



Regional Emergency Medical Organization  
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### Hudson Valley Mohawk REMO Albuterol Administration Quality Improvement

This form is to be completed by the EMT/AEMT who administered Albuterol to the patient using the REMO Albuterol protocol. This form along with a copy of the PCR should be submitted to REMO prior to the 15th of the following month.

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

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

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

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

Level of care administering Albuterol treatment: EMT  AEMT

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/documentated 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.