**APPENDIX D**

**Review Forms**

**(Attached)**

1. **General Patient Assessment**
2. **Acute Health Systems**
3. **Out-of-Hospital Cardiac Arrest**
4. **Medication QI Schedule**

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| General Patient Assessment |  |  |  |
| **Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Incident #:** | |  |
| **Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date of Incident:** | |  |
|  |  |  |  |
| **Criteria** | | | |
| **Cardiac Arrest** | **Yes** | **No** | **Comments** |
| **Patient pulseless or Apneic (refer to cardiac arrest QI)** |  |  |  |
| **Patient LOC** | **Yes** | **No** | **Comments** |
| Patient Responsiveness Assessed |  |  |  |
| Patient Level of Conciousnedd (LOC) Determined |  |  |  |
| Patient GCS obtained |  |  |  |
| Neurological Exam matches Patient GCS |  |  |  |
| **Airway** | **Yes** | **No** | **Comments** |
| Airway Assessed |  |  |  |
| Airway properly managed |  |  |  |
| **Breathing** | **Yes** | **No** | **Comments** |
| Patient Breathing |  |  |  |
| Oxygen Indicated |  |  |  |
| Oxygen Administered Appropriately |  |  |  |
| Pulse Oximetry Used |  |  |  |
| Capnography Used |  |  |  |
| Breathing Management Appropriate |  |  |  |
| **Circulation** | **Yes** | **No** | **Comments** |
| Circulation Assessed |  |  |  |
| 12-Lead ECG acquired |  |  |  |
| Circulation Management Appropriate |  |  |  |
| **Patient Assessment** | **Yes** | **No** | **Comments** |
| Primary Assessment Performed |  |  |  |
| Primary Assessment Repeated if Necessary |  |  |  |
| Secondary Assessment Performed |  |  |  |
| Secondary Assessment Repeated if Necessary |  |  |  |
| Vital Signs Assessed |  |  |  |
| Glucose checked on all AMS patients |  |  |  |
| Patient Assessment Approriate |  |  |  |
| **Medication Administration** | **Yes** | **No** | **Comments** |
| Medications administered when indicated |  |  |  |
| **Documentation** | **Yes** | **No** | **Comments** |
| Documentation of Transfer of Care Performed |  |  |  |
| All Times Documented |  |  |  |
| ePCR completed |  |  |  |
| **Additional Comments:** |  |  |  |

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| Acute Health Systems |  |  |  |
| **Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Incident #:** | |  |
| **Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date of Incident:** | |  |
|  | **ATCC #** |  |  |
|  |  |  |  |
| **General Requirements** | **Yes** | **No** | **Comments** |
| ATCC number entered into ePCR |  |  |  |
| Documentation of transfer of care |  |  |  |
| Times called in to the ATCC |  |  |  |
| **Trauma System** | **Yes** | **No** | **Comments** |
| Patient meets one or more trauma system criteria |  |  |  |
| Entry criteria used |  | | |
| Patient entered into the Trauma System via ATCC |  |  |  |
| Physical Exam performed |  |  |  |
| AVPU performed |  |  |  |
| Patient AVPU per documentation |  | | |
| Vital signs performed |  |  |  |
| Documentation of cardiac or hemodynamic instability |  |  |  |
| Transport greater than 15-20 minutes |  |  |  |
| Physical exam repeated |  |  |  |
| Vital signs reassessed |  |  |  |
| Stroke System | Yes | No | Comments |
| Patient treated using Stroke Protocol |  |  |  |
| Patient entered into the Stroke System via ATCC |  |  |  |
| EMSA (Emergency Medical Stroke Assessment) Performed |  |  |  |
| EMSA Score (Each EMSA Abnormal Component = 1) |  | | |
| Last Known Well Time Documented |  |  |  |
| 12 Lead ECG performed and documented |  |  |  |
| Blood glucose level assessed |  |  |  |
| IV fluid bolus performed (if applicable) |  |  |  |
| Thrombolytic checklist completed |  |  |  |
| Thrombolytic checklist transferred with patient |  |  |  |
| STEMI System | Yes | No | Comments |
| Patient complaint of Chest Pain or consistent with ACS |  |  |  |
| 12 lead ECG performed and documented |  |  |  |
| 12 lead ECG interpretted STEMI |  |  |  |
| Patient entered into the STEMI System via ATCC |  |  |  |
| 12 lead ECG transmitted to ATCC |  |  |  |
| STEMi System Specific Times | Times | | |
| Time of Patient Contact |  | (24 hr clock time) | |
| Time of first 12 lead acquisition |  | (24 hr clock time) | |
| Amount of time from patient contact to first 12 lead |  | (time in minutes) | |
| Medications | Yes | No | Comments |
| Aspirin administered |  |  |  |
| Nitroglycerine administered |  |  |  |
| Other pain control used |  |  |  |
| Type of pain control used |  | | |
| **Additional Comments:** |  |  |  |
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| **Out-of-Hospital Cardiac Arrest** |  |  |  |
| **Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Incident #:** |  |  |
| **Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date of Incident:** | |  |
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| **Criteria** | | | |
| **Airway Management** |  |  |  |
| **BLS Airway Management** | **Yes** | **No** | **Comments** |
| Bag Valve Mask (BVM) Ventilations |  |  |  |
| OPA or NPA Inserted |  |  |  |
| Passive Oxygenation |  |  |  |
| **Airway Management - BIAD** | **Yes** | **No** | **Comments** |
| BIAD Used |  |  |  |
| Type of BIAD Used (if applicable) |  | | |
| Capnography Used/Documented |  |  |  |
| **Advanced Airway Management** | **Yes** | **No** | **Comments** |
| Endotracheal Intubation Performed |  |  |  |
| Documented reason If not performed |  |  |  |
| Capnography Used/Documented |  |  |  |
| Documented reason if capnography not used |  |  |  |
| **Documentation of Adequate Ventilation** | **Yes** | **No** | **Comments** |
| Adequate Chest Rise and Fall Documented |  |  |  |
| Bilateral Breath Sounds Documented |  |  |  |
| Did Patient Improve |  |  |  |
| **Airway Management Appropriate** |  |  |  |
| **Circulation** |  |  |  |
| **CPR** | **Yes** | **No** | **Comments** |
| Early Chest Compression |  |  |  |
| Automated CPR Device |  |  |  |
| Time from patient contact to CPR initiation |  | (time in minutes) | |
| If CPR was not initiated was the reason documented |  |  |  |
| **Defibrillation** | **Yes** | **No** | **Comments** |
| Type of Defibrillation Performed | | | |
| Automated External Defibrillator |  |  |  |
| Manual Defibrillator |  |  |  |
| **Automated External Defibrillator** | **Yes** | **No** | **Comments** |
| Automated External Defibrillator (AED) Attached |  |  |  |
| AED Shock Delivered |  |  |  |
| Time from patient contact to AED attachment |  | (time in minutes) | |
| If AED not applied was the reason documented |  |  |  |
| **Manual Defibrillation** | **Yes** | **No** | **Comments** |
| Time from patient contact to pad attachment |  | (time in minutes) | |
| Manual Defibrillation Performed |  |  |  |
| ROSC Achieved with Defibrillation |  |  |  |
| Circulation Management Appropriate |  |  |  |
| **Medication Administration** | **Yes** | **No** | **Comments** |
| Epinephrine Administred |  |  |  |
| Time to First Epinephrine |  | (time in minutes) | |
| General Patient Care | Yes | No | Comments |
| General Patient Assessment Performed |  |  |  |
| Vital Signs Assessed |  |  |  |
| Patient Assessment Repeated (if necessary) |  |  |  |
| **Documentation** | **Yes** | **No** | **Comments** |
| All Times Documented |  |  |  |
| ePCR completed |  |  |  |
| **Additional Comments:** |  |  |  |
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|  | **Medication QI Schedule** | | | | | | | | | |  |  |
| Medication | Jan | Feb | Mar | April | May | June | July | Aug | Sept | Oct | Nov | Dec |
| **Naloxone** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Acetaminophen** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Adenosine** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Albuterol Sulfate** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Albuterol/Ipratropium** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Amiodarone Bolus** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Lidocaine Bolus** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Amiodarone Premix** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Lidocaine Premix** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Aspirin** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Atropine Sulfate** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Dextrose 10%** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Dextrose 50%** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Diphenhydramine** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Epinephrine 1:1,000** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Epinephrine 1:10,000** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Furosemide** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Ketamine** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Methylprednisolone** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Diazepam** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Lorazepam** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Midazolam** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Morphine Sulfate** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Fentanyl** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Nitroglycerin** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Ondansetron** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Oral Glucose** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Sodium Bicarbonate** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Toradol** |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Fluids** | **Jan** | **Feb** | **March** | **April** | **May** | **June** | **July** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** |
| **Normal Saline** |  |  |  |  |  |  |  |  |  |  |  |  |
| **\*3% Saline\*** |  |  |  |  |  |  |  |  |  |  |  |  |
| **\*Lactated Ringers\*** |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Optional Medication** | **Jan** | **Feb** | **Mar** | **April** | **May** | **June** | **July** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** |
| **\*Calcium Chloride\*** |  |  |  |  |  |  |  |  |  |  |  |  |
| **\*Cefazolin\*** |  |  |  |  |  |  |  |  |  |  |  |  |
| **\*Cetriaxone\*** |  |  |  |  |  |  |  |  |  |  |  |  |
| **\*Diltiazem\*** |  |  |  |  |  |  |  |  |  |  |  |  |
| **\*Dopamine\*** |  |  |  |  |  |  |  |  |  |  |  |  |
| **\*Glucagon\*** |  |  |  |  |  |  |  |  |  |  |  |  |
| **\*Haloperidol\*** |  |  |  |  |  |  |  |  |  |  |  |  |
| **\*Hydroxocobalamin (Cyanokit)\*** |  |  |  |  |  |  |  |  |  |  |  |  |
| **\*Labetalol\*** |  |  |  |  |  |  |  |  |  |  |  |  |
| **\*Magnesium Sulfate\*** |  |  |  |  |  |  |  |  |  |  |  |  |
| **\*Nicardipine\*** |  |  |  |  |  |  |  |  |  |  |  |  |
| **\*Nitrous Oxide\*** |  |  |  |  |  |  |  |  |  |  |  |  |
| **\*Norepinephrine\*** |  |  |  |  |  |  |  |  |  |  |  |  |
| **\*Racemic Epinephrine\*** |  |  |  |  |  |  |  |  |  |  |  |  |
| **\*Thiamine\*** |  |  |  |  |  |  |  |  |  |  |  |  |
| **\*Tranexamic Acid\*** |  |  |  |  |  |  |  |  |  |  |  |  |
| **\*Vasopressin\*** |  |  |  |  |  |  |  |  |  |  |  |  |