

PREHOSPITAL/HOSPITAL CONTACT POLICY

I. PURPOSE

To provide guidelines for contact between prehospital care personnel and receiving facilities

II. RELATED POLICIES

- A. Trauma Triage and Destination Guidelines, #4613
- B. Communication Failure, #7002
- C. EMS Communication System, #7004
- D. BLS Treatment Guidelines, #8201
- E. Emergency Medical Response Plan
- F. STEMI C9
- G. CVA/Stroke N4

III. DEFINITIONS

- A. Report Only - a notification to the receiving facility that a patient is enroute
- B. Early Notification – a communication meant to provide an early alert to hospital staff that a specialty care patient is enroute. Early Notifications include:
 - 1. Early Trauma Notification
 - 2. Early Stroke Notification
 - 3. STEMI Notification
- C. Physician Consult - a consultative discussion between field personnel and an ED physician.

IV. POLICY

- A. Report Only
 - 1. Shall occur anytime a prehospital unit transports a patient.
 - 2. May be performed by any prehospital personnel.
 - 3. Reports shall include the following:
 - a. Transport unit identification
 - b. Level of care being provided (ALS or BLS)
 - c. Estimated time of arrival to receiving facility
 - d. Level of transport (code 2 or 3)

- e. General category of patient (type of illness or injury) or treatment guideline being used for an ALS patient.
- f. Condition of patient (stable, improving or worsening)

B. Early Notification (Trauma/Stroke/STEMI)

- 1. Shall be performed at the earliest possible time, prior to leaving the scene when feasible.
- 2. Is required when patient meets criteria.
- 3. May be performed by paramedic, Incident Commander, or other delegated personnel
- 4. Early Notification shall include the following:
 - a. Age/Gender
 - b. Incident type (eg., MVA, fall, stab wound, gunshot wound, Stroke, STEMI)
 - c. Injury and/or complaint (Trauma); last known normal (Stroke), presence or absence of chest pain and 12-lead findings (STEMI)
 - d. Trauma Triage Tool Category:
 - 1. Anatomic or Physiologic = "Full Trauma"
 - 2. Mechanism or Additional Factors = "Limited Trauma"
 - e. ETA
- 5. As soon as practical after the Early Notification has been given, a more thorough report should be provided to the intended receiving facility, including vital signs.

C. Physician Consult

- 1. Shall occur when specified in an ALS or BLS Treatment Guidelines.
- 2. Trauma Center consultation is recommended for questions about the destinations for injured patients. Consult shall be made with Marin General Hospital.
- 3. Physician Consult communication shall include the following:
 - a. The need for physician consultation
 - b. Patient assessment information as appropriate.
 - c. Policy or procedure being followed which mandates physician consult or order

D. If a paramedic attempts contact for any of the reasons above and is unable to contact the intended receiving facility, personnel may contact another in-county hospital. If no facility can be contacted, the following should occur:

Category: Communication
Hospital Contact

Policy No: 7001
Date: 9/1/97
01/01/01 07/01/2010

1. Treatment should be administered according to the appropriate ALS or BLS treatment guideline.
2. Medications or treatments listed as “physician consult required” may not be administered or performed
3. Documentation of the communications failure should be completed as detailed in policy #7002, Communication Failure.

E. In the event of a declared Level 3 or Level 4 Emergency Medical Response, paramedics may operate according to the appropriate ALS treatment guideline, omitting contact or hospital consultation.