

Reports are due to Office of Emergency Medical Services by the 30th of April, July, October and January.

Reporting Quarter (Check only one) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	Year 20
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Service Name		Telephone Number
Street Address		Fax Number
City, State, Zip Code		Base Charge Per Call
Name of Person Completing Report	Name of Specialty Care Coordinator	Name of Medical Director

Section 1 – Origin of Call

1	Acute Care Facilities		Comments:
2	Long Term Care Facilities		
3	Patient Residence		
4	Satellite Emergency Departments		
5	Physician Office / Clinics		
6	Free standing facility (MRI, radiation)		
7	Other (explain)		
8	Total SCTU Transports →		

Section 2 – Patient Age / Sex Breakdown

Age Range (Years)			Sex			
9	0 – 1 Year		16	Male		
10	2 – 8 Years		17	Female		
11	9 – 20 Years		18	Total for Sexes →		
12	21 – 45 Years					
13	46 – 65 Years					
14	66 Years and older					
15	Total for Age Range →					

Section 3 – Nature of Transfer Categories

19	Medical		Comments:
20	Trauma		
21	Burn		
22	Pediatric		
23	OB		
24	Surgical		
25	Neuro		
26	Oncology		
27	Discharge		
28	Cardiac (General)		
29	Cardiac Cath		
30	Transplant		
31	Study / Test not available at sending facility		
32	Total for Transfer Categories →		

QUARTERLY REPORT FOR SPECIALTY CARE TRANSPORT UNITS, CONTINUED

Program Name	Reporting Quarter (<i>Check only one</i>) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th	Year 20
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Section 4 – Equipment and Procedures Utilization
 (Enter the number of times the following equipment/procedures were utilized. List additional equipment and procedures.)

Equipment Utilized			Procedures Completed During Transport		
33	Cardiac resuscitators (i.e., Thumpers®)		45	Venipuncture to obtain blood sample	
34	Cardiac monitor		46	Initiation of intravenous therapy	
35	Incubator		47	Initiation of intraosseous infusion	
36	Ventilator		48	Administration of medication	
37	Advanced airway (Combitube or LMA)		49	Endotracheal / nasotracheal intubation	
38	IV pump		50	Cardiac defibrillation	
39	Intra-aortic balloon pump		51	Cardiac pacing	
40	Ventricular assist device		52	Synchronized cardioversion	
41	Chest tube		53	Suctioning	
42	Transvenous pacing		54		
43	Invasive intravenous line monitoring		55		
44	Monitoring >2 intravenous lines		56		

Section 5 – Destinations

	Location Name	Number of Patients	Comments:
57	Long-term care facilities		
58	Residences		
59	Physician office / Clinic		
60	Acute care hospital- tests / round trip transport		
61	Acute care hospital- admission		
62	Free standing facilities (MRI, radiation treatment, x-rays)		
63	Other (explain)		
64	Total SCTU Transports →		

Every transfer (leg of trip) shall be counted as one transport!
This is to capture all completed SCTU calls, one-way or round trip.

Matching Totals
 Boxes 7, 14, 17, 31 and 64 must calculate out to be the same number.