



Southwest Virginia EMS Council, Inc.

1st Quarter 2017 PI Report Form

Your Name:
Agency Name:
Your Telephone:
Your email:

EMS PI Items

How many Chest pain calls ran this quarter

Of the transported patients how many were placed on the monitor?

ALS

BLS

Medical Call comments:

Trauma PI

How many patients transported with GCS <9, without intubation?

Trauma Call Comments:

System PI (both Trauma and EMS) Items

Total number of ALS calls ran

Total number of BLS calls ran

System Call Comments: