

APPENDIX D

Basic Life Support Ambulances Providing Emergency Response / Quarterly Report for ____ Quarter of 2002

| | | | |
|---------------------------|--|----------------------|----------------|
| Service Name: | | | |
| Address: | | City: | State: Zip: |
| Person Completing Report: | | Phone: | Fax: |
| EMS Director: | | BLS charge per call: | |

Section One – Call Totals

| | | | |
|----------|-------------------------|--|---------------|
| 1 | Total Dispatches | | |
| 2 | Calls with Patients | | ← (3 + 4 + 5) |
| 3 | D.O.A. | | |
| 4 | R.M.A. | | |
| 5 | Treat & Transport | | |

Section Two – Patient Age / Sex Breakdown

| Age Range (Years) | (Section 1, #2) |
|-------------------|-----------------|
| 0 - 1 | |
| 2 - 8 | |
| 9 - 20 | |
| 21 - 45 | |
| 46 - 65 | |
| 66 and older | |
| Unknown | |

| Sex | Total Patients |
|-----------------------|-----------------|
| Male | |
| Female | |
| Unknown | |
| Total Patients | (Section 1, #2) |

Section Three – Nature of Call

| Medical | (Total) |
|---------------------------|---------|
| Allergic Reaction | |
| Behavioral | |
| Cardiac Arrest | |
| Cardiac (Other) | |
| Diabetic | |
| Drowning / Near Drowning | |
| Environmental (Heat/Cold) | |
| GI Complaint | |
| Neurological (CVA/Stroke) | |
| OB / GYN | |
| Poisoning / Overdose | |
| Respiratory | |
| Seizures | |
| Weakness/Malaise/Fever | |
| Unconscious / Syncope | |
| Other | |

| Trauma | (Total) |
|---------------------|---------|
| Aircraft Crash | |
| Bicycle Crash | |
| Blunt Trauma | |
| Burns | |
| Fall | |
| Firearm | |
| Machinery | |
| Motor Vehicle Crash | |
| Pedestrian – M.V.C. | |
| Sexual Assault | |
| Stabbing | |
| Watercraft Crash: | |
| Other: | |

D.O.A. = _____ Section 1, #3
 Medical Total + Trauma Total + D.O.A. = _____ Section 1, #2

