SwedishAmerican Hospital
Emergency Medical Services System

Moderate Sedation for Intubation QI Form

PURPOSE: **This Form will be completed whenever Moderate Sedation for Intubation. The Form will than be submitted to the Swedish American Hospital EMS System with a copy of the run sheet attached within 48 hours.**

Patient Name: _____

Date: _____

Ambulance / Rescue Agency: _____ Run #: _____

Versed (or Valium) Dosage: _____ Number of Times: _____

Morphine Sulfate Dosage: _____ Number of Times: _____

Indications: _____

Allergies: _____

Any complications encountered: _____

Outcome of Patient: _____

Additional Comments: _____

_____

_____

Name of Paramedic administering medication: _____

Send or Fax this completed form to EMS Coordinator, SwedishAmerican EMS, 1401 East State Street, Rockford, IL 61104