

NORTH COAST EMS RADIO DELAY/RADIO FAILURE REPORT

DATE: _____ AMBULANCE RESCUE RECORD NUMBER: _____

BASE Hospital: _____ LALS/ALS PROVIDER: _____

INCIDENT LOCATION: _____

SCENE DESCRIPTION: _____

REASON OR SUSPECTED REASON FOR RADIO FAILURE (CIRCLE MOST APPROPRIATE):

- A. Radio Delay
- B. Radio Failure – Operator Error
EMT [] MICN [] Other/Unknown []
- C. Radio Failure – Equipment
Field [] Base Hospital [] Repeater or Topography []
- D. Greater than or equal to Two (2) Field Units
- E. Other (specify) _____

EMERGENCY PROCEDURE INITIATED: _____

REASON EMERGENCY PROCEDURES INITIATED AND MAINTAINED: _____

PATIENT RESPONSE TO TREATMENT: _____

EMT-II/P ATTENDANT SIGNATURE: _____ ID #: _____

BASE HOSPITAL PHYSICIAN SIGNATURE _____ DATE: _____

PHYSICIAN COMMENTS: _____

NCEMS MEDICAL DIRECTOR SIGNATURE _____ DATE: _____

NOTE:

1. A verbal report to the base hospital physician or MICN must be made immediately.
2. Written documentation shall be filed at the hospital immediately (no more than twenty-four (24) hours after the incident).
3. The base hospital physician must evaluate this report and forward to the North Coast EMS Agency within seventy-two (72) hours.
North Coast EMS – 86 E Street, Eureka, CA 95501 – (707)445-2081 or (800)282-0088