

# NORTH COAST EMS PEER REVIEW RUN EVALUATION FORM

Name of EMT/Paramedic/MICN performing audit: \_\_\_\_\_

State License #: \_\_\_\_\_

Facility: \_\_\_\_\_ Prehospital Care Nurse Coordinator: \_\_\_\_\_

Audit Date: \_\_\_\_\_ Run Date: \_\_\_\_\_ PCR #: \_\_\_\_\_

CE Topic/Category: \_\_\_\_\_

**WRITTEN:**

**DOCUMENTATION:**

- |  |   |   |     |
|--|---|---|-----|
| 1. PCR is complete, legible and precise.               | Y | N |     |
| 2. Clear picture/scene overview is presented.          | Y | N |     |
| 3. Chief complaint given.                              | Y | N |     |
| 4. Pertinent information presented.                    | Y | N |     |
| 5. Cardiac monitor strip attached.                     | Y | N | N/A |
| 6. Only NCEMS approved abbreviations used.             | Y | N | N/A |
| 7. Unusual circumstances clearly explained/documented. | Y | N | N/A |
| 8. Patient response to treatment documented.           | Y | N | N/A |

**PATIENT CARE:**

- |   |   |   |     |
|---|---|---|-----|
| 1. Scene time < 20 minutes. Critical trauma < 10 minutes. | Y | N |     |
| 2. Pertinent patient history obtained.                    | Y | N |     |
| 3. Physical exam complete.                                | Y | N |     |
| 4. Airway secured/proper oxygen therapy delivered.        | Y | N | N/A |
| 5. IV access obtained, as needed.                         | Y | N | N/A |
| 6. ECG applied, as necessary. Interpretation correct.     | Y | N | N/A |
| 7. Proper medications administered, as needed.            | Y | N | N/A |
| 8. Full spinal precautions, as indicated.                 | Y | N | N/A |
| 9. Vital signs taken and repeated Q 15 minutes.           | Y | N |     |
| 10. All treatment followed NCEMS protocols.               | Y | N |     |
| 11. Transport code appropriate.                           | Y | N |     |
| Could patient care have been improved?                    | Y | N |     |

How? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**AUDIO TAPE:**

**EMT/PARAMEDIC:**

- |  |   |   |     |
|--|---|---|-----|
| 1. Pre-alert given, including crew identification, nature of call, response code and estimated time of arrival at scene. | Y | N |     |
| 2. Brief initial report given from scene for critical patients.  | Y | N | N/A |
| 3. Unavailable delays or unusual circumstances reported.   | Y | N | N/A |
| 4. Declaration of MCI made early.  | Y | N |     |
| 5. Report included:  |   |   |     |
| Transport Code   | Y | N |     |
| ETA  | Y | N |     |

	Age and Weight	Y	N	
	Chief Complaint	Y	N	
	Vital Signs (low acuity patients may be reported as stable)	Y	N	
	LOC (GCS components, as necessary)	Y	N	
	Physical Exam	Y	N	
	Pertinent Positives and Negatives	Y	N	
	Treatment	Y	N	N/A
	Response to Treatment	Y	N	N/A
6.	Report was given in an orderly manner.	Y	N	
7.	Only pertinent information was given.	Y	N	
8.	Report was comprehensive enough to form differential diagnoses.	Y	N	
9.	Appropriate orders requested, as needed.	Y	N	N/A
10.	Repeated orders to confirm.	Y	N	N/A
11.	Used professional terminology.	Y	N	
12.	Verbal report matched written PCR.	Y	N	
MICN:				
1.	MICN identified name, title, facility and time.	Y	N	
2.	Promptly acknowledged each transmission from calling unit.	Y	N	
3.	Used professional terminology.	Y	N	
4.	MICN's orders were clear and consistent with protocols.	Y	N	
5.	Refrained from requesting irrelevant data.	Y	N	
6.	Requested clarification, when necessary.	Y	N	N/A
7.	Re-evaluates patient's condition and gives additional orders, as necessary.	Y	N	N/A
8.	Determined need for trauma team activation or other resources.	Y	N	N/A
9.	Determined need for alternative transport destination.	Y	N	N/A
10.	Served as a resource for paramedic during MCI's or high acuity calls.	Y	N	N/A
11.	Radio run report filled out completely, including documentation of orders given.	Y	N	

Did the radio report provide:

Inadequate Information
Appropriate Information
Excessive Information

How could the radio communication have been improved (MICN or paramedic)?

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What new information have you learned about this topic?

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EMT/Paramedic/MICN Signature:

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PCNC Signature:

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