



BASE HOSPITAL CONTACT

Effective: January 1, 2025
Replaces: NEW

I. Purpose

The purpose of this policy is to define when contact with the Base Hospital can be established for online medical control or consultation.

II. Criteria

Only accredited paramedics may contact the Base Hospital for purposes of online medical control. Online medical control is defined as real-time direction or orders from a Base Hospital physician or mobile intensive care nurse (MICN) to an ALS provider.

Accredited paramedics may contact the Base Hospital for consultation that does not produce an order outside of standing protocol/policy. Base Hospital contact can be made for the following purposes:

- A. Online medical control
 - 1. Orders for medications or procedures requiring Base Hospital contact per protocol
 - 2. Orders for medications or procedures within scope of practice not specified in a specific protocol
- B. Consultation with Base Hospital
 - 1. Consultation for a patient wishing to refuse care/transport who presents with serious signs/symptoms
 - 2. Consultation regarding a patient's presentation
 - 3. Consultation regarding destination decisions (i.e. specialty centers, AMA out of trauma system)
 - 4. Consultation clarifying an existing protocol/policy

III. Actions

Base Hospital contact should be made via cellular phone under normal circumstances. If cellular communication is not available, radio channel XSC VMC may be utilized as a backup. If no communication with Base Hospital is possible, the paramedic may continue with the proposed treatment plan and submit a System Variance Report.

If Base Hospital contact is made, the following information should be communicated to the Base Hospital physician or MICN:

- A. Calling Party Information
 - 1. Name of caller



2. Provider agency
 3. Unit call sign
 4. Paramedic ID (P-number)
 5. Incident number
- B. Reason for Base Hospital contact
1. Specific question for Base Hospital
 2. Requested orders and rationale for request
- C. Narrative of the incident/patient's condition
- D. Vital signs
1. Pulse
 2. Blood pressure
 3. Respiratory rate
 4. Electrocardiogram
 5. Level of consciousness (GCS)
 6. Pupils
 7. Skin signs
 8. Lung sounds
 9. Other relevant information
- E. Interventions completed prior to contact
1. Medications administered
 2. Procedures performed
- F. Receive orders and repeat back for verification

IV. Exclusions

- A. Base Hospital physicians or MICNs cannot order a procedure or medication not approved by the California EMS Authority Paramedic Basic Scope of Practice or contraindicate an existing Santa Clara County EMS protocol or policy.
- B. Paramedics shall not request an order that would contraindicate an existing standing protocol or policy.
- C. A paramedic may not request to speak to a physician over an MICN unless the order given (or withheld) will prove detrimental to the patient. In such a case, the paramedic shall inform the MICN that they do not feel comfortable with the order and request a physician consultation. The final direction provided by the Base Hospital shall stand as long as the order is within the approved paramedic practice in Santa Clara County.
- D. Immediately following an incident where a paramedic believes that they were given inappropriate direction, the paramedic shall complete and submit a System Variance Report.



V. Base Hospital MICN Record (Reference Only)



Base Hospital MICN Record

Review Call

Date: _____ Time: _____ Event # _____	Call Type: <input type="checkbox"/> AMA/ Non-Transport <input checked="" type="checkbox"/> Pronouncement <input type="checkbox"/> Med Request <input type="checkbox"/> Destination <input type="checkbox"/> Other _____
Age: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Ambulance Co: _____ Paramedic: _____	

Pertinent Exam/Finds: _____

BP: _____ HR: _____ RR: _____ SpO2: _____ ETCO2: _____ T: _____ GCS: _____ ECG Rhythm: _____

BP: _____ HR: _____ RR: _____ SpO2: _____ ETCO2: _____ T: _____ GCS: _____ ECG Rhythm: _____

AMA/ Non Transport	Pronouncement	Medication Request
Competent to Refuse: <input type="checkbox"/> A/O X 4 <input type="checkbox"/> Understands risks of refusal <input type="checkbox"/> No S/S Drug/ETOH use <input type="checkbox"/> Adult (>= 18 or legally emancipated) Spoke with patient? <input type="checkbox"/> Yes <input type="checkbox"/> No Pt. transported? <input type="checkbox"/> Yes <input type="checkbox"/> No Pt's Backup plan: _____ _____ _____	Pronouncement: Rhythm: _____ Down Time: _____ Meds Given: <input type="checkbox"/> Epi Qty: _____ <input type="checkbox"/> Amiodarone Qty: _____ <input type="checkbox"/> Other _____ Qty: _____ Time of Death: _____ Pronounced by: _____	<input type="checkbox"/> Morphine <input type="checkbox"/> Midazolam <input type="checkbox"/> Zofran <input type="checkbox"/> Albuterol <input type="checkbox"/> Other: _____ <hr/> <div style="background-color: #fff2cc; text-align: center;">Destination</div> <input type="checkbox"/> Request to transport through Diversion <input type="checkbox"/> Trauma pt request alternative facility <input type="checkbox"/> Triage out of Trauma System <input type="checkbox"/> Other: _____

Recommendation: _____

Destination: EPS ECH GSH KSC KSJ LGH OCH PAV RSJ SLH SUH VMC

MICN Signature _____ MICN # _____

MD Signature _____