

**AMBULANCE DIVERSION INTERNAL REVIEW FORM (# 5701[f])**

Date: \_\_\_\_\_ Facility: \_\_\_\_\_ Time start: \_\_\_\_\_ Time stop: \_\_\_\_\_

**Reason for diversion:**

**PARTIAL:**       CT Failure Adult       Trauma Center Overload

**COMPLETE:**       ED Saturation       Physical Plant Casualty       Facility Critical Patient Overload

**Person completing this form:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**I. STAFF ALERT:**

A. Senior Administrator Notification:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ was notified at \_\_\_\_\_ am/pm.  
 Administrator's response (include time):

B. Emergency Department Medical Director notification:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ was notified at \_\_\_\_\_ am/pm.  
 Response (including time):

C. Emergency Department Nursing Director notification:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ was notified at \_\_\_\_\_ am/pm.  
 Response (including time):

D. Chief of Medicine:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ was notified at \_\_\_\_\_ am/pm.  
 Response (including time)

E. Chief of Surgery:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ was notified at \_\_\_\_\_ am/pm.  
 Response (including time):

F. EMS Agency:

page via ALCO at (925) 422-7595 notified at \_\_\_\_\_ am/pm.

Message received by: \_\_\_\_\_ Title: \_\_\_\_\_

Updates: (q 2h reassessments:)

time - \_\_\_\_\_ am/pm by \_\_\_\_\_

time - \_\_\_\_\_ am/pm by \_\_\_\_\_

time - \_\_\_\_\_ am/pm by \_\_\_\_\_

**II. CRITERIA:** (If plant casualty or CT Failure, skip to B)

**A. Critical Care Overload/ED Overload/Trauma:**

(Attach sheet with names and telephone numbers of staff called.)

1. Critical Care personnel called in?      RN's \_\_\_\_\_ MD's \_\_\_\_\_
2. Number of personnel available?      RN's \_\_\_\_\_ MD's \_\_\_\_\_
3. ETA of incoming staff (average)      RN's \_\_\_\_\_ MD's \_\_\_\_\_
4. In-house Assessment of Monitor Capability:

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Usual Capability

Current Capability

Emergency \_\_\_\_\_  
CCU \_\_\_\_\_  
PAR \_\_\_\_\_  
Telemetry \_\_\_\_\_  
Hall \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. Physical Plant Casualty/CT Failure:**

#1. Problem: \_\_\_\_\_  
Impact: \_\_\_\_\_

#2. Problem: \_\_\_\_\_  
Impact: \_\_\_\_\_

**III. COMMENTS/OBSERVATIONS:**

**NOTE:** This internal hospital review must be completed within 72 hours and be made available to the EMS agency upon request for a period of 2 years.