

ON PROPERTY CALL

MUTUAL AID

Station 1 Station 2

Wintergreen Fire and Rescue

Peer Review Form

(For Internal Use Only)

Date of Incident: ____/____/____

PPCR#: _____

Type of Call: (Check ALL that apply)

- Respiratory Chest Pain Trauma AMS/ALOC
 Mental Health Abdominal Pain General Illness Cardiac Arrest
 ALS Call BLS Call

Documentation Quality (Circle One) Poor 1 2 3 4 5 6 7 8 9 10 Excellent

PPCR Complete: ____ Yes ____ No (3 or more incomplete sections)

Protocol Adherence ____ Yes ____ No (If No) Explain: _____

SOG Adherence ____ Yes ____ No (If No) Explain: _____

Check ALL that apply:

- Oxygen Used Assisted Ventilations
 Albuterol Nebulizer Used Advanced Airway
 CPAP Used Pregnant Patient
 Use of continuous direct pressure or a tourniquet to control bleeding

Patient Improvement after treatment ____ YES ____ NO

Feedback: _____

**** After completion please PRINT your name below and place in QA Coordinator's box****

Peer Reviewer: _____

Date: ____/____/____

Peer Reviewer: _____

Date: ____/____/____

Interesting call, Good option for staff review (with or without variance)

Call needs to be reviewed Chief of EMS operations

Addendum Required (If box checked)

Revised On: 03/2009