



North Country Emergency Medical Service Program Agency
 "Serving Jefferson, Lewis & St. Lawrence Counties"

**North Country REMAC
 CQI Screen**

Albuterol

Date	
PCR Number	
Agency/code	
EMT's DOH Number	
Age and Sex of the Patient	
Chief Complaint	
Cardiac History	Yes No
Lung sounds prior to administration	Wheezing Diminished Tight Clear
History of Asthma	Yes No
Method of delivery	
Time Given	____ : ____
Relief from SOB	Yes No
Lung Sounds after Administration	Wheezing Diminished Tight Clear
Med control Contacted and time	Med Control: Time:
ALS Requested and Agency	Yes No Agency:
COMMENTS if any	
Method of delivery?	MDI Neb MASK Other: _____

Screen Completed by _____ EMT ID _____

This CQI screen should be completed for every administration of Albuterol by Basic or Intermediate EMT'S. This must be submitted to the NCEMS Program Agency with your yellow copy PCR's by the 15th of the following month.