

CALL ASSESSMENT FORM

Employee _____ Senior FTO _____

Date ___/___/___ Service Number _____ Time of Call ____:____

Type of Call: (circle one) ALS BLS N1 N2 N3 N4 N5 N6 N8

When performing the evaluation only score the areas that are relevant to the call. The areas that are not scored will not be used in the evaluation. Score as follows:

- 1 – Unacceptable
- 2 – Below Average
- 3 – Average
- 4 – Above Average
- 5 - Excellent

ASSESSMENT

**SECTION 1
SCENE**

Access/Egress _____ Identifies Hazards _____ Identifies All Patients Involved _____ Pre-Plans Call _____
Identifies All Vehicles Involved _____ Conforms Scene Safety _____ Update The Communication Center
As Well As Responding Agencies/Units _____ Maintains Proper Staging Distance On Signal 13 Calls _____

1. Number of Areas Scored _____ 2. Total of Areas Scored _____

Score #2 _____ Divided by Score #1 _____ = Overall Scene Score of _____

**SECTION 2
PRIMARY SURVEY**

Airway Assessment _____ Breathing Assessment _____ Circulation Assessment _____ All of the
Primary Survey Assessment Performed In a Timely Manner _____

1. Number of Areas Scored _____ 2. Total of Areas Scored _____

Score #2 _____ Divided by Score #1 _____ = Overall Primary Survey Score of _____

**SECTION 3
SECONDARY SURVEY**

Vital Signs _____ Skin _____ HEENT _____ Pupils _____ Neck _____ Chest _____ Lung
Sounds _____ Abdomen _____ Pelvis _____ Lower Extremities _____ Upper Extremities _____
Back _____ G/U _____ Neurological Examination _____ Exposed and Viewed All Areas of Chief
Complaint _____ Found Unreported Injuries _____

1. Number of Areas Scored _____ 2. Total of Areas Scored _____

Score #2 _____ Divided by Score #1 _____ = Overall Secondary Survey Score of _____

**SECTION 4
REFINED ASSESSMENT**

Establish Chief Complaint_____ Mechanism of Injury_____ Medical Versus Trauma_____
Onset_____ Duration_____ Severity_____ Relief_____ Assessment of Breath Sounds_____
Past Medical History_____ Current Medications_____ Allergies_____ Appropriate
Questioning_____ Neurological Examination_____ Correct Protocol_____ Ongoing Reassessment
Every 5 Minutes_____ ECG Interpretation_____ Organized Sequence_____ (The Following If
Indicated) Bilateral Blood Pressures_____ Bilateral Pulses_____ Glucose Test_____ Tilt
Test_____ Capillary Refill_____ Temperature_____

1. Number of Areas Scored_____ 2. Total of Areas Scored_____

Score #2_____ Divided by Score #1_____ = Overall Refined Assessment Score of _____

**SECTION 5
ASSESSMENT TIME**

Secondary Survey In <90 Seconds_____ 1st Set of Vital Signs <5 Minutes_____ Medical versus
Trauma Decision <90 Seconds_____ ALS versus BLS Decision <5 Minutes_____

1. Number of Areas Scored_____ 2. Total of Areas Scored_____

Score #2_____ Divided by Score #1_____ = Overall Assessment Time Score of _____

TREATMENT

**SECTION 6
PRIORITY**

Based on the Patient Presentation, Mechanism of Injury, And Assessment Findings: ABC Control_____
CPR_____ Oxygen_____ Spinal Immobilization_____ Cervical Immobilization_____
Bandage_____ Splinting_____ Intubation_____ IV_____ Drug Therapy_____ 12 Lead_____
Defibrillation_____ Pacing_____ Surgical Airway_____ Chest Decompression_____ Treatment
in Appropriate Order_____ Multiple Protocols_____

1. Number of Areas Scored_____ 2. Total of Areas Scored_____

Score #2_____ Divided by Score #1_____ = Overall Priority Score of _____

**SECTION 7
TYPE AND AMOUNT**

Based On Correct Interpretation and Initiation of Protocols /Doctors Orders: Correct BLS
Treatment_____ Correct Medication and Amount_____ Provides All Appropriate Treatment_____
Evaluates the Effects of the Treatment_____ Anticipates Complications or Changes in the Patients
Condition_____ Treatment Plan Allows For Changes in the Patients Condition_____

1. Number of Areas Scored_____ 2. Total of Areas Scored_____

Score #2_____ Divided by Score #1_____ = Overall Type and Amount Score of _____

**SECTION 8
LOCATION**

Appropriate Treatment at the Call Location_____ Appropriate Treatment during Transport_____
Medical Cardiac Arrest Treated On Scene_____ Trauma Cardiac Arrest Treated During
Transport_____ Consideration Taken For the Following: Time Constraints_____ Violent
Situations_____ Combative Patients_____ Equipment Needed_____ Terrain_____
Environment_____ Crime Scene Considerations_____

1. Number of Areas Scored_____ 2. Total of Areas Scored_____

Score #2_____ Divided by Score #1_____ = Overall Location Score of _____

**SECTION 9
SKILLS**

Overall BLS Skills_____ Overall ALS Skills_____ Does No Harm TO Patient or Self_____

1. Number of Areas Scored_____ 2. Total of Areas Scored_____

Score #2_____ Divided by Score #1_____ = Overall Skills Score of _____

**SECTION 10
TREATMENT TIMES**

Scene Times Prior To Transport: ALS Medical <30 Minutes_____ Trauma <10 Minutes_____ BLS
<15 - 20 Minutes_____ Overall Time Management during Call_____

1. Number of Areas Scored_____ 2. Total of Areas Scored_____

Score #2_____ Divided by Score #1_____ = Overall Treatment Times Score of _____

ORAL AND WRITTEN COMMUNICATION SKILLS

**SECTION 11
REPORT/RADIO**

Radio Report To Include But Not Limited To: Unit Number_____ Hospital Destination_____ Patients
Physician_____ Patient Age_____ Sex_____ Mechanism Of Injury/Chief Complaint_____ Vital
Signs_____ Treatment_____ Results Of Treatment_____ Any Additional Orders_____
Confirmation of Additional Orders_____ Any Further Changes In The Patients Condition_____
Logical Sequence_____ Transport Signal_____ Code_____ ETA_____ Other Pertinent
Information_____

1. Number of Areas Scored_____ 2. Total of Areas Scored_____

Score #2_____ Divided by Score #1_____ = Overall Report/Radio Score of _____

**SECTION 12
REPORT/ORAL**

Patients Name_____ Date Of Birth_____ Make Sure That All Of Radio Report Was Heard Or Repeat
Radio Report_____ Any Changes Of Patients Condition Since Last Radio Contact_____ Utilizes
Interpersonal Skills With Hospital Staff_____ Inform Patient Of Care Transfer_____ Copy Of
Emergency Department Form and Copy Of ECG Strips Left With Nurse_____

1. Number of Areas Scored_____

2. Total of Areas Scored_____

Score #2_____ Divided by Score #1_____ = Overall Report/Oral Score of _____

**SECTION 13
REPORT/NARRATIVE**

Complete Billing Information_____ All Flow Charts Complete_____ Narrative Complete Using Standard SOAP Format_____ All Mandatory Information Documented when Necessary (Extended Scene, End Tidal CO2, IV Attempts, etc...) _____ Correct Or Appropriate Abbreviations and Terminology_____ Proof Read Report Before Printing_____ Uses Proper Grammar and Case (Report Should Not Be Written In All Capital Letters) _____ Uses Spell Check to Eliminate Misspelled Words_____

1. Number of Areas Scored_____

2. Total of Areas Scored_____

Score #2_____ Divided by Score #1_____ = Overall Report/Narrative Score of _____

Call Management

**SECTION 14
PATIENT**

Introduces Self And Crew_____ Professional_____ Calm And Reassuring Demeanor_____ Keeps The Patient Informed_____ Let's The Patient Know By Communication Or Action That "You Are There To Help"_____ Utilizes Interpersonal Skills To Win Patient Confidence_____ Wins Support For Appropriate Treatment_____ Ask Appropriate Questions About Chief Complaint_____

1. Number of Areas Scored_____

2. Total of Areas Scored_____

Score #2_____ Divided by Score #1_____ = Overall Patient Score of _____

**SECTION 15
BYSTANDER/FAMILY**

Introduces self and Crew Members_____ Utilizes Bystanders or Family for the Following Information: Mechanism of Injury, Chief Complaint, History, Medications, Allergies_____ Utilizes Interpersonal Skills to Win Confidence_____ Wins Support for Treatment Plan_____

1. Number of Areas Scored_____

2. Total of Areas Scored_____

Score #2_____ Divided by Score #1_____ = Overall Bystander/Family Score of _____

**SECTION 16
SUPPORT AGENCIES**

Utilizes For: Information_____ Assistance_____ Treats as Equals/Professionals_____ Keeps All Agencies Updated_____ Timely Release Of resources_____ Equipment_____ Uses Interpersonal Skills_____ Appropriate Constructive/Creative Use of Resources_____

1. Number of Areas Scored_____

2. Total of Areas Scored_____

Score #2 _____ Divided by Score #1 _____ = Overall Support Agencies Score of _____

**SECTION 17
OVERALL MANAGEMENT**

Command Presence _____ Utilizes ICS Skills When Needed _____ Identify All Involved In
Call _____ Scene Safety _____ Possesses Proper Equipment and Skills to Run Call _____ Plan Is
Flexible _____ Keeps Call In Perspective _____ Professional Radio Conduct/Communications with All
Agencies Including Dispatch _____

1. Number of Areas Scored _____ 2. Total of Areas Scored _____

Score #2 _____ Divided by Score #1 _____ = Overall Management Score of _____

All Unusual Circumstances will be taken into consideration!

Section 1 Score _____	Section 2 Score _____
Section 3 Score _____	Section 4 Score _____
Section 5 Score _____	Section 6 Score _____
Section 7 Score _____	Section 8 Score _____
Section 9 Score _____	Section 10 Score _____
Section 11 Score _____	Section 12 Score _____
Section 13 Score _____	Section 14 Score _____
Section 15 Score _____	Section 16 Score _____
Section 17 Score _____	

1. Total Number of Sections where a Score was given _____
2. Total of All above Scored Sections _____

Score #2 _____ Divided by Score #1 _____ = Overall Call Assessment Score of _____

Any area that scores a 1 or 2 should have an explanation of deficiency and a plan of correction attached.

Evaluator Signature _____ Date ____/____/____

Employee Signature _____ Date ____/____/____