

CMED Radio Format Region I



CREATED BY C-MED USER
GROUP 2016

Purpose



- To provide a standardized guideline for pre-hospital and hospital providers utilizing the Central Medical Communications links throughout Region 1.
- To define and integrate a format for C-Med or direct hospital patches and communication.

Entry Notification Criteria



- Service name, level of unit, and unit number
- Age and gender of patient
- Mental status **and** Glasgow Coma Scale
- Nature of illness/injury- field impression
- Chief complaint/physiologic presentation
- ***Pertinent*** medications and history
- Vital signs (BP, HR, RR, O₂ Sat)
- Diagnostic testing and physical findings
- Treatments and response
- ETA
- Requests for orders as needed from online physician

Example- “Entry Notification Patch Via C-Med”



EMS- “C-Med this is “Name of Ambulance Service/Fire Dept.”
“Paramedic/Basic” Unit 43 requesting a Priority 1 patch to Hospital A”
CMed will answer and tell unit to wait on a specified channel - (6).

EMS- “ Unit 43 standing by on Med Channel 6”
Hospital will answer on Channel 6.

EMS- “This is (Name of Ambulance Service/Fire Dept)
Paramedic/Basic Unit 43. How do you copy?”

*** It is important to verify that the facility can hear you.*

*Hospital will answer-
Continue with entry note*

EMS- “We are en route with a critical 54 y/o male patient with chest pain...” (see list of Priority Call Guidelines) and continue with Entry Notification Criteria format.

Example- “Entry Notification Patch Direct to ED”



Once connection is made with the receiving hospital:

EMS- “This is “Name of Ambulance Service/Fire Dept”
“Paramedic/Basic” Unit 43 how do you copy?”

***Receiving hospital will answer-
Continue with entry note***

EMS- “We are en route with a critical 57 y/o male patient with shortness of breath....”(see Priority Call Guidelines) continue with Entry Notification Criteria Format.

Medical Control Orders Format



- New Change***** No longer using “Signal 300/400/600” to request online orders from Med Con.
- Use PLAIN LANGUAGE when requesting orders from Medical Control physicians. (FEMA/NIMS- NIMS Alert, Sept. 10, 2009; “NIMS and Use of Plain Language- NA-06-09)

Example: “This is “Paramedic 6 requesting orders for Medical Control please”.

IMPORTANT REMINDERS

1. Make sure that the Physician is online and request Med Con number.
2. Repeat any orders and Med Con number back to physician to verify.

End of Entry Notification Patch



Once the entry notification is complete EMS should ask the receiving facility the following:

EMS- “do you have any questions or comments?”

Hospital will answer- Y/N.

EMS should acknowledge

At the end of all patch communications EMS should give status as “out” or “switching back to Med Channel 4 or 7” (Regional C-Med hailing channels).

Time Sensitive Alerts/Notifications



The following are OEMS approved Point of Entry notifications. These time sensitive notifications should be relayed to the receiving facility immediately following service and unit identification.

STEMI Alert

Stroke Alert

Sepsis Alert

Trauma Alert

Be Mindful of Time



- Timely pre-notification to the ED will give care teams a chance to prepare for your patient.
- Pre-notification goals of 5-7 minutes, or more, are favorable. This time goal should INCREASE if you have a critical patient or time sensitive “Alert”.

C-Med Communications Contacts



C-Med Coordinator: (413) 886-5026 “Recorded line”
(413) 734-6015 “Back up line”

Region I C-Med: (413) 846-2662