

QUARTERLY REPORT FOR
MOBILE INTENSIVE CARE PROGRAM

Reports are due to Office of Emergency Medical Services by the 30th of April, July, October and January.

Reporting Quarter (Check only one) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	Year 20
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Program Name		Telephone Number
Street Address		Fax Number
City, State, Zip Code		Cost Per Completed ALS Call
Name of Person Completing Report	Name of Program Director/Coordinator	Name of Medical Director

Section 1 – System-Wide MICU Information

1	MICU Dispatches		15	ALS field pronouncements (By medical command physician)	
2	MICU calls cancelled (Patient not seen)		16	ALS patients admitted to a hospital	
3	MICU requested and unable to respond (Program Total)		17	ALS patients treated and released from emergency department	
3a	MICU unavailable, request covered by another MICU Program.		18	ALS patients transported by Volunteer Ambulances	
3b	MICU unavailable, request for ALS not covered by any MICU Program		19	ALS patients transported by Licensed Ambulances	
4	Patients evaluated by MICU		20	ALS patients transported by Aeromedical Service	
5	Patients triaged to BLS		21	ALS patients transported by MICU	
6	Patients triaged to BLS and admitted to critical care		22	ALS transported by other means (explain each situation below)	
7	Patients refusing ALS Treatment		23	ALS patients treated and left at scene	
8	Patients treated by MICU as completed ALS calls		24	Transport delay due to the lack of available BLS transport service	
Patient Age Breakdown:			<div style="border: 1px solid black; padding: 10px;"> <p>Matching Totals:</p> <p>Total of 15 + 16 + 17 must equal box 8</p> <p>Total of 9 + 10 + 11 + 12 + 13 + 14 must equal box 8</p> <p>Total of 18 + 19 + 20 + 21 + 22 + 23 must equal box 8</p> </div>		
9	0 to 1 Year				
10	2 to 8 Years				
11	9 to 20 Years				
12	21 to 45 Years				
13	46 to 65 Years				
14	66 Years and Older				

Comments (attach additional sheets if necessary):

QUARTERLY REPORT FOR MOBILE INTENSIVE CARE PROGRAM, CONTINUED

Program Name				Reporting Quarter (<i>Check only one</i>) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th		Year 20	
Section 2 - Vehicle Site Information							
Vehicle Site					Site Recognition Number		
25	MICU Dispatches			29	Number of out-of-service hours (Explain)		
26	MICU calls cancelled (Patient not seen)			Comments:			
27	MICU requested and unable to respond						
27a	MICU requested and unable to respond, Covered by another MIC Program						
27b	MICU requested and unable to respond; ALS call not covered by any MICU						
28	Patients treated by MICU as completed ALS calls						
Vehicle Site					Site Recognition Number		
30	MICU Dispatches			34	Number of out-of-service hours (Explain)		
31	MICU calls cancelled (Patient not seen)			Comments:			
32	MICU requested and unable to respond						
32a	MICU requested and unable to respond, Covered by another MIC Program						
32b	MICU requested and unable to respond; ALS call not covered by any MICU						
33	Patients treated by MICU as completed ALS calls						
Vehicle Site					Site Recognition Number		
35	MICU Dispatches			39	Number of out-of-service hours (Explain)		
36	MICU calls cancelled (Patient not seen)			Comments:			
37	MICU requested and unable to respond						
37a	MICU requested and unable to respond, Covered by another MIC Program						
37b	MICU requested and unable to respond; ALS call not covered by any MICU						
38	Patients treated by MICU as completed ALS calls						
Vehicle Site					Site Recognition Number		
40	MICU Dispatches			44	Number of out-of-service hours (Explain)		
41	MICU calls cancelled (Patient not seen)			Comments:			
42	MICU requested and unable to respond						
42a	MICU requested and unable to respond, Covered by another MIC Program						
42b	MICU requested and unable to respond; ALS call not covered by any MICU						
43	Patients treated by MICU as completed ALS calls						

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Section 2 - Vehicle Site Information							
Vehicle Site						Site Recognition Number	
45	MICU Dispatches			49	Number of out-of-service hours (Explain)		
46	MICU calls cancelled (Patient not seen)			Comments:			
47	MICU requested and unable to respond						
47a	MICU requested and unable to respond, Covered by another MIC Program						
47b	MICU requested and unable to respond; ALS call not covered by any MICU						
48	Patients treated by MICU as completed ALS calls						
Vehicle Site						Site Recognition Number	
50	MICU Dispatches			54	Number of out-of-service hours (Explain)		
51	MICU calls cancelled (Patient not seen)			Comments:			
52	MICU requested and unable to respond						
52a	MICU requested and unable to respond, Covered by another MIC Program						
52b	MICU requested and unable to respond; ALS call not covered by any MICU						
53	Patients treated by MICU as completed ALS calls						
Vehicle Site						Site Recognition Number	
55	MICU Dispatches			59	Number of out-of-service hours (Explain)		
56	MICU calls cancelled (Patient not seen)			Comments:			
57	MICU requested and unable to respond						
57a	MICU requested and unable to respond, Covered by another MIC Program						
57b	MICU requested and unable to respond; ALS call not covered by any MICU						
58	Patients treated by MICU as completed ALS calls						
Vehicle Site						Site Recognition Number	
60	MICU Dispatches			64	Number of out-of-service hours (Explain)		
61	MICU calls cancelled (Patient not seen)			Comments:			
62	MICU requested and unable to respond						
62a	MICU requested and unable to respond, Covered by another MIC Program						
62b	MICU requested and unable to respond; ALS call not covered by any MICU						
63	Patients treated by MICU as completed ALS calls						

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Section 3 – Patient Classification

CARDIAC		
65	General Cardiac	
66	Cardiopulmonary Arrest (Resuscitation attempted)	
67	Cardiac Total →	

TRAUMA		
68	Blunt Trauma	
69	Burn / Electrical Shock	
70	Head injury	
71	Penetrating injury	
72	Spinal cord injury	
73	Trauma codes	
74	Other (explain)	
75	Trauma Total →	

MECHANISM OF INJURY		
76	MVA	
77	Stab / gunshot	
78	Falls	
79	Assaults	
80	Other (explain)	
81	Trauma patient admitted to Level 1 trauma center	
82	Trauma patient admitted to Level 2 trauma center	

GENERAL MEDICAL		
83	Alcohol / Drug abuse	
84	Anaphylaxis	
85	CVA / Vascular	
86	Dehydration / Sepsis	
87	Diabetic	
88	Drowning / Near Drowning	
89	Gastrointestinal problems	
90	Heat / Cold exposure	
91	OB / GYN problems	
92	Poisoning	
93	Pronouncements, not resuscitated	
94	Psychiatric problem	
95	Respiratory problem	
96	Seizures	
97	Syncope	
98	Unconscious (etiology unknown)	
99	Weakness / Malaise	
100	Other (explain)	
101	Medical Total →	

MATCHING TOTALS

67 + 75 + 101 must equal **box 8**

76 + 77 +78 +79 +80 must equal **box 75**

68 + 69 + 70 + 71 + 72 + 73 +74 must equal **box 75**

Comments:

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Section 4 – Procedures

102	AV Fistula / Shunt access	
103	Central venous access	
104	Chest decompression	
105	Esophageal obturator	
105a	Other commercial airway	
106	External cardiac pacing	
107	Intraosseous infusion	
108	Intravenous catheter plug	
109	IV therapy initiated	
109a	Infusion pump	

110	MAST inflation	
111	Nasogastric tube insertion	
112	Patients cardioverted	
113	Patients defibrillated	
114	Patients participated in a prehospital research project	
115	Tracheal intubation	
116	12 lead ECG	
116a	Cricothyrotomy	
116b	RSI initiated	

Section 5 – Primary Communications with Medical Command

117	UHF (telemetry)	
118	VHF (Hear)	
119	Cellular Phone	
119a	Satellite (Nextel® type)	
120a	Telephone	
121	Radio Failure Protocol	
122	Other means (explain)	

<p align="center">Matching Totals Section Five total must equal box 8</p> <p>Comments:</p>
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Section 6 – Payment Source

123	Medicare	
124	Medicaid	
125	Blue Cross / Blue Shield	
126	Self Pay	
127	Other commercial insurance	
128	No Fault	
129	Workman's compensation	
130	Other (explain)	

<p align="center">Matching Totals Section Six total must equal box 8</p> <p>Comments:</p>
