, MIVT and SBAR. This policy addresses the minimum acceptable information to be communicated, regardless of the report format utilized.
- D. When possible, it is important to keep pre-arrival reports brief and concise stating early on the reason for your contact with the Base Hospital (e.g., medical direction or report).

V. PROCEDURE

A. EMS Providers shall:

1. Utilize Stanford Healthcare exclusively as the Base Hospital except for trauma patients originating in the Northern part of the County which are destined for ZSFG; and
2. Utilize the phone as the primary method of contacting the Base Hospital.

Stanford Base Hospital Physician Medical Control

Physician consult for adult patients: (650) 497-4802

Physician consult for pediatric patients: (650) 723-5032

Reports/Ringdown: (650) 723-7337

ZSFG Physician Medical Control

Physician consult for trauma patients (415) 647-4747

Reports/Ringdown: (628) 206-9600

3. Radios should only be used when not able to access via phone with adequate signal stability, or if radio communication is the safest or most timely method of communication given conditions at the scene and/ or during transport; and
- B. EMS Providers will identify what type of Base Hospital direction is needed (e.g., pronouncement, high-risk AMA consult, medication orders, or trauma consult) early in the report, which will be followed by a well-organized and concise problem-oriented report.

Suggested script:

“Good Morning Stanford. This is [Unit #] calling you with an acute status patient with a chief complaint of full arrest. I’m looking for a [pronouncement, medication order, trauma consult, high-risk AMA guidance, deviation from protocol but within local scope of practice]. Break

We were called to the scene of a private residence (or other scene) where we encountered a [AGE] [MALE/ FEMALE] in [STATE CHIEF COMPLAINT]. Upon our arrival, we found the patient lying on the floor with CPR being performed by the family. Cardiac monitor showed PEA. Break

Standard report components include:

- a. Agency;
 - b. Name and Paramedic license # of person seeking orders;
 - c. Patient condition (e.g., acute, moderate, mild);
 - d. Request for consultation/orders needed (state the reason for calling: Med request/ pronouncement/ triage out of trauma System/ AMA or Refusal);
 - e. Patient age;
 - f. Patient gender;
 - g. History of Incident/ HPI;
 - h. Trauma Triage Criteria met (if applicable);
 - i. Vital signs to include: Blood pressure, pulse, respirations, pulse oximetry, GCS, EtCO₂, if indicated;
 - j. Treatment rendered;
 - k. Primary survey (LOC, skin signs, etc.);
 - l. Secondary physical exam;
 - m. Past medical history;
 - n. Medications/ allergies; and
 - o. Estimated transport time to ED;
- C. EMS providers will repeat back any orders received and document all medical direction in the EHR. All documentation shall include the name of the physician giving the order. Additionally, pronouncement order documentation shall include the time of death.
- D. Prehospital providers will engage with their clinical supervisor in addressing quality improvement opportunities. Sentinel and/ or unusual events shall be reported to the LEMSA in accordance with OPS 37 – EMS Event Reporting.