

Erie County Medical Center Controlled Substance Administration Quality Assurance Form

ALS Agency:

PCR Number:

Medic In Charge:

	<u>Satisfactory</u>	<u>Unsatisfactory</u>	<u>N/A</u>	<u>Additional Information/Comments</u>
PCR legibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Agency ID Code	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pt. Name/Address	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sex/Age of Patient	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PMD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Call Times	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chief Complaint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Subjective Assmt.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Presenting Problem	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Past Medical Hx.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vitals q. 5-10 min.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LOC/AVPU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CUPS Determination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Treatment given	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oxygen given prn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
EKG monitor prn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IV prn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medications prn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pt. disposition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Protocol followed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crew Names & #'s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C.S. Admin. Log	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C.S. Waste Log	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Appropriateness of treatment: 1 2 3 4 5 6 7 8 9 10

Deficiencies:

Comments:

Medical Director: *Anthony J. Billittier IV, MD*

Signature: _____

Date: 05/14/02