

### AUTO ALS DISPATCH RESPONSE REVIEW – EMT/AEMT DATA

*Each time that a paramedic unit responds to any call outside of its own primary jurisdiction into a non-paramedic district, the following data should be collected and recorded. These forms should then be sent as soon as possible after the call to the Auto ALS Data Collection Workgroup via the Dane County EMS office.*

Call Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Primary Unit Assigned To This Call: \_\_\_\_\_

PARAMEDIC Unit that responded: \_\_\_\_\_

Reason for the Response:

- Automatic Aid (based on the list of high level Priority Dispatch codes)
- A request for Paramedic Intercept originating from a BLS ambulance

Was the paramedic unit canceled en route to the scene?    Y        N

Was patient contact made by the paramedic crew?        Y        N

If so, did paramedic crew meet you:                            on scene                            en route

If a paramedic intercept was requested, please note reason for request (mark all that apply):

- Concern for higher level of care needed immediately
- Intubation or Drug Assisted Advanced Airway Placement
- Cardiac Arrest Medications/Management
- Seizure Management/Benzodiazepine Administration
- Pain Control/Narcotic Administration
- Chemical Sedation
- Cardiac Arrhythmia Management
- Cricothyrotomy/Surgical Airway
- Thoracic Needle Decompression
- Meds: \_\_\_\_\_
- Other: \_\_\_\_\_

Was the patient transported to a hospital?                    Y        N

If so, which ambulance transported the patient?    EMT/AEMT                    Paramedic

If so, which services were utilized to transport the patient (please circle all that apply)    EMT/AEMT                    Paramedic

Calculated time spent on scene (time EMT/AEMT unit arrived on scene to time en route to hospital):                    \_\_\_\_\_ minutes

Estimated amount of time added to scene or transport time due to paramedic intercept:                    \_\_\_\_\_ minutes

Initial Medical Priority Dispatch (EMD) Code: \_\_\_\_\_

Chief Complaint/Mechanism of Injury (after assessment): \_\_\_\_\_

Primary Impression: \_\_\_\_\_

Was there concern about the accuracy of the initial Priority Medical Dispatch coding?                    Y        N

Your personal Input on Incident:

	Strongly Disagree		Neutral		Strongly Agree
Was this an appropriate use/dispatch of the paramedic resource?	1	2	3	4	5
If auto dispatched, do you feel the quicker response time added value?	1	2	3	4	5
Did you feel EMT/AEMT and Paramedic crews worked well as team?	1	2	3	4	5

Comments (explain): \_\_\_\_\_

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