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REPORT OF A MEANINGFUL POSITIVE RESULT

AGENCY/UNIT	CREW NAME	TEK/EMT#	AGENCY/UNIT	CREW NAME	TEK/EMT#

INCIDENT DATE: ___/___/___ **LOCATION:** _____

PATIENT NAME _____ **AGE:** _____ **SEX:** _____

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

DESCRIBE BLS/ALS INTERVENTIONS: _____

WAS THE PATIENT ADMITTED: (Y / N) **HOSPITAL:** _____

VERIFIED BY: _____

CRITERIA FOR A MEANING 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)