

SIERRA-SACRAMENTO VALLEY EMS AGENCY PROGRAM POLICY

REFERENCE NO. 812

SUBJECT: BASE HOSPITAL/MODIFIED BASE HOSPITAL CONTACT

PURPOSE:

To provide for delineation of the circumstances in which ALS / LALS personnel shall make base hospital / modified base hospital contact for medical control on 9-1-1 or calls, responses to 7 digit calls, or during interfacility transports between acute care facilities.

AUTHORITY:

California Health and Safety Code, Division 2.5, Sections 1797.220, 1798, 1798.2, 1798.102.

California Code of Regulations, Title 22, Division 9, Chapters 3 & 4.

POLICY:

S-SV Advanced EMT and Paramedic personnel shall directly contact the receiving facility where the patient is being transported to for all patients who do not meet the criteria under section A “Medical Direction – Base/Modified Base Hospitals” of this policy.

S-SV Advanced EMT and Paramedic personnel shall contact the S-SV base/modified base hospital that is in closest proximity to the incident for any patient who meets the criteria under section A “Medical Direction – Base/Modified Base Hospitals” of this policy.

Base contact is required by all Advanced EMT and Paramedic personnel to perform the procedure(s) and/or administer medications(s) that are identified in S-SV policy/protocol as Base Hospital Physician Order Only. In the event of communication failure those procedures/medications **shall not** be performed / administered.

Effective Date: 07/01/2010

Date last Reviewed / Revised: 06/10

Next Review Date: 06/2013

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Approved:

SIGNATURE ON FILE

S-SV EMS Medical Director

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S-SV EMS Regional Executive Director

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EXCEPTION:

Patients meeting criteria for transport directly to a designated special care facility

A. STEMI patients identified by a 12 Lead EKG

If a STEMI patient identified with a 12 Lead EKG is within the authorized catchment area of a designated or recognized STEMI Receiving Center, contact shall be made with the designated or recognized STEMI receiving center.

B. Stroke patients

If a patient is identified as meeting stroke symptom criteria and the patient is within the authorized catchment area of a Stroke Receiving Center, contact shall be made with the Stroke Receiving Center.

C. Trauma patients

If a traumatic incident occurs within the authorized catchment area of a designated trauma center and the trauma patient meets the physiologic and/or anatomic criteria, contact shall be made with the designated trauma center

***Note – This section does not apply to patients meeting criteria for transport to the closest facility (i.e. – unable to establish an airway, CPR in progress)**

PROCEDURE:

A. All ALS / LALS personnel shall make base/modified base hospital contact on all patients meeting the following criteria:

1. For authorization to administer medications and/or perform field procedures that are delineated in the S-SV protocols as "Base Hospital Physician Order Only."
2. All patients refusing service, assessment or transportation Against Medical Advice (AMA).
3. Prior to releasing children under 3 years of age at scene.
4. All trauma patients as defined by policy # 860 "Trauma Triage Criteria".
5. All 5150 or 5170 patients.

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6. Destination consultation when transport to a facility other than the most accessible is being considered when there is initiation of an ALS / LALS protocol and the patient does not meet criteria for transport directly to a designated special care facility.
 7. Any patient who, in the opinion of the ALS / LALS provider, requires the additional input or judgment of the base hospital for appropriate management.
- B. In situations not described in this policy, ALS / LALS personnel should exercise their clinical judgment as to whether base hospital contact should be made.
- C. When base hospital contact and/or transport is not performed in accordance with this policy, appropriate explanation and documentation shall be recorded on the EMS Report including, but not limited to, evaluation of the patient, treatment decisions, emergency medical procedures initiated and response to treatment by the patient and the reason(s) base hospital contact and/or transport were not performed, in accordance with this policy.

CROSS REFERENCES:

Policy and Procedure Manual

Patient Destination, Reference No. 505

Cardiovascular “STEMI” Receiving Centers, Reference No. 506

Stroke System Triage and Patient Destination, Reference No. 507

Continuous Quality Improvement Process, Reference No. 620

Trauma Triage Criteria, Reference No. 860

Communication Failure, Reference No. 890

Chest Pain / Discomfort of Suspected Cardiac Origin, Reference No. C-8

Suspected CVA / Stroke, Reference No. N-3