

# NORTH COAST EMERGENCY MEDICAL SERVICES MICN TAPE AUDIT

For MICN \_\_\_\_\_ Audited By \_\_\_\_\_  
 Date of Call: \_\_\_\_\_ Tape Counter #: \_\_\_\_\_  
 Date of Audit: \_\_\_\_\_ PCR #: \_\_\_\_\_  
 EMT Providing Report: \_\_\_\_\_

	Demonstrates Competency	Needs Improvement	N/A
1) Radio call answered promptly.	( )	( )	( )
2) Concurrent calls triaged appropriately.	( )	( )	( )
3) Proper identification of base hospital & time with initial transmission; time noted on tape after each break.	( )	( )	( )
4) Each transmission from calling unit acknowledged.	( )	( )	( )
5) Professional terminology utilized.	( )	( )	( )
6) Obtains all essential information prior to giving orders.	( )	( )	( )
7) Refrains from requesting irrelevant data.	( )	( )	( )
8) Requests clarification when necessary.	( )	( )	( )
9) Offers orders promptly; orders follow appropriate treatment protocols.	( )	( )	( )
10) Calculates trauma score when appropriate.	( )	( )	( )
11) All orders complete, clear, concise (i.e. med orders include dose, route, etc.).	( )	( )	( )
12) Seeks MD input as appropriate; notes on tape any physician directives.	( )	( )	( )
13) Evaluates patient response to treatment and orders additional measures as indicated.	( )	( )	( )
14) Responds appropriately to transmission difficulties.	( )	( )	( )
15) Directs change in transport code or patient destination appropriately.	( )	( )	( )
16) Documents orders on medical control form.	( )	( )	( )

COMMENTS: \_\_\_\_\_  
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