



## Quality Assurance Data

### Consult Audit Tool

Audit: Time \_\_\_\_\_ Date \_\_\_\_\_

Name of Auditor: \_\_\_\_\_

Consult: Time \_\_\_\_\_ Date \_\_\_\_\_

Name of Consulting Physician: \_\_\_\_\_

Name of Consulting RN: \_\_\_\_\_

EMS Jurisdiction/Medic #: \_\_\_\_\_

Mode of Transport: \_\_\_\_\_ Ground \_\_\_\_\_ Air

Other Hospital on-line? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Hospital: \_\_\_\_\_

Poison Center on line: \_\_\_\_\_ Yes \_\_\_\_\_ No

#### Patient Data:

Priority Level: 1 2 3 4 Age: \_\_\_\_\_ year/month M \_\_\_\_\_ F \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

Vital Signs: \_\_\_\_\_

EMS DNR: \_\_\_\_\_ Yes \_\_\_\_\_ No

IV's: \_\_\_\_\_ FSBS: \_\_\_\_\_ O<sub>2</sub>: \_\_\_\_\_ Nasal Trumpet: \_\_\_\_\_ Intubated: \_\_\_\_\_ CPAP: \_\_\_\_\_

Meds given: \_\_\_\_\_

Quality of Radio Transmission: \_\_\_\_\_ Poor \_\_\_\_\_ Partial Audible \_\_\_\_\_ Clear

#### Content of Consult:

1. Purpose of call: \_\_\_\_\_ Notification only / Patient information \_\_\_\_\_ Request advice / Medical direction \_\_\_\_\_ Requesting destination direction

2. Did staff identify themselves clearly on the radio? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. The staff member communicating on the radio was (were) \_\_\_\_\_ MD \_\_\_\_\_ RN \_\_\_\_\_ Both

4. Was the consult conducted in a respectful, professional manner? \_\_\_\_\_ Yes \_\_\_\_\_ No

5. Did the staff demonstrate a clear understanding of EMS protocols? \_\_\_\_\_ Yes \_\_\_\_\_ No

If NO, explain \_\_\_\_\_

6. Did staff ask questions to guide EMS provider in decision-making? \_\_\_\_\_ Yes \_\_\_\_\_ No

7. Did staff ask or relay orders to EMS provider? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. Did physician order a treatment outside of EMS protocol? \_\_\_\_\_ Yes \_\_\_\_\_ No

Action taken \_\_\_\_\_

9. Did the field provider give an adequate report? \_\_\_\_\_ Yes \_\_\_\_\_ No

10. Was the chief complaint clear? \_\_\_\_\_ Yes \_\_\_\_\_ No

11. Did the provider request appropriate orders? \_\_\_\_\_ Yes \_\_\_\_\_ No

Patient Disposition / Final Disposition appropriate based on protocol: \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ The closest ED \_\_\_\_\_ The closest Trauma Center \_\_\_\_\_ Specialty Center (Burn, Eye, Hand, Pediatric Trauma Center)

Other recommendations: \_\_\_\_\_

\_\_\_\_\_

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