

TEXAS "J" RAC PI COMMITTEE

EMS DATA FORM

Texas § 773.095. Records and Proceedings Confidential: (a) The proceedings records of organized committees of hospitals, medical societies, emergency medical services providers, emergency medical services and trauma care systems, or first responder organizations relating to the review, evaluation, or improvement of an emergency medical services provider, a first responder organization, an emergency medical services and trauma care system, or emergency medical services personnel are confidential and not subject to disclosure by court subpoena or otherwise. (b) The records and proceedings may be used by the committee and the committee members only in the exercise of proper committee functions.

Name of EMS: _____ County: _____

Year: _____ Quarterly Report for (please check):
[] 1st Quarter [] 2nd Quarter [] 3rd Quarter [] 4th Quarter
Sept. thru Nov. Dec. thru Feb. March thru May June thru August

Patient Gender: [] M [] F Patient age: _____ Date / Time of Injury: _____

Time Unit Dispatched: _____ hr. /min.

Time In route to: _____ hr. /min.

[] Inter-facility Transport

[] Scene Transport

Scene Time: _____ hr. /min.

Time from Scene to Disposition: _____ hr. /min.

[] No Transport

MECHANISM OF INJURY (check all appropriate areas):

[] GSW [] Stab wound [] Assault - Types _____

[] Fall: height _____ ft. - Cause _____

[] Burn [] Intentional Self-Inflicted Injury [] Crush Injury

[] MCC [] Bicycle [] Helmet Y _____ N _____

[] Farm/Ranch - Type _____ [] Industrial - Type _____

[] Sports - Type _____ [] Animal Bite - Species _____

[] Auto / Pedestrian on foot [] Auto / Pedestrian on bicycle [] Off-road vehicle

[] Motor Vehicle Crash: [] Other: _____

[] Rollover [] Head-On [] T-Bone [] Rear Impact

[] Restrained [] Unrestrained [] Ejected [] Unknown [] Child Restraint Device

[] Other: _____

TRAUMA SCORES:

Initial GCS: _____ Initial RTS: _____

CODE IN ROUTE: [] Yes [] No

ACUTE CARE:

_____ Suspected Stroke

_____ Cincinnati Prehospital Stroke Scale: _____ Positive _____ Negative

_____ Suspected MI: _____ STEMI Protocol Activations

DISPOSITION:

[] Hospital (Name): _____

[] Air Transport (Name): _____

EMS PI Review: EXPLANATION OF VARIANCES; PERFORMANCE IMPROVEMENT OPPORTUNITY & COMMUNICATION CONCERNS:

