Pre-Lecture

I. You Are the EMT

Time: 10 Minutes

Small Group Activity

This activity provides an opportunity to introduce students to the need for thoroughly understanding the medical communication process and the potential effect of the process on patient care. The activity introduces styles of written reports, which can be used to clarify to students the importance of documentation in providing patient care and continuous quality improvement.

Purpose

To introduce students to the issues and needs related to maintaining effective and efficient communications and documentation.

Instructor Directions

1. Direct students to read the “You Are the EMT” scenario found in the beginning of Chapter 9.
2. You may wish to assign students to a partner or a group. Direct them to review the discussion questions at the end of the scenario and prepare a response to each question. Facilitate a class dialogue centered on the discussion questions.
3. You may also use this as an individual activity and ask students to turn in their comments on a separate piece of paper.

Lecture

I. Communications and Documentation

Time: 5 Minutes

Slides: 1-6

Lecture/Discussion

A. Effective communication is an essential component of prehospital care.

B. Essential aspects of effective communications in prehospital care of patients

1. Radio and telephone communications
   a. Link the entire team together

2. Verbal communication is also a vital skill.

3. The written patient care report and record keeping
   a. Provides an opportunity to communicate the patient’s story to others who may participate in caring for the patient in the future
   b. Adequate reporting and accurate records ensure the continuity of patient care.
   c. Only performed after the patient’s condition has been stabilized
II. Communications Systems and Equipment

A. Base station radios
1. Any radio hardware containing a transmitter and receiver located in a fixed place
   a. Dispatch centers
   b. Fire stations
   c. Ambulance bases
   d. Hospitals
2. A channel is an assigned frequency or frequencies used to carry voice and/or data communications.
3. Power of 100 watts or more
4. A dedicated line (or hot line) is always open or under the control of the individuals at each end.
   a. Immediately “on” as soon as you lift the receiver

B. Mobile and portable radios
1. Mobile radios
   a. Installed in a vehicle
   b. Usually operates at lower power than a base station
      1. VHF (very high frequency) mobile radios operate at 100 watts of power.
      2. UHF (ultra-high frequency) mobile radios usually have only 40 watts of power.
      3. Cellular telephones operate on 3 watts of power or less.
   c. Communications from an average unit are typically limited to a range of 10 to 15 miles
2. Portable radios
   a. Hand-carried or hand-held devices
   b. Operate at 1 to 5 watts of power

C. Repeater-based systems
1. Special base station radios that receive messages and signals on one frequency and then automatically retransmit them on a second frequency.
2. Because a repeater is a base station, it is able to receive low-power signals.

D. Digital equipment
1. Some EMS systems use telemetry to send an ECG from the unit to the hospital.
   a. Telemetry is the process of converting electronic signals into coded, audible signals.
   b. Signals can then be transmitted by radio or telephone to a receiver at the hospital with a decoder.
E. Cellular telephones

1. Low-power portable radios that communicate through a series of interconnected repeater stations called “cells”
   a. Cells are linked by a sophisticated computer system and connected to the telephone network.
2. Like all voice radio communications systems, cellular telephones can be easily overheard on scanners.
   a. A scanner is a radio receiver that searches or “scans” across several frequencies until the message is completed.
   b. Always speak in a professional manner every time you use the EMS communications system.

F. Other communications equipment

1. EMS systems may use a variety of two-way radio hardware.
2. Some systems operate VHF equipment in the simplex mode.
   a. Push to talk, and release to listen
   b. Transmissions can occur in either direction but not simultaneously.
3. Duplex communications on UHF frequencies and cellular telephones
   a. Simultaneous talk-listen
   b. Transmit and receive communications simultaneously on one channel
4. A number of VHF and UHF channels are reserved exclusively for EMS use (MED channels).
5. Base and repeater station radios often have much greater power and higher antennas than mobile or portable units.
   a. Increased power affects your communications in two ways.
      1. Signals are generally heard and understood from a much greater distance than the signal produced from a mobile unit.
      2. Signals are received clearly from a much greater distance than with a mobile or portable unit.
6. Small changes in your location can significantly affect the quality of your transmission.
7. Success of communications is dependent on the efficiency of your equipment.
8. Check the condition and status of your equipment at the start of each shift.

III. Radio Communications

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<td>DOT Ref 3-7-I-A-2</td>
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<td>DOT Ref 3-7-I-A-3</td>
<td>Table 9-1: Guidelines for Effective Radio Communication</td>
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A. The Federal Communications Commission (FCC) regulates all radio operations in the United States.

1. The FCC has five principal EMS-related responsibilities.
   a. Allocating specific radio frequencies for use by EMS providers
   b. Licensing base stations and assigning appropriate radio call signs for those stations
   c. Establishing licensing standards and operating specifications for radio equipment used by EMS providers
   d. Establishing limitations for transmitter power output
   e. Monitoring radio operations
2. FCC’s rules and regulations section (part 90, subpart C) deals with EMS communications issues.

B. Responding to the scene

1. The dispatcher receives the first call to 9-1-1.
2. Dispatcher has several important responsibilities.
   a. Properly screen and assign priority to each call (according to predetermined protocols)
b. Select and alert the appropriate EMS response unit(s)
c. Dispatch and direct EMS response unit(s) to the correct location
d. Coordinate EMS response unit(s) with other public safety services until the incident is over
e. Provide emergency medical instructions to the telephone caller

3. Dispatcher assigns the appropriate EMS response unit(s) based on several criteria.
   a. Nature and severity of the problem
   b. Anticipated response time to the scene
   c. Level of training of available EMS response unit(s)
   d. The need for additional support

4. Dispatcher should give the responding unit(s) the following information:
   a. Nature and severity of the injury, illness, or incident
   b. Exact location of the incident
   c. Number of patients involved in the incident
   d. Responses by other agencies
   e. Special directions or advisories (adverse road or traffic conditions or severe weather reports)
   f. Time unit(s) are dispatched

5. EMTs report any problems that took place during a run to the dispatcher.

6. EMTs inform the dispatcher upon arrival at the scene.
   a. Arrival report should include any obvious details observed during scene size-up.
   b. Radio communications must be brief and easily understood.
   c. Speaking in plain English is best.

C. Communicating with medical control and hospitals
   1. Principle reason for radio communication is to facilitate communication between you and medical control (and the hospital).
   2. Medical control may be located at the receiving hospital, another facility, or sometimes even in another city or state.
   3. Consulting with medical control serves several purposes.
      a. Notifies the hospital of an incoming patient
      b. Provides an opportunity to request advice or orders from medical control
      c. Advises the hospital of special situations
   4. Plan and organize your radio communication before you transmit.
   5. How to give the patient report
      a. Follow the standard format established by your EMS system.
      b. Include seven elements
         1. Your unit identification and level of services
         2. The receiving hospital and your estimated time of arrival (ETA)
         3. The patient’s age and gender
         4. The patient’s chief complaint or your perception of the problem and its severity
         5. A brief history of the patient's current problem
         6. A brief report of physical findings
         7. A brief summary of the care given and any patient response
      c. Report all patient information in an objective, accurate, and professional manner.
      d. Remember, people with scanners may be listening.
   6. The role of medical control
      a. Medical control is either off-line (indirect) or on-line (direct).
      b. Depending on how the protocols are written, you may need to call medical control for direct orders (permission) to conduct certain tasks.
         1. Administer certain treatments
         2. Determine the transport destination of patients
         3. Be allowed to stop treatment and/or not transport a patient
      c. In most areas, medical control is provided by the physicians working at the receiving hospital.
      d. Many variations have developed across the country.
7. Calling medical control
   a. There are a number of ways to control access on ambulance-to-hospital channels.
      1. The dispatcher monitors and assigns appropriate, clear medical control channels.
      2. CMEDs (Centralized Medical Emergency Dispatch) or resource coordination centers
   b. The physician on the other end bases his or her instructions on the information the EMT provides.
   c. Never use codes when communicating with medical control, unless you are directed by local protocol.
   d. Once you receive an order from medical control, repeat the order back word for word and then receive confirmation.
   e. Do not blindly follow an order that does not make sense to you.

8. Information regarding special situations
   a. You may initiate communication with hospitals to advise them of an extraordinary call or situation.
   b. A small rural hospital may be better able to respond to multiple patients of a highway crash if notified when the ambulance is first responding.
   c. An entire hospital system must be notified of any disaster.
   d. Other special situations
      1. HazMat situations
      2. Rescues in progress
      3. Multiple-casualty incidents
   e. When notifying the hospital of special situations, keep several points in mind
      1. The earlier the notification, the better
      2. Provide an estimate of the number of individuals who may need to be transported to the facility.
      3. Identify any special needs the patients might have (burns or hazardous materials exposure) to assist the hospital in preparation.
   f. Follow the plan for your system.

D. Standard procedures and protocols
   1. Reduces the number of misunderstood messages
   2. Helps to keep transmission brief
   3. Develops effective radio discipline
   4. The “call up” begins by identifying the called unit first, followed by the unit calling (eg, “Dispatch, this is Medic One.”).

E. Reporting requirements
   1. Report in to dispatch at least six times during your run
      a. Acknowledge the dispatch information.
      b. Announce your arrival at the scene.
      c. Announce that you are leaving.
      d. Announce your arrival at the hospital or facility.
      e. Announce that you are clear of the incident.
      f. Announce your arrival back at quarters.

F. Maintenance of radio equipment
   1. Radio equipment must be serviced by properly trained and equipped personnel.
   2. Immediately remove from service equipment that is not working properly.
   3. The EMS system must have several backup plans and options so that you can maintain contact with medical control when the usual procedures do not work.
   4. Standing orders
      a. Written documents signed by the EMS system’s medical director.
      b. Orders outline specific directions, permissions, and sometimes prohibitions regarding patient care.
      c. Standing orders do not require direct communication with medical control.
IV. Verbal Communications

Time: 20 Minutes
Slides: 27-35
Lecture/Discussion
DOT Ref 3-7-I-B
DOT Ref 3-7-I-D
DOT Ref 3-7-I-E

A. Verbal communications are an essential part of quality patient care.
   1. You must be able to find out what the patient needs and then tell others.
   2. You are the vital link between the patient and the remainder of the health care team.

B. Communicating with other health care professionals
   1. Transfer of care officially occurs during your oral report at the hospital.
   2. Only transfer the care of your patient to someone with at least your level of training.
   3. Provide that person with a formal oral report of the patient’s condition.
   4. Six components must be included in the oral report.
      a. The patient’s name and chief complaint, nature of illness, or mechanism of injury
      b. A summary of the information that you gave in your radio report
      c. Any important history that was not given already
      d. Patient response to treatment
      e. The vital signs assessed
      f. Any other information that was not important enough to report sooner

C. Communicating with patients
   1. Your gestures, body movements, and attitude toward the patient are critical in gaining the trust of the patient and family.
   2. Ten Golden Rules will help you to calm and reassure your patients.
      a. Make and keep eye contact with the patient at all times.
      b. Use the patient’s proper name.
      c. Tell the patient the truth.
      d. Use language that the patient can understand.
      e. Be careful of what you say about the patient to others.
      f. Be aware of your body language.
      g. Always speak slowly, clearly, and distinctly.
      h. If the patient is hearing impaired, speak clearly and face the person.
      i. Allow time for the patient to answer or respond to questions.
      j. Act and speak in a calm, confident manner.

D. Communicating with elderly patients
   1. Important to determine a person’s functional age
      a. The person’s ability to function in daily activities
      b. The person’s mental state
      c. Activity pattern
      d. Do not assume that an elderly patient is senile or confused.
   2. Communicating with some elderly patients is extremely difficult.
a. They may be hostile, unkempt, irritable, and/or confused.
b. They may have difficulty hearing or seeing you.
3. You need great patience and compassion.
4. Approach slowly and calmly.
5. Allow plenty of time for the patient to respond to your questions.
6. Watch for signs of confusion, anxiety, or impaired hearing or vision.
7. Be especially vigilant for objective changes.
8. Explain what is being done and why.

E. Communicating with children
1. Fear is probably most severe and most obvious in children.
2. A child who says little may be very much aware of all that is going on.
3. Let a child keep a favorite toy, doll, or security blanket.
4. A family member or friend nearby can also be helpful.
5. Children can easily see through lies or deceptions.
a. Always be honest with them.
6. Explain to the child over and over again what and why certain things are happening.
7. If treatment is going to hurt, tell the child ahead of time.
8. Respect a child’s modesty.
9. Speak to a child in a professional, yet friendly, way.
10. Maintain eye contact with a child.
11. Position yourself at their level so that you do not appear to tower above them.

F. Communicating with hearing-impaired patients
1. Always assume hearing-impaired patients have normal intelligence.
2. Most hearing-impaired patients can read lips to some extent.
3. Many have hearing aids, so look around or ask about a hearing aid.
4. Five steps to help you efficiently communicate with patients who are hearing impaired
   a. Make sure you have paper and a pen.
   b. If the patient can read lips, you should face the patient and speak slowly, clearly, and distinctly.
   c. Never shout!
   d. Make sure you listen carefully, ask short questions, and give short answers.
   e. Learn some simple phrases used in sign language.

G. Communicating with visually impaired patients
1. Not all visually impaired patients are completely blind.
a. Ask the patient whether he or she can see at all.
2. Explain everything you are doing in detail as you are doing it.
3. Stay in physical contact with the patient as you begin your care.
4. Avoid sudden movements.
5. A visually impaired person may have a guide dog.
a. If circumstances permit, bring the guide dog to the hospital with the patient.
b. If the dog has to be left behind, you should arrange for its care.

H. Communicating with non-English-speaking patients
1. Find out how much English the patient can speak.
2. Use short, simple questions and simple words whenever possible.
3. Avoid difficult medical terms.
4. Point to specific parts of the body as you ask questions.
5. In urban areas, learn some common words and phrases of the non-English-speaking populations.

V. Written Communications and Documentation

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Table 9-2: Components of Prehospital Report

Note: Provide students with copies of locally approved prehospital care report forms.

Note: Provide students with copies of locally approved refusal-of-care forms.

A. Complete a formal written report about the patient before you leave the hospital.
   1. You might begin the report en route if the trip is long enough and the patient needs minimal care.
   2. The report will usually have to be finished at the hospital.
   3. Leave the report at the hospital before you leave.

B. Minimum data set
   1. Includes both patient information and administrative information
   2. Patient information
      a. Chief complaint
      b. Level of consciousness (AVPU) or mental status
      c. Systolic blood pressure for patients older than age 3 years
      d. Capillary refill for patients younger than age 6 years
      e. Skin color and temperature
      f. Pulse
      g. Respiations and effort
   3. Administrative information
      a. Time that the incident was reported
      b. Time that the EMS unit was notified
      c. Time that the EMS unit arrived at the scene
      d. Time that the EMS unit left the scene
      e. Time that the EMS unit arrived at the receiving facility
      f. Time that patient care was transferred

C. Prehospital care report
   1. Describes the nature of the patient’s injuries or illness at the scene and the initial treatment you provide
   2. Prehospital care report serves six functions
      a. Continuity of care
b. Legal documentation  
c. Education  
d. Administrative  
e. Research  
f. Evaluation and continuous quality improvement  

3. It is critical that you document everything in the clearest manner possible.  
4. There are many requirements on a prehospital care report.  

D. Types of forms  
1. Traditional written form with check boxes and a narrative section  
a. Fill it in completely.  
2. Computerized version in which you fill in information using an electronic clipboard or similar device  
3. Narrative section of form describes what you see and what you do.  
a. Include significant negative findings and important observations about the scene.  
b. Do not record your conclusion about the incident.  
c. Avoid radio codes.  
d. Use only standard abbreviations.  
e. Spell words correctly, especially medical terms.  
f. Record the time of all assessment findings.  
4. The report form and all the information on it are considered confidential documents.  
5. In most instances, a copy of the report will become a part of the patient’s record.  

E. Reporting errors  
1. If you leave something out of a report or record information incorrectly, do not try to cover it up.  
2. Write down what you did or did not do and the steps that were taken to correct the situation.  
3. Falsifying information may result in suspension and/or revocation of your certification/license.  
4. Document only those vital signs that were actually taken.  
5. If you discover errors, draw a single horizontal line through the error, initial it, and write the correct information next to it.  
6. Do not try to erase or cover the error with correction fluid.  
7. If errors are discovered after you submit the report, draw a single line through the error, write the correction in a different color ink, and initial and date it.  
8. If you left out information accidentally, add a note with the correct information, the date, and your initials.  

F. Documenting right of refusal  
1. Competent adult patients have the right to refuse treatment.  
2. Inform medical control immediately.  
3. Try to persuade the patient to go to the hospital.  
4. Consult medical direction as directed by local protocol.  
5. Ensure that the patient is able to make a rational, informed decision.  
6. Also ensure that the patient is not under the influence of alcohol or other drugs or the effects of some other illness.  
7. If the patient still refuses, document any assessment findings and emergency medical care given, then have the patient sign a refusal form.  
8. Have a family member, police officer, or bystander sign the form as a witness.  
9. If the patient refuses to sign the refusal form, have a family member, police officer, or bystander sign the form verifying that the patient refused to sign.  
10. Be sure to complete the prehospital report, including the patient assessment findings.  
11. Include a statement explaining that you informed the patient of the possible consequences of failure to accept care.
G. Special reporting situations

1. In some instances, you may be required to file special reports with appropriate authorities.
   a. Gunshot wounds
   b. Animal bites
   c. Certain infectious diseases
   d. Suspected physical, sexual, or substance abuse
2. Failure to report them may have legal consequences.
3. Multiple-casualty incidents (MCI)
   a. Have some means of recording important medical information temporarily.
   b. Triage tags
   c. The standard for completing the form in an MCI is not the same as for a typical call.
      1. Local plan should have specific guidelines.

Post-Lecture

I. Prep Kit Activities

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Note: The Prep Kit contains various student-centered end-of-chapter activities designed as enhancement to the instructor’s presentation. As time permits, these activities may be presented in class. They are also designed to be used as outside/homework activities.

A. Assessment in Action

This activity is designed to assist the student in gaining a further understanding of issues surrounding communication and documentation. The activity incorporates both critical thinking and application of basic EMT-B knowledge.

Purpose

This activity allows the student an opportunity to analyze an emergency care scenario and develop responses to critical thinking questions.

Instructor Directions

1. Direct students to read the “Assessment in Action” scenario located in the Prep Kit at the end of Chapter 9.
2. For the quiz questions, direct students to read and individually answer the questions at the end of the scenario. Allow approximately 10 minutes for this part of the activity. Facilitate a class review and dialogue of the answers, allowing students to correct their responses as needed. Use the quiz question answers noted below to assist in building this review. Allow approximately 10 minutes for this part of the activity, as well.
3. You may also use this as an individual activity and ask students to turn in their comments on a separate piece of paper.

Answers to Multiple-Choice Questions

1. Answer: A  Holding the microphone closer than 2 to 3 will cause the words to run together on the radio; any farther apart and you may not be heard. Speaking in a loud voice often causes distortion. Speaking too quickly after pressing the push-to-talk button will clip off the first part of your statement. If you wait any longer than 1 to 2 seconds, you run the risk of the receiving person talking at the same time you are.
2. Answer: B  Standing orders are a set of written physician orders that outline specific directions, permissions, and sometime prohibitions, regarding patient care. They are not direct physician orders, nor are they communicating orders. Radio protocols deal with specific directions regarding radio procedures and conduct, not patient care.
3. Answer: A A dedicated line is “dedicated” to a specific receiver or facility and, as such, is “on” as soon as you lift the receiver. This line is sometimes called a “hot line” and cannot be accessed by outside users. It is used when sensitive information, or information not intended for the general public, must be communicated.

4. Answer: D The components of a report include the patient’s name (Mr. Jones), a summary of the information (collapsed), important history (history of cancer), patient’s response to treatment (AED results, CPR with no response), vital signs (no VS) and other pertinent information (family argument and no DNR). In a code situation, the type of cancer is not as important as the cancer, the family argument, and no DNR.

5. Answer: D Raising your voice does not ensure that someone who is hard of hearing can hear you. Position yourself directly in front of him when you talk and speak in a normal tone of voice, slowly, clearly, and distinctly. Many people who are hard of hearing can read lips.

6. Answer: D Having a paper and pen available is the easiest measure to take. Knowing someone who knows sign language will not help when you need immediate aid. Speaking in a loud tone of voice is not helpful. Facing the patient will help with lip reading but does not help with interpreting his or her response.

7. Answer: C These dogs are specially trained not to respond to strangers, but to stay with their master. In this situation, the patient is not close to home and there is no one available who knows the dog or the patient. It is not appropriate or necessary to have law enforcement or the Humane Society take the dog.

8. Answer: B The best method is one that does not give the appearance of trying to hide something, which is what erasing or using correction fluid would do. Crossing out and marking over it is unprofessional and could be attributed to someone else. Drawing a line through a mistake and initialing it clearly marks it as a correction.

Challenging Questions Answers

9. Answer: The easy access to cellular phones by the general public may result in overloading and jamming of cellular systems when large numbers of people are trying to use the system simultaneously. This could easily disrupt the communications system of any EMS service in a mass-casualty incident or natural disaster.

10. Answer: Because this is a type of informed consent, sometimes called informed refusal, where the consent is for refusal of transport.

B. Points to Ponder
This activity will allow you to help your students probe the more difficult situations that they might face. Use this as an opportunity for them to express differences of opinion and approach, while directing them to be thorough and decisive in their answers. Encourage challenges.

Purpose
To allow students an opportunity to apply critical thinking analysis to a given case study.

Instructor Directions

1. Direct students to read the “Points to Ponder” scenario found in the Prep Kit at the end of Chapter 9.

2. You may wish to assign students to a partner or a group and direct them to review the discussion question at the end of the scenario and prepare a response. Allow approximately 10 minutes for this part of the activity. Facilitate a class dialogue centered on the discussion point. Allow approximately 10 minutes for this part of the activity, as well.

3. You may also use this as an individual activity and ask students to turn in their comments on a separate piece of paper. Develop your own key points for guiding this discussion.

Scenario
You are new with an agency and on your third shift you respond to a nearby “rest home” for a patient transfer. The patient walks over to the stretcher and lies down. You notice that your partner marks nonambulatory on the run sheet. When you ask her about it she says, “They told us to mark nonambulatory so Medicare will pay.” In this agency, both EMTs sign the run sheet. What would you do? Would you sign the run sheet?

Issues
• Ethics in EMS
Chapter 9: Communications and Documentation

- Risk of Losing Your Job for What is Right
- Management Relationships
- Rules/Regulations and Laws Outside of EMS

C. Online Outlook
This activity requires students to have access to the Internet. This may be accomplished through personal access, employer access, or through a local educational institution. Some community colleges, universities, or adult education centers may have classrooms with Internet capability that will allow for this activity to be completed in class. Check out local access points and encourage students to complete this activity as part of their on-going reinforcement of the basic EMT-B knowledge and skills.

Purpose
To provide students with an opportunity to reinforce chapter material through use of online Internet activities.

Instructor Directions
1. Use the Internet and go to www.emtb.com. Follow the directions on the web site to access the exercises for Chapter 9.
2. Review the chapter activities and take note of desired or correct student responses.
3. As time allows, conduct an in-class review of the Internet activity and provide feedback to students as needed.
4. Be sure to check the web site before assigning this activity, as specific chapter-related activities may change from time to time.

II. Lesson Review

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Note: Facilitate the review of this lesson’s major topics using the review questions as direct questions or overhead transparencies. Answers are found throughout this lesson plan with IRK references listed for each question.

A. List the different components of a medical communications system (Lecture II).
B. What are the responsibilities of the FCC? (Lecture III-A)
C. What information should a dispatcher provide to responding units? (Lecture III-B-4)
D. List the seven elements of giving a patient report. (Lecture III-C-5)
E. What is the role of medical control? (Lecture III-C-6)
F. List the six times the EMT-B should report to dispatch. (Lecture III-E)
G. What are the Ten Golden Rules for patient communication? (Lecture IV-C-2)
H. What are some considerations when communicating with elderly patients? (Lecture IV-D)
I. What are some considerations when communicating with children? (Lecture IV-E)
J. List the minimum data set for a written report. (Lecture V-B)
K. What are the functions of a prehospital care report? (Lecture V-C-2)
L. What should the EMT-B do if he or she makes an error on a written report? (Lecture V-E)
M. What are the processes used to document a patient’s refusal of care? (Lecture V-F)
III. Assignments

Time: 5 Minutes

Lecture

A. Review all materials from this lesson and be prepared for a lesson quiz to be administered (date to be determined by instructor).
B. Read Chapter 10: General Pharmacology for the next class session.