Complete this report if the EMSP performs a chest needle decompression

EVENT INFORMATION

Date: _______________  EMS Service: ____________________________
Date of
Event: _______________  Receiving Hospital: ____________________
OLMD
Physician: ____________________________  MCPID: _____________

PATIENT OUTCOME


PROBLEMS, ISSUES, COMMENTS


EMS AGENCY QUALITY MANAGEMENT FINDINGS


Fax this report and a copy of the PCR to the OEMS and Regional EMS Office

OEMS  Fax: 334-206-5260
Region 1 (AERO)  Fax: 256-518-2248
Region 2 (East)  Fax: 205-763-8402
Region 3 (BREMSS)  Fax: 205-934-2621
Region 4 (West)  Fax: 205-348-9417
Region 5 (Southeast)  Fax: 334-671-1685
Region 6 (Gulf)  Fax: 251-431-6525