COMMUNICATION AND DOCUMENTATION

Objectives

3-3 Identify basic facts and terms about communications systems, equipment methods, and procedures for effective communications, means to effective communication for specialty patients, components of effective written reports, and how to correct errors within written reports, with at least 80% accuracy.

Objectives

- Communication
- Documentation

Communications

- System components
  - –Base station
    - »Located at a stationary site

Communications

- System components
  - Mobile two way radios

Communications

- System components
  - Portable radios

Communications

- System components
  - Repeater/base station
    - »Receives transmission from lower-power source and transmits at a higher power on another frequency
  - Digital radio equipment
  - Cellular telephones

Communications

- Radio frequencies
  - Assigned and licensed by Federal Communications Commission (FCC)

Communications

- Response to the scene
- Arrival at the scene

Communications

- Communication with medical direction
  - May be at receiving facility, may be at separate site
  - EMT-B needs to contact medical direction

Communications

- Communication with medical direction
  - Radio transmissions need to be organized, concise, & pertinent
    - »Information must be accurate

Communications

- Communication with medical direction
  - After receiving order
    - »Repeat back word for word
  - Unclear/inappropriate orders should be questioned

Communications

- Communication with receiving facility
  - EMT provides info that allows the hospital to get the right room, equipment and personal ready
  - Patient reporting concepts

Communications

- Notify dispatcher when unit leaves the scene
- When communicating with medical direction, a verbal report should be given

Elements of Verbal Report

- ID yourself, unit & level of training
- ETA
- Patients age and sex
- Chief complaint

Elements of Verbal Report

- Brief pertinent HPI
- Major past illness
- Mental status
- Baseline VS

Elements of Verbal Report

- Pertinent findings
- Emergency care given
- Response to emergency care

Communications

- Arrival at the hospital
  - Dispatch must be notified
  - In some systems, hospital must be notified also

Communications

- Leaving the hospital
  - Notify dispatch
- Arrive at the station
  - Notify dispatch

Communications

- System maintenance
  - Communication equipment needs to be checked periodically
  - As technology changes, new equipment becomes available
  - Have a back-up plan in case system fails

Communications

- Verbal communication
  - –After arrival at the hospital, give a verbal report
    - »Introduce patient by name

Verbal Report

- Summarize information given over the radio
  - Chief complaint
  - History that was not given previously
  - Additional treatment/vital signs given en route

Communications

- Written communication
- Interpersonal communication
  - Make & keep eye contact with patient
  - Position yourself at a level lower than the patient
  - Be honest with the patient

Communications

- Interpersonal communication
  - Use language your patient can understand
  - Be aware of your body language
  - Speak clearly, slowly and distinctly

Interpersonal Communications

- Use patient's proper name
- If patient has difficulty hearing, speak clearly with lips visible

Interpersonal Communications

- Allow patient enough time to answer before asking another question
- Act in a calm, confident manner

Documentation

- Minimum data set
  - Patient information gathered from initial contact to arrival at the receiving facility

Minimum Data Set

- Patient Information
  - Chief complaint
  - Mental status
  - Systolic BP
    - »Patients greater than 3

Minimum Data Set

- Patient Information
  - Skin perfusion
    - »Patients less than 6
  - Skin color and temperature
  - Pulse rate
  - Respiratory rate and effort

Administrative Information

- Time incident reported
- Time unit notified
- Time of arrival at the patient

Administrative Information

- Time incident reported
- Time unit notified
- Time of arrival at the patient

Prehospital Care Report

- Functions
  - Continuity of care
  - Legal document
  - Educational
  - Admininstrative
- Types

MAINE EMS

PRESS DOWN, YOU ARE MAKING THREE COPIES

RUN REPORT #	Mo.	Day	Year	M T W Th F S Sun	SERVICE NAME	SERVICE NO.	VEHICLE NO.	ALS ☐ Performed ☐ Back-up Called	SERVICE RUN NO
746118									

NAME

STREET OR R.F.D.

CITY/TOWN | STATE | ZIP

AGE / DATE OF BIRTH | ☐ Male ☐ Female | PHONE

INCIDENT LOCATION: ADDRESS | CITY/TOWN

TRANSPORTED TO: | TREATING / FAMILY PHYSICIAN

TRANSPORTATION / COMMUNICATIONS PROBLEMS

BILLING INFORMATION

CREW LICENSE NUMBERS

☐ Medical
- ☐ Cardiac
- ☐ Poisoning/OD
- ☐ Respiratory
- ☐ Behavioral
- ☐ Diabetic
- ☐ Seizure
- ☐ CVA
- ☐ OB/Gyn
- ☐ Other _____

☐ Trauma
- ☐ Multi-Systems Trauma
- ☐ Head
- ☐ Spinal
- ☐ Burn
- ☐ Soft Tissue Injury
- ☐ Fractures
- ☐ Other _____

☐ Code 99

R	L	LUNG SOUNDS
☐	☐	CLEAR
☐	☐	ABSENT
☐	☐	DECREASED
☐	☐	RALES
☐	☐	WHEEZE
☐	☐	STRIDOR

TYPE OF RUN
- ☐ Emergency Transport
- ☐ Routine Transfer
- ☐ Emergency Transfer
- ☐ No Transport
- ☐ Refused Transport

	TIME	CODE	ODOMETER
Call Received			
Enroute			
At Scene			
From Scene			
At Destination			
In Service			

CHIEF COMPLAINT:

☐ MEDICATIONS ☐ ALLERGIES

TIME	PULSE	RESP	BP	PUPILLARY RESPONSE	SKIN	VERBAL RESPONSE	MOTOR RESPONSE	EYE OPENING RESPONSE	CAPILLARY REFILL
						5 4 3 2 1	6 5 4 3 2 1	4 3 2 1	☐ Normal ☐ Delayed ☐ None
						5 4 3 2 1	6 5 4 3 2 1	4 3 2 1	☐ Normal ☐ Delayed ☐ None
						5 4 3 2 1	6 5 4 3 2 1	4 3 2 1	☐ Normal ☐ Delayed ☐ None

☐ MVA ☐ Concern AOB/ETOH SEAT BELTS: ☐ Used ☐ Not Used ☐ N/A ☐ Helmet Used

MUTUAL AID: Assisted/Assisted by Service # _____ Time Called: _____

PATIENT'S SUSPECTED PROBLEM:

746118

	Cleared Airway		Extrication
	Artificial Respiration/BVM		Cervical Immobilization
	Oropharyngeal Airway		KED/Short Board
	Nasopharyngeal Airway		Long Board
	CPR—Time:		Restraints
	Bystander CPR		Traction Splinting
	AED		General Splinting
	Suction		Cold Application
	Oxygen—LPMin____ ☐ Nasal ☐ Mask		MAST Inflated
	Pulse Oximetry		
	Autovent		

☐ Medication Administered ☐ Defib Lic #_____

☐ Monitor ☐ Chest Decomp

☐ Pacing ☐ Cricothyrotomy

MEDICAL CONTROL ☐ Written Order/Protoco ☐ Verbal Order/Protoc

IV Total Atten
- ☐ SUC LIC.# _____
- ☐ UNSUC LIC.# _____

EOA Total Attempts
- ☐ SUC LIC.# _____
- ☐ UNSUC LIC.# _____

ET Total Atten
- ☐ SUC LIC.# _____
- ☐ UNSUC LIC.# _____

LIC #	EKG RHYTHM	TIME	MEDS / DEFIB / C-VERT	DOSE W/S	RO

NAME OF E.D. TREATING PHYSICIAN SIGNATURE OF CREW MEMBER IN CHARGE

COPY 1 HOSPITA

WESTECH

Prehospital Care Report

Run Data

Prehospital Care Report

Agency Name: ARLINGTON RESCUE

Dispatch Information: CARDIAC

Call Location: 124 CYPRUS ST 2nd FLOOR

CHECK ONE: ☑ Residence ☐ Health Facility ☐ Farm ☐ Indus. Facility ☐ Other Work Loc. ☐ Roadway ☐ Recreational ☐ Other

MILEAGE	
END	24496
BEGIN	24476
TOTAL	00020

LOCATION CODE: 0124

CALL TYPE AS REC'D

- ☑ Emergency
- ☐ Non-Emergency
- ☐ Stand-by

MECHANISM OF INJURY

- ☐ MVA (✓ seat belt used
- ☐ Fall of _____ feet
- ☐ Unarmed assault
- ☐ GSW
- ☐ Knife
- ☐ Machinery
- ☐ _____

N/A

USE MILITARY TIMES

CALL REC'D	0705
ENROUTE	0707
ARRIVED AT SCENE	0719
FROM SCENE	0738
AT DESTIN	0754
IN SERVICE	0810
IN QUARTERS	0832

Prehospital Care Report

Patient data

CHIEF COMPLAINT: "MY CHEST HURTS"

PAST MEDICAL HISTORY

- [ ] None
- [x] Allergy to ASPIRIN
- [ ] Hypertension
- [ ] Seizures
- [ ] COPD
- [ ] Other (List)
- [ ] Stroke
- [ ] Diabetes
- [✓] Cardiac
- [ ] Asthma

Current Medications (List): CARDIZEM

VITAL SIGNS

TIME	RESP	PULSE	B.P.	LEVEL OF CONSCIOUSNESS	R PUPILS L	SKIN
0724	Rate: 18 [x] Regular [ ] Shallow [ ] Labored	Rate: 88 [ ] Regular [x] Irregular	148/88	[✓] Alert [ ] Voice [ ] Pain [ ] Unresp.	[✓] Normal [✓] [ ] Dilated [ ] [ ] Constricted [ ] [ ] Sluggish [ ] [ ] No-Reaction [ ]	[ ] Unremarkable [✓] Cool [✓] Pale [ ] Warm [ ] Cyanotic [ ] Moist [ ] Flushed [ ] Dry [ ] Jaundiced
0730	Rate: 18 [x] Regular [ ] Shallow [ ] Labored	Rate: 84 [ ] Regular [x] Irregular	144/86	[✓] Alert [ ] Voice [ ] Pain [ ] Unresp.	[✓] Normal [✓] [ ] Dilated [ ] [ ] Constricted [ ] [ ] Sluggish [ ] [ ] No-Reaction [ ]	[ ] Unremarkable [✓] Cool [✓] Pale [ ] Warm [ ] Cyanotic [ ] Moist [ ] Flushed [ ] Dry [ ] Jaundiced
0745	Rate: 20 [x] Regular [ ] Shallow [ ] Labored	Rate: 88 [ ] Regular [x] Irregular	144/86	[✓] Alert [ ] Voice [ ] Pain [ ] Unresp.	[✓] Normal [✓] [ ] Dilated [ ] [ ] Constricted [ ] [ ] Sluggish [ ] [ ] No-Reaction [ ]	[ ] Unremarkable [✓] Cool [✓] Pale [ ] Warm [ ] Cyanotic [ ] Moist [ ] Flushed [ ] Dry [ ] Jaundiced

Prehospital Care Report

Check boxes

TREATMENT GIVEN

- [x] Moved to ambulance on stretcher/backboard
- [ ] Moved to ambulance on stair chair
- [ ] Walked to ambulance
- [ ] Airway Cleared
- [ ] Oral/Nasal Airway
- [ ] Esophageal Obturator Airway/Esophageal Gastric Tube Airway (EOA/EGTA)
- [ ] Endotracheal Tube (E/T)
- [x] Oxygen Administered @ 15 L.P.M., Method NON-REBREATHER MASK
- [ ] Suction Used
- [ ] Artificial Ventilation Method
- [ ] C.P.R. in progress on arrival by: [ ] Citizen [ ] PD/FD/Other First Responder [ ] Other
- [ ] C.P.R. Started @ Time ▶ Time from Arrest Until C.P.R. ▶ Minutes
- [ ] Bleeding/Hemorrhage Controlled (Method Used:
- [ ] Spinal Immobilization Neck and Back
- [ ] Limb Immobilized by [ ] Fixation [ ] Traction
- [ ] (Heat) or (Cold) Applied
- [ ] Restraints Applied, Type
- [ ] Baby Delivered @ Time In County [ ] Alive [ ] Stillborn [ ] Male [ ] Female
- [ ] Transported in Trendelenburg position
- [ ] Transported in left lateral recumbent position
- [x] Transported with head elevated
- [ ] Other

Prehospital Care Report

Narrative section

NARRATIVE THE PATIENT DEVELOPED A SUDDEN ONSET OF CHEST PAIN WHILE WATCHING TV. THE PAIN IS SUBSTERNAL, CRUSHING, AND RADIATES TO THE LEFT SHOULDER AND ARM. THE PATIENT STATES THAT THIS PAIN IS "EXACTLY THE SAME AS WHEN I HAD A HEART ATTACK 2 YEARS AGO." HE DENIES LOSS OF CONSCIOUSNESS OR DIFFICULTY BREATHING.

Prehospital Care Report

- Confidentiality
  - Form is considered confidential
- Distribution

Prehospital Care Report

- Falsification issues
  - Specific areas of difficulty
    - »Vital signs
    - »Treatment

Documentation of Patient Refusal

- Competent adults have the right to refuse treatment

Patient Refusal

- Before the EMT leaves, they should:
  - Try again to persuade the patient
  - Ensue the patient can make a rational decision

Patient Refusal

- Inform patient why they should receive care
  - »What might happen if they don't
- Consult medical direction
- Document any assessment findings and treatment

Patient Refusal

- Have police or bystanders sign as a witness
- If patient refuses to sign form
  - Get family member, police, or bystander sign the form
- Complete the PCR

Documentation

- Special situations/ reports/incident reporting
  - Correction of errors
    - »Errors discovered while report is being written

Documentation

- Correction of errors
  - »Errors discovered after the PCR is submitted

Documentation

- Multiple casualty incidents
  - When there is not enough time to complete the form
    - You will have to complete it later

Multiple Casualty Incidents

- The local MCI plan should have means of reporting important information temporarily

MARYLAND TRIAGE/TREATMENT TAG

TRANSPORT PRIORITY

1—RED, 2—YELLOW, 3—GREEN

PATIENT ID # _____
(MAIS)
TRANSPORTED TO _____

TRANSPORTED BY _____

DATE _____

TIME _____

NAME _____ SEX ____ AGE ____

ADDRESS _____

INJURY/COMPLAINT _____

TIME ____ BP ____ RESP ____ PULSE ____ LOC ____

TIME ____ BP ____ RESP ____ PULSE ____ LOC ____

TIME ____ BP ____ RESP ____ PULSE ____ LOC ____

TIME ____ BP ____ RESP ____ PULSE ____ LOC ____

ALLERGY
SPECIAL HISTORY _____

TREATMENT _____

NOMS CODE

TOP COPY — TRANSPORTATION OFFICER
HARD COPY — ATTACH TO PATIENT WITH COLORED RIBBON

MARKING KEY

FRACTURE — X

BURN — O

LACERATION — \

PUNCTURE — P

CRUSH — C

OTHER — Z

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7545TRIG

Documentation

- Special situation report
  - Used to document events that should be reported to local authorities or to amplify a report

Special situation report

- Should be submitted in a timely manner
- Should be accurate and objective

Special situation report

- EMT should keep a record for themselves
- Report and copies should be submitted according to local policies

Documentation

- Continuous quality improvement
  - Information gathered from the PCR can analyze various aspects of the EMS system

Documentation

- Continuous quality improvement
  - This information can used to improve different components of the system and prevent problems

Review

3-3 Identify basic facts and terms about communications systems, equipment methods, and procedures for effective communications, means to effective communication for specialty patients, components of effective written reports, and how to correct errors within written reports, with at least 80% accuracy.

Review

- Communication
- Documentation