Grant County Fire Protection District 3

EMS REPORT REVIEW FORM

TRANSPORT /NON-TRANSPORT AGENCY: _____

DATE OF TRANSPORT: _____ MIR#: _____

REASON FOR REVIEW: _____

☐ INAPPROPRIATE FOR REVIEW / EXPLAIN: _____

PATIENT INFO / CALL TIME	**YES**	**NO**	**N/A**
1. History of present illness	☐	☐	☐
2. Relevant past history	☐	☐	☐
3. Appropriate exam documentation	☐	☐	☐
4. Vital Signs	☐	☐	☐
5. Current medication / allergies	☐	☐	☐
6. Response to medications given	☐	☐	☐
7. Response to procedures	☐	☐	☐
8. Results of diagnostics (EKG, etc.)	☐	☐	☐
9. Times documented	☐	☐	☐
10. Times appropriate (Trauma 10 min. or less, medical 20 min.)	☐	☐	☐
11. Trauma Band applied (if appropriate)	☐	☐	☐
12. Demographics completed	☐	☐	☐

CRITICAL MANAGEMENT	**SAT.**	**UNSAT.**	**N/A**
1. Was medical management appropriate	☐	☐	☐
2. Was drug utilization appropriate	☐	☐	☐
3. Is record adequate as a legal document	☐	☐	☐

MEDICAL CONTROL CONTACTED ☐Yes ☐No

COMPLEXITY OF CASE ☐Basic ☐Average ☐Difficult

MANAGEMENT OF CASE ☐Satisfactory ☐Unsatisfactory

ANY UNSATISFACTORY MARKS REQUIRE REASON/COMMENT AND REVIEWER'S SIGNATURE

REASON / COMMENT: _____

☐Report appropriate to local policies and county protocol – no further action required.
☐Report inappropriate to local policies and county protocol – requires further action.

Reviews Signature Certification Date Reviewed

PROVIDER REVIEW / COMMITTEE ACTION
Provider refers to the Physician Advisor for this agency.

PROVIDER ACTION

Based on the above findings this report:

☐ **Is approved for filing**

☐ **Requires more Information.**
Type of information needed:_____
_____.

☐ **Requires trending.**

☐ **Is disapproved and needs MPD review.**

Comment: _____

_____

Reviewing Providers Signature: _____

Date Reviewed: _____

QI COMMITTEE ACTION:

☐ **Report processed per policy / QI plan.**
☐ **Information obtained and report resubmitted to Advisor on _____.**
☐ **Trended for quarterly report submitted on _____.**
☐ **Report submitted to County MPD for local QI review on _____.**

QI Committee Chairperson Signature:
_____.

Cc: _____
_____