



MCESD #4 Medical Intervention Form

Officer: _____

Date of Incident: _____

Incident #: _____

Intervention performed:

- Breathing Treatment
- CPR
- Tourniquet
- Quick Clot
- Epi
- King tube
- Oral Glucose
- ASA

This form must be filled out after any of the above interventions are performed. After completion of the Firehouse report please fill this form out and electronically send this to wdicker@needhamfirerescue.com .