



Report of ALS Services Provided Without Base Hospital Contact

Submit to Base Hospital within 24 hours of Occurrence: Base to submit to OCEMS within 3 business days of review

Date: _____ Time: _____ Location: _____

PCR seq #: _____ - _____
 copy of PCR attached

Fire Incident #: _____ - _____
Fire Agency: _____
ALS / PAU ID: _____

BH contact not attempted
 Unable to establish BH communications
 Unable to maintain BH communications
 BH contact made & discontinued, unable to re-establish

Explain: _____

Patient Status & Initial Assessment

Mild Moderate Acute Medical cardiac or respiratory arrest MTV CTV
 triaged to designated specialty receiving center (type): _____

General evaluation / working assessment: _____

ALS Care Attempted or Initiated; Rationale; Response to Treatment

ALS airway IV access access PVAD IV fluid bolus
 Serum glucose Cardiac monitoring / 12-lead EKG
 Defibrillation/cardioversion Needle thoracostomy Valsalva's maneuver
 Medication: list dose and route other

Rationale for care: _____

Response to treatment: _____

EMT-P _____ OCEMS ID: _____ sig: _____
EMT-P _____ OCEMS ID: _____ sig: _____
EMT-P _____ OCEMS ID: _____ sig: _____

Base Hospital Review

Report rec'd by: _____ date rec'd: _____ time: _____
 Reviewed by BHC (sig) _____ date reviewed: _____
 Treatment offered was appropriate for the situation
 Treatment offered was consistent with OCEMS protocols
 Treatment was NOT CONSISTENT with OCEMS protocols; Explain: _____

 Recommendations / corrective action plan: _____

 OCEMS notification made; date: _____ by: _____

FOR OCEMS USE ONLY

