COUNTY OF SAN DIEGO
QCS CONFIDENTIAL PREHOSPITAL QUALITY ASSURANCE REPORT (1.4)
MD VARIATION DETAIL

Run Number: Incident: (date) (time)
Base Hospital: Crew Members: 1
MICN: 2
Agency: Unit: 3
BH Physician: Agency Role

[ ] This Variation was Deemed Necessary to Prevent Serious Morbidity or Mortality
[ ] This Variation was within the CA/COSD Paramedic Scope of Practice

Base Hospital Nurse Coordinator

Incident Description:

BHNC Signature: Date:

Base Hospital Physician

Specific Order:

Physician Comment:

Base Hospital Medical Director

[ ] MD Variation Reviewed by BHMD Date:

BHMD Signature: Date:

[ ] Case Ready for EMS Review Date: