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**Hudson Valley Mohawk REMO  
Albuterol Administration Quality Improvement**

This form is to be completed by the EMT/AEMT-I who has administered Albuterol to a patient using the REMO Albuterol protocol. This form should be returned, along with a copy of the completed PCR. These should be returned with the yellow copies of the PCRs by the 15<sup>th</sup> of the next month.

Agency: \_\_\_\_\_

PCR Date: \_\_\_\_\_ PCR#: \_\_\_\_\_

Transporting Ambulance: \_\_\_\_\_

Hospital Destination (if a transporting agency): \_\_\_\_\_

Level of care administering Albuterol treatment: EMT  AEMT-I

Name of EMT/AEMT-I administering Albuterol treatment: \_\_\_\_\_

1. Was the patient between 1 and 65 years of age? Yes  / No
2. Was the patient experiencing respiratory distress? Yes  / No
3. Did the patient have a past medical history of asthma? Yes  / No
4. Was Albuterol administered to this patient? Yes  / No
5. Was the Albuterol treatment repeated? Yes  / No
6. Were vital signs obtained/documented before and after each Albuterol treatment? Yes  / No
7. Were the times for each Albuterol treatment documented? Yes  / No
8. Was the patients' past medical history documented? Yes  / No
9. Was ALS notified for this patient? Yes  / No
10. Did the patient report relief after the Albuterol treatment(s)? Yes  / No

Please provide any pertinent information / comments about this patient.