COUNTY OF SAN DIEGO
EMERGENCY MEDICAL SERVICES

Countywide AWARE Direct-to-Receiving Hospital Notification

Hospital Job Aid | **Effective September 2, 2026 at 0800**

Beginning September 2, 2026 at 0800, EMS units will give routine prearrival notifications directly to the receiving hospital on its designated radio channel using the AWARE format. **AWARE is intentionally brief and serves as a readiness notification.**

When a radio call is received

1	Acknowledge the EMS unit promptly.
2	Listen first for acuity, patient/notification type, and ETA.
3	Initiate any necessary specialty, equipment, PPE, security, or other preparations.
4	Ask only questions that affect immediate readiness or safety.

AWARE Format

A	**Alert, Acuity, Arrival:** Hospital; unit & CAD #; patient/notification type; mild, moderate, or acute; ETA.
W	**Who and What:** Age and sex; chief complaint or mechanism; relevant time marker (e.g., LKW, onset, injury time, downtime).
A	**Abnormal Assessment:** Abnormal vital signs, mental status, or findings that affect preparation. For a mild patient with no concerning findings, crews may say "normal vitals."
R	**Response to Treatment:** Significant treatment and clinically relevant response (e.g., meds, procedures, access)
E	**ED Readiness Needs:** Specialty activation, RT or equipment, PPE/isolation, security, decontamination, or other immediate clinical preparation.

If notification is missed or inadequate

Submit no-notification, delay, unclear-acuity, insufficient-readiness, or radio concerns through the designated County EMS AWARE/no-notice feedback pathway.

Examples

MILD: "Kaiser San Marcos, RA141, CAD# 2026-999999, mild status medical, ETA 8 minutes. 42-year-old female with abdominal pain and nausea for 6 hours. Normal vitals. No treatment."

MODERATE: "Palomar Poway, M93, CAD# PW26999999, moderate status stroke alert, ETA 12 minutes. 76-year-old female with new right arm weakness and slurred speech, last known well 45 minutes ago. BP 188/96, glucose 112, alert, BE-FAST positive. FAST-ED 2."

ACUTE: "Palomar Escondido, RA131, CAD# 2026-999999, acute major trauma alert, ETA 5 minutes. 25-year-old male, motorcycle crash with ejection, GCS 10, systolic BP 86. IV access obtained, fluids started, being ventilated. More details on arrival."

EMS Instructions

Brief: Routine notifications should generally take 30 seconds or less. EMS should give the shortest report that allows safe preparation. For an acute hands-on patient, give the essential alert first.

Relevant: Report only what affects immediate hospital readiness or continuity of care.

OLMD Needed: If EMS needs orders, clinical advice, destination assistance, or any policy/protocol-required contact (e.g., termination, AMA), they will contact a base hospital. For these cases, a Base will relay the report to a non-base destination. Non-base hospitals should not provide medical or destination direction.