

Ondansetron Trial Study Continuous Quality Improvement Form

■ **Part I: To be completed by treating paramedic after every Zofran administration**

- Date: ___/___/___ Incident #: _____
- Call Type (circle): 911 Inter-facility Transport Other
- Paramedic: _____ Unit: _____ Base Hosp: _____
- Pt Age: _____ Sex/Gender: _____ Chief Complaint: _____
- Indication (circle): Vomiting Severe Nausea Other: _____
- # doses given: _____ Distress prior: (1-10 nausea scale) _____
- Dose #1: _____ mg Route: IV IM PO Effect: (1-10 nausea scale) _____
- Dose #2: _____ mg Route: IV IM PO Effect: (1-10 nausea scale) _____
- Comments: _____

■ **Part II: To be completed by Provider CQI Coordinator**

- Reviewed by: _____ Date: ___/___/___
- Use indicated by protocol? N Explain: _____
- VS prior and after each dose? Y Y N Explain: _____
- Correct dose? N Explain: _____
- Correct route? N Explain: _____
- Effect documented? N Explain: _____
- Any adverse effects? Y N Explain: _____
- Comments: _____

Y

Y

■ **Part III: To be completed by CVEMSA Agency CQI Coordinator**

- Reviewed by: _____ Date: _____
- Use indicated by protocol? Y N Explain: _____
- All documentation completed? Y N
- Agree with Provider CQI Coordinator? Y N
- Comments: _____

■ Medical Director comments: _____

Coastal Valleys EMS Agency

Serving Mendocino, Napa and Sonoma Counties

