

## COMMUNICATION PROCEDURE

### I. MEDICAL DIRECTION

- A. Direct, on-line medical direction allows physician consultation for patient care management.
1. Patient care orders are provided by an approved medical direction authority (certified ALS base hospital, agency medical director, or centralized medical direction facility).
  2. If the receiving facility is not a medical direction authority, a dual-patch with the approved medical direction authority (for orders) and the receiving facility is required, with the exception of standing orders.
    - a) On-line communication should be brief and concise. At a minimum, the following information should be provided:
      - Unit designation and level of care
      - Patient age and sex
      - Chief complaint/Mechanism of injury
      - History of present illness
      - Assessment findings/Vital signs/Interventions
      - Requests for orders
      - ETA
      - IF PERTINENT:*
      - Meds/Allergies/Past history
  3. Interfacility transfers require pre-departure contact with the receiving facility per regional protocol.
  4. Criteria for requesting BLS transport downgrade are per agency/medical direction authority.
- B. Indirect notification provides patient related information to the receiving facility.
1. Communication (MEDS, EMSCOM, Dispatch or Local Communications Procedures) relays pertinent information to the receiving facility for those calls involving a standing order patient.
    - a) Examples of indirect notification to the receiving facility may include alert or request for assistance upon arrival.
  2. All patients meeting SAEMS Trauma Triage Protocol criteria require on-line communication with the Trauma Center per Trauma Triage Decision Scheme protocol.
  3. For community-wide, Multi-Casualty Incidents incorporating the use of START Triage, minimal information is relayed to the receiving facilities by way of a Communication “ring-down” where applicable.

### II. CHOICE OF FACILITY FOR ON-LINE MEDICAL DIRECTION

- A. If the receiving facility (as determined by patient choice, condition, or triage protocol) is also a certified base hospital or centralized medical direction facility, it is appropriate for that facility to be contacted to provide on-line medical direction.

- B. If the receiving facility is not a medical direction authority, a dual-patch with the approved medical direction authority (for orders) and the receiving facility is required, with the exception of standing orders.
- C. In the event of a communications failure where EMS personnel are unable to contact medical direction, EMS personnel will:
  - (1) Follow SAEMS Pre-contact Stabilization Interventions protocol 4-22.
  - (2) Follow SAEMS Minimum Treatment Standards Protocols
  - (3) Contact next appropriate Medical Direction Authority

### III. SPECIAL NOTES

- A. Communications must be brief, rarely more than 1 or 2 minutes, using direct and orderly language. The purpose of this communication is to describe the problem, explain treatment initiated and/or requested, and prepare the hospital for the patients' arrival.
- B. Outstanding objective findings may take precedence over history and need to be reported first. Additional information should be sought only if it alters prehospital care or prearrival preparations.