

## CQI Review Form

Run # \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Provider(s): \_\_\_\_\_

- ◆ Dispatch/enroute/arrival/depart/destination TIMES reasonable?
- ◆ Procedures/Medication/Vitals items complete and times reasonable?
- ◆ Dispatch Reason, Primary/Secondary Impression, Chief Complaint accurate?
- ◆ Assessment complete and appropriate for call?
- ◆ OLMC provider name documented with all OLMC contacts (meds, sign-offs,...)?
- ◆ Spinal Assessment (and rule out) protocols followed and documented?
- ◆ Sign off procedures followed and documented?
- ◆ Appropriate treatment protocol followed and documented?
- ◆ Monitor (and strip) use documented?
- ◆ Does the narrative tell a complete story?
- ◆ Destination accurate (and LZ location identified)?

Reviewed by: \_\_\_\_\_ CQI Note? \_\_\_\_\_