



## 2017 King County EMT Suspected Stroke Review

Agency

Date

Reviewer

What was the initial dispatch code?

Was stroke suspected by EMT-FF?

### Summary

1. Were FAST and LAMS performed / documented?

(no) 1 2 3 4 5 (yes)

2. Were other aspects of care performed (i.e. blood sugar/family contact / LKW / medic activation)?

(no) 1 2 3 4 5 (yes)

3. How could assessment or care be improved?

Was FAST exam performed?

FAST Exam components (y/n)	
<input type="checkbox"/>	Facial droop
<input type="checkbox"/>	Unilateral arm weakness
<input type="checkbox"/>	Slurred or garbled speech
<input type="checkbox"/>	Last known well
_____	Time of LKW (military time)

If FAST positive, was the LAMS performed?

LAMS Assessment (score)	
_____	Facial droop: 0-none, 1-positive
_____	Unilateral arm weakness: 0-none, 1-weakness, 2-paralysis
_____	Grip weakness: 0-none, 1-weakness, 2-paralysis
<input type="checkbox"/>	<b>Total score</b>

Is vital information recorded?

Vital signs (values)	
_____ SBP / DBP	_____ GCS
_____ Pulse	_____ O2 saturation
_____ Resp. rate	_____ Blood sugar

Medications

Are medications recorded?
Does patient take blood thinners?
Does patient take aspirin?
Are allergies recorded?

### Medical History

Does the patient have history of a prior stroke?

Does the patient have history of heart disease?

Does the patient have history of bleeding problems?

### Downstream care and decisions

Is family contact information recorded?

Were paramedics activated?

Interval from EMT scene arrival to medic activation?

Total time from initial 9-1-1 call to patient scene depart?

Was the hospital notified of code CVA (stroke)?

Which agency transported the patient?

What was the hospital destination?



**2017 King County EMT Trauma Assessment and Care** (please refer to trauma triage criteria for reference)

Agency \_\_\_\_\_

Date \_\_\_\_\_

Reviewer \_\_\_\_\_

What was the EMT type code? \_\_\_\_\_

EMT Assessment

Initial vital signs (values)

\_\_\_\_\_ SBP / DBP      \_\_\_\_\_ O2 saturation

\_\_\_\_\_ Pulse      \_\_\_\_\_ GCS

\_\_\_\_\_ Resp. rate      \_\_\_\_\_ Blood sugar

**Summary**

**1. Did EMT adequately assess *trauma* history and exam?**

(no) 1      2      3      4      5 (yes)

**2. Did EMT provide appropriate triage and care?**

(no) 1      2      3      4      5 (yes)

**3. How could care be improved?**

Anatomy of injury (Are any such injuries present?)

Penetrating injury (head, neck, torso, or proximal extremity)?

Pelvic fracture?

Chest wall instability (flail chest)?

Skull fracture?

Two or more long bone fractures?

Paralysis?

Amputation or mangled / degloved extremity?

History and Mechanism of Injury

Is the mechanism reasonably described? car / pedestrian / bike / motorcycle / fall

Estimate of speeds involved or height of fall?

Description of vehicle damage?

Other info pointing to high-risk mechanism? Death of other passenger / Vehicle ejection

Special considerations

Patient > 55 years or child.?

Is the patient on anticoagulants?

Pregnancy >20 weeks

EMT Care

ALS activation?

Extrication?

Oxygen?

Patient preparation?

Splinting?

Other?

Patient disposition

Patient triage (ALS / BLS / other)?

Hospital destination?



**2017 King County EMT Anaphylaxis / Serious Allergy**

Agency \_\_\_\_\_

Date \_\_\_\_\_

Reviewer \_\_\_\_\_

What was the type code of EMT-FF? \_\_\_\_\_

Is vitals information recorded? Yes / no

Initial vital signs (values)

\_\_\_\_\_ SBP / DBP

\_\_\_\_\_ Pulse

\_\_\_\_\_ Resp. rate

\_\_\_\_\_ O2 saturation

Medical History

Is a trigger identified? Yes / no / not documented

Does patient have a history of serious allergy? Yes / no / not documented

Has the patient required emergency treatment (epi) for allergic reaction? Yes / no / not documented

Is the time course of the reaction documented Yes / no

Epi Criteria (check all that apply)

\_\_\_\_\_ Progressive Hives

\_\_\_\_\_ Respiratory distress

\_\_\_\_\_ Hypotension

\_\_\_\_\_ Facial swelling

\_\_\_\_\_ Not documented

Epi Administration (check all that apply)

\_\_\_\_\_ Dose documented

\_\_\_\_\_ Description of check and inject procedure

Post-epi vital signs (values)

\_\_\_\_\_ SBP / DBP

\_\_\_\_\_ Pulse

\_\_\_\_\_ Resp. rate

\_\_\_\_\_ O2 saturation

Paramedics activated? yes / no / not documented

Second dose of epinephrine required per EMT? yes / no

**Summary**

**1. Was BLS epinephrine appropriate given the clinical circumstances and exam?**

(no) 1 2 3 4 5 (yes)

**2. Did BLS epinephrine advance the patient's condition?**

(no) 1 2 3 4 5 (yes)

**3. How could assessment or care be improved?**



**2017 King County EMT Respiratory Distress**

Agency

Date

Reviewer

What was the type code of EMT-FF? \_\_\_\_\_

Acute symptoms

Primary symptom? Yes / no / not documented

Quality of symptoms? Yes / no / not documented

Duration? Yes / no / not documented

Trigger for onset? Yes / no / not documented

Accompanying symptoms (chest pain / fever / syncope / cough / GI symptoms / other)? Yes / no / not documented

Medical History

Does patient have a past event of breathing problem? Yes / no / not documented

What was the cause of prior event? Yes / no / not documented

Does the patient have a history of lung problems? Yes / no / not documented

Does the patient have a history of heart problems? Yes / no / not documented

Does the patient use chronic supplemental oxygen? Yes / no / not documented

Are medications recorded? Yes / no / not documented

Exam

Are vitals recorded? Yes / no

*Initial vital signs (values)*

\_\_\_\_ SBP / DBP

\_\_\_\_ Pulse

\_\_\_\_ Resp. rate

\_\_\_\_ O2 saturation

\_\_\_\_ GCS

Patient position – supine / seated / tripod / standing

Skin – color / temperature / moisture

Lower extremity swelling Yes / no / not documented

*F/U vital signs (values)*

\_\_\_\_ SBP / DBP

\_\_\_\_ Pulse

\_\_\_\_ Resp. rate

\_\_\_\_ O2 saturation

\_\_\_\_ GCS

**Summary**

**1. Did EMT adequately assess history and exam?**

(no) 1 2 3 4 5 (yes)

**2. Was BLS action and care appropriate given the patient's condition?**

(no) 1 2 3 4 5 (yes)

**3. How could care be improved?**

EMT Actions and Therapies

Change in patient position? Yes / no / not documented

Epi check and inject Yes / no / not documented

Oxygen? Dose and mode (liters / NC / NRB / BVM)

Patient MDI/nebulizer Yes / no / not documented

Blood glucose check? Yes / no / not documented

Other treatments? Yes / no / not documented

Paramedic involvement (Primary dispatch / call from scene / no ALS involvement)

Paramedic treatments (nebulizer / nitroglycerin / intubation / other/

Patient triage (Stay at home / BLS transport / ALS transport)



## 2017 King County ALS Call from Scene

Agency

Date

Reviewer

What was the type code of EMT-FF? \_\_\_\_\_

### Initial vital signs (values)

\_\_\_\_\_ SBP / DBP            \_\_\_\_\_ O2 saturation

\_\_\_\_\_ Pulse                \_\_\_\_\_ GCS

\_\_\_\_\_ Resp. rate            \_\_\_\_\_ Blood sugar

### Medical History and Secondary Exam

Primary presentation including main symptoms, quality, triggers-circumstances, time course?

Does the patient have a history of similar event?

Medications?

Allergies?

Pertinent exam findings?

What were the ALS indicators?

Were ALS indicators confirmed by repeat measure (i.e. repeat vital signs)?

EMT interventions? (positioning, oxygen, extrication, splinting, etc)

Paramedic interventions?

Patient triage (ALS / BLS )

Hospital destination?

### **Summary**

**1. Did EMT adequately assess history and exam?**

(no) 1    2    3    4    5 (yes)

**2. Was ALS activation appropriate given the patient's condition?**

(no) 1    2    3    4    5 (yes)

**3. How could care be improved?**



## 2017 King County EMS Opioid Overdose Evaluations

Agency  
Date  
Reviewer

What was the type code of EMT-FF?  
Is vital information recorded?

### Initial vital signs (values)

\_\_\_\_ SBP / DBP      \_\_\_\_ GCS  
\_\_\_\_ Pulse            \_\_\_\_ O2 saturation  
\_\_\_\_ Resp. rate      \_\_\_\_ Blood sugar  
\_\_\_\_ Pupils (pinpoint vs other)

### History

Is information about medical history recorded?  
Does the patient have a history of substance use/overdose?  
Physical scene evidence of suspected drug use?

Are medications recorded?  
Are allergies recorded?

### EMT Care

BVM ventilation documented?  
BLS naloxone use?  
Time of BLS naloxone use?

### Post naloxone vital signs (values)

\_\_\_\_ SBP / DBP      \_\_\_\_ GCS  
\_\_\_\_ Pulse            \_\_\_\_ O2 sat  
\_\_\_\_ Resp. rate

### Resources and Disposition

Were paramedics activated and involved?  
Additional paramedic naloxone?  
Other paramedic treatments?  
Which agency transported the patient?  
What was the hospital destination?

### **Summary**

**1. Was BLS narcan appropriate given the clinical circumstances and exam?**

**(no) 1 2 3 4 5 (yes)**

**2. Did BLS narcan advance the patient's condition?**

**(no) 1 2 3 4 5 (yes)**

**3. How could assessment or care be improved?**