Last Modified: 2021	**COMMUNICATION VARIANCE FORM** Academy of Medicine of Cincinnati – Protocols for SW Ohio 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 Paramedic/EMT-Basic: _____

Type of Procedure Performed or Medication Administered: _____

Medical Command Facility with which contact attempted: _____

Time of first attempt: _____ Number of attempts: _____

Method of attempts: ❑ Radio ❑ Cell phone ❑ Land phone ❑ Other _____

Narrative description _____