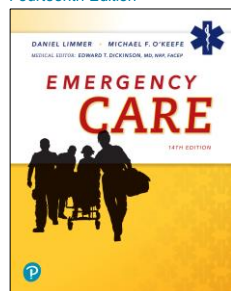


Emergency Care

Fourteenth Edition



Chapter 17

Communication and Documentation

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Topics

- [Communication Systems and Radio Communication](#)
- [The Verbal Report](#)
- [Interpersonal Communication](#)
- [Prehospital Care Report](#)
- [Special Documentation Issues](#)

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Communication Systems and Radio Communication

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Communication Systems (1 of 2)

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

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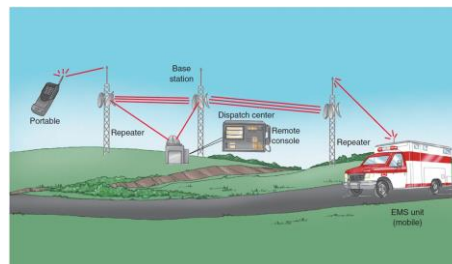
Communication Systems (2 of 2)

- New technology developing almost constantly
 - Computers and tablets
- Backup radios in many systems
- Radio systems require preventive maintenance and repair.

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Repeaters



Example of an EMS communication system using repeaters.

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Radio Communication

- Regulated by the Federal Communications Commission (FCC)
 - Assigns and licenses designated radio frequencies
 - Prevents interference with emergency radio traffic
 - Prohibits profanities and offensive language



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Box 17-1 Principles of Radio Communication (1 of 2)

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 30 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.



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Box 17-1 Principles of Radio Communication (2 of 2)

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 (15 may sound like 16 or 50), give the number and 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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Radio Transmissions Throughout the Call (1 of 3)

- Initial call often comes via telephone but may be radioed from another agency.
- Without prompt and efficient dispatch and receipt of information, ambulances can be sent to the wrong location.



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Radio Transmissions Throughout the Call (2 of 3)

- Dispatch records all times according to 24-hour clock.
 - Time of Original call
 - Time ambulance was dispatched
 - Time ambulance reached staging area
 - Time ambulance arrived at scene
- Dispatcher gives times after most transmissions.



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Radio Transmissions Throughout the Call (3 of 3)

- Many transmissions are between the mobile radio within the ambulance and the dispatcher at a base station.
- In some EMS systems, simple standard communications are transmitted by pushing a button on a mobile data terminal (MDT) mounted in the ambulance.
- Carry portable radio whenever you leave unit.



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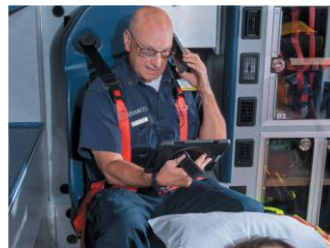
Radio Medical Reports (1 of 2)

- Report must be given to destination hospital so it can prepare for arrival.
 - Reports may be by radio, verbally (in person), in writing, or in all three ways
 - Radio report is specifically structured to present only most important information.
 - “Paint a picture” of the patient in words.



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Radio Medical Reports (2 of 2)



Communication from the ambulance can be by radio or cell phone.



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Medical Radio Reports (1 of 3)

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 (2 of 3)

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



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Medical Radio Reports (3 of 3)

- Communicating with medical direction
 - Give information clearly and accurately.
 - After receiving order or denial for medication or procedure, repeat back word for word.
 - If order unclear, ask physician to repeat.
 - If order seems inappropriate, question physician.



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The Verbal Report

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The Verbal Report (1 of 2)

- Given upon arrival at destination
- Introduce patient by name.
- Give complete and detailed report.



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The Verbal Report (2 of 2)

- Elements of verbal report
 - Chief complaint
 - History that was not given previously
 - Assessment/treatment given en route
 - Additional vital signs taken en route



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Interpersonal Communication

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Team Communication

- EMTs must communicate with others involved in patient's care.
 - First responders
 - Advanced EMTs, paramedics
 - Home healthcare aides, family
- Speak candidly and respectfully to:
 - Gather information about the patient.
 - Complete any necessary and appropriate transfer of care.



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Therapeutic Communication (1 of 5)

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



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Therapeutic Communication (2 of 5)

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



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Communication Techniques (1 of 3)



Communicating with patients and others who are in crisis requires skill and tact.



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Therapeutic Communication (3 of 5)

- 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 (4 of 5)

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



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Communication Techniques (2 of 3)



Position yourself at or below the patient's eye level to be less intimidating and to aid communication.



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Therapeutic Communication (5 of 5)

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



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Pediatric Note

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



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Communication Techniques (3 of 3)



Stay at a child's eye level or lower.



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Prehospital Care Report

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Prehospital Care Report

- Written documentation of what happened during a call
- Several forms
 - Handwritten
 - Laptop
 - Tablet
 - Pen-based computers
- Drop (transfer) report



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Functions of the Prehospital Care Report (1 of 5)

- Patient Care Record
 - 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 (2 of 5)

- Legal Document
 - Can be subpoenaed and used as evidence
 - May help patient win a case
 - May be used against you in case of negligence



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Functions of the Prehospital Care Report (3 of 5)

- Administrative Data
 - Insurance information
 - Billing address



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Functions of the Prehospital Care Report (4 of 5)

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



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Functions of the Prehospital Care Report (5 of 5)

- 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 (1 of 7)

- Data Elements
 - Developed by National Highway Traffic Safety Administration (NHTSA)
 - More than four hundred elements
 - Minimum data set available nationwide



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Elements of the Prehospital Care Report (2 of 7)

- Run Data
 - Agency name, date, times, call number, unit personnel and levels of certification, and other basic information mandated by service
 - Use official time given by dispatch so all times in report match.



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Elements of the Prehospital Care Report (3 of 7)

- 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 (4 of 7)

- 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 (5 of 7)

- Narrative Sections
 - Objective information
 - Observable, measurable, verifiable
 - Subjective information
 - Subject to interpretation or opinion (often reported by patient)



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Elements of the Prehospital Care Report (6 of 7)

- 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 (7 of 7)

- 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.



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Special Documentation Issues

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Legal Issues (1 of 2)

- 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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Legal Issues (2 of 2)

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



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Think About It 1

- 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 2

- 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?



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Special Situations (1 of 2)

- Multiple-Casualty Incidents
 - Logistical problem for EMS
 - Documentation of information for individual patients may be difficult.
 - Care and evaluation by several providers at different times and locations
 - Important to keep information with patients from an MCI scene as they move through the system



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Special Situations (2 of 2)

- 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



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Chapter Review



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Chapter Review (1 of 7)

- When calling in patient information, include these elements:
 - Unit identification and level of provider
 - Estimated time of arrival
 - Patient's age and sex
 - Chief complaint
 - Brief, pertinent history of the present illness



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Chapter Review (2 of 7)

- When calling in patient information, include these elements:
 - Major past illnesses
 - Mental status
 - Baseline vital signs
 - Pertinent findings of the physical exam
 - Emergency medical care given
 - Response to emergency medical care



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Chapter Review (3 of 7)

- When calling in patient information, include these elements:
 - Contact made with medical direction if required or if you have questions
- When completing the prehospital care report, or PCR, include the following:
 - Patient's name, address, date of birth, age, sex



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Chapter Review (4 of 7)

- When completing the prehospital care report, or PCR, include the following:
 - Billing and insurance information (in many jurisdictions)
 - Nature of the call
 - Mechanism of injury
 - Location where the patient was found



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Chapter Review (5 of 7)

- When completing the prehospital care report, or PCR, include the following:
 - Treatment administered before arrival of the EMT (by bystanders, Emergency Medical Responders, or others)
 - Signs and symptoms
 - Baseline and subsequent vital signs



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Chapter Review (6 of 7)

- When completing the prehospital care report, or PCR, include the following:
 - Secondary assessment
 - Care administered and the effect that the care had on the patient (e.g., improved, no change)
 - Changes in condition throughout the call



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Chapter Review (7 of 7)

- A PCR may be a legal document in a court proceeding.
- The PCR should be completed as soon as possible after the completion of the call.
- 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 (1 of 3)

- 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 (2 of 3)

- A proper verbal report will include the chief complaint, any history that was not given previously, additional treatment given, and additional vital signs taken en route.



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Remember (3 of 3)

- 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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Critical Thinking (1 of 5)

- Organize this random information and present a radio report to the hospital.
 - Chest pain radiating to shoulder
 - 56 years old
 - Oxygen applied at 15 L/minute via nonrebreather
 - Alert and oriented
 - Female



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Critical Thinking (2 of 5)

- Organize this random information, and present a radio report to the hospital.
 - Came on 20 minutes ago while mowing lawn
 - History of high blood pressure and diabetes
 - Pulse 86, respirations 22, skin cool and moist, blood pressure 110/66, SpO2 96%



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Critical Thinking (3 of 5)

- Organize this random information, and present a radio report to the hospital.
 - Oxygen relieved pain slightly
 - Denies difficulty breathing
 - Requesting orders from medical direction
 - You are on Community BLS Ambulance 4



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Critical Thinking (4 of 5)

- Organize this random information, and present a radio report to the hospital.
 - Lung sounds equal on both sides
 - Placed in a position of comfort
 - ETA 20 minutes



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Critical Thinking (5 of 5)

- Write a narrative report for the same call. Will you use different information?



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