PLEASE READ INSTRUCTIONS CAREFULLY

Agency Name:	
Agency Number:	
Total Cases Reviewed:	
QA Representative:	
Contact E-mail:	

If you did not review any reports relevant to the particular question (e.g., you did not have any burn patients), please fill in "O"—do not leave these spaces blank or enter "N/A". Thank you!

FY15 Q3 Trauma Indicator

	3rd Quarter FY2015
Out of total reports reviewed, how many were trauma calls?	
Out of these trauma calls, how many were burn patients?	

Please list the details for the burn calls below. **If you had more burn patients than the form below allows, please list these on a separate page in order to include all of the reviewed burn reports for this quarter.**

Type of Burn: chemical, electrical, heat, etc.
Degree of Burn: first, second, third, fourth.
Medication Administered: name of medication administered (not yes or no)

Type of Burn	Degree	Pain management technique used (if applicable)	Medication Administered	Dose	Method of delivery

Please continue onto the next page

Type of Burn	Degree	Pain management technique used (if applicable)	Medication Administered	Dose	Method of delivery

Please Continue Onto Next Page

FY15 Q3 Medical Indicator

	3rd Quarter FY2015
Out of total reports reviewed, how many required pain management? (Pharmacological or nonpharmacological)	

Please note that several columns indicate the type of answer to be provided (e.g., for "Reason for Pain", the answer should be either Trauma or Medical, and for "Was the pain scale utilized?" the answer should be either Y for yes or N for no. ***If you reviewed more cases requiring pain management than there is room for on this form, please continue on another sheet to insure all information is reported.***

Assessment		*Pharmacological Treatment*				*Nonpharmacological Treatment*		*Outcome*
Reason for Pain (Trauma or Medical)	**Was the pain scale utilized? (Y or N)**	**Was medication for pain management administered? (Y or N)**	**If yes, which medication?**	**Which method of delivery?**	**What dose?**	**Any nonpharm interventions performed? (Y or N)**	**Type**	**Any noted patient improvement? (Y or N)**

Please continue onto next page.

Rappahannock EMS Council, Inc.

Quality Indicators, 3rd Quarter FY2015 (Jan – Feb - March)

Assessment		***Pharmacological Treatment***				***Nonpharmacological Treatment***		***Outcome***
Reason for Pain (Trauma or Medical)	**Was the pain scale utilized? (Y or N)**	**Was medication for pain management administered? (Y or N)**	**If yes, which medication?**	**Which method of delivery?**	**What dose?**	**Any nonpharm interventions performed? (Y or N)**	**Type**	**Any noted patient improvement? (Y or N)**

Please continue onto next page.

FY15 Q3 System Indicator

Type of Call:	Standard listing for call type.
Mechanical Aid Used:	Specific device used (this may include CPAP, "thumper", pacing, AED, etc.)
Approximate Time Elapsed to Employ:	NOT THE AMOUNT OF TIME THE DEVICE WAS USED. The amount of time between when the call was received and when the device was used.
Improvement in Patient Status:	Yes, No, or Unknown
AIC Level:	Specific certification level, if available (e.g., Paramedic rather than just ALS)

Type of Call	Mechanical Aid Used	Approximate Elapsed Time to Employ Mechanical Aid	Patient Improvement? (Y, N, UK)	AIC Level

Please continue onto the next page (if necessary).

Rappahannock EMS Council, Inc.

Quality Indicators, 3rd Quarter FY2015 (Jan – Feb - March)

Type of Call	Mechanical Aid Used	Approximate Elapsed Time to Employ Mechanical Aid	Patient Improvement? (Y, N, UK)	AIC Level