Chapter 4

Communications and Documentation

Unit Summary

After students complete this chapter presentation and the related course work, they will have an understanding of therapeutic communication; means to communicate effectively with special populations such as children, geriatric patients, and hearing- and visually impaired patients; methods and procedures for effective communication; components of effective written reports, types of written reports, and ways to correct errors found within written reports; documentation of refusal of care; special reporting situations; use of medical terminology; communications systems and equipment; regulations and protocols governing radio communications; and communication with medical control and hospitals.

National EMS Education Standard Competencies

Preparatory

Applies fundamental knowledge of the emergency medical services (EMS) system, safety/well-being of the emergency medical technician (EMT), medical/legal, and ethical issues to the provision of emergency care.

Therapeutic Communication

Principles of communicating with patients in a manner that achieves a positive relationship

• Interviewing techniques (pp 116–120)

• Adjusting communication strategies for age, stage of development, patients with special needs, and differing cultures (pp 114–115, 120–124)

• Verbal defusing strategies (p 115–117)

• Family presence issues (p 119–120)

EMS System Communication

Communication needed to

• Call for resources (pp 140–141)

• Transfer care of the patient (pp 124–127, 142–143)

• Interact within the team structure (pp 140–142)

• EMS communication system (pp 135–139)

• Communication with other health care professionals (pp 124–125, 142–145)

• Team communication and dynamics (pp 124–125, 142–145)

Documentation

• Recording patient findings (pp 126–135)

• Principles of medical documentation and report writing (pp 126–135)

Medical Terminology

Uses foundational anatomical and medical terms and abbreviations in written and oral communication with colleagues and other health care professionals.

Knowledge Objectives

1.Describe the factors and strategies to consider for therapeutic communication with patients. (pp 113–125)

2. Discuss the techniques of effective verbal communication. (pp 116–125)

3. Explain the skills that should be used to communicate with family members, bystanders, people from other agencies, and hospital personnel. (pp 116–125)

4. Discuss special considerations in communicating with older people, children, patients who are hard of hearing, visually impaired patients, and non-English-speaking patients. (pp 120–124)

5. Describe the use of written communications and documentation. (pp 126–134)

6. State the purpose of a patient care report (PCR) and the information required to complete it. (pp 126–132)

7. Explain the legal implications of the PCR. (pp 130–131)

8. Describe how to document refusal of care, including the legal implications. (pp 132–135)

9. Discuss state and/or local special reporting requirements, such as for gunshot wounds, dog bites, and abuse. (p 135)

10. Describe the basic principles of the various types of communications equipment used in EMS. (pp 135–139)

11. Describe the use of radio communications, including the proper methods of initiating and terminating a radio call. (pp 139–145)

12. List the correct radio procedures in the following phases of a typical call: initial receipt of call, en route to call, on scene, arrival at hospital (or point of transfer), and return to service. (pp 139–142)

13. List the proper sequence of information to communicate in radio delivery of a patient report. (p 142–143)

Skills Objectives

1. Demonstrate the techniques of successful cross-cultural communication. (pp 114–115)

2. Demonstrate completion of a PCR. (pp 126–135)

3**.** Demonstrate how to make a simulated, concise radio transmission with dispatch. (pp 139–143)

Readings and Preparation

Review all instructional materials including ***Emergency Care and Transportation of the Sick and Injured***, **Eleventh Edition**, Chapter 4, and all related presentation support materials.

• Review local radio protocols and procedures for conducting both dispatch and medical communications.

• Review local protocols and procedures for operating radio/telephonic communication equipment, including procedures for equipment failure.

Support Materials

• Lecture PowerPoint presentation

• Case Study PowerPoint presentation

• Copies of locally approved prehospital care report forms and refusal of treatment forms (minimum of one per student)

• Display of radio/telephonic equipment used in the local area

Enhancements

• Direct students to visit Navigate 2.

• Contact the local 911, or public safety access point (PSAP), communication center for information on correct radio/communication designs used in the area. If possible, arrange for students to visit the center for an observation shift.

• Contact the local base station hospital to arrange for students to visit the base for an observation shift.

• **Content connections:** Students should be able to relate the information found in this chapter to every chapter presented in the text. This chapter sets the stage for proper communication skills that the students will need when working with patients. Therapeutic communication should be reinforced throughout the course.

• **Cultural considerations:** People communicate in a variety of ways, such as through eye contact, body position, and facial expressions. Many factors need to be taken into consideration during communication. Patients with special needs may require you to consider alternative forms of communication. For example, if the patient is deaf and you cannot communicate using sign language, you may need to communicate by having the patient write down his or her feelings. Ask students to form groups and practice simple phrases in sign language. See Figure 4-7 in the text for examples.

Teaching Tips

• For many students, an opportunity to visit and learn about the local EMS dispatch center will be their first glimpse at the “behind the scenes” components of the EMS system. You should make every effort to arrange observation time at both the dispatch center and the base hospital.

• Stress that basic effective communication processes are a key factor in ensuring a successful incident. EMTs must focus on verbal and interpersonal communication skills with all types of patients—including children, older or impaired patients, non-English-speaking patients, and other groups that may require special communication needs.

• Stress that written documents become a part of the incident record and the patient’s medical records. Students must understand the importance of legible, thorough, and accurate reporting. This can be illustrated through use of locally approved forms during simulations conducted throughout the remainder of the course.

• Review local medical communications and procedures with the students, including procedures for equipment failure, reporting of errors, and methods for processing written reports.

• During the skills lab, have students use “family” radios to give radio reports.

• Incorporate devices that will allow students to “feel” what it is like to be elderly, such as earplugs to simulate hearing loss, reading glasses covered with plastic wrap to simulate visual problems, and so forth.

• Divide students into small groups for a role-playing exercise focusing on communication. Have one student portray a patient, one act as an EMT, and one remain as an observer or assume the role of a family member or bystander. Ask all of the EMTs to leave the room, and create a scenario for the patients to act out. Allow each EMT 3 to 5 minutes to interact with the patient. Observe each group and at the end of the allotted time, debrief the class using the input from different group members.

• Invite an attorney who works with cases involving patient care to speak with the class about the importance of precise and accurate documentation. Ask the attorney to share examples of narratives to illustrate this component of patient care. If possible, have the attorney review and critique narratives written by the students and share this feedback with the class.

• Invite a member of the community who relies on a guide dog or a person who trains guide dogs to speak with the students.

• Pair the students up. Place a blindfold on the first student, and have the second student guide the first through the building. If possible, have the students go up and down a flight of stairs.

• Create scenarios in the classroom and ask the students to create a verbal report and a written report. Choose students to read their reports to the class and then allow the other students to provide feedback.

Unit Activities

**Writing assignments:** Assign each student a research paper on the topic of aging and the challenges he or she may face as an EMT when responding to calls involving older patients.

**Student presentations:** Have each student make a presentation to the class regarding appropriate ways to communicate with an elderly patient or a non-English-speaking patient who is in distress.

**Group activities:** Ask each student to prepare scenarios for patients of various ages, with various complaints. In small groups, ask students to play out the scenario, reinforcing the importance of communication.

**Visual thinking:** Provide the students with a sketch of Figure 4-1 of the text. Do not include the text/labels that are within the figure. Ask the students to fill in the text:

-Sender

-Receiver

-Encoding

-Message

-Decoding

-Noise

-Feedback

Pre-Lecture

### You Are the Provider

“You Are the Provider” is a progressive case study that encourages critical thinking skills.

### Instructor Directions

**1.** Direct students to read the “You Are the Provider” scenario found throughout Chapter 4.

**2.** You may wish to assign students to a partner or a group. Direct them to review the discussion questions at the end of the scenario and prepare a response to each question. Facilitate a class dialogue centered on the discussion questions and the Patient Care Report.

**3.** You may also use this as an individual activity and ask students to turn in their comments on a separate piece of paper.

Lecture

I. Introduction

A. Communication is the transmission of information to another person, whether it is verbal or through body language (nonverbal).

1. Effective communication is an essential component of prehospital care.

2. It is necessary to achieve a positive relationship with patients and coworkers.

B. Verbal communication skills are important for EMTs.

1. Enable you to gather information from the patient and bystanders

2. Make it possible for you to coordinate all the responders who are often present at the scene

3. An integral part of transferring the patient’s care to the nurses and physicians at the hospital

C. Documentation

1. Defined as the written or electronically recorded part of the patient’s permanent medical record

2. Demonstrates that appropriate care was delivered

3. Communicates the patient’s story to others who may participate in the patient’s future care

4. Adequate reporting and accurate records ensure the continuity of patient care.

5. Complete patient records

a. Guarantee proper transfer of responsibility

b. Comply with requirements of health departments and law enforcement agencies

c. Fulfill your organization’s administrative needs

D. Radio and telephone communications

1. Link you to other members of the EMS, fire department, and law enforcement communities

2. You must know:

a. What your system can and cannot do

b. How to use the system efficiently and effectively

II. Therapeutic Communication

A. Therapeutic communication uses various communication techniques and strategies.

1. Both verbal and nonverbal

2. Encourages patients to express how they feel and achieves a positive relationship with patients

B. The Shannon-Weaver communication model was developed to assist in the mathematical theory of communication for Bell Telephone Labs in the late 1940s. The model remains a valuable tool in understanding human communications:

1. Sender takes a thought

2. Encodes it into a message

3. Sends the message to the receiver

4. Receiver decodes the message

5. Sends feedback to the sender

C. Age, culture, and personal experience

1. Shape how a person communicates

2. Body language and eye contact are greatly affected by culture.

a. In some cultures, direct eye contact is impolite.

b. In other cultures, it is impolite to look away while speaking.

3. Tone, pace, and volume of the language

a. Reflect the mood of the person communicating

b. Provide insight into the perceived importance of the message

4. Ethnocentrism: considering your own cultural values more important than those of others

a. People tend to translate messages they receive using their own worldview.

5. Cultural imposition: forcing your values onto others

a. Health care providers may consciously or subconsciously force their cultural values onto their patients because they believe their values are better.

D. Nonverbal communication

1. Body language provides more information than words alone.

a. Even without exchanging any words, you should be able to ascertain the patient’s mood.

E. Facial expressions, body language, and eye contact

1. Eye contact and body language are powerful communication tools.

2. Pay attention to body language, both your own and that of your patients.

3. Physical cues will help you and your patient to truly understand the message being sent.

4. When you are treating a potentially hostile patient, understand and be aware of your own body language. Stay calm and try to defuse the situation:

a. Assess the safety of the scene.

b. Do not assume an aggressive posture.

c. Make good eye contact, but do not stare.

d. Speak calmly, confidently, and slowly.

e. Never threaten the patient, either verbally or physically.

F. Physical factors

1. Noise: anything that dampens or obscures the true meaning of a message

a. Literal noise, sounds in the environment, lighting, distance, or physical obstacles may affect your communication.

2. Cultural norms often dictate the amount of space, or proximity, between people when communicating.

a. As a person gets closer, a greater sense of trust must be established.

3. Your gestures, body movements, and attitude toward the patient are critically important in gaining the trust of both the patient and the family.

G. Verbal communication

1. One of the most fundamental functions of EMTs is to ask patients questions.

2. Open-ended questions require some level of detail in the response.

a. Use whenever possible

b. Example: “What seems to be bothering you?”

3. Closed-ended questions can be answered in very short responses.

a. The response is sometimes a single word like yes or no.

b. Use if patients cannot provide long answers

c. Example: “Are you having trouble breathing?”

d. May miss important issues if pertinent questions are not asked

4. You can use many powerful communication tools when trying to obtain information from patients:

a. Facilitation: encouraging the patient to talk more or provide more information

b. Silence: gives the patient space and time to think and respond

c. Reflection: restating a patient’s statement made to you to confirm your understanding

d. Empathy: being sensitive to the patient’s feelings and thoughts

e. Clarification: asking the patient to explain what he or she meant by an answer

f. Confrontation: making the patient who is in denial or in a mental state of shock focus on urgent and life-critical issues

g. Interpretation: summing up the patient’s complaint to confirm your understanding

h. Explanation: providing factual information to support a conversation

i. Summary: providing the patient with an overview of the conversation and the steps you will be taking

5. When interviewing a patient, consider the careful use of touchto show caring and compassion.

a. Touch is a powerful tool.

b. Use it consciously and sparingly.

c. Avoid touching the patient’s torso, chest, or face simply as a means of communication, because these areas are often viewed as intimate.

6. Interview techniques to avoid

a. Providing false assurance or reassurance

b. Giving unsolicited advice

c. Asking leading or biased questions

d. Talking too much

e. Interrupting

f. Using “why” questions

g. Using authoritative language

h. Speaking in professional jargon

7. Presence of family, friends, and bystanders

a. They may be valuable during the patient interview process.

b. Allow the patient to answer if he or she is able to and wants to, even if well-meaning family members attempt to answer for the individual.

c. Do not be afraid to ask others to step aside for a moment while you talk to the patient.

d. You may need to decide if having family and friends nearby will help or hinder care.

8. Golden Rules to help calm and reassure a patient:

a. Make and keep eye contact at all times.

b. Provide your name, and use the patient’s proper name.

c. Tell the patient the truth.

d. Use language the patient can understand.

e. Be careful what you say about the patient to others.

f. Be aware of your body language.

g. Speak slowly, clearly, and distinctly.

h. If the patient is hard of hearing, face the patient so he or she can read your lips.

i. Allow the patient time to answer or respond.

j. Act and speak in a calm, confident manner.

H. Communicating with older patients

1. Identify yourself.

2. Present yourself as competent, confident, and caring.

3. Do not assume that an older patient is senile or confused.

4. You may encounter hostility, irritability, and some confusion.

a. Do not assume this is normal behavior.

b. Assess for signs of hypoxia, CVA, drug overdose, infection, hypoglycemia, hyperglycemia, or insufficient perfusion.

5. Approach an older patient slowly and calmly.

6. Allow plenty of time for the patient to respond to your questions.

7. Watch for signs of confusion, anxiety, or impaired hearing or vision.

8. The patient should feel confident that you are in charge and that everything possible is being done for him or her.

9. Be patient!

10. Older patients:

a. Often do not feel much pain

b. May not be fully aware of important changes in their body systems

c. You must be especially vigilant for objective changes.

11. When possible, give the patient time to pack a few personal items before leaving for the hospital.

12. Locate any hearing aids, eyeglasses, and dentures before departure.

13. Older patients are often worried about the safety of their home, valuable items, and pets.

a. Share these concerns with the person assuming care of the patient at the hospital.

I. Communicating with children

1. An emergency situation frightens anyone.

2. Fear is most obvious and severe in children.

3. Children may be frightened by:

a. Your uniform

b. The ambulance

c. A crowd of people gathered around them

4. Let a child keep a favorite toy, doll, or security blanket.

5. If possible, have a family member or friend nearby.

a. If practical, let the parent or guardian hold the child during evaluation and treatment.

6. Be honest. Children easily see through lies or deception.

7. Tell the child ahead of time if something will hurt.

8. Respect the child’s modesty.

9. Speak in a professional, yet friendly way.

10. Use an appropriate tone and vocabulary.

11. Maintain eye contact.

12. Position yourself at the child’s level.

a. Do not tower over a child.

J. Communicating with patients who are hard of hearing

1. Most people who are hard of hearing have normal intelligence and are not embarrassed by their disability.

2. Position yourself so that the patient can see your lips.

3. Hearing aids

a. Be careful that these devices are not lost during an accident or fall.

b. They may be forgotten if the patient is confused.

c. Ask the family about use of a hearing aid.

4. Steps to take to efficiently communicate with patients who are hard of hearing:

a. Have paper and pen available.

b. If the patient can read lips, face the patient and speak slowly and distinctly.

c. Never shout.

d. Listen carefully, ask short questions, and give short answers.

e. Learn some simple phrases in sign language.

i. It can be useful to know the signs for “sick,” “hurt,” and “help.”

K. Communicating with visually impaired patients

1. Ask the patient if he or she can see at all.

a. Visually impaired patients are not necessarily completely blind.

b. Expect the patient to have normal intelligence.

2. Explain everything that you are doing as you are doing it.

3. Stay in physical contact with the patient as you begin your care.

4. If the patient can walk to the ambulance, place his or her hand on your arm.

5. Transport mobility aids such as a cane with the patient to the hospital.

6. Guide dogs

a. Easily identified by their special harnesses

b. If possible, transport the dog with the patient.

i. This alleviates stress for both the patient and the dog. Guide dogs are trained not to leave their masters.

c. Otherwise, arrange for care of the dog. A conscious patient can tell you about the dog and give instructions for its care.

L. Communicating with non-English-speaking patients

1. You must obtain a medical history even though the patient does not speak English. You cannot skip this step.

2. Find out if the patient knows a few English words or phrases.

3. Use short, simple questions.

4. Point to parts of the body.

5. Have a family member or friend interpret.

6. Consider learning some common phrases in another language that is used in your area.

a. Pocket cards that show the pronunciation of terms are available.

b. Use a smartphone app or website to help you translate.

7. Request a translator at the hospital.

M. Communicating with other health care professionals

1. Your reporting responsibilities do not end when you arrive at the hospital.

a. Effective communication between EMS providers and other health care professionals in the receiving facility is essential to efficient, effective, and appropriate patient care.

2. You must give an oral report to a hospital staff member.

a. That staff member must have at least your level of training.

3. Oral report components:

a. Opening information

i. Name, chief complaint, nature of illness, or mechanism of injury

b. Detailed information

i. Not provided during radio report

c. Any important history

i. Not already provided

d. Patient’s response to treatment given en route

e. Vital signs

f. Any other information, such as details gathered during transport, known allergies, and patient medications you brought with you

III. Written Communications and Documentation

A. Patient care report (PCR)

1. Also known as the prehospital care report

2. A legal document.

3. Records all care from dispatch to hospital arrival

4. Two types of PCRs: written and electronic

5. The PCR serves six functions:

a. Continuity of care

b. Legal documentation

c. Education

d. Administrative information

e. Essential research record

f. Evaluation and continuous quality improvement

B. Examples of information collected on a PCR:

1. Chief complaint

2. Level of consciousness or mental status

3. Vital signs

4. Initial assessment

5. Patient demographics (age, gender, ethnic background)

C. A lot of administrative information for use in billing, research, and quality improvement can be gathered from a PCR, including when:

1. The incident was reported

2. The EMS unit was notified

3. The EMS unit arrived at the scene

4. The EMS unit left the scene

5. The EMS unit arrived at the receiving facility

6. Patient care was transferred

D. Types of forms

1. Traditional written form with check boxes and a narrative section

2. Computerized version or electronic PCR (ePCR)

a. Information is filled in using a computer or tablet device that uploads data over a secure Internet connection.

b. ePCRs allow patient information to be transmitted directly to hospital computers.

3. The narrative section of the PCR may be the most important.

4. Elements of the narrative section:

a. Time of events

b. Assessment findings

c. Emergency medical care provided

d. Changes in the patient after treatment

e. Observations at the scene

f. Final patient disposition

g. Refusal of care

h. Staff person who continued care

5. Include significant negative findings and important observations about the scene.

6. Do not record your conclusions about the incident; use clear descriptions that do not make any judgments about the patient’s condition.

7. In written documentation, avoid radio codes and use only standard abbreviations.

8. Remember that the report itself is considered a confidential document.

a. Be familiar with state and local laws concerning confidentiality.

E. Reporting errors

1. Everyone makes mistakes.

2. If you leave something out or record it incorrectly, do not try to cover it up.

3. Falsification:

a. Results in poor patient care

b. May result in suspension and/or legal action

4. If you discover an error as you are writing your report, draw a single horizontal line through the error, initial it, and write the correct information next to it.

a. Do not try to erase or cover the error with correction fluid.

F. Documenting refusal of care

1. Refusal of care is a common source of lawsuits.

a. Thorough documentation is crucial.

2. Document any assessment findings and emergency medical care given.

3. Have the patient sign a refusal form.

a. Have a family member, police officer, or bystander also sign the refusal form as a witness.

4. Depending on local requirements, the PCR might contain:

a. Complete assessment

b. Evidence that the patient is able to make a rational, informed decision

c. Discussion with the patient as to which care/transportation EMS recommends

d. Discussion with the patient as to what may happen if he or she does not allow care or transportation

e. Discussion with family, friends, or bystanders to try to encourage the patient to allow care

f. Discussion with medical direction according to local protocol

g. Providing the patient with other alternatives—for example, going to see his or her family doctor, or having a family member drive him or her to the hospital

h. Willingness of EMS to return

i. Signatures

5. Complete the PCR.

G. Special reporting situations

1. Depending on local requirements, may include:

a. Gunshot wounds

b. Dog bites

c. Certain infectious diseases

d. Suspected physical or sexual abuse

e. Multiple-casualty incident (MCI)

IV. Communications Systems and Equipment

A. Radio and telephone communications link you and your team with other members of the EMS, fire, and law enforcement communities.

1. Help the entire team to work together more effectively

2. Provide an important layer of safety and protection

B. Base station radios

1. Base station: any radio hardware containing a transmitter and a receiver that is located in a fixed place

2. Two-way radio: consists of a transmitter and a receiver

C. Mobile and portable radios

1. A mobile radio is installed in a vehicle.

2. Mobile radios are used in the ambulance to communicate with:

a. The dispatcher

b. Medical control

3. An ambulance often has more than one mobile radio.

4. Portable radios are hand-held devices.

5. Portable radios are essential at the scene of an MCI.

6. When away from the ambulance, a portable radio is helpful to communicate with:

a. Dispatch

b. Another unit

c. Medical control

D. Repeater-based systems

1. A repeater is a special base station radio.

a. Receives messages and signals on one frequency

b. Automatically retransmits them on a second frequency

c. Allows two mobile or portable units that cannot reach each other directly to communicate using its greater power and antenna

E. Digital equipment

1. Digital signals are a part of EMS communications.

2. Telemetry allows electronic signals to be converted into coded, audible signals.

a. Signals can be transmitted by radio or telephone to a receiver with a decoder at the hospital.

b. Data from cardiac monitors can be transmitted via Bluetooth-enabled mobile devices to monitoring centers.

3. Digital signals are also used in some kinds of paging and tone-alerting systems.

F. Cellular/satellite telephones

1. EMTs often communicate with receiving facilities by cellular telephone.

a. A cellular telephone is simply a low-power portable radio.

2. Satellite phones (satphones) are another option.

3. Conversations can be easily overheard on scanners. Always be careful to respect patient privacy and speak in a professional manner whenever you use any form of EMS communications system.

G. Other communications equipment

1. Ambulances usually have an external public address system.

2. EMS systems may use a variety of two-way radio hardware.

a. Simplex is push to talk, release to listen.

b. Duplex is simultaneous talk–listen.

c. Multiplex utilizes two or more frequencies, which enables more than one transmission to occur simultaneously.

3. MED channels are reserved for EMS use.

4. Trunking, or 800-MHz, systems use the latest technology to allow greater traffic.

5. An interoperable communications system allows all of the agencies involved to share valuable information in real time.

6. Mobile data terminals (MDTs) inside ambulance

a. Receive data directly from dispatch center

b. Allow for expanded communication capabilities, such as maps

V. Radio Communications

A. The Federal Communications Commission (FCC) regulates all radio operations in the United States.

1. The FCC has five principal EMS-related responsibilities:

a. Allocate specific radio frequencies for use by EMS providers

b. License base stations and assign appropriate radio call signs for those stations

c. Establish licensing standards and operating specifications for radio equipment used by EMS providers

d. Establish limitations for transmitter power output

e. Monitor radio operations

2. The FCC’s rules and regulations section (part 90, subpart C) deals with EMS communications issues.

B. Responding to the scene

1. The dispatcher receives the first call to 911.

2. Responsibilities of the dispatcher:

a. Properly screen and assign priority to each call (according to predetermined protocols)

b. Select and alert the appropriate EMS response unit(s)

c. Dispatch and direct EMS response unit(s) to the correct location

d. Coordinate EMS response unit(s) with other public safety services until the incident is over

e. Provide emergency medical instructions to the telephone caller

3. The dispatcher assigns the appropriate EMS response unit(s) based on several criteria:

a. Nature and severity of the problem

b. Anticipated response time to the scene

c. Level of training of available EMS response unit(s)

d. The need for additional support

4. The dispatcher should give the responding unit(s) the following information:

a. Nature and severity of the injury, illness, or incident

b. Exact location of the incident

c. Number of patients

d. Responses by other public safety agencies

e. Special directions or advisories (adverse road or traffic conditions or severe weather reports)

f. Time when unit(s) are dispatched

5. EMTs should report any problems that took place during a run to the dispatcher.

6. EMTs should inform the dispatcher upon arrival at the scene.

a. The arrival report should include any obvious details observed during scene size-up.

b. Radio communications must be brief and easily understood.

c. Speaking in plain English is best.

d. Report only important information.

C. Communicating with medical control and hospitals

1. The principal reason for radio communication is to facilitate communication between you and medical control (and the hospital).

2. Medical control may be located at the receiving hospital, another facility, or sometimes even in another city or state.

3. Consulting with medical control serves several purposes:

a. Notifies the hospital of an incoming patient

b. Provides an opportunity to request advice or receive orders from medical control

c. Advises the hospital of special situations

4. Plan and organize your radio communication before you transmit.

5. How to give the patient report

a. Follow the standard format established by your EMS system.

b. Include nine elements:

i. Your unit identification and level of services

ii. The receiving hospital and your estimated time of arrival (ETA)

iii. The patient’s age and gender

iv. The patient’s chief complaint or your perception of the problem and its severity

v. A brief history of the patient’s current problem

vi. A brief report of physical findings

vii. A brief summary of the care given and any patient response

viii. A brief description of the patient’s response to the treatment provided.

vix. Determine whether the receiving facility has any additional questions or orders.

c. Report all patient information in an objective, accurate, and professional manner.

d. People with scanners may be listening.

6. The role of medical control

a. Medical control is either off-line (indirect) or online (direct).

b. Depending on how the protocols are written, you may need to call medical control for direct orders (permission) to conduct certain tasks:

i. Administering certain treatments

ii. Determining the transport destination for patients

iii. Stopping treatment and/or not transporting a patient

c. In most areas, medical control is provided by the physicians working at the receiving hospital.

d. Many variations have developed across the country.

e. The link to medical control is vital to maintain a high quality of care.

7. Calling medical control

a. There are a number of ways to control access on ambulance-to-hospital channels:

i. Dispatcher monitors and assigns appropriate, clear medical control channels

ii. Centralized medical emergency dispatch or resource coordination centers

b. The physician on the other end bases his or her instructions on the information the EMT provides.

c. Never use codes when communicating with medical control, unless you are directed to do so by local protocol.

d. Once you receive an order from medical control, repeat the order back word for word and then receive confirmation.

e. Do not blindly follow an order that does not make sense to you.

8. Information regarding special situations

a. You may initiate communication with hospitals to advise them of an extraordinary call or situation.

b. A small rural hospital may be better able to respond to multiple patients from a highway crash if notified when the ambulance is first responding.

c. An entire hospital system must be notified of any disaster.

d. Other special situations:

i. Hazardous materials situations

ii. Rescues in progress

iii. Multiple-casualty incidents

e. When notifying the hospital of special situations, keep several points in mind:

i. The earlier the notification, the better.

ii. Provide an estimate of the number of individuals who may need to be transported to the facility.

iii. Identify any special needs the patients might have (eg, burns or hazardous materials exposure) to assist the hospital in preparation.

f. Follow the plan for your system.

D. Maintenance of radio equipment

1. Like other EMS equipment, radio equipment must be serviced.

2. The radio is your lifeline.

a. To other public safety agencies (whose duties include protecting you)

b. To medical control

3. At the beginning of a shift, check the radio equipment.

4. Radio equipment may fail during a run.

a. The backup plan must then be followed.

b. Standing orders: written documents signed by the EMS systems medical director outlining specific directions, permissions, and sometimes prohibitions regarding patient care

i. When properly followed, they have the same authority and legal status as orders given over the radio.

Post-Lecture

## Assessment in Action

This activity is designed to assist the student in gaining a further understanding of issues surrounding the provision of prehospital care. The activity incorporates both critical thinking and application of basic EMT knowledge.

### Instructor Directions

**1.** Direct students to read the “Assessment in Action” scenario located in the Prep Kit at the end of Chapter 4.

**2.** Direct students to read and individually answer the quiz questions at the end of the scenario. Allow approximately 10 minutes for this part of the activity. Facilitate a class review and discussion of the answers, allowing students to correct responses as may be needed. Use the quiz question answers noted below to assist in building this review. Allow approximately 10 minutes for this part of the activity.

**3.** You may wish to ask students to complete the activity on their own and turn in their answers on a separate piece of paper.

### Answers to Assessment in Action Questions

1. **Answer:** A Facilitation

2. **Answer:** B Asking leading or biased questions

3. **Answer:** A contact medical control.

4. **Answer:** D remain objective and impartial.

5. **Answer:** AYour estimated time of arrival

6. **Answer:** C physical assessment findings.

7. **Answer:** C follow your agency’s directions for making an amendment.

8. **Answer:** D HIPAA

9. **Answer:**

• Time the incident was reported

• Time the EMS unit was notified

• Time the EMS unit arrived at the scene

• Time the EMS unit left the scene

• Time the EMS unit arrived at the receiving facility

• Time the patient care was transferred

1. **Answer:** Data may be obtained from the PCR to analyze causes, severity, and types of illness or injury requiring emergency medical care. These reports may also be used in an ongoing program for evaluation of the quality of patient care. All reports are periodically reviewed by your system. The purpose of these reviews is to make sure trauma triage and/or other prehospital care criteria have been met.

## Assignments

A. Review all materials from this lesson and be prepared for a lesson quiz to be administered (date to be determined by the instructor).

B. Read Chapter 5, “Medical Terminology,” for the next class session.