

Report of ALS Patient Care Without Telecommunications

This report is for the purpose of documenting to the Medical Director of the Office of EMS the circumstances surrounding the administration of drugs or fluids or the application of advanced life support techniques to a patient or patients without direct voice contact with a medical command physician or designee or written order of a medical command physician or designee in accordance with Section 15, Article 4C, Chapter 16 of the Code of West Virginia as amended.

Date of Incident: _____

Prehospital Care Record Form Number (attach copy): _____

Patient Name(s): _____

ALS services provided (use additional sheets if necessary): _____

Justification for providing services (radio failure, multiple patients, etc.- use additional sheets if necessary): _____

EMS Agency: _____ County: _____

Person reporting incident: _____
(Last) (First) (MI)

EMSP Number: _____ Date of Expiration: _____

Signature: _____ Date: _____

Return to: State EMS Medical Director
Office of EMS
350 Capitol Street, Room 425
Charleston, WV 25301-3716