Designation: F2076 – 01(Reapproved 2006)

# Standard Practice for Communicating an EMS Patient Report to Receiving Medical Facilities[1]

This standard is issued under the fixed designation F2076; the number immediately following the designation indicates the year of original adoption or, in the case of revision, the year of last revision. A number in parentheses indicates the year of last reapproval. A superscript epsilon (ε) indicates an editorial change since the last revision or reapproval.

## INTRODUCTION

Throughout all areas of emergency medical services (EMS), there exists a need for the EMS provider to consult with medical direction and receiving medical facilities. These consultations can be purely for patient arrival notification, medical consultation, or to request additional medical intervention orders. Within the EMS community, no "standard" reporting scheme exists. Hundreds of verbal reporting formats are currently used. Some agencies divide these further for those assessments involving medical from trauma. Failure to use a standard reporting scheme makes initial student education difficult, makes recording of information cumbersome, and can lead to time delays in patient care or worse yet an error.

This consensus format was developed from a survey sent to over 100 emergency physicians, nurses, and field providers. The 25 that were returned were analyzed to construct the initial draft. One clear theme was present. **Receiving medical facilities want to know the most important information first** . . . medical information that affects the logistics of running a busy emergency department (ED). With the increased use of standing orders, the traditional detailed report to the ED was often not seen as time effective or making any change in the patient's outcome.

This practice uses the acronym **PISA** to describe the information to be presented in a generic patient report. **P** is priority information that is considered absolutely critical if only 15 s of transmission (or reception) is accomplished; **I** is important information that needs to be communicated if an additional 16 to 30 s is available; **S** is significant information that would be transmitted if an additional 31 to 60 s were available; **A** is additional information that should be transmitted if 61+ s are available.



## 1. Scope

1.1 This practice establishes the EMS standard for communications entailing a patient radio (phone) report to a receiving medical facility.

1.1.1 This report is based on receiving facility needs and is generic for medical, traumatic, (ALS), and (BLS) patients.

1.1.2 This report standard is based on the hierarchical information needs of an average medical receiving facility.

## 2. Referenced Documents

2.1 *ASTM Standards:*[2]

F1418 Guide for Training the Emergency Medical Technician (Basic) in Roles and Responsibilities (Withdrawn 2007)[3]

F1629 Guide for Establishing Operating Emergency Medical Services and Management Information Systems, or Both

F1651 Guide for Training the Emergency Medical Technician (Paramedic)

2.2 *Other Documents:*

USDOT National Standard Curriculum for EMT-B[4]

USDOT National Standard Curriculum for EMT-P[4]

## 3. Terminology

3.1 *Definitions of Terms Specific to This Standard:*

3.1.1 *AVPU*—a brief neurological examination to determine a baseline level of consciousness and to assess central nervous

[1] This practice is under the jurisdiction of ASTM Committee F30 on Emergency Medical Services and is the direct responsibility of Subcommittee F30.04 on Communications.

Current edition approved March 1, 2006. Published March 2006. Originally approved in 2001. Last previous edition approved in 2001 as F2076 – 01. DOI: 10.1520/F2076-01R06.

[2] For referenced ASTM standards, visit the ASTM website, www.astm.org, or contact ASTM Customer Service at service@astm.org. For *Annual Book of ASTM Standards* volume information, refer to the standard's Document Summary page on the ASTM website.

[3] The last approved version of this historical standard is referenced on www.astm.org.

[4] Available from U.S. Government Printing Office Superintendent of Documents, 732 N. Capitol St., NW, Mail Stop: SDE, Washington, DC 20401.