



Report of ALS Services Provided Without Base Hospital Contact

If not done electronically, submit to Base Hospital within 24 hours of Occurrence: Base to submit to OCEMS within 2 business days of review

Date: _____
Fire Incident #: _____
Fire Agency: _____
ALS / PAU ID: _____

BH contact not attempted Unable to maintain BH communications
 Unable to establish BH communications BH contact made & discontinued, unable to re-establish
Explain: _____

Patient Status & Initial Assessment

Cardiac or respiratory arrest Triage to designated specialty receiving center (type): _____
 Other: _____
Brief description: _____

List treatments/triage decisions performed requiring Base Hospital Contact

Rationale for care: _____

Response to treatment: _____

EMT-P _____	OCEMS ID: _____	<i>sig:</i> _____
EMT-P _____	OCEMS ID: _____	<i>sig:</i> _____
EMT-P _____	OCEMS ID: _____	<i>sig:</i> _____

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: _____

FOR OCEMS USE ONLY