|  |  |  |  |
| --- | --- | --- | --- |
| **1st Quarter**  **FY 2014** | **July**  **2013** | **August**  **2013** | **September**  **2013** |
| **Trauma System Indicator** |  |  |  |
| **Please indicate the number of patients experiencing a penetrating injury.** |  |  |  |
| Indicate the nature of the penetration. |  |  |  |
| How was the penetration managed?  Medical System Indicator | **July**  **2013** | **August**  **2013** | **September**  **2013** |
| How many patients were treated for CHF this quarter? |  |  |  |
| How many were managed with CPAP?  How many were managed with Lasix  How many were managed with both Lasix and CPAP? |  |  |  |
| System  Indicator |  |  |  |
| **Did your agency offer regional training plans this quarter?** |  |  |  |
| **How many instances was training conducted?** |  |  |  |
| **How many providers attended?** |  |  |  |
|  |  |  |  |
|  |  |  |  |