EMS Hospital Patches

Skeleton Patch
(Insert Hospital Name) this is (BLS or ALS) (Unit #) out of (wherever you are bringing pt from), (insert your name and certification) on board.

We're currently enroute to your facility with a (age and gender of pt) with chief complaint of (insert chief complaint). (Insert any additional details the hospital needs about the NOI or MOI).

Vitals signs are as follows: (insert BP, P, Resp, and 02 Saturation). Currently I have the pt. on (amount of 02) LPM by (how your are administering 02). (Insert any other vitals signs such as glucose, GCS, pupils, etc.).

(Advise hospital of any procedures you have completed…meds etc.)

I'm currently classifying this pt. as (Priority and Trauma Cat. If trauma). We have an ETA to your facility of (insert minutes) minutes. Do you have any questions or orders for this unit?

Medical Patch (BLS)
Western Maryland this is BLS 374 out of LaVale, EMT May on board. We're currently enroute to your facility with a 89 y/o male pt. with chief complaint of chest pain and breathing difficulty. Pt has had this complaint over the past 3 hrs. Pt is rating the pain as a 7, with no radiation. Vital signs have been taken and are as follows: BP 140/80, P of 64, Resp. of 14, and an O2 Sat. of 96% on 12 LPM by NRB. Breath sounds are equal bilaterally. At this time I have administered 324mg of baby Aspirin per protocol. Pt does not have their own nitro. ALS response has been unsuccessful. I'm currently classifying this pt as a stable Priority 2. We have an ETA to your facility of 5 min. Do you have any questions or orders for this unit? – 374 clear of patch.

Trauma Patch (ALS)
UPMC this is Paramedic 385 out of Corriganville, Paramedic May on board. We're currently enroute to your facility with a 35 y/o female pt who was involved in a MVC today. Pt. was the restrained driver of the vehicle. Vehicle was hit head on at about 40mph, with airbag deployment. Damage was noted to the front end of the vehicle with about 1.5 ft of intrusion from the opposite vehicle. Upon our arrival, pt was found sitting in the drivers seat unconscious and unresponsive. Upon assessment, a fractures was discovered to the humorous and femur. Possible ETOH on board. Pt was extricated from the vehicle with spinal immobilization onto a longboard and is fully immobilized. Nothing else has been found at this time. Initial GCS was 3 and remains the same at this time. I have vital signs of the following: BP 90/40, P of 140, Resp. of 12, O2 Sat. of 94% at room air, and glucose of 120. I've established bilateral IVs in both ACs and am currently fluid in both. Bleeding is controlled at this time. We have an ETA of 10 minutes to your facility. I am currently classifying this pt as a stable Priority 1, Trauma Category Alpha. Do you have any questions or orders for this unit? – 385 clear of patch.

EXAMPLE REQUEST FOR A MEDICAL ORDER

NOTE: The general patch information has already been given prior to this request.

CLINICIAN: Dr. Smith, my patient has ingested approximately 20 Tylenol pills. I've consulted with poison control and they are recommending the administration of activated charcoal. I'm requesting permission to give 90 G of Activated Charcoal for my 200lb patient. Patient is conscious and alert.

DOCTOR: Permission granted. You may administer 90 G of Activated Charcoal to your patient.

CLINICIAN: OK, Dr. Smith, you are ordering 90 G of Activated Charcoal for this patient. Is that correct?

DOCTOR: That's correct.

CLINICIAN: Affirmative. We'll see you at bedside in about 10 minutes.

Example Exemplar Narratives

CHART Narrative Format for Trauma Patient (Priority 1 Trauma Arrest from MVC)

Complaint, History, Assessment, Rx. (Treatment), Transport

Dispatched for a reported tractor trailer crash with entrapment. ALS EMERGENCY RESPONSE. Command reported a tractor trailer crash involving a car with five entrapments. The tractor trailer is leaking a liquid. Command requested three additional medic units. AOL with triage complete. Care on the most critical (red) was in progress. Paramedic May was directed to 854's crew with a traumatic arrest. Face-to-face report from Medic Smith. The patient, a male, approximately 50-years-old, was unconscious, pulseless and apenic. RESPIRATIONS: 0. PULSE: 0. SKIN: Normal for condition. Medic Smith had patient intubated with a 7.0 ET tube. Automatic LUCAS CPR device in place and functioning properly. City police advised the male was the backseat, middle passenger in the crash. It is not known if the patient was restrained. Extrication was < 5 minutes and city police advised the patient was conscious and talking, prior to EMS arrival. The patient is immobilized. Paramedic May assumed patient care. Applied cardiac monitor. Lifted patient to cot, placed supine, secured and moved to transport unit. Paramedic Kline established B/L lower extremity IO's with fluid infusion under pressure bags. EMS noted that patient's chest and belly became exponentially larger, edema-like, since arrival on scene. Tube was reassessed and confirmed as good. LUCAS was discontinued due to patient's size. Manual CPR began. Medic Smith performed a left NDT at the fifth intercostal space, anterior axillary line with no blood or air return. Paramedic Kline performed a right NDT at the fifth intercostal space, anterior axillary line with a rush of air, followed by blood. Stop cock was applied. EMS noted an immediate increase in patient's ETCO2 and a decrease in the patient's chest size.

H- MEDICAL: Unknown. MEDICATIONS: Unknown. ALLERGIES: NKDA. *Information was not able to be obtained due to patient's mental status.

A- HEENT/NEURO: Alert and oriented X0. Unresponsive. No verbalized pain or complaint. EMS noted swelling and bruising of the mandible, over the maxilla, nasal/sinus cavities and forehead. No visible or uncontrolled bleeding. Pupils could not be assessed due to swelling of patient's face. Otherwise, -DCAPBTLS. CHEST/RESPIRATORY: EMS noted diminished rise and fall. EMS noted a rigid, expanding chest wall, extending to the abdomen. No obvious or uncontrolled bleeding. Lung Sounds: Decreased B/L. See NDT above. ABDOMEN/GI: Rigid. Bruising around umbilicus, possible signs the patient was wearing a seatbelt. This could not be confirmed. No obvious or uncontrolled bleeding. PELVIS: Stable. EMS noted that patient appeared to have a priapism. Upon assessment, it was note that patient's penis, scrotum and testis were swollen and hard. All three expanded in size while under EMS care. LOWER EXTREMITIES: No obvious signs of trauma. -DCAPBTLS. -Pedal edema. UPPER EXTREMITIES: No obvious signs of trauma. -DCAPBTLS. -Edema.

R- Pri-1 CAT-A trauma arrest notification to UPMC-WM with no questions or orders. Continued on going assessment and care. EMS relieved additional air during transport with stop-cock. Reassessed. No change in patient condition.

T- Reassessed. Tube was reassessed after each movement and confirmed in the ED by Dr. Hanson as a good tube. Report to Dr. Hanson with no questions. Units remained out of service temporarily for decon. Returned to service.

*Patient had not been identified prior to EMS departing ED.
*PPE use listed below.

Narrative for Medical Patient (Priority 1 Overdose/Cardiac Arrest/TOR – Multiple Patients)
Called to the scene for an overdose. 3rd party call according to dispatch, with patient possibly being in cardiac arrest. Dispatch then updated that there was a second pt on scene who had overdosed and the condition was unknown. Based on this information, Medic 54/EMS Captain 54 who was responding POV asked dispatch to alert Co. 640 for their ambulance to respond to the scene. The following crew responded to the scene:
- Paramedic 541, EMT Dell (Driver), Paramedic King
- Paramedic May (POV)
- Command Unit 54 (D. Kingsley - Uncert.)
- Lt./Paramedic Dodge (Chase)
- EMS Chief Redd (EMT)via POV
- Police Department

All of these units arrived on scene at the same time. Police cleared the home.

Upon entering the residence, Paramedic King found one male laying just inside the back door on kitchen floor in right lateral recumbent position. Patient was unconscious but reactive to painful stimuli and breathing. This pt would be given further assessment by Lt.and be treated by Paramedic 6401 (Co. 640) - Report separate). Ultimately, that pt would be placed in the custody of the police. No electricity in the home, so it was very hard to see until lighting was brought it. Paramedic King entered the living room to find a bystander doing CPR on a male that appeared to be in his 60s laying on the living room floor. Pt was unconscious/unresponsive, apneic and pulseless. Unknown downtime of the pt, however the pt was still warm upon touch in the extremities. According to bystander, pt is a narcotic user. Suspected arrest etiology: drug overdose. EMT Dell took over compressions from the bystander and began CPR. Within 2 minutes, Paramedic King applied a LUCAS, automatic compression device which performed CPR for the rest of the call. The following roles were assigned:
- Airway: Paramedic May, assisted by EMT Dell
- Compressions: EMT Dell and LUCAS
- Monitor: Paramedic King
- Medications and Consult: Paramedic Dodge, assisted by EMT Red

Paramedic King placed the pt on the LifePak, with both 3 LEAD and defib. pads which showed Aystole. CPR resumed. Paramedic Dodge obtained IV access with a 30 IO in the left tibia. 1000CC pressure bag of LR started. First round of 1mg Epi administered, followed by 2mg Naloxone and beginning ACLS protocol. Paramedic May preoxygenated pt with BVM at 15LPM O2. Paramedic May then performed endotracheal intubation utilizing the McGrath video-laryngoscope with a 3 blade, 7 ET tube, and bougie. Vomitus in the airway, resolved with suction. Intubation confirmed via visualization, auscultation, rise and fall of the chest, and capnography/capnograph wave form on the monitor. Capnography remained between 25-30 throughout the incident. ET tube 24 at the lips and secured with a commercial device. BVM ventilation continued. Continued ACLS protocol, giving 1mg Epi every 3-5 min for a total of 5 doses during this call. At 25 minutes into the ALS arrest, Paramedic King called UPMCvia radio consult for orders for an amp of Sodium Bicarbonate. Orders given per Dr. Wu. Continued to pause CPR with each round of Epi to check rhythm, which remained Asystolic throughout the call. Glucose obtained and was 356. Continued to get good compliance with BVM. After 30 minutes of ACLS care, no changes in pt condition. Providers asked if anyone else had any other thoughts on treatment. None. Paramedic Dodge consulted with UPMC for orders to TOR. Order given per Dr. Wu. Pronouncement of death at 23:17 on May 18, 2018. Scene and body turned over to police.

EMS Patient Refusal

Corriganville Volunteer Fire Company Date: ___/___/20____ Allegany County Incident: ________________

Patient Name: ____ DOB: ___/____/20_____

Incident Location: ____

Patient Address: ____

Situation of Injury/Illness: ____

Patient Assessment

Suspected serious injury or illness based upon patient history, mechanism or injury, or physical examination: ____ Yes ____ No

18 years of age or older: ____ Yes ____ No

Patient Oriented to:

Person	____ Yes	____ No
Place	____ Yes	____ No
Time	____ Yes	____ No
Event	____ Yes	____ No

Any evidence of:

Suicide attempt?	____ Yes	____ No
Head injury?	____ Yes	____ No
Intoxication?	____ Yes	____ No
Chest Pain?	____ Yes	____ No
Dyspnea?	____ Yes	____ No
Syncope?	____ Yes	____ No

Vital Signs:

Pulse: ______ BP: _____/______ Resp: ____ O2%: ____ Glucometer: _____

Risks explained to the patient:

Patient understands clinical situation ____ Yes ____ No

Patient verbalizes understanding of risks ____ Yes ____ No

Medical Command

Facility: ___________________________ Physician Consulted: ______________________

Orders: ____

Patient Outcome

____ Refuses Assessment ____ Refuses Care ____ Refuses Transport

____ Refuses Spinal Immobilization ____ Refuses Treatment: ___________________________________

____ Other: ____

This form is being provided to be because I have refused assessment, treatment, and/or transport by EMS personnel for myself or on behalf of this patient. I understand that EMS clinicians are not physicians and are not qualified or authorized to make a diagnosis and that they care is not a substitute for that of a physician. I recognize that there may be a serious injury or illness which could get worse without medical attention even though I (or the patient) may feel fine at the present time. I understand that I may change my mind and call 911 if treatment or assistance is needed later. I also understand that treatment is available at an emergency department 24 hours a day. I acknowledge that this advice has been explained to me by the EMS clinicians and that I have read this form completely and understand its terms.

____________________________________ _____________ ______________________________________

Signature (Patient or Representative) Date EMS Provider Signature

____________________________________ ______________________________________

If other than patient, print name and relationship Witness Signature

Hospital Patch and Documentation Practices for EMS Assessment

Hospital Patch

Shock Trauma this is Paramedic 44 enroute to your facility with a Priority 1 patient. The patient has a possible pelvic fracture as well as bilateral tib-fib fractures. Vitals are 90/40, P 130, R at 10 assisted with BVM, and O2 sat at 95%. We'll see you in about 10 minutes.

How could this example hospital patch be improved?

____
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Patient Refusals

Directions: Write Y for "Yes the Patient Could Refuse Care" or N for "No the Patient Could Not Refuse Care"

____ A 16-year-old patient who has had a minor fall as a result of a skateboarding accident.
____ A 17-year-old mother who was involved in a motor vehicle crash along with her child.
____ A man that was involved in an MVC, but has trouble communicating with you due to a language barrier.
____ A 8-year-old fell off the equipment at the playground at school. The mother tells you that she does not want the child to go to the hospital via a phone.
____ An 80-year-old who fell down a set of steps and has a head injury, but is conscious.
____ A 40-year-old male who suffered a diabetic emergency, who you treated and is fine now, but wants to refuse.
____ A 18-year-old female who overdosed on heroine and who you administered Narcan to, reviving her. She now wishes to refuse.

DNR/MOLST Forms

Directions: Write Y for "Yes the Correct Care Has Been Given" or N for "No This Was Not the Correct Care"

____ A patient has a DNR A/MOLST A1. The patient has gone unconscious and stopped breathing, BUT has a pulse. The paramedic intubates the patient.
____ A patient in the nursing home has a DNR A/MOLST A2. The patient has stopped breathing, BUT has a pulse. The paramedic intubates the patient.
____ A patient has a DNR B/MOLST B. They are having some difficulty breathing so you place them on 12lpm 02 by NRB mask.

Directions: Write Y for "Yes You Can Accept the Order" or N for "No Your Cannot Accept the Order"

____ The daughter of a patient in cardiac arrest tells you that she has a DNR order and not to do CPR.
____ The patients doctor calls on the phone to tell you not to resuscitate the patient.
____ The family of a patient in cardiac arrest produces a DNR from another state.
____ The online medical director tells you not to resuscitate the patient.
____ A nurse practitioner on scene tells you not to resuscitate the patient.
____ Before going into cardiac arrest, the patient tells you that if anything happens, they do not want you to do CPR.

Narrative

Maryland Institute for Emergency Medical Services Systems

Short Form Patient Information Sheet

Jurisdiction: Allegany County EMS **Date:** 1/24/2020
Incident # 201543 **Time Arrived at Hospital:** 13:43
Unit #: 65
Age: 32 **DOB:** 4/8/1988 **Wt:** 110 **Kg** **Gender:** ☐M ☑F
Priority: ☐1 ☐2 ☐3 ☐4 **Trauma Category:** ☑A ☐B ☐C ☐D
Patient's Name: Andrea Kaplin
Patient's Address: 184 Gephart Circle
City: Cumberland **State:** MD
Point of Contact: ______ **Phone Number:** ______
Chief Complaint: Right Femur Fracture, Breathing Difficulty, Right Humerous Compo
Time of Onset: 13:00 **Past Medical History: (DNR/MOLST ☐A1 ☐A2 ☐B)**
Cardiac ☐ **CHF** ☐ **Hypertension** ☐ **Seizure** ☐ **Diabetes** ☐ **COPD** ☐ **Asthma** ☐
Other: None
Current Meds: Birth Control, Lorazepam
Allergies: Latex ☐ **Penicillin/Ceph** ☐ **Sulfa** ☐ **Other:** NKDA

Assessments

Vitals
Time: 13:05
Temperature 97.6
B/P: 100 / 60
Pulse: 134
Respirations: 16
SAO2: 94 %
Capnography: ______
Carbon Monoxide: ______

Repeat Vitals
Time: 13:30
B/P: 90 / 40
Pulse: 52
Respirations: 8
SAO2: 90 %
Capnography: 35
Carbon Monoxide: ______

Respiration

Left		Right
☑	Clear	☐
☐	Rales	☐
☐	Labored	☐
☐	Stridor	☐
☐	Rhonchi	☐
☐	Wheezes	☐
☐	Decreased	☐
☐	Agonal	☐
☐	Absent	☑

Skin
☐ Warm
☐ Hot
☑ Cool
☐ Dry
☐ Clammy
☐ Diaphoretic
☐ Cyanotic

GCS
Eyes (4): 1
Motor (6): 1
Verbal (5): 1
TOTAL: 3

Pupils
☐ PERRL
☑ Unequal
☐ Fixed/Dilated

Pulse
☑ Regular ☐ Irregular
☐ JVD ☐ Peripheral Edema
Cap Refill: ______ seconds

Neuro
☐ A ☐ V
☐ P ☑ U

Assessment
Hit by Car at 40mph. Right Femur Fracture, Absent Breath Sounds on Right, Right Humerous Compound Fracture, Bleeding from Leg control with Torniquet

Procedures

Cardiac Rhythm: Sinus Brady.
Perform 12 Lead Yes ☑ No ☐12
Lead Transmit Yes ☑ No ☐
Glucometer: 185
☐IV1 ☑IV2 Time Started 13:05
☐IO ☐EJ
Amount Infused: 500CC

CPR Performed Yes ☐ No ☐
ROSC Yes ☐ No ☐
Induced Hypothermia Yes ☐ No ☐

Cincinnati Stroke Scale
Normal/Abnormal
Facial Droop Normal ☐ Abnormal ☐
Arm Drift Normal ☐ Abnormal ☐
Speech Normal ☐ Abnormal ☐
Last Known Well Time/Date: ______

Los Angeles Motor Scale (LAMS)

Facial Droop		*Grip Strength*	
Absent	0	Normal	0
Present	1	Weak Grip	1
Arm Drift		No Grip	2
Absent	0		
Drifts Down	1		
Falls Rapidly	2	Score:	

Oxygen
☐ NRB Mask ☐ King Airway
☑ Nasal Cannula ☐ CPAP
☐ NPA/OPA ☐ NDT
☑ BVM ☐ Ventilator
☑ ET ☐ NT ☐ NGT
☐ Easy Tube

Treatment:
15LPM O2 via BVM
Intubated with a 7.0 - 24 at the lips
12 LEAD - Unremarkable
IV with 16G in RAC and LAC- Lactated Ringers

Jurisdictional Additions:

Print EMS Clinician Name: ______

Rev. 01.06.2020

Write a narrative given the information in this short form.

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