

## ***Tips for Radio Reporting & Example Format***

- Plan ahead. Practice in your mind if time permits
- Be orderly & concise in your presentation [*Goal < 30 seconds with max < 60 seconds*]
- Omit no important details
- Avoid all irrelevant details
- Be accurate, honest and objective
- Avoid speculation
- Observe physicians and nurses in the ER as they receive EMS radio reports. Note their attention span.
- Use a notepad to help you recall information. Hint: The notepad only helps if you write notes on the pages. Or, use a piece of 2-inch tape placed on your upper pant leg to write notes.
- Practice, Practice, Practice (especially as a student)

### **Begin with Identifiers:**

Your Name

Agency's Name

Unit Number

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### **Patient Info (Subjective)**

*What you believe you know about the patient*

Patients Age \_\_\_\_\_

Patient's Sex: Male / Female

Chief Complaint

Associated Symptoms (if pertinent)

History of *this* Illness/Injury

*Pertinent* past history

Medications (*if pertinent*)

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### **Physical Exam Findings (Objective)**

*How you find the patient & What you find*

Environment (if pertinent)

Presentation/Appearance

LOC & ABCs

Pertinent Findings/Injuries

Vital Signs

ECG & 12 Lead ECG (if pertinent)

Glucose (if pertinent)

Thrombo Inclusions/Exclusions (if pertinent)

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### **Interventions/Treatment (Plan)**

*What you have done for the patient (pertinent actions only)*

Oxygen / BVM / ETT

CPR / Defib / Sync Cardiov

Medications (dose/route)

SMR

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### **Other**

ETA

Orders requested

Any questions or further orders?

Sign Off

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## **Example Patient Radio Reports**

### Example 1 - Medical

Round Rock Hospital this is Williamson County 808 how do you receive? [PAUSE for response]

This is Paramedic Smith. We are transporting a 36-year-old male complaining of shortness of breath. He also complains of non-radiating, sharp chest pain on expiration. Symptoms began 1 hour ago after exercising. He attempted to use his inhaler without relief. He does have a history of asthma.

This patient was found with obvious respiratory difficulty. He is awake and appropriate. On exam we find Lung sounds with wheezes in upper lobes bilaterally and quiet lower lobes bilaterally Initial Vital signs BP 162/94, Pulse 124, Respirations 36, Skin is warm and moist, Pulse oximetry 92% on 15 lpm by non-rebreather. ECG sinus tach without ectopy.

We have treated with high flow oxygen followed by one dose of Proventil and Atrovent by small volume nebulizer. The patient has improved and now has respirations of 24, slight wheezes in all fields, pulse oximetry 96% on 6 lpm by nebulizer. We plan to begin a second dose of Proventil by nebulizer and transport to your ED. ETA is 7 minutes. Do you have any questions? [PAUSE for response]

808 clear

### Example 2 – Major Trauma

Scott & White Hospital this is Harker Heights Medic 1 how do you receive? [PAUSE for response]

This is Paramedic Jones. We are transporting a Category 1 trauma patient code 3. The patient was an unrestrained driver in a head-on collision. He was reportedly ejected. We found this approximately 20 year old male responsive to deep pain only with non-purposeful movement. Respirations were 8 and snoring. Our exam shows Breath sounds absent on left side, crepitus to the left chest, a large scalp avulsion to the left parietal area, and an obvious open fracture of the left tib-fib. Vital signs BP 190/102, Pulse 96 weak, Skin pale and dry, ECG sinus tach at 110. No JVD.

The patient was intubated and is now being ventilated. Pulse Ox 94%. He has spinal motion restriction in place and one large bore IV of LR TKO. Our plan is to attempt a second IV en route. ETA 5 minutes. Do you have any questions? [PAUSE for response]

Medic 1 clear