

Run Report Audit

Service # _____ Date _____ Crew Names _____

Audit Each

Cardiac and Respiratory arrest _____
Dead-on-scene and /or "Do Not Resuscitate" _____
Invasive procedures (ET, NT, IO, EJ, NG, Pleural
decompression, cricothyrotomy) _____
Patient refusal _____
Helicopter Utilization _____

Other Reasons for Audit

Documentation Errors (See specific problems below) _____
Inappropriate orders from Doctor _____
Did not follow Protocol _____
Need to review for possible Protocol change _____
Trauma on scene time > 10 minutes without a
documented reason _____
Medical on scene time > 30 minutes without a
specific reason _____
Appropriate immobilization for mechanism
of injury _____

Specific Problems

Lack of documentation of End Tidal CO2 on
all intubations _____
Vital signs recorded a minimum of two times _____
Information is filled out correctly in narrative. _____
Narrative includes: age, sex, weight in kilograms,
and chief complaint of the patient.
As well as changes in patient status
or treatment given. _____
Signatures of attending medics _____
All crew names on the report _____
Billing form is complete _____
Number of misspelled word _____

Signatures of the FTO Doing the Audit

FTO _____ Date _____

Training Chief _____ Date _____

Shift Chief _____ Date _____

Copy and attach report to this form and leave with the Training Chief ASAP.

Date of Follow up _____ (Attach Audit form)

Date Reviewed with Paramedic _____

(Rev. 11/12/03)