**APPENDIX C**

**Prehospital EMS Metrics, EMT & Paramedic Review, and Patient Outcome Monitoring Form**

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

1. **INCIDENT INFORMATION:**
* Incident Date & Time:
* Location (Address or Coordinates):
* Type of Emergency:
1. **PREHOSPITAL EMS METRICS:**
2. **Response Times**
* Dispatch Time (HH:MM)
* En Route Time (HH:MM)
* On-Scene Time (HH:MM)
* Transport Time (HH:MM)
* Total Response Time (HH:MM)
1. **Patient Care**
* Initial Patient Assessment

( ) Rapid Trauma Assessment

( ) Focused Medical Assessment

* Interventions Provided

( ) Airway Management

( ) Breathing Support

( ) Cardiac Monitoring

( ) Medical Administration (List Medications)

( ) Other (Specify)

* Transport Decision

( ) Immediate Transport

( ) Stabilization on Scene

* Communication

( ) Effective Communication with Hospital

( ) Accurate Handoff Report

* Equipment Check

( ) Proper Equipment Functioning

1. **EMT & PARAMEDIC SHORT REVIEW**

Please provide a brief self-assessment of the response:

- Was the initial assessment thorough and accurate? (Yes/No)

- Were interventions provided promptly and appropriately? (Yes/No)

- Was communication with the patient and hospital effective? (Yes/No)

- Were all necessary protocols followed? (Yes/No)

- Comments/Notes (Strengths and Areas for Improvement):

**APPENDIX C – CONTINUED**

1. **PATIENT OUTCOME MONITORING**
* **Patient Vital Signs on Arrival at the Scene:**
* Heart Rate:
* Respiratory Rate:
* Blood Pressure:
* Oxygen Saturation:
* Glasgow Coma Scale (GCS):
* **Patient Vital Signs on Arrival at the Hospital:**
* Heart Rate:
* Respiratory Rate:
* Blood Pressure:
* Oxygen Saturation:
* Glasgow Coma Scale (GCS):
* **Patient Condition During Transport:**

- Stable (Yes/No):

- Deteriorating (Yes/No):

- **Patient Disposition**:

 - ( ) Admitted to Hospital

 - ( ) Discharged from Hospital

 - ( )Transferred to Another Facility

 - ( )Deceased

- **Comments/Notes (Patient Status and Changes During Transport):**

1. **ADDITIONAL INFORMATION**
* Weather Conditions:
* Traffic Conditions:
* Other Relevant Observations:
1. **SIGNATURES**

By signing below, I confirm the accuracy of the information provided.

* EMT/Paramedic Name (Print):
* EMT/Paramedic Signature:
* Date and Time of Completion: