Base Hospital Contact

POLICY #4100

1. Prior to Base Hospital contact:

   ALS/LALS personnel may institute specified procedures and administer medications before attempting voice contact with a physician or Mobile Intensive Care Nurse. Those procedures and medications are indicated in the Treatment Protocols by the notation **SO** (Standing Orders).

   Those procedures and medications that require Base Hospital contact prior to being performed are represented by the abbreviation **BH** (Base Hospital contact). Those procedures and medications that require Base Hospital Physician approval prior to being performed are represented by the abbreviation **BHP** (Base Hospital Physician).

2. ALS/LALS personnel will contact the Base Hospital:

   - For any patient who would benefit from consultation with the Base Hospital regarding general assessment and/or patient management.
   - At any point in a policy or patient care protocol where Base Hospital contact is required for medication, treatment or procedure.
   - For any patient who refuses medical treatment or transportation and does not meet the criteria for refusal in accordance with Policy #1500.
   - For any patient who is attended by a physician at the scene and that physician wishes to recommend treatment or assume responsibility for the patient's care.
   - The time of Base Hospital contact and the name of the MICN or physician contacted must be documented on the Patient Care Report Form. ALS/LALS personnel may receive medical direction only from the Imperial County authorized Base Hospital.

3. Disrupted communications:

   - In situations where required Base Hospital contact cannot be established, maintained, or an MICN / Base Hospital Physician is unavailable, and in the

of ALS/LALS personnel, the patient's condition warrants ALS medical intervention, ALS/LALS personnel may institute the emergency treatment as specified in the appropriate ALS protocol. ALS/LALS personnel should include documentation of disrupted communications on the Patient Care Report Form.

- ALS/LALS personnel will notify the Base Hospital as soon as they reach a Receiving Hospital or upon returning to quarters. The Communication Failure Report Form (see attached) must be completed including all communication attempts, the nature of the disruption, and any pertinent facts. The Report Form must be submitted along with a copy of the PCR to the Base Hospital within 24 hours of the occurrence.

APPROVAL

Bruce E. Haynes, M.D.
EMS Medical Director

IMPERIAL COUNTY
EMERGENCY MEDICAL SERVICES AGENCY

COMMUNICATION FAILURE REPORT FORM

This form is to be completed whenever a patient's condition warrants ALS/LALS medical intervention and Base Hospital radio/telephone contact cannot be established, maintained, or when the Base Hospital MICN or Physician is not available. Attach form to PCR and submit to Base Hospital Coordinator for review.

Report initiated by: ______________________________ Title: ____________

Date of incident: ________________ Agency & Unit #: ________________

Patient Name: ________________ Receiving Hospital: ______________

List attempts made to establish communications and explain problems encountered:

____

____

(Attach additional sheets as needed)

If Base contact was made and no MICN/Physician available, explain why (example: no MICN on duty, physician unable to leave patient, etc.):

____

____

Incident Summary (include patient's condition and treatment given under communication failure protocol):

____

____

____

(Attach additional sheets as needed)

Reporting Party: ______________________________ Date: ______________
Signature

IMPERIAL COUNTY
EMERGENCY MEDICAL SERVICES AGENCY

COMMUNICATION FAILURE INVESTIGATION FORM

Base Hospital Coordinator: ______________________ B.H. Run # __________

Prehospital Personnel Involved: Title/Cert #:

______________________ ______________________

______________________ ______________________

PROBABLE CAUSE OF COMMUNICATION FAILURE

( ) Equipment Failure

( ) MICN/Physician not available

( ) Unknown

( ) Poor reception

( ) Other

Explanation: ____

____

(use additional sheets as needed)

Were Communication Failure protocols followed? ______________

If no, explain: ____

____

Was the field treatment appropriate for the patient condition? __________

If no, explain: ____

____

Problems identified: ____

Actions taken: ____

Recommendations: ____

Signature: ______________________ Date: ______________