



Regional Emergency Medical Organization  
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### REPORT OF A MEANINGFUL POSITIVE RESULTS

Agency/Unit	Crew Member Name	TEK/EMT#	Agency/Unit	Crew Member Name	TEK/EMT#

INCIDENT DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ LOCATION: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

PCR#: \_\_\_\_\_ RUN#: \_\_\_\_\_ TIME RECEIVED: \_\_\_\_\_

DESCRIBE BLS/ALS INTERVENTIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WAS THE PATIENT ADMITTED:  YES  NO HOSPITAL: \_\_\_\_\_

VERIFIED BY: \_\_\_\_\_

#### 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)**