



CENTRAL DUPAGE HOSPITAL
EMERGENCY MEDICAL SERVICES SYSTEM
POLICY & PROCEDURES

TITLE: EMERGENCY COMMUNICATIONS RADIO NURSE (ECRN) OPERATIONS

SECTION: COMMUNICATIONS

POLICY NUMBER: D-1

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EFFECTIVE DATE: 01 JULY 2018

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PURPOSE:

To define the process for Emergency Communications Radio Nurses (ECRNs) and Medical Control Physicians when communicating with Pre-Hospital providers.

POLICY:

ECRN's who are in good standing within the Central DuPage Hospital Emergency Medical Services System (CDHEMSS) and Emergency Room (ER) Physicians are extensions of the CDHEMSS Medical Director (MD) regarding communication with pre-hospital providers. ECRN's and ER Physicians shall utilize approved Region 8 EMS SMOs and CDHEMSS Policies and Procedures while making decisions regarding EMS Operations and patient care.

For the following situations, the CDHEMSS ECRN's shall consult with an ER Physician for direction:

1. Direction / Report

- a. An ECRN or ER Physician may receive report directly from field EMS providers or EMS provider resource hospital (relay call). An ECRN or ER Physician may take a report from providers outside Region 8, however, should the ECRN or ER Physician feel the care is not appropriate he or she shall instruct the crew to contact their resource hospital for orders. Additionally, CDHEMSS ECRNs shall direct non CDHEMSS providers to contact their Resource Hospital for the following:
 - i. Bypass
 - ii. Refusals
 - iii. Time of Death
 - iv. Helicopter Use
 - v. System Specific care / interventions

2. Refusals

- a. An ECRN may grant refusals/bypass for EMS when requested unless the following circumstances are present, in which case an ER Physician must be consulted:
 - i. The GCS is < 15
 - ii. The patient is < 12 years of age
 - iii. Confirmed or suspected intoxicating / altering substances taken by the patient
 - iv. POA / Family member is attempting to make decisions for the patient
 - v. Inability of EMS to clearly communicate with the patient
 - vi. Vital signs outside the normal limits

- vii. ALS intervention performed
 - viii. High suspicion of injury
 - ix. Confirmed illness or injury with potential to be life-threatening
 - x. Situations requiring deviation from Region 8 SMOs or CDHEMSS Policy and Procedures
 - xi. Psychiatric illness or emergencies
3. An ECRN shall consult with a Physician when the following situations exist:
- a. Nurse or Physician on scene
 - b. Permissions to terminate resuscitation efforts
 - c. Time of death / field pronouncements
 - d. Whenever EMS or family requests to speak directly with a physician
 - e. Approval of transport by helicopter
 - f. Complex medical or legal issues not addressed by SMOs or Policy and Procedures.
 - g. Cases in which the ECRN or EMS provider is uncomfortable with any situation or orders given.
 - h. Downgrade of care (CC->ALS, ALS->BLS)
4. Documentation
The ECRN or ER Physician who receives communication from the field shall complete the CDHEMSS approved “Regional ECRN Run Report” electronically on the CarePoint radio. In the event that electronic documentation is unavailable a written copy of the “ECRN Run Report” shall be completed and turned into the CDHEMSS office.
5. When EMS transmits demographics via E-Bridge, the ECRN shall make all attempts to “pre-register” the patient prior to their arrival.

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