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

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