

17-0108A - Prehospital Reporting Formats

AUTHORITY: Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9

PURPOSE

To establish a MINIMUM-reporting format for prehospital personnel to provide patient report to the Base Hospital and/or Receiving Facilities. If more patient information is necessary to communicate the condition of the patient or the medical personnel taking the report requests additional information, then it should be provided.

BLS/ALS

INITIAL REPORT	ADVISORY REPORT	CONSULTATION REPORT
<p><i>“Heads up” type report to Emergency Department:</i></p> <ol style="list-style-type: none"> 1. Unit ID 2. Unavoidable delays (i.e., extrication, over the edge rescue, etc.) <ol style="list-style-type: none"> a. Any brief additional patient information available: b. Number of patients and severity 3. Trauma Alert, if indicated 4. Estimated time of arrival (ETA) 	<p><i>Consultation and/or orders is <u>NOT</u> needed by prehospital personnel:</i></p> <p style="text-align: center;">↓</p> <ol style="list-style-type: none"> 5. Level of Transport, i.e., Code 2 6. Age, Sex, Weight 7. History of Incident/Mechanism of Injury 8. Trauma Triage Criteria met 9. Chief Complaint 10. Patient Condition (e.g. “stable”) 	<p><i>Consultation and/or orders <u>IS</u> needed by prehospital personnel:</i></p> <p style="text-align: center;">↓</p> <ol style="list-style-type: none"> 11. Primary survey (LOC, skin signs) 12. Vital Signs and GCS 13. Intervention: <ol style="list-style-type: none"> a. BLS Treatment rendered and patient response. b. ALS Standing Orders implemented and patient response. 14. Secondary Physical Exam 15. Past Medical History/PMD 16. Medications/Allergies 17. Request for consultation/orders needed
<p>May Receive Prehospital Report: <i>Any Medical Personnel</i></p>	<p>May Receive Prehospital Report: <i>Any Medical Personnel</i></p>	<p>May Receive Prehospital Report: <i>BLS: RN, MICN or Physician ALS: MICN or Physician ONLY!</i></p>