



# CENTRAL DUPAGE HOSPITAL EMERGENCY MEDICAL SERVICES SYSTEM

25 NORTH WINFIELD ROAD  
WINFIELD, IL 60190

PHONE: 630.933.6910  
WEBSITE: www.CDHEMS.COM

## REQUEST FOR CLARIFICATION FORM

**ALL INFORMATION CONTAINED WITHIN THIS FORM IS PRIVATE AND CONFIDENTIAL PURSUANT TO THE ILLINOIS MEDICAL STUDIES ACT AND IS FOR OFFICIAL USE ONLY.**

### INCIDENT INFORMATION:

DATE OF REPORT: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

DATE OF INCIDENT: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

TIME OF INCIDENT: \_\_\_\_\_ HRS

INCIDENT LOCATION: \_\_\_\_\_

### TYPE OF INCIDENT (CHECK ALL THAT APPLY):

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> MEDICATIONS   | <input type="checkbox"/> PROCEDURE                 | <input type="checkbox"/> INJURY TO PATIENT          | <input type="checkbox"/> OTHER PATIENT RELATED |
| <input type="checkbox"/> EQUIPMENT     | <input type="checkbox"/> SOP DEVIATION             | <input type="checkbox"/> INJURY TO EMS PROVIDER     | <input type="checkbox"/> E.D. STAFF RELATED    |
| <input type="checkbox"/> COMMUNICATION | <input type="checkbox"/> ASSESSMENT / INTERVENTION | <input type="checkbox"/> OTHER EMS PROVIDER RELATED |  |

AGENCY / ORGANIZATION INVOLVED: \_\_\_\_\_

RECEIVING HOSPITAL: \_\_\_\_\_

EMS REPORT #: \_\_\_\_\_

ECRN Log #: \_\_\_\_\_

EMS SYSTEM PERSONNEL INVOLVED (LIST ALL):

NON-EMS SYSTEM PERSONNEL INVOLVED (LIST ALL):

REPORT INITIATED BY:

### INCIDENT DESCRIPTION / DETAILS:

**\*\*STOP\*\* EMS PERSONNEL DO NOT WRITE BELOW THIS LINE. FOR ADMINISTRATIVE USE ONLY!**

### EMS SYSTEM REVIEW:

**DISPOSITION:**    UNFOUNDED            RE-EDUCATION            VERBAL WARNING            WRITTEN WARNING            SUSPENSION

EMS SYSTEM COORDINATOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

EMS MEDICAL DIRECTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_