

SAEMS REGIONAL AIR AMBULANCE QUALITY IMPROVEMENT SCREENING FORM

RUN DATE:

TIME OF REQUEST:

ETA GIVEN:

ACTUAL ARRIVAL TIME:

REQUESTING AGENCY:

RESPONDING AGENCY:

LOCATION OF CALL:

SUBMITTED BY: **DATE:**

EMAIL:

PRIMARY ISSUES

- NO ISSUES
- INACCURATE ETA
- COMMUNICATION ISSUES
 - MEDS CONTROL
 - RADIO FREQUENCY
- LANDING ZONE ISSUES
- SCENE TIME >30 MINUTES

SAFETY ISSUES

- LZ HAZARDS
- COMBATIVE PATIENT
- RESTRAINTS USED
- PT RSI'D
- EQUIPMENT FAILURE
- AIRCRAFT ISSUES

GROUND AMBULANCE CREW CONTACT INFO AND COMMENTS:

DISPATCH CENTER CONTACT INFO AND COMMENTS:

AIR MEDICAL REP CONTACT INFO AND COMMENTS:

For Office use

REGIONAL REVIEW AND ACTION :

DATE REFERRED TO AGENCIES INVOLVED:

REFERRED TO BASE HOSPITAL MANAGER :

FAX TO SAEMS OFFICE WITHIN 24 HOURS OF REQUEST FOR AIR AMBULANCE- FAX 520-529-2369