



**TITLE: PREHOSPITAL FIELD TO HOSPITAL
REPORT FORMATS**

EMS Policy No. **3411**

PURPOSE:

The purpose of this policy is to define the elements for prehospital medical reporting between prehospital personnel and Base or Receiving Hospitals.

AUTHORITY: Health and Safety Code, Division 2.5 Section 1797.220, 1798 et seq.

DEFINITIONS:

- A. "Base Hospital" and "Disaster Control Facility (DCF)" means a facility in San Joaquin County designated by SJCEMSA to perform the functions of a Base Hospital which is responsible for directing the prehospital care system in accordance with the policies and procedures of the SCJEMSA.
- B. "Receiving Hospital" means a licensed general acute care hospital with a permit for basic or comprehensive emergency services authorized by SJCEMSA to receive patients from the prehospital environment.
- C. "Medical Alert" means a patient needing immediate physician intervention and bedding at the receiving hospital.
- D. "Trauma Alert" means patients meeting major trauma triage criteria outlined in EMS Policy No. 5210, Major Trauma Triage Criteria.
- E. "Stroke Alert" means patients meeting stroke alert criteria listed in EMS Policy No. 5201, Medical Patient Destination.
- F. "STEMI Alert" means patients meeting STEMI alert criteria listed in EMS Policy No. 5201, Medical Patient Destination.
- G. "Sepsis Alert" means patients meeting Septic Shock criteria listed in EMS Policy No. 5700, Advanced Life Support Treatment Protocols, AGEN-01.
- H. "Pertinent History" means only medical history that is needed to assist in the bedding determination.

POLICY:

It is the policy of SJCEMSA to require specific elements to be included in field to hospital medical reporting for standard and effective communication to appropriately triage patients prior to arrival to a hospital.

PROCEDURE:

- I. Terms such as "code three" or "code two" are driving conditions and should not be used to describe patient condition.
- II. Terms such as "ALS" or "BLS" should not be used to describe the care or

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treatment provided or patient severity.

III. All field medical reports shall be reported in the format listed below.

Alert Reports	Standard Report
<ol style="list-style-type: none">1. Unit ID.2. Name and Level (EMT or Paramedic) of person making report.3. Alert type:<ol style="list-style-type: none">a. Medical Alert or,b. Trauma Alert or,c. Stroke Alert or,d. STEMI Alert or,e. Sepsis Alert.4. Patient age.5. Gender.6. Level of Consciousness.7. Chief Complaint.8. Pertinent History.9. Additional alert specific information:<ol style="list-style-type: none">a. Medical Alert or,<ol style="list-style-type: none">i. Pertinent history.b. Trauma Alert or,<ol style="list-style-type: none">i. Mechanism of injury,ii. Physical findings,iii. Trauma triage criteria meet.c. Stroke Alert or,<ol style="list-style-type: none">i. Last known well timeii. Blood glucose.d. STEMI Alert or,<ol style="list-style-type: none">i. Onset time,ii. 12 Lead findings.e. Sepsis Alert.<ol style="list-style-type: none">i. Systemic inflammatory response criteria meet,ii. Infection type10. Last set of vital signs:<ol style="list-style-type: none">a. Blood pressure,	<ol style="list-style-type: none">1. Unit ID.2. Name and Level (EMT or Paramedic) of person making report.3. Patient age.4. Gender.5. Level of Consciousness.6. Chief Complaint.7. Pertinent History8. Last set of vital signs:<ol style="list-style-type: none">a. Blood pressure,b. Pulse rate,c. Respiratory rate,d. SpO2,9. Treatment provided.10. Estimated time of arrival.

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<ul style="list-style-type: none">b. Pulse rate,c. Respiratory rate,d. SpO2,e. EtCO2, if applicable. <p>11. Treatment provided.</p> <p>12. Estimated time of arrival.</p>	
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