LOYOLA EMS CQI - 2009
QUARTERLY INTUBATION TALLY SHEET

DEPARTMENT: _____

QUARTER: ☐ Jan-Mar (I) ☐ Apr-Jun (II) ☐Jul-Sep (III) ☐Oct-Dec (IV)

(Quarterly intubations per individual need to total at least 5 adult and 5 pediatric)

Paramedic Name	Loyola System Number	Adult Manikin #	Pediatric Manikin #	Adult Live #	Peds Live #	Total

*Please turn this form in quarterly to the CQI Coordinator at the Loyola EMS office.