

Run 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: _____

Non-Transports

Category	Completed
Check boxes for Mental Status	
Reason for the patient's refusal	
Documentation of attempts to involve others (family or M.D. – MRCC)	
Consequences of non-transport explained	
Alternatives/options for medical care explained to patient	
Concluding statement (pt. advised to go by EMS & pt. refused)	
Documentation of MRCC/MD contact	
Document that non-transport sheet was left with pt. if appropriate	

Non-Transport of Obviously Dead

Category	Completed
Documentation of estimated down time or when pt. was last seen	
Was this an expected or unexpected death (DNR/DNI)	
Any resuscitative efforts prior to EMS arrival	
Absent carotid pulse and one other location	
Absent respirations	
Fixed and dilated pupils	
Rigor mortis if present	
Body temperature	
Deep dependent lividity (blood pooling)	
Asystole (ALS only)	
Injuries incompatible with life if present	
Who was body left with (ME, PD, Nursing home staff etc.)	