



## HOSPITAL RADIO REPORTS

**Effective:** January 1, 2025  
**Replaces:** February 27, 2023

### I. Purpose

The purpose of this policy is to establish a standard hospital radio report format for prehospital care providers to inform a hospital of pending arrival and when communicating with the Base Hospital.

### II. Hospital Report (Ring-Down)

- A. The intent of the hospital radio report is to provide the receiving facility a brief notification of impending patient arrival, not medical direction. It is important to note that a receiving hospital may not refuse to accept any patient.
- B. Standard hospital notifications shall occur via cellular phone or the services dispatch centers (not County Communications).
- C. Trauma Alerts, STEMI Alerts, Stroke Alerts, and critical patient transports, transporting with red lights and sirens (RLS), to the hospital shall be transmitted via self-initiated radio on the designated hospital ringdown channel.
- D. Interfacility transfer notifications are not to occur on Santa Clara County EMS Communication System frequencies. This is the responsibility of the private ambulance service dispatch center.

### III. Standard Hospital Report Format

- A. A standard hospital radio report includes the following information and is intended to provide a brief summary of the patient's condition prior to ambulance arrival at the emergency department.
  - 1. Demographics:
    - a. Unit ID (agency, type, number)
    - b. Estimated Time of Arrival
    - c. Patient's Age
    - d. Patient's Sex
  - 2. EMS provider's primary impression and patient's chief complaint
  - 3. State any pertinent medical history, pertinent medications, pertinent allergies, or other significant findings from physical assessment.



4. Vital Signs: explain and report abnormal vital signs; otherwise state "within normal limits"
5. Treatment provided: drugs given, airway status, or procedures completed.

#### IV. Specialty Center Hospital Report Format

- A. Specialty centers include Trauma, Stroke, and STEMI.
- B. Specialty center hospital reports are transmitted via self-initiated radio ring-down on the designated hospital ringdown channel.
- C. Specialty center hospital reports should occur prior to departure from the scene and shall be made by the ground paramedic crews if an air ambulance transportation is being utilized.
- D. In addition to the information provided in Section III (above), specialty center radio reports shall start with a clear statement indicating what type of alert applies to the patient (Trauma Alert, Stroke Alert, or STEMI Alert)
- E. Additional information for Trauma Alert shall contain the following:
  1. State the Mechanism of Injury according to *Santa Clara County Prehospital Care Policy #605: Prehospital Trauma Triage*
  2. State the Anatomic and Physiologic Trauma Criteria for transport to a trauma center according to *Santa Clara County Prehospital Care Policy #605: Prehospital Trauma Triage*

Example:

*"Medic 25 enroute with a STEMI ALERT, ETA is eleven minutes, 56-year-old male complaining of severe chest pain. Pt is pale, cool, diaphoretic, GCS 14, BP=90/60, Pulse= 60, RR=10, ECG confirmed STEMI. Aspirin, Nitro, and Morphine given"*

Example:

*"Medic 9 enroute with a Trauma Alert, ETA is ten minutes, 24-year-old female bilateral femur fractures, secondary to a long fall. GCS=3, BP=100/50, Pulse= 120. Pt is intubated."*

#### V. Hazardous Materials Incidents

- A. As per *Santa Clara County Prehospital Care Policy #610: Private EMS Response to Hazardous Materials Incidents*, the transporting crew will contact the receiving hospital, before leaving the scene, but before arriving at the hospital, and provide the following information:



1. State "DECON ALERT"
2. Identify that the patient being transported has been decontaminated after being exposed to a contaminant.
3. Identify the following:
  - a. Chemical name
  - b. Decontamination methods used on-scene
  - c. DOT reference number
  - d. Any appropriate treatment information/considerations
  - e. Provide routine patient notification report
  - f. Request that the ED have an appropriate representative meet the ambulance outside the ED door to evaluate the patient before entry.
  - g. Ambulance personnel shall not enter the emergency department with the decontaminated patient until authorized by the appropriate emergency department representative.

**VI. Base Hospital Contact**

Base Hospital Contact varies greatly from hospital ring-downs, as detailed patient information must be presented to the mobile intensive care nurse (MICN) or physician in order to provide appropriate medical direction (Policy 511)