

LOYOLA EMS SYSTEM STATISTICS
2017
MONTHLY PROCEDURES & RUN TOTALS

Department: _____

Month/Year: _____

Submitted by: _____

*Please submit this monthly data form to the CQI Coordinator at the Loyola EMS Office by the **15th of the following month.**

1. **FORMS ENCLOSED (if applicable):**

****Non-Impaired Refusal Protocol with CQI form and copy of run attached**

2. **PROCEDURE RECAP: SUCCESSFUL: UNSUCCESSFUL:**

Surgical Cricothyroidotomy _____ _____

Intubation Medical/Trauma _____ _____

Intraosseous Access **Pediatric** _____ _____

Intraosseous Access **Adult** _____ _____

King Airway Number of Patients: _____

CPAP Use Number of Patients: _____

Pediatric Arrest Number of Patients: _____

Pediatric Seizure Number of Patients: _____/Run Number

Pediatric Respiratory Distress Number of Patients: _____/Run Number

Non-Impaired Refusal Protocol Number of Patients: _____ /Run Number

3. **MONTHLY RUN TOTALS:**

Number of ALS runs: _____

Number of BLS runs: _____

Number of refusals: _____

Number of assists: _____