

ALS WITHOUT BASE HOSPITAL CONTACT

Patient: _____

Name _____

Title _____

Certificate # _____

Run Date: _____ Today's Date: _____

Run Report #: _____

ALS Unit: _____

Protocol followed: _____

Times Contact Attempted _____

(Circle times successful)

Specific Treatment (s) Given: _____

Time of Arrival on Scene: _____

Patient Status:

Prior to Treatment: ☐ Stable ☐ Unstable ☐ In Arrest

After Standing Orders: ☐ Save ☐ Improved ☐ Unchanged ☐ Deteriorated ☐ In Arrest

Reasons:

- ☐ Patient's Clinical Status demanded intervention prior to voice contact with Base Hospital
- ☐ EMS Communication Equipment Malfunction
- ☐ Field Communication Equipment not available at patient's side
- ☐ No immediate response from Base Hospital
- ☐ Patient environment not suitable for Radio/Land Line Communications
- ☐ Other (please attach additional sheets as necessary)

Signature _____

EMS Team Leader

Base Physician's Conclusion _____

Date _____

The actions taken: (Identify which team members)

_____ Were completely acceptable

_____ Were questionable and they were counseled by ER MICN/MD upon patient arrival

_____ Need to contact Liaison Nurse/Physician for follow-up or counseling

☐ Issue resolved by counseling at Base Hospital ☐ Counseling pending at Base Hospital

_____ Were not acceptable

_____ Need to contact EMS Agency for direct follow-up or counseling

Comments: _____

Emergency Department Diagnosis: _____

Emergency Department Disposition: _____

Signature _____

Base Hospital Physician

Signature _____

Liaison Performing follow-up (if required)

EMS Office Recommendation/Comments _____

Date Received _____

Signature _____