

TraumaComm EMS **FULL** Radio Report Format

1. EMS Agency Name, Unit number, and where based at.
 - a. Air agencies, please provide where the scene is/was in addition to your base #/location.
2. Patient Report (**MIST-T-M**).
 - a. Age, Gender,
 - b. **M**echanism:
 - i. Speed, Mass, Height, Restraints, Number and Type of Collision(s), Helmet Use, and Damage, Weapon Type.
 - c. **I**njuries: Head to Toe
 - i. Pain, Deformity, Injury Patterns
 - d. **S**igns and **S**ymptoms:
 - i. Initial, Current, and Lowest BP (especially if EVER hypotensive)
 - ii. Full set of V/S: BP, HR, RR, SpO2, GCS, ETCO2 (prn)
 - e. **T**reatments:
 - i. Tourniquets, Tubes, Lines, Fluids, Medications and Response, Dressings, Splints.
 - ii. Inability to:
 1. Stabilize airway with endotracheal intubation or with a supraglottic airway.
 - f. **T**rauma Band number.
 - g. **M**iscellaneous:
 - i. If the patient takes anticoagulants or antiplatelets.
 - ii. If suspected neuro head or spine trauma, is there suspected:
 1. Penetrating injury to the brain.
 2. Depressed skull fracture.
 3. Signs of lateralizing Mass Effects.
 4. Confirmed LOC > 5 minutes
 5. Continued LOC upon EMS arrival
 6. Spinal injury with loss of SMCs
 7. Paralysis
 - iii. Relevant co-morbidities: LVADs, pregnancy > 20 weeks, etc.
3. Intended ED/destination
4. ATCC will provide their recommendation after 1 – 3, please advise if concur with destination or if transporting elsewhere. If elsewhere, please provide why (patient preference, crew decision, system status, weather, MCI, etc.)

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“Heartsaver EMS, Unit 7 out of Arlington, we are transporting a 52 y/o male to the Pitt with a 35-minute ETA from a single vehicle MVC on Route 66.

The patient is an unrestrained driver traveling approximately 75mph, swerved to miss a deer and struck a parked semitruck on the side of the road.

There is extensive damage to the front of the vehicle, airbags deployed, steering wheel bent, and extrication was required.

There is obvious chest trauma, a large laceration to the right arm that appeared to be an arterial bleed, and is now controlled with a tourniquet, an open right femur fracture, and bilateral open tib/fib fractures.

The patient began experiencing jugular vein distention, needle decompression was performed with the JVD now resolving. There was an episode of hypotension, 86/42, our current V/S are: BP 106/64, HR 102, RR 24, labored, clear, still slightly decreased on the left, SpO2 94%, GCS 15, BGS 110. They did have a positive shock index prior to fluid administration.

The patient is in full spinal motion restriction, the TQ on the arm is controlling the bleeding, right radial pulses are not present. We have two large-bore IVs established and are infusing Plasma-Lyte via bolus. Lower extremities have all been splinted, SMCs are intact X 2. We’ve given 2 grams of TXA and 30ml of 10% calcium gluconate via IVP. They are on O2 at 15lpm via Non-Rebreather. Their Trauma Band # is Z123456, please advise.

Trauma Alerts.....If/When time is limited for chatter....

The “**Trauma Alert**” is intended to be a method to allow field EMS providers the ability to coordinate their Major and Moderate trauma patients with ATCC to the *closest, most appropriate trauma center*, with minimal information provided, yet enough for ATCC to utilize this info in conjunction with the Trauma Dashboard and make an appropriate recommendation.

Trauma Alerts should not be the preferred style of report to ATCC and should be used when time and/or patient condition warrants such abbreviated report. Following the report of the “Trauma Alert,” the transporting agency should contact ATCC and provide a full patient report.

At a minimum, the **Trauma Alert** must consist of at least:

- 1) Age of patient,
- 2) Mechanism of Injury,
- 3) Current and lowest Systolic BP,
- 4) Pulse Rate,
- 5) Current and lowest GCS,
- 6) Airway Status,
- 7) If extremity hemorrhage, controlled (how) or not.

Shock Index

Revised Trauma Score

***Once patient care is complete, the EMS provider can call TraumaComm back to give their “regular” report if so desired. It is imperative that the Trauma Band # be communicated if the crew does not intend to call back later with additional information.