



*Southwest Virginia EMS Council, Inc.*  
**3rd Quarter 2018 PI Report Form**

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

**EMS PI Items**

How many patients received adenosine?

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

Medical Call comments:

**Trauma PI**

How many trauma patients received Cardiac arrest medications?

# of calls

Trauma Call Comments:

**System PI (both Trauma and EMS) Items** Total number of  
patients that received 3 or medications during transport.

System Call Comments: