

# Agency Monthly Call Volume Report

Agency Name: \_\_\_\_\_

Month/year: \_\_\_\_\_

Total ALS call volume: \_\_\_\_\_

Total BLS call volume: \_\_\_\_\_

**Please include copies of patient care reports for:**

Total full codes: \_\_\_\_\_

Total refusals: \_\_\_\_\_

Morphine: \_\_\_\_\_

Versed/Agitated Patient: \_\_\_\_\_

**Tally Numbers Only (do not need to include copies of patient care reports in your monthly QI report)**

Total Air Transports: \_\_\_\_\_

Advanced Airways: \_\_\_\_\_

Total IO: \_\_\_\_\_

**❖ Patient care reports of Codes, Advanced Airways/RSI, Air Flights and Agitated/Violent Patients must be to Pre-Hospital within 48 hours of encounter.**