**Report of ALS Services Provided Without Base Hospital Contact**

Submit to Base Hospital within 24 hours of Occurrence: Base to submit to OCEMS within 3 business days of review

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<th>Time:</th>
<th>Location:</th>
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- **PCR seq #:** ____________  
  - copy of PCR attached
- **Fire Incident #:** ____________
- **Fire Agency:** ____________
- **ALS / PAU ID:** ____________

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

- Explain: ____________________________

### Patient Status & Initial Assessment

- □ Mild  
- □ Moderate  
- □ Acute Medical  
- □ cardiac or respiratory arrest  
- □ MTV  
- □ CTV

- □ triaged to designated specialty receiving center (type): ____________

General evaluation / working assessment: __________________________________________

### ALS Care Attempted or Initiated; Rationale; Response to Treatment

- □ ALS airway
- □ Serum glucose
- □ Defibrillation/cardioversion
- □ Medication: list dose and route

- □ IV access
- □ access PVAD
- □ Cardiac monitoring / 12-lead EKG
- □ Needle thoracostomy
- □ other

- □ IV fluid bolus
- □ Valsalva’s maneuver

- □ Rationale for care: ____________________________

- □ Response to treatment: ____________________________

### EMT-P

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<th>EMT-P</th>
<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**