

Monroe Livingston Region Program Agency

Division of Prehospital Medicine, University of Rochester Mailing Address: 601 Elmwood Avenue, Box 655, Rochester, NY 14642 Physical Address: 120 Corporate Woods, Suite 100, Rochester, NY 14623

Phone: (585) 463-2900 Fax: (585) 473-3516 E-Mail: <u>mlrems@urmc.rochester.edu</u>

To: All EMS Providers

From: Jeremy T. Cushman, MD, MS, EMT-P - Culum -

Regional Medical Director

Date: May 17, 2013

Re: Advisory 13-04: Stroke and STEMI Alert Patient Identifiers

In an effort to facilitate the care of Stroke and STEMI Alert patients inbound to Highland, Rochester General, Strong, and Unity Hospital Emergency Departments, we are asking EMS providers to give the name and date of birth along with your customary clinical report to Medical Control (Communications Nurse or Physician). This information will help to create a medical record and allow for quick access to prior medical history which will ultimately provide more rapid and accurate care to these patients.

If the information is available, please provide it to Medical Control. If the information is not immediately available, please simply state that you do not have the information at this time. The goal is whenever possible to relate this information to the receiving facility as it allows Emergency Department staff to quickly identify relevant prior medical history that is critical for the management of these patients and facilitate intervention in these time-critical medical conditions.

Thank you for your continued efforts to provide the best possible care to our patients, and with any questions, please do not hesitate to contact the Regional Program Agency.