



## EMS System for Metropolitan Oklahoma City and Tulsa 2021 Medical Control Board Treatment Protocols



 **EMS SECTION**

Approved 9/9/20, Effective 1/15/21, replaces all prior versions

### 14H – RADIO REPORT COMMUNICATIONS

<b>EMERGENCY MEDICAL DISPATCHER</b>
<b>EMERGENCY MEDICAL RESPONDER</b>
<b>EMT</b>
<b>EMT-INTERMEDIATE 85</b>
<b>ADVANCED EMT</b>
<b>PARAMEDIC</b>

#### Radio Report Format:

- Identification (Apparatus ID, Personnel Last Name & Licensure) & Estimated Time of Arrival;
- Patient Priority – Red/Priority 1; Yellow/Priority 2; Green/Priority 3;
- Objective of communication - Notification of transport only or request for on-line medical control. Be specific in what orders will be requested from on-line medical control so that the physician (or designate) will be oriented to the request as he/she is listening to the report;
- Patient Information – Age/Sex/Chief Complaint or Condition/Pertinent Past Medical History;
- Patient Condition – LOC/Vital Signs/Exam Findings/ECG Interpretation;
- Treatment and response to treatment.

#### Notes:

- All communications should be brief and orderly. Radio reports should rarely take longer than one or two minutes per patient and should be made on a recorded line.
- Describe the patient condition in enough detail to explain treatment initiated and rationale for any request(s). Remember while the patient's condition may be visually obvious, the nurse or physician on the radio or phone is completely dependent on the EMS professional's ability to verbally "paint the picture of the patient".
- It is critical to notify the receiving emergency department at the earliest opportunity to describe the patient's illness/injury and condition so that emergency department personnel can be appropriately prepared for the patient's arrival, including preparing resources to ensure continuity of care (eg. respiratory care, cardiac pacing, trauma surgery notification). In many instances, the earliest opportunity for a radio report will occur even before discovering the full extent of illness or injury in the critical patient. It is important that the "lead EMS professional" or his/her designee make the report at this time, especially to report a STEMI Alert, Stroke Alert, or Trauma Alert rather than wasting several minutes of hospital pre-arrival notification trying to make a "more complete" report.
- Particularly critical objective findings, (eg. cardiac arrest, critically abnormal vital signs, gunshot wound to chest) need to take precedence in a radio report and should be reported after the identification/ETA and patient priority statements.