

REMO

REGIONAL EMERGENCY MEDICAL ORGANIZATION

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REPORT OF A MEANINGFUL POSITIVE RESULT

| AGENCY/UNIT | CREW NAME | TEK/ EMT # | AGENCY/UNIT | CREW NAME | TEK/ EMT # |
|-------------|-----------|---------------|-------------|-----------|---------------|
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INCIDENT DATE: ___/___/___ LOCATION: _____

PATIENT NAME: _____ AGE: _____ SEX: _____

PCR #: _____ RUN #: _____ TIME RECEIVED: _____

DESCRIBE BLS/ALS INTERVENTIONS: _____

WAS THE PATIENT ADMITTED? _____

VERIFIED BY: _____ HOSPITAL: _____

CRITERIA FOR A MEANINGFUL POSITIVE RESULT:

- 1) Reversal of Clinical Death (Cardiac Arrest); if so fill in section below (Individual & Squad Certificate)
- 2) Reversal of Respiratory Arrest (Squad Certificate Only)

CARDIAC ARREST:

First Responder/Citizen CPR? _____

Level of Consciousness (AVPU) _____

Did respirations return? _____

Did pulses return? _____

PLEASE ATTACH A COPY OF THE PCR (ALS and/or BLS)

THE REGIONAL EMERGENCY MEDICAL SERVICES SYSTEM COUNCIL of the HUDSON MOHAWK VALLEYS, INC.
ALBANY • COLUMBIA • GREENE • SARATOGA • RENSSELAER • SCHENECTADY