



# ANSWERING PREHOSPITAL CALLS AS A NON-EMS PHYSICIAN

BEST PRACTICES IN COMMUNICATION AND TELEMEDICAL SUPPORT FOR  
PREHOSPITAL PROVIDERS

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# LEARNING OBJECTIVES

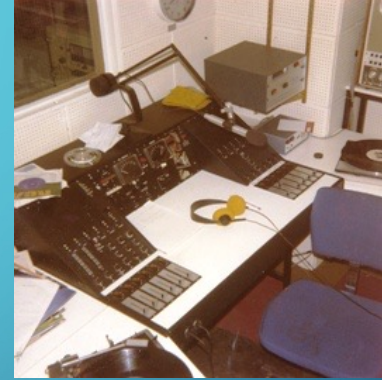
- Review different methods of communication and telemedicine used in the prehospital setting
- Review the setup of “base hospital” systems and medical oversight in the prehospital setting
- Review of medicolegal issues surrounding scope of practice in the prehospital setting
- Review interpersonal and communication skills that can be used to improve patient care and teamwork
- Review and discuss common concerns surrounding consent and capacity
- Review and discuss the principles of scene safety
- Review and discuss the challenges presented by prolonged transport times in austere medical settings
- Demonstrate understanding of how cultural, racial, religious, political, language, and ethnic barriers can impact care in the prehospital setting

I HAVE NO DISCLOSURES.



# BASE HOSPITAL CALLS

- MICNs answering a literal radio
- Doctors answering a literal radio
- Doctors answering a phone
- VOIP phone carried by doctor with calls patched in



# CALL #1: PRONOUNCEMENT & ETCO<sub>2</sub>



# CASE SUMMARY: 98 YO F IN CARDIAC ARREST

5 minutes of downtime before EMS arrival

Initial rhythm asystole -> PEA -> transient Vtach (shock delivered)

PEA rate ranging from 20 – 120 beats per minute

Interventions:

ET tube and IO in place

7 x epinephrine

1 x Bicarbonate

“At one point we thought we got ROSC”

EtCO<sub>2</sub> ranging between 17 and 35

Total downtime 50 mins

The background is a dark teal gradient with a white circuit board pattern. The pattern consists of thin white lines forming a grid-like structure with various nodes and connections, resembling a printed circuit board (PCB) layout. The pattern is most prominent in the corners and along the edges, with some lines extending towards the center.

WOULD YOU PRONOUNCE THIS PATIENT  
DECEASED?

“The pooled incidence of return of spontaneous circulation (ROSC) was 29.7% (95% CI 27.6–31.7%) ... and the 1-year survival rate was 7.7% (95% CI 5.8–9.5%)”

Yan S, Gan Y, Jiang N, et al. 2020

“The survival rate declines rapidly when the duration of CPR surpasses 10 minutes and even more rapidly if it exceeds 30 minutes”

Goto Y, Funada A, Goto Y. 2016

## BLS/Universal Termination of Resuscitation Rules

Arrest not witnessed by emergency medical services personnel  
No return of spontaneous circulation (before transport)  
No AED shock was delivered (before transport)

If **all** criteria are present,  
consider termination  
of resuscitation.

If **any** criteria are not  
present, continue  
resuscitation and  
consider transport.

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“Patients transported without a ROSC who met the Universal TOR Guideline for transport had a survival of 3.0% (95% CI 2.5%–3.4%) compared to 0.7% (95% CI 0.4%–0.9%) in patients who met the Universal TOR Guideline for termination” -- Drennan IR, Case E, Verbeek PR, et al. 2017.

The image features a blue gradient background with white circuit-like lines in the corners. These lines consist of straight paths that branch out and terminate in small circles, resembling a printed circuit board layout.

WHAT ABOUT THE ETCO<sub>2</sub>?

“Initial ETCO<sub>2</sub> or 20-min ETCO<sub>2</sub>>20mmHg appears to be a better predictor of ROSC than the 10mmHg cut off value. A ETCO<sub>2</sub><10mmHg after 20min of CPR is associated with a 0.5% likelihood of ROSC.”

--Paiva EF, Paxton JH, O'Neil BJ. 2018

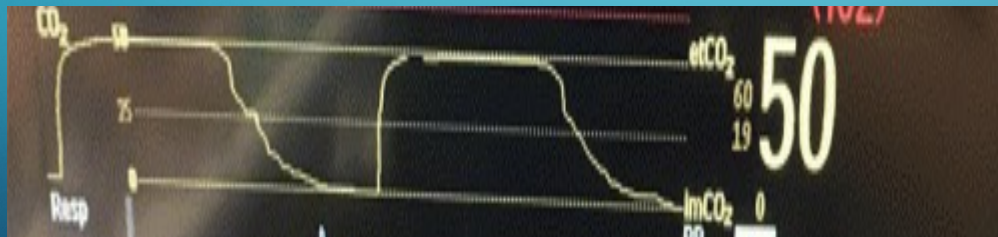


Image credits: Farkas J. Waveform capnography in the intubated patient. EMCrit. Published 5 Aug 2021. Accessed 11 Apr 2026. <https://emcrit.org/ibcc/co2>

# CALL #2: CAPACITY/AMA



[Paranoid Delusions.mp3](#)

# CASE SUMMARY: ? YO M HIKING THE PACIFIC CREST TRAIL

Is doing so because he was told to by spirits

Currently 15 mi into Yosemite National Park backcountry in November

Wearing nike sneakers

Has “adequate food” but no ice gear

Reports history of people trying to kill him

AAOx4/4

Does **not** desire medical care

EMS personnel request pt be placed on involuntary psych hold\*

\*A 5150 is an involuntary psychiatric hold placed by a qualified physician, social worker, or sometimes police that allows for 72 hours of involuntary confinement in a healthcare facility of people who pose a danger to themselves or others due to a psychiatric condition



Image credits: Landes-Michelli C. Weather forecasts. Pacific Crest Trail Association. Accessed 7 Apr 2026: <https://www.pcta.org/discover-the-trail/backcountry-basics/weather-forecasts>

The image features a dark blue gradient background with white, stylized circuit board traces in the corners. These traces consist of straight lines and small circles, resembling electronic components or connections. The traces are located in the top-left, top-right, bottom-left, and bottom-right corners, framing the central text.

WOULD YOU APPROVE THIS AMA?

# CALL #3: CAPACITY/AMA (AGAIN)



# CASE SUMMARY: 30 YO F WITH CHIEF COMPLAINT OF ABDOMINAL PAIN

Patient would like to AMA

plans to have a family member transport her to another ED

has an IV in place

VS notable for bradycardia

Pt is s/p 50 mcg of fentanyl given approx. 20 min prior

Pt is on hospital grounds but not yet registered

Per medic, patient “does have capacity”

The image features a blue gradient background with white circuit-like lines in the corners. These lines consist of straight paths that end in small circles, resembling a stylized PCB or network diagram. The lines are positioned in the top-left, top-right, bottom-left, and bottom-right corners, framing the central text.

WOULD YOU APPROVE THIS AMA?

The background is a solid teal color with a subtle gradient. In the four corners, there are decorative white line-art elements resembling circuit traces or neural network connections, with small circles at the end of the lines.

WHAT DOES EMTALA HAVE TO SAY ABOUT  
THIS SITUATION?

The image features a dark teal background with a gradient. In the four corners, there are decorative white line-art elements resembling circuit traces or neural network connections, with small circles at the end of the lines. The central text is in a clean, white, sans-serif font.

WHAT HAVE YOU SEEN GO WRONG WITH  
AMA CONVERSATIONS?



# ANSWER THE RADIO

Understand what risks are involved in the situation

Speak to the patient

Understand what the *patient* knows about the risks of non-transport

Explain the situation and the risks of non-transport to the patient

Confirm understanding

Approve the AMA (or not)



The background is a dark teal gradient. In the corners, there are white line-art patterns resembling circuit boards or neural networks, with lines connecting to small circles.

WHAT WENT WELL IN THIS CONVERSATION?  
WHAT COULD HAVE GONE BETTER?



WHAT DUTY DOES THIS DOCTOR HAVE WITH  
REGARD TO THE PATIENT?  
...TO THE EMS CREW?  
...TO THE PATIENTS IN THE ER?

# TAKEAWAY POINTS

Capacity means “understanding the risks associated with refusal”

Base hospital physicians have a duty to:

- a) the patient on the other end of the line
- b) the crew on the other end of the line ...but also
- c) the patient(s) currently in the ER

# SOURCES

Drennan IR, Case E, Verbeek PR, et al. A comparison of the universal TOR Guideline to the absence of prehospital ROSC and duration of resuscitation in predicting futility from out-of-hospital cardiac arrest. *Resuscitation*. 2017;111:96-102. doi:10.1016/j.resuscitation.2016.11.021

Goto Y, Funada A, Goto Y. Relationship between the duration of cardiopulmonary resuscitation and favorable neurologic outcomes after out-of-hospital cardiac arrest: a prospective, nationwide, population-based cohort study. *J Am Heart Assoc*. 2016;5(3). Published 2016 Mar 18. doi:10.1161/JAHA.115.002819

Paiva EF, Paxton JH, O'Neil BJ. The use of end-tidal carbon dioxide (ETCO<sub>2</sub>) measurement to guide management of cardiac arrest: A systematic review. *Resuscitation*. 2018 Feb;123:1-7. doi: 10.1016/j.resuscitation.2017.12.003. Epub 2017 Dec 5. PMID: 29217394

Soar J, Berg KM, Andersen LW, et al. Adult Advanced Life Support: 2020 International Consensus on Cardiopulmonary Resuscitation and Emergency Cardiovascular Care Science with Treatment Recommendations. *Resuscitation*. 2020;156:A80-A119. doi:10.1016/j.resuscitation.2020.09.012

Yan S, Gan Y, Jiang N, et al. The global survival rate among adult out-of-hospital cardiac arrest patients who received cardiopulmonary resuscitation: a systematic review and meta-analysis. *Crit Care*. 2020;24(1):61. Published 2020 Feb 22. doi:10.1186/s13054-020-2773-2

The background is a solid teal color with a subtle gradient. In the four corners, there are decorative white line-art elements resembling circuit traces or neural network connections. These elements consist of thin lines that branch out and terminate in small circles, creating a sense of connectivity and technology.

# QUESTIONS?

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