	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	2525.02
	PROGRAM DOCUMENT: **EMS Radio Report Format**	Initial Date:	04/10/17
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_____Signature on File_____
EMS Medical Director

_____Signature on File_____
EMS Administrator

Purpose:

A. To provide a standardized and consistent approach to pre-hospital radio notifications.
B. These guidelines will pertain to either communication prior to arrival at receiving facility, or during communication with the Base Hospital.
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.

EMS RADIO REPORT 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 alert:
   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
   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
5. Patient age and gender.
6. Chief complaint (include mechanism of injury or nature of illness).
7. Brief pertinent history.
8. Current vital signs and any previously pertinent abnormal vital signs.
9. Treatment provided.

MCI EMS RADIO 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, Expectant).
   d. Vital signs (if available) and any previously pertinent abnormal vital signs, including GCS.
   e. Treatment, including spinal immobilization, tourniquets placed and estimated blood loss if pertinent.