



## EMS Call Quality Assurance Worksheet

Department: \_\_\_\_\_

Report written by: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Incident #: \_\_\_\_\_

<b>Documentation</b>		<b>Yes</b>	<b>No</b>	<b>N/A (explain if necessary)</b>
<b>D</b>	Dispatch information and times?			
	Scene description? (MOI, Pt position/location, hazards?)			
	Initial intervention described?			
<b>C</b>	Pt's chief complaint stated?			
	Hx of this incident stated?			
<b>H</b>	<b>Allergies / Meds / PMHx / Last Oral / Events</b>			
	<b>Provoking-Palliative/Quality/Region-Radiating/Severity/Time</b>			
<b>A</b>	Primary Assessment findings stated? Vitals?			
	Secondary Assessment findings stated?			
<b>Rx</b>	Treatments and subsequent changes?			
	Variance from guidelines stated?			
<b>T</b>	EMS transport unit stated / Cancel noted?			
	Signature on report?			

### Interventions

Airway / breathing assistance appropriate?			
O2 administration?			
Vital signs and times obtained?			
Procedures Documented?			
BGL in altered LOC / Diabetic?			
Proper immobilization / splinting w/ neuro check before and after?			
Medication therapy appropriate and documented?			

EMS QA review by: \_\_\_\_\_

Date: \_\_\_\_\_