PROCEDURE EVALUATION FORM

Paramedic Name: ______________________ Accreditation #: ______________

Date: ______________ Time: ________ Prehospital Care Report #: ______________

ENDOTRACHEAL INTUBATION

Type of Intubation: □ Nasal □ Pediatric E.T.

Number of Attempts: ____ Successful? □ Yes □ No

If no, check reason: □ Excessive emesis □ Clenched jaw

□ Excessive Blood □ Unable to visualize

□ Other: ______________________

INTRAOSSEOUS (IO) PLACEMENT

Age of Patient: _______ Number of attempts: ______

Base Contact made prior to placement? □ Yes □ No

IO placement successfully performed? □ Yes □ No

If no, explain: ______________________

NEEDLE THORACOSTOMY

Needle position: □ Right □ Left □ Bilateral

Successful? □ Yes □ No

Did the patient's condition improve? □ Yes □ No

Procedure done after BH contact made? □ Yes □ No

Procedure performed en route to hospital? □ Yes □ No

If not, where? ______________________

Comments: ______________________

NEEDLE CRICOTHYROTOMY

Was adequate ventilation achieved? □ Yes □ No

As determined by: ______________________

Patient related difficulties encountered:

Difficult landmarks due to: □ anatomy □ trauma

□ Excessive blood □ Emesis in airway

□ Other ______________________

Suction: □ Yes □ No

PRE EXISTING VASCULAR ACCESS

of IV start attempts: ____ peripheral ____ jugular ____IO

What type of long-term line did you determine it to be (PICC, Broviac, etc)? ______________________

Access successful? □ Yes □ No

If yes, did you discard withdrawn blood? □ Yes □ No

If not successful, why?

□ Unable to withdraw blood □ Unable to flush with NS

TRANSCUTANEOUS PACING

Age of Patient: _________

Presenting Rhythm: ______________________

TCP used due to: □atropine ineffective □ IV not estab

Capture? □ Yes □ No

Base contact made:

□ Prior to TCP (TCP was base hospital order)

□ After TCP initiated □ Not at all

Name of Receiving Hospital: ______________________________

Signature of ED Physician: ______________________ Signature of Paramedic: ______________________

ATTACH A CLEAR PHOTOCOPY OF THE PREHOSPITAL CARE REPORT

(Send to Riverside County EMS Agency CQI Coordinator)

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