



ADVOCATE ILLINOIS MASONIC MEDICAL CENTER
JOHN H. STROGER JR. HOSPITAL OF COOK COUNTY
NORTHWESTERN MEMORIAL HOSPITAL
UNIVERSITY OF CHICAGO MEDICAL CENTER

REGION 11 CHICAGO EMS SYSTEM RESPONSE TO A SYSTEM-WIDE CRISIS EMS PROVIDER/HOSPITAL WORKSHEET

Name of Provider/Hospital: _____ Date: _____
Name of Person Reporting: _____ Time: _____

PROVIDERS ONLY:

Number of patients (actual or approximate) transported to Emergency Departments by all ambulances in our service with **same/like** symptoms/complaints in the last six (6) hours: _____

Any increase in "Response Time" noted? YES _____ NO _____

HOSPITALS ONLY:

Number of patients with **same/like** symptoms/complaints seen in the last six (6) hours: _____

PROVIDERS AND HOSPITALS:

Common **same/like** symptoms/complaints:

Other pertinent information:

Resource Hospital contacted? YES _____ NO _____

Person contacted at Resource Hospital: _____ Time: _____

How was information reported? Phone: _____ Page: _____ Person-to-person _____

Other: _____

RHCC Hospital contacted? YES _____ NO _____

Person contacted at RHCC Hospital: _____ Time: _____

Organizations/Names/Titles of other persons contacted:

_____ Time: _____
_____ Time: _____
_____ Time: _____

PLEASE FAX COMPLETED FORM TO THE RESOURCE HOSPITAL AND RHCC HOSPITAL