

Jackson County Emergency Medical Services
 Quality Assessment/Improvement
 Field Procedures Review

Agency: Jackson County Fire District 3

Supervising Physician?

Run #: _____

Case Review?

Reviewer: _____

Teaching Point: _____

Review Date: _____

_____ Cooling Activation

_____ Needle Decompression

_____ Artificial Airway (King LT or ET)

_____ Cricothyrotomy

_____ Rapid Sequence Intubation (RSI)

_____ Field Delivery

_____ Stroke Activation

_____ STEMI

_____ Intraosseous Infusion (EZ_IO)

_____ Tourniquet application

Criteria	Acceptable/ Applicable	Comment (required if Not Acceptable or Not Applicable)	Criteria	Acceptable/ Applicable	Comment (required if Not Acceptable or Not Applicable)
Agency data & boxes complete?			Procedure successful?		
SOAP chart complete?			Patient response charted?		
Appropriate indication?			Report signed?		
Procedure followed correctly?			Standing Orders followed?		

Comments, Concerns & Suggestions: