

Medical Emergency Response Report Sheet

Date: _____	Time Began: _____	Time Ended: _____	
Time EMS activated by Front Desk: _____ Time AED/Equipment Bag Arrived: _____			
Location of Event: _____ () Check here if this is a Drill			
Team Response: Provider: _____ Time Arrived: _____ Nurse: _____ Time Arrived: _____ Security: _____ Time Arrived: _____ Pharmacy: _____ Time Arrived: _____ Civilian EMS: _____ Time Arrived: _____ Additional Responders: _____ _____			
A. First Responder:	Yes	No	Comments
1. Established unresponsiveness			
2. Call for assistance by: - Verbally calling for help - Contact front desk by dialing 911			
3. Initiate / perform CPR according to AHA standards Time CPR initiated: _____			
B. Personnel Utilization:	Yes	No	Comments
1. Senior member at scene assumed charge			
2. Recorder designated			
3. Runner designated			
4. Person assigned to AED Time AED connected: _____			
5. CPR relief			
6. Order maintained at scene			
C. Equipment Utilization:	Yes	No	Comments
1. Emergency equipment bag available and Stocked with required equipment			
2. Oxygen available			
3. Suction device available			
4. Back board available			
D. Performance of BLS:	Yes	No	Comments
1. Positioned victim correctly: opened airway and placed on backboard, if not on hard surface			
2. Checked for breathing (look, listen, and feel)			
3. Delivered two deep breaths			
4. Checked for pulse (Infant/Adult)			
5. Located landmarks on chest			
6. Positioned hands correctly (Infant/Child/Adult)			
7. Correct compression/ventilation rate			
8. Switch during two man CPR performed correctly			
9. Properly checked for restoration of breathing/pulse after one minute			

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E. Performance of Team:	Yes	No	Comments
1. ACLS/BLS provider either supervised or directed the team			
2. Monitored team to ensure that directions were performed			
3. Made the proper treatment decisions based upon the identified emergency			
4. Operated AED and assured team safety during emergency response			
5. Team leader de-briefed response team after the event			
6. Education/Training Roster completed for Command drill events only.			
F. Scenario:			
G. Problems Identified:			
H. Actions/Recommendations:			
Drill/Code Evaluator:		Date:	
Command Emergency Response Coordinator:		Date:	

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