



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

MICN CHART AUDIT FORM

Date of Review:	Name/MICN#:	Employer:				
Base Station Run #: (Attach copies)	Reviewer:	Reviewer:				
Call Type: <input type="checkbox"/> Medical <input type="checkbox"/> Trauma <input type="checkbox"/> Cardiac <input type="checkbox"/> Resp. <input type="checkbox"/> OB <input type="checkbox"/> Peds <input type="checkbox"/> ALOC <input type="checkbox"/> MCI <input type="checkbox"/> Haz Mat <input type="checkbox"/> Other						
COMMUNICATION		Yes	No	N/A	Comments	
1) Properly identifies Base Station and EMT-P Units						
2) Uses proper and professional radio etiquette						
3) Communicate all information thoroughly and briefly						
4) Acknowledges that correct orders were received by the EMT-P						
5) States MDs name with physician orders						
6) Informs EMT-P of radio transmission difficulties						
MICN INTERVENTION		Yes	No	N/A	Comments	
7) Obtains pertinent information necessary to properly treat patient						
8) Demonstrates ability to interpret information and treat appropriately						
9) Orders medications using correct dosages, route, and rate of administration						
10) Obtains update on patient status and response to treatment						
11) Operates within ICEMA protocol and intervenes with physician as appropriate						
12) Transports to appropriate facility						
DOCUMENTATION		Yes	No	N/A	Comments	
13) Date, time of contact, run number, and unit number?						
14) Documented (if applicable) : <input type="checkbox"/> GCS <input type="checkbox"/> Vitals <input type="checkbox"/> History <input type="checkbox"/> PQRST <input type="checkbox"/> Allergies <input type="checkbox"/> Medications						
15) Assessment information and updated information?						
16) Treatment done PTC and Base Station orders?						
17) Times orders are given and completed?						
18) Record legible, using correct terminology and spelling?						
19) Closest and receiving hospital documented?						
20) Receiving hospital notified?						
21) MICN signature and MICN number?						
22) MD Name on Chart included?						
MICN INTERVENTION		Yes	No	N/A		Comments
21) Appropriate care?						
Recommended Course of Action: 1. <input type="checkbox"/> Appropriate 2. <input type="checkbox"/> Education & training required 3. <input type="checkbox"/> Monitor 4. <input type="checkbox"/> Case Review / Follow-up 5. <input type="checkbox"/> Exceptional performance 6. <input type="checkbox"/> Other _____ _____ _____		What did I learn from this FCA: Comments: _____ Paramedic Liaison Nurse				