# Report of ALS Services Provided Without Base Hospital Contact

If not done electronically, submit to Base Hospital within 24 hours of Occurrence: Base to submit to OCEMS within 2 business days of review

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| Date: |  
| Fire Incident #: |  
| Fire Agency: |  
| ALS / PAU ID: |  

- BH contact not attempted
- Unable to maintain BH communications
- Unable to establish BH communications
- BH contact made & discontinued, unable to re-establish

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**Patient Status & Initial Assessment**

- Cardiac or respiratory arrest
- Triaged to designated specialty receiving center (type): __________
- Other: ____________

Brief description: 

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**List treatments/ triage decisions performed requiring Base Hospital Contact**

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Rationale for care: 

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Response to treatment: 

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### EMT-P

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<th>OCEMS ID:</th>
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### Base Hospital Review

- Report rec’d by: ____________ date rec’d: ____________ time: ________
- Reviewed by BHC (sig) ____________ date reviewed: ____________

- Treatment offered was appropriate for the situation
- Treatment offered was consistent with OCEMS protocols
- Treatment was NOT CONSISTENT with OCEMS protocols; Explain: 

- Recommendations / corrective action plan: 

- OCEMS notification made; date: ____________ by: ____________

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**FOR OCEMS USE ONLY**

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(Revised 5/1/2016)