

Hypoglycemia Report Documentation Checklist

Report Author: _____

Run #: _____

Date of Run: _____

Category	Completed
Date, Times, Response info, Personnel	
Incident Information	
Destination/Hospital	
Medical Control Method	
Patient Information	
Patient Chief Complaint and Onset Date/Time	
Initial Assessment	
Glasgow Coma Score	
Past Medical History	
Allergies	
Medications	
One complete set of vital signs	
Proper documentation for each procedure/medication	
Procedure/medication documentation = with narrative	
Narrative – Initial survey (LOC, Airway, Breathing, Circulation, Disability)	
Narrative – Focused survey/exam	
Narrative – Document treatments and outcomes	
Narrative – Legibility/spelling	
Narrative – Document condition and treatments enroute to and arrival at hospital	
Receiving RN/MD signature or I refuse treatment signature	
EMT/EMT-P signature	

If non-transport, was MRCC clearance documented? Yes No N/A
 If non-transport, were approp. written instructions left with pt.? Yes No N/A
 If patient monitored, was ECG/12-Lead strip attached? Yes No N/A
 If transport refused, was patient/parent signature obtained? Yes No N/A
 Based on documentation, care/treatment appears to be:

_____ Aggressive _____ Substandard
 _____ Met standard of care _____ Unable to determine (insufficient documentation)

Positive feedback: _____

Care could've been improved by: _____

Documentation could've been improved by: _____

Reviewer comments: _____

Author comments: _____

Author: Please review, comment, and return to _____ **by** _____.

Reviewer Name: _____

Date of Review: _____

