A. General Information

1. All patient related medical communications will be conducted through the Fire Alarm Office (FAO) by means of recorded telecommunications utilizing only department authorized equipment.

2. A "Trauma Alert" will be declared and transmitted to the Fire Alarm Office on your dispatch frequency as soon as it is determined that the patient(s) meet our Trauma Alert Criteria (TAC). The unit OIC must advise FAO of the number of patients and the receiving facility. Once the OIC calling a “Trauma Alert” determines the appropriate receiving facility it will not be changed unless there are extenuating circumstances. The FAO will then notify the appropriate receiving facility. This however, will not replace the need for the unit OIC to contact the receiving facility as soon as possible to relay pertinent patient information.

3. A “STEMI Alert” will be declared and transmitted to the FAO immediately upon determining that a patient meets STEMI Alert Criteria (as defined in Protocol 11). The FAO will make the appropriate notifications. This however, will not replace the need for the unit OIC to contact the receiving facility as soon as possible to relay pertinent patient information.

4. A “Stroke Alert” will be declared and transmitted to the FAO immediately upon determining that a patient meets Stroke Alert Criteria (as defined in Protocol 13). The FAO will make the appropriate notifications. This however, will not replace the need for the unit OIC to contact the receiving facility as soon as possible to relay pertinent patient information.

5. Use of the Medical Communication Channels is authorized and appropriate under the following circumstances:

    a) When required under medical protocol.

    b) For clarification of a diagnosis or treatment in complex situations not covered by protocol/procedure or, when beyond the paramedic's scope of knowledge.

    c) For instructions covering treatment over and above protocol/procedure.

    d) In situations where medical supervision is deemed necessary or desirable by the prehospital provider.

    e) In situations where consultation or administrative intervention by an EMS Supervisor is necessary.

    f) For routine radio checks.

Top

B. Medical Priorities

1. **Priority I - Critical -** Used for patients presenting with an immediately life-threatening illness or critical injury.

2. **Priority II - Serious -** Used for those patients presenting with an illness or injury requiring immediate medical intervention, which has the potential for becoming life threatening if not treated promptly.

3. **Priority III - Stable -** Used for those patients presenting with an illness or injury not requiring immediate medical intervention or is so easily managed that medical direction is not required. Also used for notification of impending patient arrival.

4. **Priority IV - Administrative -** Used for all transmissions not involving care of a patient.

5. **Trauma Alert -** Used for those patients meeting Trauma Alert Criteria (TAC).

6. **STEMI Alert -** Used for those patients meeting STEMI Alert Criteria.

7. **Stroke Alert -** Used for those patients meeting Stroke Alert Criteria.

C. Communications with a Receiving Facility

1. Establish communications with receiving hospital. Announce name of receiving hospital, followed by department and unit number.

2. After receiving acknowledgment from hospital, state caller's rank and name followed by:

    a) Priority of the call. Communications with a Trauma Center / Pediatric Trauma Referral Center for patients meeting TAC must begin with the statement "This is a Trauma Alert" and the specific Trauma Alert Criteria.

    b) Age, sex, approximate weight (if appropriate, i.e.: pediatric patients) and chief complaint.

    c) A brief, pertinent history of the present illness, condition, situation, mechanism of injury, etc.

    d) Level of consciousness (oriented to time, place & person), Glasgow Coma Score.

    e) Vital signs (BP, pulse, respirations, oxygen saturation).

Top

f) Physical findings-skin color, temperature and turgor, obvious injuries or deformities, breath sounds, neurological status, EKG.

g) Treatment given and any results observed.

h) Estimated time of arrival.

3. Await response to transmission and be prepared to carry out instructions for further patient management from emergency department physician.

4. Medication orders received by the paramedic must be repeated back to the hospital prior to administration. Paramedics receiving treatment orders that exceed or violate accepted medical practice or protocol will:

a) Re-confirm the treatment order and advise the physician of your belief that it exceeds or violates established protocol.

b) If unresolved, immediately seek on-line intervention by the Medical Director, Assistant Medical Director(s), or an EMS Field Supervisor.

D. Telephone Communications with Physicians

A physician wishing to consult with the paramedic will be asked for a phone number where he can be reached and advised that his/her call will be returned immediately on a monitored phone line. The paramedic will then contact the FAO and request a conference call, providing the FAO with the physician's telephone number. The appropriate receiving facility may also be conferenced-in to allow for three-way communications if the paramedic so desires. The FAO will monitor all conference calls and announce to the participants that the call is being recorded.

Top