

VERMONT EMSD#3 GUIDELINES

RADIO PATIENT UPDATE

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CARDIAC ARREST UPDATE

1. Destination hospital
2. Mobile unit
3. Cardiac Arrest - Medical/Trauma
4. Patient Profile
5. Defibrillator Status Update:
  - # of shocks
  - Changes in condition
6. Down time
7. CPR in progress & airway status
8. OVER

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SCENE UPDATE

1. Destination hospital
2. Mobile unit
3. Patient profile
  - A) Initials & DOB or
  - B) FAHC card & DOB (If time permitts)
4. Chief complaint
5. Mental Status
6. Vital Signs
7. Request ALS orders/advice hospital of ALS use
8. OVER

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ENROUTE TRANSMISSION

1. Destination hospital
2. Mobile unit
3. ETA
4. Patient profile
5. Chief Complaint
6. Mental status
7. Vital signs
8. Pertinent medical history
9. Pertinent physical exam
10. Treatment & response
11. OVER

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### RADIO PATIENT UPDATE

#### SUMMARY OF GENERAL PRINCIPLES

1. When possible, use the telephone. (Patients phone or Celular)
2. End your transmissions with the phrase "over."
3. Interrupt lengthy transmissions.
4. Keep not-hospital transmissions off HEAR 1.
5. Keep your transmissions short.
6. Describe the patient's mental status.
7. Be objective and descriptive.
8. Avoid reporting medications and allergies unless pertinent.
9. Avoid "Be advised" and other phrases that do not inform.
10. Use only accepted codes.
11. Follow the format of the radio policy and give scene updates as appropriate.
12. Listen before transmitting so you don't interrupt someone else's transmission.
13. Preserve patient confidentiality by not reporting name or address over the radio.

Give initials & DOB or FAHC card # & DOB for patients who have been to FAHC before. (IF time permits)

14. Give the hospitals an overview of the scene of a multi-casualty incident before describing the injuries of specific patients. Number the patients early and use those numbers consistently.

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**RADIO PATIENT UPDATE**

EXPLANATION OF GENERAL PRINCIPLES

1. When possible, use the telephone. This leaves the air waves free for others and allows more discussion in a less formal atmosphere. First responders who do not go with the ambulance are encouraged to call the destination hospital after the ambulance leaves and give the patient's name, date of birth and any other sensitive information not appropriate for the radio.
2. End your transmissions with the phrase "Over". This makes it clear that your transmissions is ended.
3. If you transmit longer than 30 seconds continuously, interrupt your transmission for at least 5 but no more than 10 seconds to allow anyone else with emergency traffic to get on the frequency.
4. Use HEAR 2 whenever possible for transmissions that do not directly involve a hospital, e.g., giving directions to the scene and updates from the scene to the ambulance.
5. The best transmissions are generally short transmissions. The purpose of the radio report is not to show how thorough your assessment or management was, but to tell the hospital the information needed to direct field management (e.g., IV's and medications) and to prepare for the patient (e.g., getting the trauma team to the Emergency Department before the patient).
6. One of the most frequently omitted pieces of important information is an objective description of the patient's mental status. Instead of saying the patient is lethargic, "out of it" or semi-conscious, describe the test applied and the patient's response to it, e.g., "pt. moans in response to loud verbal stimuli" or "pt. withdraws his hand from a painful stimulus".
7. Be objective and descriptive. You may feel that your patient has obviously had a seizure, but simply describing him as being postictal does not give enough information. Describe his mental status and what witnesses described to you. The information that leads you to your conclusion is more important than just your conclusion alone.
8. It is not necessary or appropriate to give the patient's medications or allergies unless they pertain to the chief complaint.
9. Avoid terms that lengthen transmissions without adding any information, e.g., "Be advised".

## RADIO PATIENT UPDATE

### EXPLANATION OF GENERAL PRINCIPLES (CONTINUED)

10. 10-4 means message acknowledged; it does not mean "yes". Use "affirmative" or "negative" (not "negatory"). Use only the 10-codes approved for use in the district. When plain English and be used, it is frequently clearer than codes.
11. Follow the format in the district's radio policy as much as possible. This will become easier with time and the hospitals will appreciate getting the information in a consistent order. The closer you are to the hospital, and the more serious the patient's condition, the more important it becomes to give an update from the scene.
12. Listen before transmitting to insure that you do not interfere with someone else's transmission. Courtesy is assumed, so there is no need for "please" or "thank you". Speak slowly in as much of a monotone as possible - the radio magnifies emotions.
13. Preserve patient confidentiality as much as possible.
14. At scenes where there is more than one patient, your initial update should concentrate on general conditions of the patients, not on specifics. Number the patients (if possible with the more serious first) and stick to those numbers. Advise the hospitals as soon as possible which ambulance will be transporting which patients to the Emergency Department. As time allows, give more information. Refer to the district's multiple casualty plan for further information.