



**Department of Public Health
Emergency Medical Services Agency**

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Policy #: 301.00
Effective Date: 09/1993
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This policy supersedes any other existing policy on this subject.

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Subject: BASE HOSPITAL CONTACT

Authority: California Health and Safety Code, Division 2.5, Section 1797.220

Purpose: The purpose shall be to establish guidelines for the timely notification of the Base Hospital by prehospital personnel, so as to effect the most efficient and effective treatment and destination decisions regarding the management of patients in the prehospital setting. In addition, early notification allows receiving facilities to prepare for the arrival of the patient.

Policy: The Base Hospital shall be contacted as provided for in the following:

1. Pre-Alert:

Ambulance crews responding to incidents, in which there is reason to believe that one of the conditions listed below may exist, shall contact the Base hospital and forward as much information as is available at that time:

- A. Explosions
- B. Hazardous Material exposure
- C. Multi-Casualty Incident
- D. Any other information indicating a strong probability of multiple patients or an event of disastrous proportions.

2. Initial Base Hospital contact should be established prior to beginning patient transport. While it is recognized that this will not be practical in all situations, adherence with this policy will provide for fewer problems regarding destination decisions, turn-a-round times and allow receiving facilities time to prepare to continue treatment of critical or special need patients.

3. This policy shall not apply to routine convalescent transports from an acute to a sub-acute facility, or to pre-arranged transports for scheduled procedures, e.g. radiation therapy, come and go surgery, etc., unless there is deterioration in the patient's condition, at which time Base Hospital Contact shall be initiated

APPROVED:

ON-FILE

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4. Definitions:

The severity of the patient's problem shall be identified with the following designators when Base Hospital contact is made:

- A. "STAT": potentially life or limb threatening condition, usually where the patient is unstable, in a rapidly changing status, or in extremis as identified by the assessment and vital signs.
- B. "NON-STAT": non life or limb threatening conditions, usually indicated by a normal physical assessment, stable vital signs, including release against medical advice (AMA).
- C. "Medical" or "Trauma": depending on the patient's most severe problem. For example, alcohol intoxication causing a fall, with severe head injury would be designated "STAT Trauma".
- D. "Code Blue": when the patient is pulseless and/or not breathing.

5. Formats:

The following formats will be used when transmitting ETA's, report of a patient's assessment, and/or notification of therapy that has been completed or requesting base physician/hospital only orders:

- A. Information Only Format: This format will be used for all STAT and NON STAT patients where standing orders are being followed and there is no request for Base physician /hospital only orders. Format will include patient profile, GCS, clinical impression and vital signs if unstable. This report should be completed within 30 seconds.
- B. Standard Format: This format will be used for patients who need additional therapy beyond the therapy allowed in the standing orders. Also for all patients requesting to be released against medical advice (AMA).
- C. MCI Format: Refer to Merced County MCI Field Operations Policy 800.00
- D. Base Hospital Response Format: The MICN or Base Hospital Physician shall use a format for communicating with field personnel that briefly highlights the Base Hospital response and key points of the pre-hospital patient report. This includes the patient profile, radio operator's impression of the patient's primary problem and a description of the patient's vital signs when given. An example would be "A 40 year old male with chest pain and stable vital signs".

6. Reporting formats:

Information only format

- ✓ Base Hospital
- ✓ Unit ID & Paramedic ID (Last name only, example Medic 15 paramedic Jones)
- ✓ Severity designation (STAT, NON-STAT, code blue, Medical or Trauma)
- ✓ Destination
- ✓ ETA
- ✓ Patient profile (Age, Gender, wt. GCS)
- ✓ Chief Complaint
- ✓ Vital signs (state stable if applicable)
- ✓ Treatment following standing orders

Standard format

- ✓ Base Hospital
- ✓ Unit ID & Paramedic ID (Last name only, example Medic 15 paramedic Jones)
- ✓ Severity designation (STAT, NON-STAT, code blue, Medical or Trauma)
- ✓ Destination
- ✓ ETA
- ✓ Patient profile (Age, Gender, wt. GCS)
- ✓ Chief Complaint
- ✓ Vital signs (state stable if applicable)
- ✓ Treatment completed/in progress from standing orders
- ✓ Request additional therapy
- ✓ Additional information as time allows:
 - Medical history
 - Allergies
 - Medications
 - Physical exam
- ✓ Unit ID
- ✓ Base Hospital & Radio operator ID (MICN Jones, Doctor Jones, etc.)
- ✓ Brief summary of patient (without repeating specific vitals unless there is a question regarding the vitals)
- ✓ Confirm therapy established when given
- ✓ Order additional therapy if needed
- ✓ Confirm destination and ETA

7. When field personnel do not contact the base hospital, or do so with an ETA of two minutes or less from the receiving hospital, it shall constitute a failure to make base hospital contact and an "Advance Life Support without Base Hospital Contact" form shall be completed. Repeated failure to make timely Base Hospital contact shall be reviewed by the EMS Agency for disciplinary action.