

SUBJECT: BASE HOSPITAL CONTACT, PATIENT TRANSPORTATION
AND REPORT - EMERGENCY PATIENTS

Date: 7/1/2010

- I. **Authority:** Health & Safety Code, Division 2.5, Section 1797.88; 1798. Title XXII, Section 100170, Civil Section 25.8.
- II. **Purpose:** To identify conditions under which EMT, AEMTs and paramedics shall, when encountering an emergency patient, contact a base hospital for notification, medical direction, or to give report; or (for EMTs) contact a receiving hospital to verify appropriate transport destination and give report.
- III. **Definitions:**
 - A. **Aid Unnecessary** - Calls in which the person for whom 9-1-1 was called does not meet the definition of "emergency patient," and has agreed to make alternate transportation arrangements if necessary.
 - B. **Call Canceled** - Calls to which EMS personnel were responding but the response was canceled prior to encountering an emergency patient or potential patient.
 - C. **Complete Patient Report** - A problem-oriented verbal communication which includes:
 1. Acuity.
 2. Age.
 3. Gender.
 4. Chief complaint(s).
 5. Vital signs (including O₂ saturation when possible).
 6. Pertinent history, allergies, medications.
 7. Pertinent findings of the primary and secondary survey.
 8. Field treatment and response:
 9. Anticipated destination facility.

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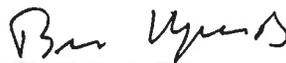
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10. Estimated time of arrival.

- D. Initial Notification- A brief communication by the field personnel to provide the acuity, age, gender, and chief complaint of the patient to the base hospital to assist in determining appropriate patient destination. This communication is intended to verify resource capability and availability of the facility that will receive the patient.
- E. Release - A call outcome that occurs when the patient and the EMS personnel (including the base hospital if a base was contacted) agree that the illness/injury does not require immediate treatment/transport via emergency/9-1-1 services and the patient does not require the services of the prehospital system.
- F. Emergency Patient - Any person for whom the 9-1-1/EMS system has been activated and who meets the following criteria:
1. Has a chief complaint or suspected illness or injury; or
 2. Is not oriented to person, place, time, or event; or
 3. Requires or requests field treatment or transport; or
 4. Is a minor who is not accompanied by a parent or legal guardian and is ill or injured or appears to be ill or injured
- G. Elopement - The departure from the scene of a patient, in which the patient has refused to comply with established procedures for refusing care or transportation.
- H. Minor - A person under the age of 18 and who is not emancipated
- I. Designated decision maker (DDM) - An individual to whom a person has legally given the authority to make medical decisions concerning the person's health care (i.e., a parent, legal guardian, an "attorney in fact" through a Durable Power of Attorney for Health Care, or an

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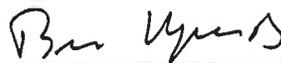
"agent" through an Advance Health Care Directive).

IV. Policy:

- A. EMT, AEMTs - Hospital contact is required for all patients who are transported to the Emergency Department of a hospital.
1. EMT, AEMTs shall contact the intended facility as soon as possible to verify their destination and to provide a complete patient report.
 2. EMT, AEMTs shall call:
 - a. A base hospital if they have a question regarding the appropriate treatment or disposition of any patient.
 - b. A designated trauma center for those patients who meet trauma center criteria (T-460).
 - c. UCSD base for those patients meeting Burn Center criteria (S-124).
- B. Paramedics - Base hospital contact is required by paramedics in the following situations (except in cases of elopement - see III. D.):
1. Any emergency patient transport by paramedics, including transports by paramedic ambulance to a BLS destination following downgrade to BLS.
 2. Any emergency patient treatment involving ALS medications or skills (except EKG monitoring)
 3. Any emergency patient assessment involving abnormal vital signs, or an altered level of consciousness.
 4. Any suspicion that the emergency patient (or designated decision maker [DDM]) is impaired by alcohol or drugs.

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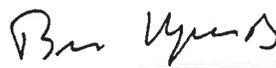
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5. The emergency patient/DDM is unable to comprehend or demonstrate an understanding of his/her illness or injury.
 6. The emergency patient meets criteria as a trauma center candidate (T-460).
 7. The emergency patient is > 65 years of age and has experienced an altered/decreased level of consciousness, significant mechanism of injury, or **any** fall.
 8. An emergency patient who is a minor is ill or injured or is suspected to be ill or injured.
 9. Whenever paramedics have a question regarding appropriate treatment or disposition of the patient.
- C. Any other communications between the patient, DDM, family member or care giver and prehospital personnel regarding refusal of care or care that is in variance with San Diego County prehospital treatment protocols or the San Diego County Resuscitation policy (S-414) (such as an Advance Health Care Directive, Living Will, Comfort Care communication, verbal notification from family member or care giver, DPAHC without attorney-in-fact present, etc.), shall be immediately referred to the base hospital for evaluation. The base hospital shall evaluate this information and determine the plan of treatment and transport for the patient.
- D. Treatment and transport decisions for emergency patients in involuntary or protective custody (i.e., under arrest by law enforcement, placed on a "5150" hold, or serving a prison term) are to be made by the authority under which they are being held.
- E. Paramedics shall contact a base hospital as soon as possible to verify destination. Paramedics will first attempt to call their regularly assigned base hospital unless the

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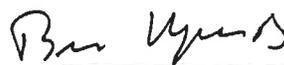

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emergency patient meets one of the following criteria:

1. Adult Trauma: For all adult emergency patients who appear to meet trauma center candidate criteria in T-460, paramedics shall first attempt to call the trauma base in the catchment area of the incident.
 2. Pediatric Trauma: Paramedics shall first attempt to contact the designated pediatric trauma base for pediatric trauma center candidates (T-460).
 3. Burns: Paramedics shall first attempt to contact the UCSD base for all emergency patients that meet burn center disposition criteria (S-124).
- F. A complete patient report is required as soon as reasonably possible for all emergency patients transported. However, an initial notification may be made to a base hospital prior to the complete patient report without interfering with the paramedic's ability to implement standing orders. Standing orders for medications may not be implemented following the initiation of a complete patient report.
- G. MICNs shall relay patient information received from the patient report to the appropriate receiving facility personnel.
- H. Treatment and/or Transport of a Minor:
1. Treatment or transport of a conscious minor who is ill or injured or suspected to be ill or injured shall be with the verbal consent of the natural parent, legal guardian, or any adult authorized in writing by the legal guardian pursuant to Section 25.8 of the Civil Code (Attachment A).
 2. Treatment or transport of a conscious minor who is ill or injured or suspected to be ill or injured, where the natural parents, legal guardian, or authorized persons are not

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present, will be under the direction of the Base Hospital. Transport shall be to the most accessible appropriate receiving or specialty care center.

3. Treatment or transport of a minor who is unconscious or suffering from a life threatening disease, illness, or injury in the absence of a natural parent, legal guardian or authorized person (Attachment A) may be initiated without parental consent.
- I. Base Hospital contact is NOT REQUIRED on individuals who meet the following criteria:
 1. Obvious death (S-402).
 2. Discontinuation of CPR with a Prehospital DNR order or DPAHC on scene (S-414).
 3. Release of a minor on scene who is neither ill nor injured, nor suspected to be ill or injured, may be permissible without Base Hospital contact if:
 - a. Parent or legal guardian so requests
 - OR
 - b. A responsible adult other than parent or legal guardian (i.e. school nurse, law enforcement, or person of similar standing) so requests.
 - c. The field EMT, AEMT or Paramedic shall document the circumstances and identification of the person accepting responsibility for the minor.
 4. Patients who wish to be released and do not meet base hospital contact criteria.
 5. Dispatched as a BLS call where ALS treatment or intervention is not anticipated nor required.

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