

**Midstate Regional Emergency Medical Advisory Committee
Asthma Continuous Quality Improvement**

This form is to be complete by the EMT/AEMT-I who has administered albuterol to an asthma patient using the Midstate EMS Asthma protocol. The form should be returned along with a copy of the completed PCR. These should be returned with the yellow copies of the PCR's by the 10th of the next month.

Agency: _____

PCR Date: _____ **PCR #4-** _____

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.
