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|      | **High Acuity EMS After Action Review**  |
| Incident Description:  |
| Date:  |
| Submitted By:   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EMS Providers:** |  |  |  |  |
| **Person Completing Report:****(If different than above)** |  |
| **Incident Date:** |  | **Incident Number:** |  |
| **Dispatch Time:** |  | **Conclusion Time:** |  |
| **BOX Area** |  |
| **Incident Type:** |  |
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| --- | --- | --- | --- | --- |
| RSI | Blood Admin | HTS 23.4% | Surg. Thoracotomy | Other CC Skill |
|  |  |  |  |  |

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| **Apparatus:** |
| **Engines** | **Medic** | **Special Service** | **EMS Sup.** | **Batt Chief**  |
|  |  |  |  |  |

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| **Initial Information (pre-arrival, dispatch notes)** |
| **Description of initial report:** |
| **Incident Analysis**  |
| **Treatment Analysis** |
| **Discussion Points**  |
| **ECC Operations (From the IC perspective)** |
| **Outcome from Definitive Care (if known)** |
|  |
| **Closing (Strengths / Areas for Improvement)** |
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