App P	COMMUNICATION VARIANCE FORM	App P
Last Modified:	Academy of Medicine of Cincinnati	2025
2021	Prehospital Care Clinical Practice Guidelines	2023

This form must be completed whenever a medication is administered, or a procedure is performed which falls out of the scope of the Academy of Medicine Protocols and Standing Orders or falls out of the scope of a previously approved protocol by the specific emergency medical service's Medical Director.

Service:	_	Date:		Time:	
Lead Paramed	ic/EMT-Basic:				
	dure Performed or				
Medication Ad					
Medical Comn which contact	nand Facility with attempted:	<u></u>			
Time of first attempt:		Number of attempts:			
Method of					
attempts:	☐ Radio	☐ Cell phone	☐ Land phone	Other	
Narrative description					
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