

APPROVED: \_\_\_\_\_  
Executive Director

EFFECTIVE DATE: 11/01/2002

SUPERSEDES: \_\_\_\_\_

REVISED: 08/2003

REVIEW DATE: 08/2008

\_\_\_\_\_  
Medical Director

PAGE 1 OF 2



**AMBULANCE REPORT FORMAT**

I. AUTHORITY

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

II. DEFINITIONS

- A. "Base Hospital" means a hospital approved and designated by the EMS Agency to provide immediate medical direction and supervision to prehospital personnel in accordance with policies and procedures established by the EMS Agency.
- B. "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 local EMS agency which is utilizing the hospital in the emergency medical services system, and is licensed in the state in which it is located.
- C. "Receiving Facility" means an acute care facility authorized pursuant to Agency policy to receive emergency patients treated or transported by an ambulance service provider.

II. PURPOSE

To establish a standard format for prehospital personnel to communicate pertinent patient information to Base Hospitals and Receiving Facilities.

III. 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.
- C. Base Hospital contact shall be made for all patients requiring ALS interventions or Code III transport. Diagnostic interventions such as monitor and pulse oximetry do not constitute ALS interventions unless abnormalities are identified.
- D. Receiving Facility report shall be given for all patients not requiring Base Hospital contact.

IV PROCEDURE

A. During initial notification, EMS personnel shall indicate:

1. The facility name
2. Provider Name/Unit #
3. Code of Transport
3. Indicate Receiving Facility Report or Base Hospital Contact  
(e.g. Acme Hospital, Ambulance Unit 1 with Code 3 Base Contact or Acme Hospital, Ambulance Unit 1 with Code 2 Receiving Facility Report)

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

Receiving Facility Report*	Base Hospital Contact*
1. Unit	1. Unit
2. Medics	2. Medics
3. Code of Transport	3. Code of Transport
4. ETA	4. ETA
5. Medical/Trauma	5. Medical/Trauma
6. Age	6. Age
7. Male/Female	7. Male/Female
8. Chief Complaint/ Problem	8. Chief Complaint/ Problem
9. Vital Signs/GCS	9. Vital Signs
10. Mechanism of Injury	10. Treatments (performed/ in-progress)
	11. Response to Treatment
	12. Request further Therapy

\*see section III C. and D.

C. When requested, the following information shall be provided:

1. Additional therapy
2. Receiving facility
3. Medical History
4. Pertinent Physical Exam
5. Medications
6. Allergies
7. GCS