

Southern Tier Regional EMS Council
QUALITY IMPROVEMENT PROGRAM
PCR Audit Tool

Agency Code	PCR #	PCR Date	Vehicle ID	
Type <input type="checkbox"/> BLS <input type="checkbox"/> ALS				
Reason for Review <input type="checkbox"/> Pediatric <input type="checkbox"/> Cardiac Arrest <input type="checkbox"/> Multiple trauma <input type="checkbox"/> GCS less than 15		<input type="checkbox"/> Service/Provider/Patient/Family/Hospital <input type="checkbox"/> Other:		
Are the following documented on the PCR?				
	YES	NO	N/A	COMMENTS
Age				
Sex				
Chief Complaint				
Presenting Problem				
Past Medical History				
Meds				
Allergies				
Level of Consciousness				
Pulse Rate				
Pulse Quality				
Respiration Rate				
Respiration Quality				
Blood Pressure				
Vital Signs q. 15 min.				
Glasgow Coma Score				
CUPS				
Pupils				
Skin Temp				
Skin Color				
Skin Condition				
ALS Interface				
BLS Protocol Compliance				
ALS Protocol Compliance*				

*If "no," state reason (use back of page if necessary):

Does the PCR meet 75% completion standard for the above stated criteria (15 out of 20 complete) Yes No

ECG Interpretation

ECG Interpretation by AEMT and Reviewer same different
 ECG not available to Reviewer
 ECG not taken

Physical Exam

Primary Survey Complete Yes No
 Secondary Survey Complete Yes No

TREATMENT:**Corresponds with:****LIST DISCREPANCIES**

1. BLS Protocols? Yes No NA
 ALS Interface? Yes No NA

2. ALS Standing Orders? Yes No NA

Intubation Yes No NA Successful Unsuccessful ___ #Attempts
 IV Yes No NA Successful Unsuccessful ___ #Attempts

3. ALS On-Line Protocols? Yes No NA

4. Does ED Log Correspond with info on PCR? Yes No NA Log Unavailable

If answer to #4 above is "no," review Radio/Telephone tape.

5a. Does Radio/Telephone tape correspond with PCR? Yes No Tape capability unavailable

5b. Does Radio/Telephone tape correspond with ED Log? Yes No Tape capability unavailable

6. Were all times documented? Yes No NA

Call Received to Enroute <5 5-10 >10
 On-Scene Time <10 10-20 >20

7. Is PCR legible? Yes No

ACTION:

None Commendation Recommendation
 Letter to service Cardiac Arrest Multiple Trauma
 Referred to Service Medical Director for: Deviation from Standing Orders M.C. Problem
 Other
 Referred to Area QI Coordinator Action:

Date of Review

Reviewer's Signature