

# Los Angeles County EMS Agency

## Standing Field Treatment Protocol

### Quarterly Data Reporting Tool

**Instructions:** Provide the EMS Agency with data as indicated for each Standing Field Treatment Protocol. Evaluate each protocol individually; list the total number of PCR/protocol your department had for the review quarter; the total number of PCRs reviewed per protocol, number of fallouts, compliance rate for the protocol and reason(s) for fallout(s). Submit completed tool to the EMS Agency within 45 days following the end of each quarter – based on the Quarterly Review Calendar.

**Provider Name:** \_\_\_\_\_ **Quarter (circle one):** 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> **Year:** \_\_\_\_\_

Protocol	Total PCRs / Protocol	PCRs Reviewed / Protocol	Number of FALLOUTS	% Compliant	REASON FOR FALLOUT <small>("no passive cooling", "addtl NTG not given", etc.)</small>
1202 - General ALS					
1210 – Non-Traumatic CA					
1243 – ALOC					
1244 – CP					
1247 – OD					
1248 – Pain Mgt					
1249 – Resp Distress					
1250 – Seizure Adult					
1251 – LN					
1252 – SY					
1261 – Childbirth Mother					
1262 – Childbirth Neonate					
1264 – Seizure Pediatric					
1271 – Burn					
1275 – General Trauma					
1277 – Traumatic CA					

Any questions please contact:

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