

## County of Orange Health Care Agency Emergency Medical Services



## PREHOSPITAL AIR RESCUE/TRANSPORT SERVICE REPORT

Purpose: To obtain comprehensive Air Rescue/Transport Service data for CQI Monitoring

Reference: OCEMS Policy and Procedures Manual – 750.05

Plan: <u>Within 2 business days following the date of service</u>: Air Rescue/Transport providers shall submit an electronic copy of this completed form via fax (714-834-3125) OR email (<u>lrepass@ochca.com</u>) to OCEMS.

By the 15<sup>th</sup> day of the month following the date of service: Air Rescue/Transport providers shall submit a complete report including a <u>copy of this form and a copy of the Flight Patient Care Record (and the Patient Care Report if available) via US Mail to:</u>

County of Orange – HCA Emergency Medical Services C/O Quality Assurance Coordinator 405 W. 5<sup>th</sup> Street, Suite 301A Santa Ana, CA 92701

Provider:	Flight Log #:
Date of Service:	Requested by: OCC Direct
Requesting Agency / IC (Contact Person): /	
Incident Location:	
Type of Incident:	
Paramedic on Scene 🗌 Yes 🗌 No	Paramedic Unit #:
PCR Sequence #:	Paramedic Accompaniment  Yes No
Patient Destination:	Licensed Landing Zone
Reason for use of air versus ground transport:	
Interventions / Treatments	First Responding Agency Times
ET / RSI Comments:	Alarm (Tone)
	1 <sup>st</sup> Resp. arrived on scene
IV / IO Comments:	Paramedic contact Base Hospital
	Paramedic arrived on scene
Needle Thor. Comments:	Air Rescue/Transport Agency
	OCC received call
Med. Adm. Comments:	Provider received call**
	Lift off to scene**
Other Comments:	Arrived scene/landed scene**
	Patient Contact**
	Depart to Destination**
	Arrived at hospital**
	Patient received in E.D.
	** Indicates required field
Comments:	