

Policy 609

Base Station Guidelines

Rev: 2/18

- I. For purposes of Medical Control paramedics and EMTs must contact the Base Hospital in the following circumstances:
 - A. To administer medications or provide treatment restricted to medical control per protocols.
 - B. For patients who have decided against transportation and fit the conditions listed in Policy #608 Patient Refusal of Care Against Medical Advice or Release-At Scene.
 - C. For dispatch information indicating that multiple victims or hazardous materials may be involved.
 - D. To obtain field pronouncements.
 - E. For complicated scenarios not otherwise addressed by existing policies and protocols
 - F. When trauma patients meet criteria for Base Hospital consultation as specified in Policy #625 Trauma Patient Transport and Hospital Destination.
- II. For purposes of Medical Consult Paramedics and EMTs should contact the Base Station when support of the Base Station staff would assist in resolving an on-scene conflict with the patient or other agencies.
- III. Paramedics and EMTs are unable to contact the Base Hospital due to communication failure will report this event on the PCR in the appropriate section.
- IV. Radio-Call-In Formats are needed so that Base Hospital staff will be assured of getting necessary information to prepare for a patient. In addition, a radio-call-in can also help determine which facility is best to receive a patient. When contacting the Base Hospital, the following information will be presented during the call-in, regardless of what format you are using.
 - Unit Identifier
 - Med channel being used (when not using cellular or land line communication)
 - Patient Status Level (see Policy 621 *Patient Acuity Guidelines*)
 - Type of call-in (Notification, Consult, or Medical Control)
 - Paramedics and EMTs attending
 - Age and Gender
 - ETA and code of transport
 - Relevant patient information.
- V. Types of Call-ins:
 - A. Hospital Notification
 1. Meant to prepare the ED staff for the patient's arrival
 2. Make this call as soon as possible during transport
 3. Include relevant patient detail, for example:
 - a) Patient on a backboard
 - b) Family members onboard



- c) Patient being ventilated
- d) Exclude irrelevant information

B. Base Station Consult

1. The goal is to develop a plan in concert with the Base Hospital
2. The Base Hospital becomes part of your problem-solving process
3. You are seeking advice, for example, difficult non-transport situations
4. When disagreements arise among on scene providers regarding the appropriate treatment for a patient

C. Medical Control

1. You are seeking an order from the Base Hospital
2. Be very explicit about what you are looking for in the beginning of the call-in; do not make the Base Hospital guess what you are trying to do.

D. PAM Triage (Policy 625 *Trauma Patient Transport and Destination* and Policy 626 *Trauma Triage*)

1. PAM Trauma Triage call-ins are a specific subset of the Base Station Consult format. PAM Trauma Triage call-ins are designed to help field personnel reach a destination decision in coordination with the Base Station on PAM Trauma patients that meet only Mechanism +/- Special criteria or who don't meet clear destination criteria as defined in Policy 625.
2. You should provide the Base Station with the following information:
 - a) Which PAM criteria are met
 - (1) Note: in accordance with Policy 625 only Mechanism +/-Special criteria patients are eligible for local transport. Unless in extremis. Physiologic and/or Anatomic criteria require transportation to a local trauma center by air or – if air unavailable – by ground.
 - b) A detailed description of the mechanism and special criteria, if any.
 - c) A complete head to toe exam including relevant findings and/or pertinent negatives for all body systems.
 - d) A detailed overview of the patient's physiologic status including a complete set of vital signs.
 - e) Any applicable co-morbidities.
 - f) Other relevant information.

David Ghilarducci MD

VI. Trauma Call-in Format

- “(Facility) Base, this is (Unit Identifier) on (Radio Channel) with Trauma Triage traffic.”
- “We are currently (on scene, en-route) with a (age/gender) who is a trauma patient.”
- “Patient does/not meet physiologic for (list specific PAM criteria from Policy 626 if applicable). Vital signs are as follows: Required vital signs are HR, RR, BP, Cap Refill, Skin color/condition, and LOC.” Optional vital signs are SaO₂, EKG, etc.
- “Patient does/not anatomic criteria for (list specific PAM criteria from Policy 626 if applicable).” “Patient exam is as follows: Head-Neck-Chest-Abdomen-Back-Pelvis-Lower Extremities-Upper Extremities with description of all findings and/or pertinent negatives for each body system.”
- “Patient does/not meet mechanism criteria (list specific PAM criteria from Policy 626, if applicable) due to (describe the mechanism in detail).”
- “Patient does/not special conditions criteria (list/describe patient co-morbidities if applicable).”
- “We think that (ground/air) transport to (local facility/trauma center) would be appropriate for this patient.”
- “How/Where would you like this patient transported?”

David Ghilarducci MD