



Stanislaus County Emergency Medical Services Agency

Category	Communications		
Policy #	330.10		
Title	Ambulance Report Format		
EMS Director	Signature on file	Effective Date	8/1/2024
Medical Director	Signature on file	Review Date	2/1/2024
Signatures available upon request*		Revision Date	8/1/2026

I. AUTHORITY

Division 2.5, California Health and Safety Code, sections 1797.204, 1797.220, 1798(a), 1798.6

II. DEFINITIONS

- A. "Agency" means Stanislaus County EMS Agency.
- B. "Base Hospital" means a hospital approved and designated by the Agency to provide immediate medical direction and supervision to prehospital personnel in accordance with policies and procedures established by the Agency.
- C. "Hospital" means an acute care hospital licensed under Chapter 2 (commencing with section 1250) of Division 2, with a permit for basic emergency service or an out-of-state acute care hospital which substantially meets the requirements of Chapter 2 as determined by the Agency which is utilizing the hospital in the emergency medical services system and is licensed in the state in which it is located.
- D. "Receiving Facility" means an acute care facility authorized pursuant to Agency policy to receive emergency patients transported by an ambulance service provider.

III. PURPOSE

The purpose is to establish a standard format for prehospital personnel to communicate pertinent patient information to the Base Hospital and Receiving Facilities.

IV. POLICY

- A. Standard patient reports to a Base Hospital or Receiving Facility should be no longer than 30-40 seconds.
- B. When Appropriate, additional information will be offered by prehospital personnel or requested by the Base Hospital or Receiving Facility.
 - 1. In certain situations, related to specialty services (STEMI/Stroke/Trauma), EMS personnel may provide patient name and or birthday via radio or landline.
- C. Patient report shall be given for all patients while the system is not under MCI radio operation.

- D. During MCI's, it is imperative that radio transmissions be kept to minimum and EMS personnel will function under standing orders.

All non-MCI 9-1-1 patient destinations will be routed through the DCF for assigned destinations. EMS crews should provide patient's desired destination, however depending on hospital availability, DCF will assign most appropriate hospital. To assist DCF with appropriate destination decisions, be sure to include if the patient requires a specialty service (STEMI, Stroke, Trauma). When communicating non-MCI patient information to the DCF during an MCI, radio traffic shall be limited to only necessary information such as unit number, requested hospital, chief complaint, treating ALS or BLS, and ETA.

1. See Policy 820.00 (Disaster Control Facility), sections 5.1 and 5.6 for MCI related radio traffic procedures.

V. PROCEDURE

- A. During initial notification, EMS personnel shall indicate:

1. The name of the facility that they are attempting to reach.
2. Their company name/Unit #
3. Code of Transport

- B. Reports shall be given using the following format:

1. Unit
2. Medics
3. Code of Transport
4. ALS or BLS
5. ETA
6. Medical/Trauma
7. Age
8. Male/Female
9. Chief Complaint/Problem
10. Vitals Signs/GCS
11. Mechanism of Injury/Nature of illness
12. Treatments (performed/in-progress)
13. Response to Treatment
14. If necessary, request further treatments (from Base Hospitals only)