**NE HEMS Rotational Report**

***(To be completed at end of each ALS rotation)***

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| **Dates of duty** |  |
| **ALS** |  |
| **EMT 1** |  |
| **EMT 2** |  |

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| **Incidents of note** |
| *(Bullet pointed summary)* |

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| **Air wing staff interactions** |
| *(Bullet pointed summary)* |

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| **Training under taken by staff on duty (medical & aero related)** |
| *(Bullet pointed summary)* |

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| **Activations** | |
| **Date and time of activation** |  |
| **National Ambulance crew (ID numbers)** |  |
| **Activated from ACC or Air wing** |  |
| **CAD number** |  |
| **MOI of patient** |  |
| **Area of dispatch** |  |
| **Patient packaged prior to arrival? (Yes / No)** |  |
| **Hospital transported to** |  |
| **Incidents of note** |  |

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| **Hospital transported to** |  |
| **Incidents of note** |  |

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|  | **HEMS o2 cylinder status** | **Full / Empty** |
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