OBJECTIVES

17.1 Define key terms introduced in this chapter. Slides 13–15, 30–31

17.2 Describe the role of communication technology in EMS systems. Slide 13

17.3 Describe various types of communication devices and equipment used in EMS system communication. Slides 14–15

continued
17.4 Explain the role of the Federal Communications Commission as it relates to EMS system communication. Slide 16

17.5 Discuss how to communicate effectively by radio with dispatch and hospital personnel. Slides 17–22
17.6 Provide a thorough, organized, concise report of pertinent patient information when giving a radio report or requesting orders. Slides 25–27

17.7 Explain the importance of asking for information to be repeated for confirmation and clarification. Slide 28
OBJECTIVES

17.8 Deliver an organized, complete, and concise report of pertinent patient information when giving a verbal report to receiving hospital personnel. Slides 30–31

17.9 Demonstrate principles and techniques of effective verbal and nonverbal interpersonal communication. Slides 36–38

continued
17.10 Adapt communication principles for effective interaction with patients of various ages and cultures. Slide 39

17.11 Complete a prehospital care report in the format or formats required by your service. Slides 42–53

17.12 Understand legal issues and special situations associated with documentation. Slides 56–57, 60–61
MULTIMEDIA

- Slide 32  Effective Communication Video
- Slide 40  Alternate Methods of Communication With Children Video
- Slide 54  Understanding Cultural Perspectives Video
CORE CONCEPTS

• Radio procedures used at various stages of the EMS call
• Delivery and format of a radio report to the hospital
• Delivery and format of a verbal hand-off report to the hospital

continued
CORE CONCEPTS

- Communication skills used when interacting with other members of the health care team
- Communication skills used when interacting with the patient
- Components and procedures for the written prehospital care report

continued
CORE CONCEPTS

• Legal aspects and benefits of documentation
• Documentation concerns in patient refusal
Topics

- Communication Systems and Radio Communication
- The Verbal Report
- Interpersonal Communication
- Prehospital Care Report
- Special Documentation Issues
Communication Systems and Radio Communication
Communication Systems

- EMS uses various communication systems:
  - Radios
  - One-way pagers
  - Cell phones
  - Traditional telephones (landlines)
Radio Systems

• EMS radio systems consist of:
  – Base station
  – Mobile radios
  – Portable radios
  – Repeaters
  – Microwave transmissions
  – Digital radio signals
Repeaters

The diagram illustrates how Repeaters function in communication systems, particularly in emergency services like EMS. Repeaters are used to amplify and retransmit signals, extending the range of communication equipment. The interaction involves:

- **Repeaters**: Stationary devices that amplify and retransmit signals.
- **Base station**: Central point for communication.
- **Portable hand-held radio**: Device for individual communication.
- **EMS dispatch remote console**: Station for receiving and managing emergency calls.
- **Telephone line**: Connection between different parts of the system.

The diagram shows how Repeaters enhance the communication range, crucial for emergency services in vast areas without direct line of sight.
Radio Communication Regulation

- Regulated by the Federal Communications Commission (FCC)
  - Assign and license designated radio frequencies
  - Establish rules regarding appropriate language
  - Monitor radio traffic
Principles of Radio Communication

- Radio on and volume adjusted properly
- Reduce background noise
- Ensure frequency is clear before starting
- Press PTT (press to talk) button on radio; wait 1 second before speaking

continued
Principles of Radio Communication

• Lips about 2–3 inches from microphone
• Use unit names or numbers
• Call unit’s attention first; wait for “go ahead”
• Unit may say “stand by” until ready

continued
Principles of Radio Communication

- Speak slowly and clearly
- Keep it brief
- Use plain English, avoid codes
- Avoid unnecessary words ("be advised" or "please")
Principles of Radio Communication

- If number might be unclear, say number and repeat individual digits
- Never use patient’s name over radio
- Never use profanities or slander
- Use objective, impartial statements

continued
Principles of Radio Communication

- Use “we” instead of “I”
- “Affirmative” and “negative” preferred over “yes” and “no”
- Give assessment information about patient; avoid offering diagnosis

continued
Principles of Radio Communication

- After transmitting, say “Over”
- Avoid slang or unauthorized abbreviations
- Use EMS frequencies for authorized EMS communication only
Other Radio Procedures

• If two units transmit simultaneously, only one will be heard by listeners
• Dispatch often confirms receipt of transmission by repeating part of it back
• Dispatch may end transmission with time for documentation
Other Radio Procedures

- Carry portable radio whenever you leave unit
- Radios need proper care and maintenance
Medical Radio Reports

- Report must be given to destination hospital so it can prepare for arrival
  - Usually done by radio
  - Structured to present only most important information
  - Speak clearly and slowly
Parts of Medical Report

1. Unit identification and level of provider
2. Estimated time of arrival (ETA)
3. Patient’s age and sex
4. Chief complaint
5. Brief, pertinent history of present illness/injury
6. Major past illnesses

continued
Parts of Medical Report

6. Mental status
7. Baseline vital signs
8. Pertinent findings of physical exam
9. Emergency care given
10. Response to medical care
11. Medical direction if required, or if questions
Communicating With Medical Control

• Give information clearly and accurately
• After receiving order or denial for medication or procedure, repeat back word for word
• If order unclear, ask physician to repeat
• If order seems inappropriate, question physician
The Verbal Report
Detailed Verbal Report

- Given upon arrival at destination
- Introduce patient by name
- Give complete and detailed report

continued
Detailed Verbal Report

- Elements of report
  - Chief complaint
  - History of present illness/injury
  - Assessment findings, including pertinent negatives
  - Treatment given and response
  - Complete vital signs
Effective Communication Video

Click [here](#) to view a video on the subject of effective communication.
Interpersonal Communication
Team Communication

• EMT must communicate with others involved in patient’s care
  – First responders
  – Advanced EMTs, paramedics
  – Home healthcare aides, family
• Speak candidly and respectfully
• Collect information about patient
 Therapeutic Communication

- Communication techniques learned by experience
  - May be more difficult with those in crisis
  - Everyone can improve communication skills
Communication Techniques

• Use eye contact
  – Shows interest, comfort, and respect
• Be aware of position and body language
  – Face patient at eye level, arms down

continued
Communication Techniques

• Use appropriate language
  – Ensure patient understands

• Be honest
  – Dishonesty ruins confidence and rapport

continued
Communication Techniques

• Use patient’s proper name
  – Sign of respect, especially with older patients

• Listen
  – Important to establish trust

continued
Communication Techniques

• Special considerations
  – Always be compassionate and respectful
    • Mentally disabled
    • Visual or hearing impaired
    • Language barriers
  – Pediatric patients
    • Come down to their level
    • Be truthful
Click [here](#) to view a video on the subject of communicating with children.
Prehospital Care Report
Prehospital Care Report (PCR)

• Written documentation of everything that happened during call
• Several forms
  – Handwritten
  – Laptop
  – Electronic tablet
  – Web based
Functions of PCR

• Patient care record
  – Documents findings and treatment
  – Conveys picture of scene
  – Entered into patient’s permanent medical record

continued
Functions of PCR

• Legal document
  – Can be subpoenaed and used as evidence
  – May help patient win a case
  – May be used against you in case of negligence

continued
Functions of PCR

• Administrative
  – Demographic information
  – Insurance information
  – Billing address

continued
Functions of PCR

• Education and research
  – Clinical research
  – Statistics
  – Continuing education
  – Tracking EMT’s personal experience

continued
Functions of PCR

• Quality improvement
  – Routine call review
  – Ensures compliance to standards
  – Can reveal providers deserving special recognition
  – Can reveal opportunities for improvement
Elements of PCR

- Run data
- Agency name, date, times, call number, unit personnel, certification levels, other information mandated by service
- Use official time given by dispatch so all times in report match
Elements of PCR

- Patient information
  - Name, address, phone number
  - Gender, age, date of birth
  - Weight
  - Race and/or ethnicity
  - Billing and insurance information

continued
Elements of PCR

- Information gathered during call
- General impression of patient
- Narrative summary of call
- Patient history and treatment as required by service
- Transport information
Elements of Narrative Summary

- Objective information
  - Observable, measurable, verifiable
- Subjective information
  - Subject to interpretation or opinion (often reported by patient)

continued
Elements of Narrative Summary

- Chief complaint
  - Primary complaint, as stated by patient
  - Best recorded as a direct quote
- Pertinent negatives
  - Important negative findings
Elements of Narrative Summary

- Plain English and approved abbreviations
  - Avoid codes and unofficial abbreviations
- Legible; correct spelling and grammar
  - Information must be read easily and accurately
  - PCR is a reflection of your care
- Appropriate medical terminology
- If it happened, record it
Understanding Cultural Perspectives Video

Click [here](#) to view a video on the subject of sensitivity to cultural diversity.
Special Documentation Issues
Documentation Issues

• Confidentiality
  – Covered by HIPAA
  – Accountability and security

• Refusals
  – High liability
  – Document all details in a “refusal of care” form

continued
Documentation Issues

• Falsification
  – Covering up errors
  – Recording something you forgot to do

• Correction of errors
  – Mistakes in documentation
  – Additions
Think About It

• You respond to a call for an unconscious male. Upon arrival the patient is awake, alert, and walking away. He states he was just sleeping, and does not need or want treatment or transport.
Think About It

• Is this a patient?
• Is a complete assessment and physical exam needed?
• How will you document this call?
• Should you obtain a formal patient refusal?
Special Situation Reports

• Multiple casualty incidents
  – Logistical problem for EMS
  – Many patients
  – Care and evaluation by several providers at different times and locations
Special Situation Reports

- Provider exposures
- Provider injuries
- Hazardous or unsafe scenes
- Referrals to social service agencies
- Reports of abuse
Chapter Review
Chapter Review

- Radio report should include unit ID and provider level; ETA; patient’s age and sex; chief complaint; pertinent HPI; major past illnesses; mental status; baseline vital signs; physical exam findings; emergency care given and response; request to contact medical direction.

continued
Chapter Review

- PCR should include patient’s name, address, date of birth, age, and sex; billing and insurance information; nature of call; MOI; location patient was found; treatment given before EMT arrival.
Chapter Review

• PCR may be a legal document in a court proceeding.
• Data from PCRs may help determine future treatments, trends, research, and quality improvement.
Chapter Review

- Your report should “paint a picture” of your patient and their condition, accurately describing your contact with the patient throughout the call.
Remember

• Emergency medical communication comes in many forms and is essential to team-based patient care.
• The medical radio report is structured to present pertinent facts about the patient without providing more detail than necessary.

continued
Remember

• A proper verbal report will include the chief complaint, any history that was not given previously, additional treatment given, and additional vital signs taken en route.
Remember

• Interpersonal communication is often challenging in EMS. Adopting best practices can improve communication capabilities significantly.

• Confidentiality, patient refusals, and falsification of records are all-important legal concepts that an EMT must consider when documenting a call.
Questions to Consider

• How can you improve your interpersonal communication with patients and team members?
• What is “objective” and “subjective” information in the narrative portion of the PCR?
Critical Thinking

- Organize this random information, and present a radio report to the hospital.
  - Chest pain radiating to shoulder
  - 56 years old
  - Oxygen applied at 15 L/minute via nonrebreather
  - Alert and oriented
  - Female

continued
Critical Thinking

– Came on 20 minutes ago while mowing lawn
– History of high blood pressure and diabetes
– Pulse 86, respirations 22, skin cool and moist, blood pressure 110/66, SpO₂ 96%
– Oxygen relieved pain slightly
– Denies difficulty breathing
– Requesting orders from medical direction
– You are on Community BLS Ambulance 4

continued
Critical Thinking

- Lung sounds equal on both sides
- Placed in a position of comfort
- ETA 20 minutes

continued
Critical Thinking

• Write a narrative report for the same call. Will you use different information?
Please visit Resource Central on [www.bradybooks.com](http://www.bradybooks.com) to view additional resources for this text.