

ALS WITHOUT BASE HOSPITAL CONTACT

Patient: _____

Name

Title

Certificate #

Run Date: _____ Today's Date: _____

Run Report #: _____

ALS Unit: _____

Protocol followed: _____

Specific Treatment (s) Given:

Times Contact Attempted

(Circle times successful)

Time of Arrival on Scene: _____

Patient Status:

Prior to Treatment: Stable Unstable In Arrest

After Standing Orders: Save Improved Unchanged Deteriorated In Arrest

Reasons:

- Patient's Clinical Status demanded intervention prior to voice contact with Base Hospital
- EMS Communication Equipment Malfunction
- Field Communication Equipment not available at patient's side
- No immediate response from Base Hospital
- Patient environment not suitable for Radio/Land Line Communications
- Other (please attach additional sheets as necessary)

Signature _____

EMS Team Leader

Base Physician's Conclusion

Date _____

The actions taken: (Identify which team members)

_____ Were completely acceptable

_____ Were questionable and they were counseled by ER MICN/MD upon patient arrival

_____ Need to contact Liaison Nurse/Physician for follow-up or counseling

Issue resolved by counseling at Base Hospital Counseling pending at Base Hospital

_____ Were not acceptable

_____ Need to contact EMS Agency for direct follow-up or counseling

Comments: _____

Emergency Department Diagnosis: _____

Emergency Department Disposition: _____

Signature _____

Base Hospital Physician

Signature _____

Liaison Performing follow-up (if required)

EMS Office Recommendation/Comments

Date Received _____

Signature _____