

ALS WITHOUT BASE HOSPITAL CONTACT REPORT	
<i>Paramedics must complete this form whenever base hospital contact is required, yet cannot be made. A copy of the PCR must be attached and submitted to the organizations CQI liaison within 24 hours of the incident. The CQI liaison must submit the report to SJCEMSA with 24 hours of receipt. Attach additional pages if necessary.</i>	
Report initiated by:	License #:
Employer:	Phone:
Address:	
Base Hospital:	Receiving Facility:
<i>Reason for initiating treatment without a base hospital order: (check all that apply)</i> <input type="checkbox"/> Patient's clinical status demanded intervention prior to voice contact with the base hospital <input type="checkbox"/> Field communication equipment not available at the patient's side <input type="checkbox"/> No response from the base hospital after three (3) attempts <input type="checkbox"/> Scene environment not suitable for radio and/or land line communications (please explain) <input type="checkbox"/> EMS communication equipment malfunction <input type="checkbox"/> Radio interference/inability to establish radio contact <input type="checkbox"/> Other <i>(please attach additional sheets as necessary)</i>	
Treatment(s) performed without a base hospital order: _____ _____	
Patients condition prior to treatment: _____ _____	
Patients condition after treatment: _____ _____	
Signature:	Date of Report:
EMS Agency Evaluation: Treatment initiated was: <input type="checkbox"/> appropriate for the patient's condition <input type="checkbox"/> appropriate for the patient's condition but could have been delayed pending radio contact or upon arrival at the emergency department <input type="checkbox"/> questionable but discussion and resolution of concerns occurred after patient arrival <input type="checkbox"/> questionable and not resolved at time of call <input type="checkbox"/> inappropriate for the patients condition	

★EMS CQI Document - Do Not Place in the Patient Medical Record★

Effective: January 1, 2009

Page 1 of 1

Revised:

Supersedes:

Approved: Signature on File
Medical Director

Signature on File
EMS Administrator