

HOTRAC Regional EMS P/I Summary Report

(circle reporting month/quarter)

1st Quarter
Jan-Feb-Mar

2nd Quarter
Apr-May-June

3rd Quarter
Jul-Aug-Sept

4th Quarter
Oct-Nov- Dec

Provider Name: _____

Person Submitting Report: _____ Phone#: _____

- Total # of All Runs: _____
- Total # of calls where **air medical** was auto-launched or place on standby for “Code STEMI”: _____
“Code Stroke”: _____ Other: _____
- Total # of suspected stroke patients, “Code Stroke” was based on stroke scale score: _____
- Total # of stroke scale positive patients were administered the VAN LVO scale: _____
- Total # of “Code Stroke” patients that went straight to CT: _____ That did not: _____
- Total # of Category A trauma patients transported to a Level IV Trauma Center or non-designated facility: _____
- Total # of Category B trauma patients transported to a Level IV Trauma Center or non-designated facility: _____
- Total # of trauma patients >64 transported to a Level IV Trauma Center or non-designated facility: _____
- Total # of EDO patients transported by EMS: _____
Total # of EDOs **NOT** accompanied by law enforcement: _____
- Total # of CPR: _____ Traditional CPR: _____ Hands Only: _____ ROSC: _____ DOA(s): _____
- Total # of “Code STEMI” patients pre-activated cath lab: _____
- Total # of 12-leads transmitted to PCI Center for “Code STEMI”: _____
Received by PCI Center: _____ # Not Received by PCI Center: _____
- Total # of tourniquets utilized: _____
administered by first responders: _____ Police: _____ EMS: _____
Bystanders: _____ Other (specify): _____
- Total # of patients transported to **outside** of TSA M (by ground provider) & why: _____
- List cases not noted above and give reason for fall-out (use additional sheet if needed):