

**Los Angeles County EMS Agency
SITUATION REPORT**



GENERAL INFORMATION

DATE OF SITUATION: ____/____/____ TIME: ____ AM ____ PM SEQUENCE NO. _____
(attach copy of EMS Report Form)

CONFIDENTIAL

CALL LOCATION: _____ SITUATION LOCATION: ON SCENE ENROUTE
 AT HOSPITAL OTHER

PT. NAME: _____ MEDICAL RECORD # or D.O.B.: _____

<u>PERSONNEL INVOLVED</u>	<u>AGENCY/FACILITY</u>	<u>DISCUSSED WITH INDIVIDUAL(S)</u>	
_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

NOTIFICATION

NAME AND TITLE OF ON DUTY SUPERVISOR, PCC, or
PARAMEDIC COORDINATOR NOTIFIED (if applicable): _____

DATE OF NOTIFICATION: ____/____/____ TIME: ____ AM ____ PM

NAME: _____ TITLE: _____
(Please Print)

SIGNATURE: _____ REPORT DATE: ____/____/____

AGENCY/FACILITY: _____

DOCUMENTATION

ISSUE or COMMENDATION:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Airway | <input type="checkbox"/> Documentation | <input type="checkbox"/> Medication | <input type="checkbox"/> Poison Control Center |
| <input type="checkbox"/> AMA | <input type="checkbox"/> Equipment | <input type="checkbox"/> Patient Assessment | <input type="checkbox"/> Policy Clarification |
| <input type="checkbox"/> Base Contact Criteria | <input type="checkbox"/> Hospital Diversion | <input type="checkbox"/> Patient Transfer | <input type="checkbox"/> Scope of Practice |
| <input type="checkbox"/> Destination | <input type="checkbox"/> Interpersonal Issue | <input type="checkbox"/> Patient Treatment | <input type="checkbox"/> Standing Field Treatment Protocols |
| <input type="checkbox"/> Dispatch | <input type="checkbox"/> MCI | <input type="checkbox"/> Patient Report | <input type="checkbox"/> Supply/Resupply |
| | | | <input type="checkbox"/> Other _____ |

ACCOUNT OF SITUATION (Use additional paper if necessary):

Isolated Event Recurring Problem

PROPOSED RESOLUTION:

For Information--No Action Necessary Resolution Documentation Attached