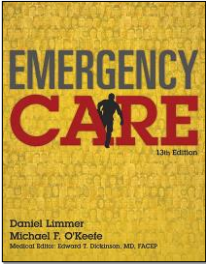


Emergency Care

THIRTEENTH EDITION



CHAPTER 15

Communication and Documentation

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Medical Editor: Edward T. Dickinson, MD, FACP

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Communication Systems


- How we communicate in EMS:
 - Radios
 - One-way pagers
 - Cell phones
 - Traditional telephones (landlines)



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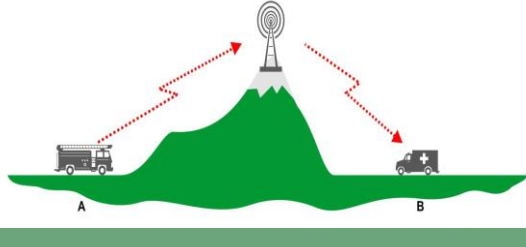
Communication Systems

- EMS radio systems consist of:
 - Base stations
 - Mobile radios
 - Portable radios
 - Repeaters
 - Cell phones
 - Telemetry



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Repeater System



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Radio Communication

- Regulated by the Federal Communications Commission (FCC)
 - Assigns and licenses designated radio frequencies
 - Establishes rules regarding appropriate language
 - Monitors radio traffic

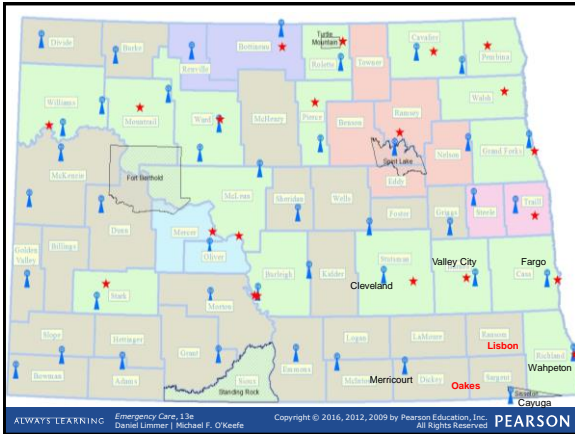
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TABLE 15-1 Principles of Radio Communication

FOLLOW THESE PRINCIPLES WHEN USING THE EMS RADIO SYSTEM:



- Make sure that your radio is on and the volume is adjusted properly.
- Reduce background noise by closing the vehicle window when possible.
- Listen to the frequency and ensure that it is clear before beginning a transmission.
- Press the "press to talk" (PTT) button on the radio, then wait one second before speaking. This prevents cutting off the first few words of your transmission.
- Speak with your lips about two to three inches from the microphone.
- When calling another unit or base station, use their unit number or name, followed by yours. "Dispatcher, this is Ambulance 2."
- If the unit you are calling tells you to "Stand by," wait until they tell you they are ready to take your transmission.
- Speak slowly and clearly.
- Keep the transmissions brief. If it takes longer than thirty seconds, stop at that point and pause for a few seconds so emergency traffic can use the frequency if necessary.
- Use plain English. Avoid codes.
- Do not use phrases such as "be advised." These are implied and serve no purpose.
- Courtesy is assumed, so there is no need to say "Please," "Thank you," and "You're welcome."
- When transmitting a number that might be unclear (fifteen may sound like sixteen or fifty), give the number then repeat the individual digits. Say "fifteen, one-five."
- Anything said over the radio can be heard by the public on a scanner. Do not use the patient's name over the radio. For the same reason, do not use profanities or statements that tend to slander any person. Use objective, impartial statements.
- Use "we" instead of "I." As an EMT, you will rarely be acting alone.
- "Affirmative" and "Negative" are preferred over "Yes" and "No" because the latter are difficult to hear.
- Give assessment information about your patient, but avoid offering a field diagnosis of the patient's problem. For example, say, "Patient complains of abdominal pain" rather than "Patient probably has appendicitis."
- Avoid slang or abbreviations that are not authorized.
- Use EMS frequencies for only authorized EMS communication.

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State Radio Transmissions

- Acknowledging call
- Enroute to the scene
- Arrival at the scene
- Departing the scene (to where)
- Destination arrival (location)
- Enroute to base
- Arrival at base

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Radio Transmissions During Call

- Confirm receipt of messages
- Dispatch will end transmission with time for documentation.

KYK-299 Clear
 KWI-834 1950

Normal Time	Military Time	Normal Time	Military Time
12:00 AM	0000	12:00 PM	1200
1:00 AM	0100	1:00 PM	1300
2:00 AM	0200	2:00 PM	1400
3:00 AM	0300	3:00 PM	1500
4:00 AM	0400	4:00 PM	1600
5:00 AM	0500	5:00 PM	1700
6:00 AM	0600	6:00 PM	1800
7:00 AM	0700	7:00 PM	1900
8:00 AM	0800	8:00 PM	2000
9:00 AM	0900	9:00 PM	2100
10:00 AM	1000	10:00 PM	2200
11:00 AM	1100	11:00 PM	2300

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Radio Medical Reports

- Report must be given to destination hospital so it can prepare for arrival.
 - Usually done by phone or radio
 - Structured to present only most important information
 - Speak clearly and slowly.



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Medical Radio Reports

1. Unit identification and level of provider
2. Estimated time of arrival (ETA)
3. Patient's age and sex
4. Chief complaint
5. Brief, pertinent history of present illness/injury
6. Major past illnesses

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Medical Radio Reports

7. Mental status
8. Baseline vital signs
9. Pertinent findings of physical exam
10. Emergency care given
11. Response to medical care
12. Contact Medical Direction if required or if you have a question

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Medical Radio Reports

- Communicating with medical direction
 - Give information clearly and accurately.
 - Repeat order
 - If order unclear, ask physician to repeat.
 - If order seems inappropriate, question physician.

The Verbal Report

The Verbal Report

- Given upon arrival at destination
- Introduce patient by name.
- Give complete and detailed report.
- This is not your narrative report



Elements of the Verbal Report

EMS TIME OUT REPORT

M	Mechanism or Medical Complaint	Name, Age, Sex Mechanism: Speed, Mass, Height, Restraints, Number and Type of Collisions, Helmet Use and Damage, Weapon Type Medical: Onset, Duration, History
I	Injuries or Illness Identified	Head to Toe Pain, Deformity, Injury Patterns STEMI—12-Lead / Stroke—Cincinnati
S	Signs and Symptoms	Symptoms and Vitals Initial, Current, Lowest Confirmed BP HR, BP, SpO ₂ , RR, EtCO ₂ , BG GCS: Eyes ___ Verbal ___ Motor ___
T	Treatments	Tubes, Lines (Location and Size), Fluids, Medications and Response, Dressings, Splints Defibrillation / Pacing

Interpersonal Communication

Team Communication

- EMT must communicate with others involved in patient's care.
 - First responders
 - Advanced EMTs, paramedics
 - Home healthcare aides, family
- Speak candidly and respectfully.
- Collect information about patient.

Therapeutic Communication

- Communication techniques learned by experience
 - May be more difficult with those in crisis
- Everyone can improve communication skills.



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Therapeutic Communication

- Use eye contact.
 - Shows interest, comfort, and respect
- Be aware of position and body language.
 - Face patient at eye level with arms down.

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Therapeutic Communication

- Use language the patient can understand.
 - Do not use medical terms.
 - Explain procedures.
- Be honest.
 - Dishonesty ruins confidence and rapport.

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Therapeutic Communication

- Use patient's proper name.
 - Sign of respect, especially with older patients
- Listen.
 - Establish trust



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Therapeutic Communication

- Special considerations
 - Always be compassionate and respectful if the patient:
 - Has a mental disability
 - Has visual or hearing impairments
 - Has any language barriers
- Slow down and take the time!

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Pediatric Note

- Pediatric patients
 - Come down to their level.
 - Be truthful.



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Prehospital Care Report

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Prehospital Care Report

- Legal document of everything that happened during call
- Several forms
 - Handwritten
 - Laptop
 - Tablet
 - Pen-based computers
- Drop (transfer) report

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Functions of the Prehospital Care Report

- Patient Care Record (PCR)
 - Documents findings and treatment
 - Conveys picture of scene
 - Entered into patient's permanent medical record

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Functions of the Prehospital Care Report

- Legal Document
 - Can be subpoenaed and used as evidence
 - May help patient win a case
 - May be used against you in case of negligence
- Administrative Purposes
 - Insurance information
 - Billing address

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Functions of the Prehospital Care Report

- Education and Research
 - Clinical research
 - Statistics
 - Continuing education
 - Tracking EMT's personal experience

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Functions of the Prehospital Care Report

- Quality Improvement
 - Routine call review
 - Ensures compliance to standards
 - Can reveal providers deserving special recognition
 - Can reveal opportunities for improvement

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Elements of the Prehospital Care Report

- Data Elements
 - National Highway Traffic Safety Administration (NHTSA)
 - More than four hundred elements
 - Minimum data set available nationwide
 - NEMSIS 3 (National EMS Information System)

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Elements of the Prehospital Care Report

- Run Data
 - Agency name
 - Date and times (as recorded by dispatch)
 - Call number
 - Unit personnel & levels of certification
 - Other information mandated by service

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Elements of the Prehospital Care Report

- Patient Information
 - Name, address, phone number
 - Sex, age, and date of birth
 - Weight
 - Race and/or ethnicity
 - Billing and insurance information

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Elements of the Prehospital Care Report

- Information Gathered during the Call
 - General impression of patient
 - Narrative summary of call
 - Patient's prior aid, past medical history, physical exam results, vital signs, ECG results, procedures and treatments, medications administered, and other information as required by your service
 - Transport information

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Elements of the Prehospital Care Report

- Narrative Sections
 - Subjective information
 - Subject to interpretation or opinion (often reported by "patient")
 - Objective information
 - Observable, measurable, verifiable
 - Assessment information
 - Head to toe
 - Plan
 - Treatment



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Elements of the Prehospital Care Report

- Narrative Sections
 - Chief complaint
 - Primary complaint, as stated by patient
 - Best recorded as a direct quote
 - Pertinent negatives
 - Important negative findings

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Elements of the Prehospital Care Report

- Narrative Sections
 - Avoid radio codes and nonstandard abbreviations.
 - Write legibly and use correct spelling.
 - Information must be read easily and accurately.
 - PCR is a reflection of your care.
 - Use appropriate medical terminology.
 - If it's not written down, you didn't do it.

NORTH DAKOTA EMS PATIENT CARE REPORT					
Service Name	Unit Number	PCR Number	Date of Onset	Time	PCR Report Date
Military Times: (000 - 200) (000 - 200) (000 - 200)	Patient Demographics				

Special Documentation Issues

Legal Issues

- Confidentiality
 - Covered by the Health Insurance Portability and Accountability Act (HIPAA)
 - Accountability and security
- Patient Refusals
 - High liability
 - Document all details in a "refusal of care" form.

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PAGE WOLFBERG & WIRTH LLC
O.V.A.S. "INFORMED DECISION-MAKING" FORM - Version 1.4

PATIENT ASSESSMENT

Patient Name: _____ Date: _____

(A) LEGAL CAPACITY

NOTE: If answers to at least one of the questions in this section is "YES" the patient may sign this form in most states. If "NO" or "OK" signature of legally authorized decision maker required. Check your state law for the other exception.

Has the patient: Yes ___ No ___ If asked a patient verbally: Yes ___ No ___ If asked a patient physically: Yes ___ No ___

Comments/Questions/Notes: _____

(B) MENTAL CAPACITY

NOTE: If "YES" to any question in (B), Patient still has capacity to refuse care. Though this is a form-specific determination and consultation with medical personnel is encouraged. Do not allow Patient to drive or sign Post-care release/transportation until he/she is over 18 years of age. The form is signed by Patient or legal guardian.

Disoriented to: Person: Yes ___ No ___ Health/ETOH/Drug use: Yes ___ No ___ Date of BIRTH: Yes ___ No ___
Place: Yes ___ No ___ Addressed by Name: Yes ___ No ___ Intoxicated: Yes ___ No ___
Time: Yes ___ No ___ Shared speech: Yes ___ No ___

Comments/Questions/Notes: _____

(C) MEDICAL CAPACITY

NOTE: If "YES" to any question in (C), Patient still has capacity to refuse care. Though this is a form-specific determination and consultation with medical personnel is encouraged. Do not allow Patient to drive or sign Post-care release/transportation until he/she is over 18 years of age. The form is signed by Patient or legal guardian.

Has the patient: Yes ___ No ___
Understands the nature of the illness or condition: Yes ___ No ___
Understands the risks, benefits, and consequences: Yes ___ No ___
Understands the alternatives to the proposed course of action: Yes ___ No ___
Understands the consequences of refusing to follow the proposed course of action: Yes ___ No ___
Understands the consequences of not following the proposed course of action: Yes ___ No ___

Comments/Questions/Notes: _____

(D) MEDICAL CONSENT

Patient consent: _____ Consent by: _____ with ___ at ___
Under: Subscribed Name: _____ For Release/Authorization to Treat: _____ Date: _____

Comments/Questions/Notes: _____

Legal Issues

- Falsification
 - Covering up errors
 - Recording something you forgot to do
- Correction of Errors
 - Mistakes in documentation
 - Additions

CH 2015

11/04/20

Think About It

- You respond to a call for an unconscious male. Upon arrival the patient is awake, alert, and walking away. He states he was just sleeping, and does not need or want treatment or transport.

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Think About It

- Is this a patient?
- Is a complete assessment and physical exam needed?
- How will you document this call?
- Should you obtain a formal patient refusal?

Special Situations

- Multiple-Casualty Incidents
 - Logistical problem for EMS
 - Many patients
 - Care and evaluation by several providers at different times and locations

Special Situations

- Special Situation Reports
 - Exposure to infectious disease
 - Injury to yourself or another EMT
 - Hazardous or unsafe scenes
 - Referrals to social service agencies
 - Mandatory reports for child or elderly abuse

Chapter Review

- Verbal reports should include;
 - Unit identification and ETA
 - Patient's age and sex
 - Chief complaint
 - Brief history (past and present)
 - Mental status
 - Baseline vital signs
 - Pertinent findings of the physical exam
 - Emergency care given and response

Chapter Review

- PCR should include:
 - Patient's name, address, date of birth, age, sex
 - Billing and insurance information
 - Nature of the call or mechanism of injury
 - Description of where the patient was found
 - Assessment findings
 - Signs and symptoms
 - All vitals
 - Treatment and response to treatment
 - Any changes enroute, or upon arrival to facility

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Chapter Review

- A PCR may be a legal document in a court proceeding.
- Data from PCRs may help determine future treatments, trends, research, and quality improvement
- Your report should "paint a picture" of your patient and their condition, accurately describing your contact with the patient throughout the call.

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Remember

- Emergency medical communication comes in many forms and is essential to team-based patient care.
- The medical radio report is structured to present pertinent facts about the patient without providing more detail than necessary.

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Remember

- Interpersonal communication is often challenging in EMS. Adopting best practices can improve communication capabilities significantly.
- Confidentiality, patient refusals, and falsification of records are all-important legal concepts that an EMT must consider when documenting a call.

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Questions to Consider

- How can you improve your interpersonal communication with patients and team members?
- What is "objective" and "subjective" information in the narrative portion of the PCR?

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Documentation Reference Information

The Importance of a Quality Patient Care Report

- Provides continuity of patient care and recording of the event
- A good report may provide protection from litigation
- Credibility as health care professionals
- Financial reimbursement
- Data for changes in public health programs

Thorough and accurate documentation skills is important to any other person you will

Two Documentation Elements: SOAP and CHART Formats

S Subjective findings: Information told to you from the patient, family, bystanders, or others. This includes history of the present illness and past medical history (SAMPLE).

O Objective findings: Findings that can be seen, heard, smelled, measured or felt. Includes the level of responsiveness, ABC's, vital signs, physical assessment and general impression.

A Assessment: Your impression of the patient's illness or injury based on subjective and objective findings.

P Plan: Emergency care given to the patient.

C Chief Complaint: Patient's description of illness or injury.

Good documentation is a credit, precise, comprehensive, legible, objective, timely and accurate

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