INLAND COUNTIES EMERGENCY MEDICAL AGENCY
Serving San Bernardino, Inyo and Mono Counties
1425 SOUTH "D" STREET
SAN BERNARDINO, CA 92415-0060
909-388-5823 FAX: 909-388-5825

PARAMEDIC FIELD CARE AUDIT FORM

Date of Contact:	**Base Station Run #:**	**Reviewer:**
Date of Review:	**ICEMA #:**	**Reviewer:**

Call Type: ☐Medical ☐Trauma ☐Cardiac ☐Resp. ☐OB ☐Peds ☐ALOC ☐MCI ☐Haz Mat ☐Other

HISTORY/ PHYSICAL	**Yes**	**No**	**N/A**	**Comments**
1) Patient status - Age, Wt., Sex?				
2) Chief complaint defined?				
3) Mechanism of injury defined?				
4) History adequate for chief complaint?				
5) Past medical hx., meds, & allergies?				
6) Vital signs? Repeated?				
7) Complete assessment - skins, GCS., Pupils, cap. refill, ECG?				
TREATMENT/PROCEDURES	**Yes**	**No**	**N/A**	**Comments**
8) Is treatment appropriate?				
9) Procedure successfully done (IV, ET, etc.)				
10) Were additional orders outside of current protocol?				
COMMUNICATION/DOCUMENTATION	**Yes**	**No**	**N/A**	**Comments**
11) Is document signed and legible?				
12) Is AMA signed and documented?				
13) Was Base Station contact required and made?				
14) PTC protocols used and documented?				
15) Was response to treatment documented?				
16) On scene time greater than 20 min when pt meets rapid transport criteria?				
17) Appropriate destination and mode of transport?				
18) Record legible, using correct terminology and spelling?				
19) Documented (if applicable) : ☐GCS ☐Vitals ☐History ☐PQRST ☐Allergies ☐Medications				
OVERALL EVALUATION	**Yes**	**No**	**N/A**	**Comments**
20) Appropriate care?				
21) Compliance with protocols?				
22) Transport eventful?				

Recommended Course of Action:
1. ☐ Appropriate
2. ☐ Education & training required
3. ☐ Monitor
4. ☐ Case Review / Follow-up
5. ☐ Exceptional performance
6. ☐ Other____________________________________

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What did I learn from this FCA:

Comments:

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EMS CQI Coordinator / Paramedic Liaison Nurse