

Advanced Life Support without Base Hospital Contact Report Form

Paramedics must complete and submit this form to the Base Hospital Physician who was on-duty at the time of the call or Base Hospital Medical Director (within 24 hours) when ALS treatment requiring a base hospital order was initiated without an order of an MICN or base physician. (Reference Title 22, California Code of Regulation 100144.)

Call Date: _____ Time of Call: _____ PCR#: _____

Name of Paramedic: _____ License # _____

Incident Location or Map Zone: _____

ALS Protocol being followed by Paramedic: _____

Treatment(s) performed without a base hospital order: _____

Patient's condition prior to treatment: _____

Patients condition after treatment: _____

Reason for initiating treatment without a base hospital order: (check all that apply)

- ☐ Patient's clinical status demanded intervention prior to voice contact with the base hospital
- ☐ Field communication equipment not available at the patient's side
- ☐ No immediate response from the base hospital
- ☐ Scene environment not suitable for radio and/or land line communications (please explain)
- ☐ EMS communication equipment malfunction
- ☐ Radio interference/inability to establish radio contact
- ☐ Other (please attach additional sheets as necessary)

Signature of Paramedic: _____ Date: _____

Attach copy of Patient Care Report to this Form

Base Hospital Physician Evaluation:

Treatment initiated was

- ☐ appropriate for the patient's condition
- ☐ appropriate for the patient's condition but could have been delayed pending radio contact or arrival at the emergency department
- ☐ questionable but discussion and resolution of concerns occurred in the ED after patient arrival
- ☐ questionable and not resolved at time of call
- ☐ inappropriate for the patients condition (please explain)

ED Diagnosis _____

ED Disposition _____

Signature of Base Physician reviewing call: _____

Submit this form to the Base Hospital Nurse Liaison after completing review.