

LFEMSC Quality Improvement Template

Type of Incident

(As monitored by Medical Direction)

_____ (fill in the blank)

Skill / Procedure Performed

(As monitored by Medical Direction)

_____ (fill in the blank)

Medication(s) Administered

(As monitored by Medical Direction)

_____ (fill in the blank)

Date and Time of Incident

Incident Number

Nature of Call / MOI

Highest Level of Care Provided

Immobilization Documented (if applicable)

Yes Cervical Backboard KED

No Cleared by _____
Name of provider and certification
Acceptable explanation for not immobilized?

Yes No

Action Needed _____

Protocol followed with appropriate care rendered ____ Yes ____ No

If no, please list reason why _____

Referred to OMD for review Yes

No