

LEWIS COUNTY  
 Quality Improvement Program  
 PCR Audit Tool

Agency Code	PCR #	PCR Date	Vehicle ID
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Type  BLS  ALS

Reason for Review <input type="checkbox"/> Pediatric <input type="checkbox"/> Cardiac Arrest <input type="checkbox"/> Multiple Trauma <input type="checkbox"/> Other :	<input type="checkbox"/> Service/Provider/Patient/Family/Hospital <input type="checkbox"/> County CQI <input type="checkbox"/> GCS less than 15
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Are the following documented on the PCR?

	YES	NO	N/A	Comments
Age				
Sex				
Chief Complaint				
Presenting Problem				
Past Medical History				
Meds				
Allergies				
Level of Consciousness				
Pulse Rate				
Respiration Rate				
Blood Pressure				
Vital Signs q. 15 min.				
Glasgow Coma Score				
Times Complete				
Pupils				
Skin Temp				
Skin Color				
Skin Condition				
ALS Interface				
BLS Protocol Compliance				
ALS Protocol Compliance				

● If "no", state reason (use back of page if necessary): \_\_\_\_\_

Does the PCR meet 75% completion standard for the above stated criteria (15 out of 20 complete)  Yes  No