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 Prehospital Care Clinical Practice Guidelines, or falls out of the scope of a previously approved protocol by the specific emergency medical service's Medical Director.

Service:_____ Date:_____ Time:_____

Lead Paramedic/EMT:_____

Type of Procedure Performed or Medication Administered:_____

Medical Command Facility attempted contact:_____

Time of first attempt:_____ Number of attempts:_____

Methods of Attempts: Radio Cell Phone Land Phone Other:_____

Narrative Description of Variance:_____