

Jackson County Emergency Medical Services

Quality Assessment/Improvement

Random Review

Agency: _____ Reviewer: _____

Run #: _____ Review Date: _____

To Supervising Physician?

For Case Review?

Teaching Point: _____

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?			Assessment & Plan appropriate?		
Scene time appropriate?			Patient response charted?		
SOAP chart complete?			Report signed?		
Appropriate vital signs?			Standing Orders followed?		

Comments, Concerns & Suggestions: