

QUARTERLY REPORT FOR
BASIC LIFE SUPPORT AMBULANCES
PROVIDING EMERGENCY RESPONSE

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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Service Name		Telephone Number
Street Address		Fax Number
City, State, Zip Code		BLS Charge Per Call
Name of Person Completing Report		Name of EMS Director

Section 1 – Call Totals

1	Total Dispatches		Comments:
2	Calls with Patients (3 + 4 + 5) →		
3	D.O.A.		
4	R.M.A.		
5	Treat and Transport		

Section 2 – Patient Age / Sex Breakdown

Age Range (Years)		Sex	
0 – 1 Year		Male	
2 – 8 Years		Female	
9 – 20 Years		Unknown	
21 – 45 Years		Total Patients →	
46 – 65 Years		(Section 1, #2)	
66 Years and older			
Unknown			
Total for All Ages (Section 1, #2)→			

Section 3 – Nature of Call

Total Medical		Total Trauma	
Allergic Reaction		Aircraft Crash	
Behavioral		Bicycle Crash	
Cardiac Arrest		Blunt Trauma	
Cardiac (Other)		Burns	
Diabetic		Fall	
Drowning / Near Drowning		Firearm	
Environmental (Heat/Cold)		Machinery	
GI Complaint		Motor Vehicle Crash	
Neurological (CVA/Stroke)		Pedestrian – M.V.C.	
OB / GYN		Sexual Assault	
Poisoning / Overdose		Stabbing	
Respiratory		Watercraft Crash:	
Seizures		Other:	
Weakness/Malaise/Fever			
Unconscious / Syncope			
Other			

DOA = _____ (Section 1, #3)

Medical Total+Trauma Total+DOA = _____ (Section 1, #2)

**QUARTERLY REPORT FOR
BASIC LIFE SUPPORT AMBULANCES PROVIDING EMERGENCY RESPONSE
(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
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Section 4 – Procedures

Assist with Inhaler		Bleeding Control	
Assist with Epinephrine		Neonatal Delivery	
Assist with Nitroglycerine		Spinal Immobilization (Collar, CID, Longboard, KED)	
Oral / Nasal pharyngeal Airway		SAED	
Advanced Airway (Combitube or LMA)		Traction Splint	
Suctioning			
Honored a D.N.R.			

Section 5 – Destinations

Hospital Name	Hospital Number	Number of Patients Transported
Total Patients Transported (Section 1, #5) →		