

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

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

**Base Hospital Nurse Coordinator**

Incident Description:

BHNC Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Base Hospital Physician**

Specific Order:

Physician Comment:

**Base Hospital Medical Director**

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

Base Hospital Medical Director Action:  No action indicated  
 Trend issue

BHMD Comments:

MD Variation Reviewed by BHMD \_\_\_\_\_ Date: \_\_\_\_\_

BHMD Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Case Ready for EMS Review \_\_\_\_\_ Date: \_\_\_\_\_