



*Southwest Virginia EMS Council, Inc.*  
**2nd Quarter 2018 PI Report Form**

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

**EMS PI Items**

How many patients received atropine?

Of the patients that received atropine how many had increased HR?

Medical Call comments:

**Trauma PI**

How many trauma patients received tourniquet?

# of calls

Trauma Call Comments:

**System PI (both Trauma and EMS) Items**

Total number of patients air lifted?

System Call Comments: