

EMS providers transporting status I, II, or III patients (see [Status Determination 8.12](#)) should advise the receiving hospital, in a timely manner, of patients en route to that Emergency Department (except in Mass Casualty Incidents (MCI) during which routine communications cease).

An EMS provider may establish contact with a Medical Control physician via VHF radio on one of the assigned medical frequencies, via telephone direct to each Department's recorded EMS line, or via telephone patch through the Resource Coordination Center. If a Medical Control physician is needed for consultation, request this before giving patient information. It is recommended that all medical communications be recorded.

### **VHF Medical Frequencies**

- Initiate call to the appropriate hospital and identify:
  - Destination hospital.
  - Ambulance unit calling.
  - Status of the patient.

### **Telephone**

- To contact the destination hospital via telephone, use of a direct-recorded line to the Emergency Department is recommended.
- Request Medical Control, if needed, give the name of the patient, his or her age, status, and complaint.

Upon establishing voice communication with the destination hospital/medical control physician (if needed), present the following information in a concise and clear manner:

- Emergency response unit and level of care: Paramedic/AEMT/Basic, with ETA.
- Patient's age, sex, and status level.
- Patient's chief complaint.
- Patient's present medical condition.
- Patient's vital signs, including level of consciousness.
- Patient's physical signs of illness or injury.
- Patient's electrocardiogram rhythm, if indicated.
- Patient's relevant medical history.
- Prehospital diagnostic tests performed/results and treatment rendered/results.

Give a list of medications and allergies only if requested by the destination hospital, or if it is anticipated that a medication order would be given by Medical Control.