

CHAPTER

15

Communications and Documentation

This “telephone” has too many shortcomings to be seriously considered as a means of communication. The device is inherently of no value to us.

— Western Union internal memo, 1876

At the completion of this unit, the paramedic student will be able to follow an accepted format for dissemination of patient information in verbal form, either in person or over the radio. The student will also be able to effectively document the essential elements of patient assessment, care, and transport.

What are the five important roles of communication in EMS?

Paramedics function as part of a team; they need to effectively communicate patient information and scene assessment; they must converse with medical direction; communication is essential to system control and administration; it plays a major role in scene control.

What are the phases of communication during a typical EMS event?

Occurrence; detection; treatment and preparation for transport; preparation for next event.

What are the components of a basic model of communication?

Idea; encoder; sender; media or channel; receiver; decoder; feedback.

Why is the use of proper terminology during communication important?

It shortens transmissions/narratives; it is unambiguous; it is a common means of communication with other medical personnel.

What is the role of proper verbal communication during an EMS event?

Exchange of system information; exchange of patient information; medical control; professionalism.

What are two factors that can impede or enhance effective verbal communication?

Semantics; technical.

Why is written communication important?

Written record of incident; legal record of incident; professionalism; medical audit; quality improvement; billing; data collection.

What is the legal status of written communications?

Record of incident; part of permanent medical record; confidentiality/disclosure.

Why is data collection during an incident important?

System administration; research; quality management (often results in policy change).

How is the new technology (electronics) used to collect and exchange data helpful?

Technology-based; real-time capture of events; can be integrated with diagnostic technology; reduces dependence on traditional means of data collection, i.e., written; influences role of medical direction by advanced notification and in-hospital diagnosis.

What is the legal status of electronically exchanged patient information?

Same status as written documentation; may not have a “paper record” of incident.

What are three possible disadvantages of the simplex method?

Slows process; more formal; takes away ability to discuss case.

What are the advantages of the multiplex or duplex methods?

Can be interrupted if necessary; facilitates discussion.

What are the advantages of the cellular phone?

Less formal; promotes discussion; reduces online times; physician can speak directly with patient if necessary.

What are some disadvantages of cellular phone use?

Geography affects reception; cell service unavailability; external antenna necessary; denied access to cell (PINs unknown or forgotten).

What are the advantages of computers?

Ability to save retrospective data; real-time documentation; sort capability; multiple reporting formats; speed.

What are the components of the local dispatch system?

911 and E911; public safety access point; emergency medical dispatcher; prearrival instructions.

Which government agency is responsible for communications?

FCC (Federal Communications Commission).

What does the FCC regulate?

Licensing; frequency allocation; technical standards; regulations and enforcement.

What are the functions of the EMS dispatcher?

Call taking; alerting and directing response; monitoring and coordinating communications; prearrival instructions; maintaining incident record.

What information does the EMS dispatcher gather when 911 is activated?

Caller's name and callback number (unless E911 is active); address of event; nature of event; specific event information, e.g., prearrival instructions and call screening.

What is the importance of prearrival instructions?

Immediate assistance; complements call screening; provides updated information to responding units; life sustaining in critical incidents; emotional support.

Why is using a standard format in communications important?

Efficient use of system; assists medical direction; assures significant information is not omitted.

What general procedures should be followed for exchange of information?

Protect patient privacy; use proper names, numbers, and titles; no slang or profanity; use standard formats for transmission; use "echo" when receiving directions from dispatcher or medical control; obtain confirmation that message was received.

Legally, why is a written record valuable?

It may be used in court proceedings; it is the paramedic's sole source of reference to a particular incident.

What are some other possible uses of written documentation?

Medical audit; quality improvement; billing and administration; data collection.

For possible legal purposes, what incident times are important to document accurately?

Time of call; time of dispatch; time of arrival on scene; time(s) of medication administration and medical procedures implemented; time of departure from scene; time of arrival at receiving facility; time back in service.

When should quotation marks be used with regard to oral statements?

Statements made which relate to possible criminal activity; admissions of suicidal intentions.

What are the five elements of a properly written EMS document?

Accuracy; legibility; timeliness; unaltered; professional with no extraneous information.

In order to achieve an unaltered document, what procedure is followed when a mistake is made?

Draw single line through error; initial and date error.

What are the various approaches of narrative writing with regard to documentation?

Head-to-toe approach; body system approach; call incident approach; patient management approach; differentiation of objective from subjective elements approach.

What are a few special considerations of documentation?

Patient's refusal of care and/or transport; decision when care and transport were not needed; mass casualty situations.

What should be documented when the patient refuses care or transport?

Paramedic's advice to patient; medical director's advice; signatures required according to protocol; complete narrative, including quotes or statements by others.

What needs to be documented when care or transport is not needed?

Canceling authority and time of cancellation; no patient contact, i.e., canceled by officer on scene.

What special considerations are important when documenting a mass casualty incident (MCI)?

Documentation should wait until casualties are triaged and transported; paramedic should know and follow local MCI protocols.

If documentation needs to be revised, how is this affected?

Write revisions on separate report forms; note purpose of revision; note date and time; revisions should be made by original author; revisions should be done as soon as possible.

In closing, what should the responding paramedic consider when documenting an incident?

Paramedic should assume responsibility for all documentation; confidentiality should always be respected; as technology becomes available, documentation will remain valid with regard to computer charting; peer advocacy for proper, good documentation.

Patient Assessment

1. The reason a patient seeks medical attention is the _____.
 - A. sign.
 - B. symptom.
 - C. chief complaint.
 - D. mechanism of injury.
2. Reflection helps with learning about the present illness because the patient's words are repeated and it encourages additional responses.
 - A. True
 - B. False
3. The seven attributes of a symptom are:
 - A. Location, radiation, setting, quality, quantity, timing, associated symptoms.
 - B. Radiation, setting, timing, associated symptoms, pallor, location, quantity.
 - C. Location, quality, quantity, timing, setting, palliation, associated symptoms.
 - D. Interventions, location, quality, quantity, timing, setting, pallor.
4. To determine quantity or severity of symptoms, you should:
 - A. Have the patient compare the pain to similar episodes.
 - B. Have the patient rate the pain on a scale from 1 to 10.
 - C. Have the patient explain what the circumstances surrounding the symptoms were.
 - D. Have the patient explain what he or she has done to alleviate the symptoms.
5. Results of questioning that may allow you to think about associated problems and body systems are:
 - A. Clinical findings.
 - B. Clinical experience.
 - C. Clinical reasoning.
 - D. Clinical instincts.
6. All of the following are particularly sensitive in taking a patient history EXCEPT:
 - A. Alcohol and drug use.
 - B. Age.
 - C. History of physical abuse or violence.
 - D. Sexual history.
7. Which of the following should paramedics be aware of with regard to a patient's anger and hostility? 1) Understand that anger and hostility are natural. 2) Know that the anger is often displaced toward the clinician. 3) The provider should not get angry in return.
 - A. 1 only
 - B. 1 and 3 only
 - C. 2 and 3 only
 - D. All of the above
8. The main thing to consider when dealing with blind patients is to treat them like any other patient.
 - A. True
 - B. False
9. The technique not used in physical examination is:
 - A. Inspection.
 - B. Palpation.
 - C. Palliation.
 - D. Auscultation.
10. The acronym HEENT stands for:
 - A. Head, eyes, ears, neck, throat
 - B. Head, eyes, ears, neck, thorax
 - C. Head, eyes, ears, nose, trachea
 - D. Head, eyes, ears, nose, throat
11. Aphasia, dysphasia, and dysarthria are all possible findings when assessing:
 - A. Mental status.
 - B. Articulation.
 - C. Speech.
 - D. Balance.
12. All of the following would be possible findings in thought content EXCEPT:
 - A. Concentration.
 - B. Obsessions.
 - C. Delusions.
 - D. Compulsions.
13. The three findings you want to see with a good level of consciousness are:
 - A. Awake, alert, unresponsive
 - B. Awake, alert, attentive
 - C. Awake, alert, responsive
 - D. Awake, attentive, responsive
14. Pallor, cyanosis, and jaundice are all ways to describe:
 - A. Skin condition.
 - B. Skin temperature.
 - C. Skin color.
 - D. Skin lesions.

15. When inspecting the corneas, corneal clarity and the markings of the iris should be somewhat defined.
A. True
B. False
16. Which of the following should be evaluated when examining the patient's pupils?
A. Symmetry
B. Reaction to light
C. Shape
D. All of the above
17. When examining the thorax and observing ventilations, you should observe only the rate and rhythm of respirations.
A. True
B. False
18. Which of the following is included in the four things that you should note when taking an arterial pulse?
A. Rhythm
B. Amplitude
C. Bruits and thrills
D. All of the above
19. When palpating the abdomen, which of the following should you look for?
A. Muscle relaxation
B. Flaccidness
C. Large masses
D. All of the above
20. Palpating the grooves between the epicondyle and olecranon and pressing on the lateral and medial epicondyles are appropriate techniques for palpation of the elbow.
A. True
B. False
21. Which of the following is not a protective device for substance isolation?
A. Gloves
B. Shoe covers
C. Gown
D. Mask
22. Mental status (with c-spine stabilization if necessary) is assessed with the AVPU scale.
A. True
B. False
23. Which of the following is not an invasive technique to ventilate an obstructed airway?
A. Intubation
B. Multilumen airways
C. Oral airways
D. Transtracheal jet insufflation
24. Which of the following is a primary concern when obtaining a patient history?
A. Weight
B. Prescription information
C. Current physician
D. Past medical history
25. Onset and duration are two things you want to know about a symptom's timing.
A. True
B. False
26. Which of the following actions is not performed during the ongoing assessment?
A. Repeat initial assessment
B. Initial assessment of vital signs
C. Assessment of interventions
D. Reassessment of vital signs
27. How often is the initial assessment repeated on an unstable patient?
A. Every 10 minutes
B. Every 6–8 minutes
C. Every 5 minutes
D. None of the above
28. Which of the following are attributes of a symptom that you want to elicit during the patient history?
A. Quality
B. Quantity
C. Setting in which it occurred
D. All of the above
29. Protocols, standing orders, and patient care algorithms are examples of how guidance and authority are standardized for and provided to paramedic decision making.
A. True
B. False
30. Hormones have no impact or influence on the ability to think under pressure.
A. True
B. False
31. Why are written communications important?
A. Medical audit
B. Professionalism
C. Billing
D. All of the above