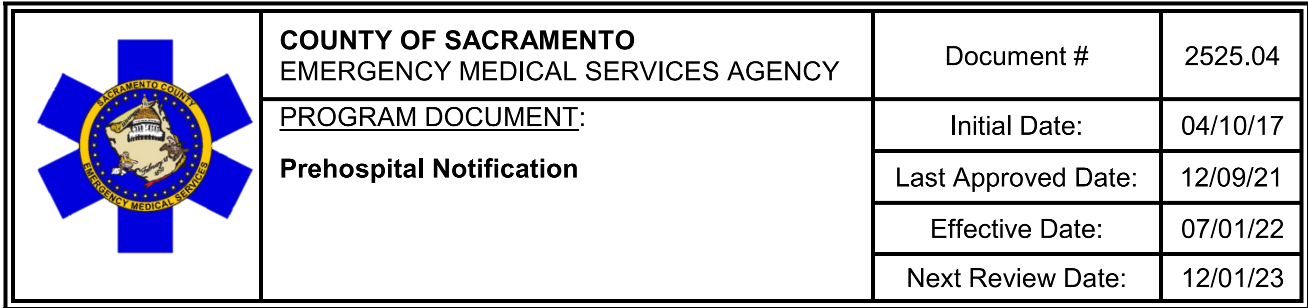

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	2525.04
	PROGRAM DOCUMENT: **Prehospital Notification**	Initial Date:	04/10/17
		Last Approved Date:	12/09/21
		Effective Date:	07/01/22
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Signature on File	Signature on File
EMS Medical Director	EMS Administrator

Purpose:

A. To establish a standardized and consistent approach to pre-arrival notifications, specialty alerts or activations and Base Hospital consult.
B. These guidelines pertain to pre-arrival notification, speciality alerts, and Base Hospital consult.
C. Receiving facility reports, including Base Hospital contact, allow the hospitals to have the right room, equipment and personnel mobilized to care for the needs of the patient.
D. There are many different formats for giving reports; this policy addresses the minimum acceptable information to be communicated, regardless of report format utilized.

Authority:

A. California Health and Safety Code, Division 2.5
B. California Code of Regulations, Title 22, Division 9

Protocol:

A. The person with the most knowledge of the patient's complaint and current condition will communicate with the receiving facility or Base Hospital whenever possible.
A. Prehospital notifications shall be called to the receiving facility on all calls. When the paramedic is unable to complete the notificatioin, it shall be delegated to another crew member.
B. Hospital pre-arrival alerts or activations are a formal notification of certain critical patients which meet specific criteria, may trigger specific actions at the receiving facility prior to EMS arrival, and shall be called to the receiving facility. The criteria for hospital pre-arrival alerts or activations are:

    1. Trauma – A patient who meets field triage Critical Trauma Criteria, resulting in the selection of a trauma center as the receiving facility
    2. STEMI – A patient who meets STEMI ECG criteria, resulting in the selection of a PCI center as a receiving facility
    3. Stroke – A patient who has possible stroke symptoms for less than 24 hours, -AND- a POSITIVE Stroke Scale, resulting in the selection of a stroke center as the receiving facility
    4. Sepsis- A patient with suspected sepsis, who meets SCEMSA sepsis policy criteria
    5. Cardiac arrest- A patient who meets cardiac arrest protocol, resulting in the selection of a PCI, or closest receiving facility.

C. Hospital pre-arrival alerts and notification shall be documented in the designated ePCR pre-alert notification data-field.

PREHOSPTIAL NOTIFICATION FORMAT:

Incoming patient radio reports should be accurate, brief and clear. Limit your report to essential information to report patient status.

1. Your name, certification level, agency and EMS unit number.
2. Status of response to hospital (Code 2/Code 3)
3. Estimated time of arrival (ETA)
4. Clearly announce any hospital pre-arrival alert or notification:
   a. Trauma alert:
      - Criteria and mechanism of injury
   b. Stroke :
      - "Last time of day observed to be normal" reported by bystanders.
      - Patient's name, date of birth or medical record number, if known.
      - Baseline Mental Status (GCS)
   c. STEMI:
      - Transmit 12-Lead
      - Patient's name, date of birth or medical record number, if known.
   d. Sepsis Alert:
      - Pre-hospital fluid resuscitation, temperature
   e. Cardiac Arrest:
      - Patient meets cardiac arrest protocol, resulting in the selection of a PCI, or closest receiving facility.
5. Patient age and gender.
6. Chief complaint (include mechanism of injury or nature of illness).
7. Brief pertinent history.
8. Full set of current and/or previously pertinent abnormal vital signs.
9. Treatment provided.

MCI PREHOSPITAL REPORT FORMAT:

Incoming patient radio reports should be accurate, brief and clear. Limit your report to essential information to report MCI description, and patient status.

1. Your name, certification level, agency, EMS unit number and ETA to receiving facility.
2. MCI declaration (name of incident) and type (trauma, medical, HazMat, etc.).
3. Patient number (triage tag numbers, Patient ____ of ____).
4. Individual Patient report to include (urgent concerns up front):
   a. Age and gender.
   b. Trauma triage criteria and nature of injury.
   c. START triage category, if used (Immediate, Delayed and Minor, Deceased).
   d. Vital signs (if available) and any previously pertinent abnormal vital signs, including GCS.
   e. Treatment, including spinal motion restriction, tourniquets placed and estimated blood loss if pertinent.