



# Silver Cross Emergency Medical Services System



Agency Name below

## Silver Cross EMS System Monthly QA/QI Evaluation

QA/QI for MM/YYYY  Total calls for the month:  Included 10% of all runs for the month selected at random.

### Patient Data

**IV's** Total Success Rate Percentage:   
Number of attempts:  Successful:  Unsuccessful:

**IO Tibial Tuberosity** Total Success Rate Percentage:   
Number of attempts:  Successful:  Unsuccessful:

**IO Humeral Head** Total Success Rate Percentage:   
Number of attempts:  Successful:  Unsuccessful:

### Advanced Airway

**ET** Total Success Rate Percentage:   
Number of attempts:  Successful:  Unsuccessful:

**King Airway** Total Success Rate Percentage:   
Number of attempts:  Successful:  Unsuccessful:

**I-Gel Airway**

**Total Success Rate Percentage:**

Number of attempts:  Successful:  Unsuccessful:

**End-Tidal Carbon Dioxide Monitoring**

Number of times used:  Percentage of use:

**Cardiac Arrest**

Number of arrest:

Number of times External Automated Device used:

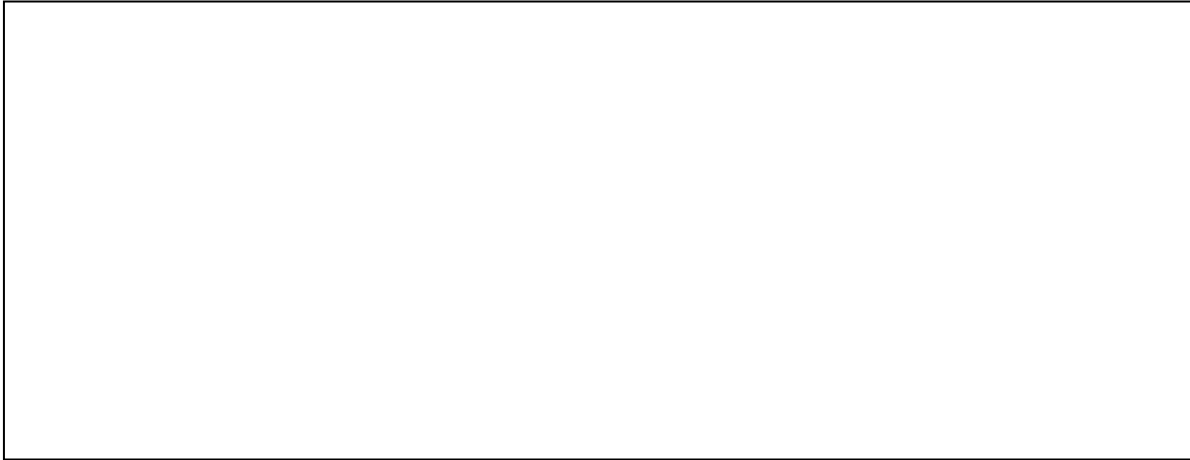
**SMO's Deviation Explain:**

Number of ROSC:

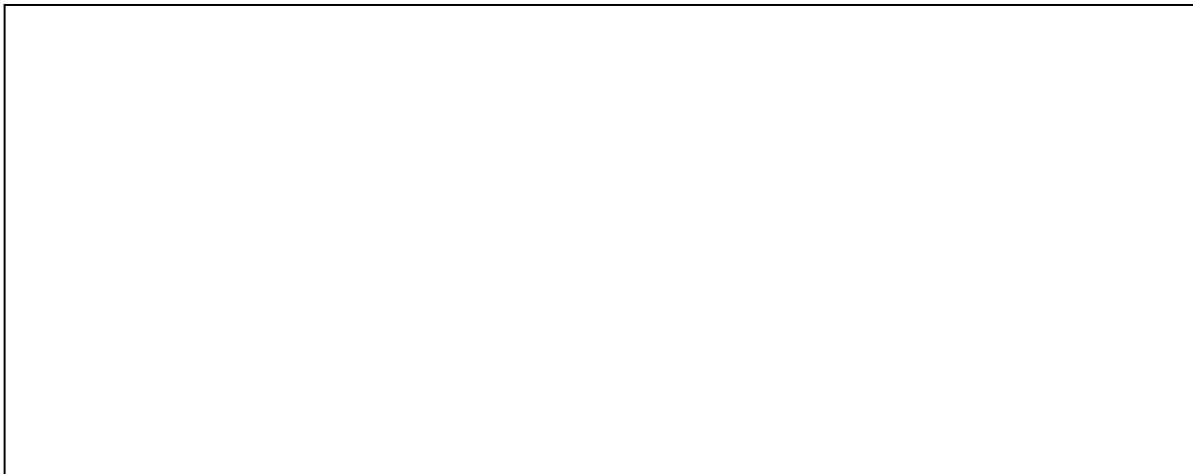
Number of Termination:

**Medication Used Example Narcan, Ketamine or anything out of the ordinary**

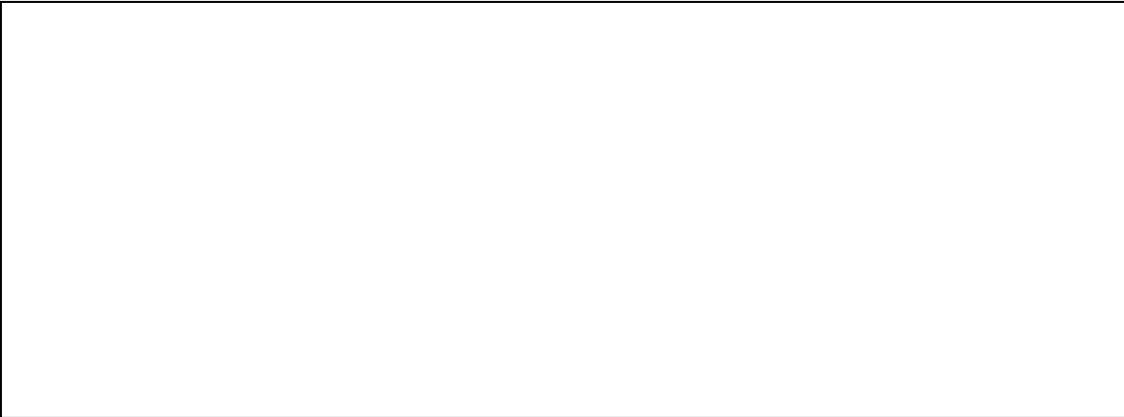
**Documentation Issues and Recommendations for Corrections**

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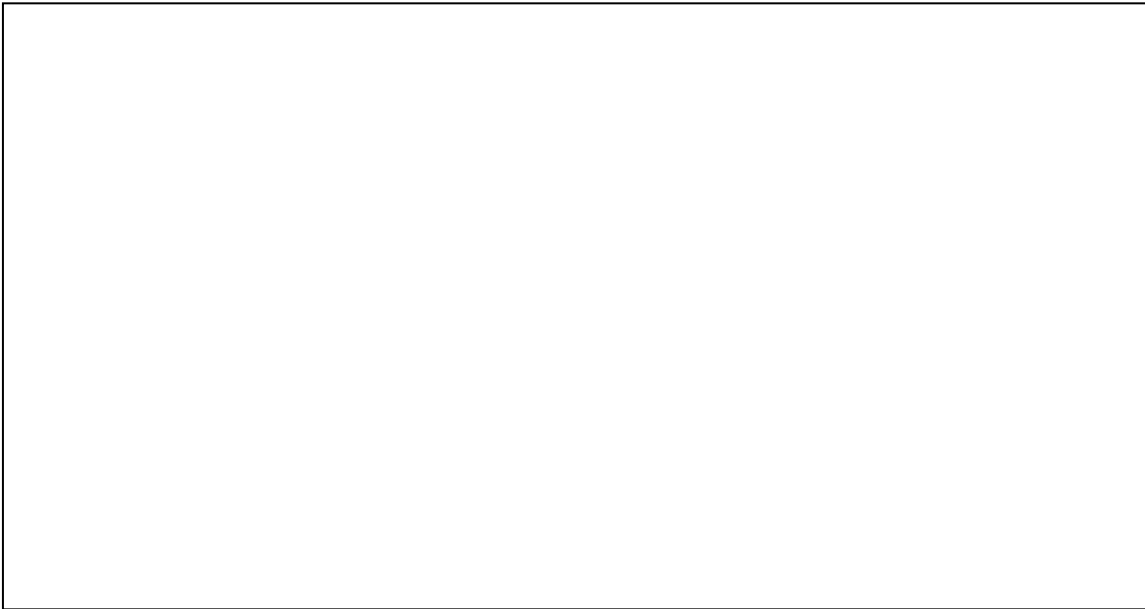
**LAVD contact and was patient transported to the VAD center:**

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**SMO Deviation and Reason for Deviation**

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**Any Other Findings or Calls (trauma's, pediatric calls, ETC.)**

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**Recommendations and Training**

**Helicopter usage**

Nature of call, document each incident separately:

Number of times that a helicopter was used for the month: