

Radio Report for Emergency Dept.

When patients require urgent medical attention on arrival at the ED it is essential that an appropriate patient report precedes their arrival.

The report needs to be clear and concise yet transfer all relevant information. It is good practice to identify your clinical level when communicating with the ED. The recommended format is ASHICE.

A	Age	
S	Sex	
H	History	
I	Injury	
C	Condition	Pulse: BP:/.....mmHg Resps: Sets:% GCS: E.....V.....M..... BG:mmol/L Temp:°C Life threatening - <input type="checkbox"/> Resus team required standing by Serious non-life threat - <input type="checkbox"/> Request rapid assessment needed Non-serious Or non-life threat <input type="checkbox"/>
E	ETA	

IMIST-AMBO Handover Protocol

I	Identification of patient	
M	Mechanism of injury or medical complaint	
I	Injuries or information related to complaint	
S	Signs	Pulse: BP:/.....mmHg Resps: Sets:% GCS: E.....V.....M..... BG:mmol/L Temp:°C
T	Treatment and trends	

Pauses for questions

A	Allergies	
M	Medication	
B	Background	
O	Other information	

Any further questions

Ambulance practitioners are asked to:

1. Review handover details pre arrival
2. Maintain a 20-30 second period where the patient remains on the stretcher and deliver IMIST information uninterrupted
3. Encourage questions on completion of IMIST and again at the end of AMBO
4. Treating practitioner to remain with the patient during handover

ED clinicians are asked to:

1. Ensure the handover remains interruption free
2. Ask questions during the two provided opportunities, between IMIST and AMBO and upon completion of IMIST-AMBO
3. Observe “‘Hands off, Eyes on’, a 20-30 second period provided when the patient stays on the ambulance trolley until the IMIST information is delivered
4. identify team leaders