



Draft

Patient Information				Clinical Impression			
Last	SMYTH	Address	270-05 76th Ave	Primary Impression	Abdominal Pain		
First	JOHN	Address 2		Secondary Impression	Acute Pain, not elsewhere classified		
Middle		City	New Hyde Park	Protocols Used			
Gender	Male	State	NY	Local Protocol Provided Care Level	ALS - Paramedic		
DOB	01/02/1986	Zip	11040	Anatomic Position	General/Global		
Age	38 Yrs, 7 Months, 6 Days	Country	US	Onset Time	16:00:00 08/05/2024		
Weight	127.0 lbs - 57.6 kg	Tel		Last Known Well	00:00:00 08/08/2024		
Height	5 ft, 9.0 in - 175.3 cm	Physician		Chief Complaint	1st Complaint		
Pedi Color		Phys. Tel		Duration	1	Units	Days
SSN	55555555	Ethnicity	Not Hispanic or Latino	Secondary Complaint	2nd Complaint		
Race	White			Duration	1	Units	Weeks
Advance Directives	MOLST - Do Not Resuscitate, MOLST - Do Not Intubate			Patient's Level of Distress	Severe		
Resident Status				Signs & Symptoms	Colic (Primary)		
Patient Resides in Service Area					Constipation		
Temporary Residence Type					Diarrhea		
					Fecal incontinence		
					Gastric ulcer		
				Injury	Falls - Fall from bed - 50 ft - Freestanding ER - 08/04/2024		
				Additional Injury	Aflatoxin and other mycotoxin food contaminants poisoning		
				Mechanism of Injury	Burn		
				Medical/Trauma	Medical		
				Barriers of Care	Speech Impaired, Psychologically Impaired, Sight Impaired		
				Alcohol/Drugs	Smell of Alcohol on Breath, Patient Admits to Alcohol Use, Patient Admits to Drug Use		
				Pregnancy	Possible, Unconfirmed		
				Initial Patient Acuity	Dead without Resuscitation Efforts (Black)		
				Final Patient Acuity	Lower Acuity (Green)		
				Patient Activity	Climbing, Rappeling and Jumping Off, Exterior Property and Land Maintenance, Building and Construction Activity, Golf		

Medications/Allergies/History/Immunizations	
Medications	Aciphex, Actos, Adderall, Advair
Allergies	Abciximab, Abiraterone, Acarbose, Acetazolamide, Acidophilus Lactobacillus, Activase, Actos
History	Acute Kidney Injury (AKI), Addison's Disease, Alcohol Abuse, Allergic Rhinitis
Immunizations	
Last Oral Intake	

Flow Chart			
Time	Treatment	Description	Provider
13:53	General Comments	Comments: SpO2 / NiBP Continuous Monitor; Patient Response: Unchanged; Complication: None; Medical Control: Protocol (Standing Order); Physician/Ref #: Physician Number;	Kostolni, Scott
13:55	Aspirin	Comments: Indication: Chest Pain; 325 Milligrams (mg); Oral; Patient Response: Improved; Complication: None; Medical Control: Protocol (Standing Order);	Kostolni, Scott

Assessments				
Assessment Time: 08/08/2024 12:57:25				
Category	Comments	Subcategory		
Mental Status	Mental Status Text	Mental Status	✓	Oriented - Event • Oriented - Person • Oriented - Place • Oriented - Time • Other
Skin	Skin text	Skin	✓	Other
HEENT	HEENT Text	Head		Head: No Abnormalities
		Face		Face: No Abnormalities
		Eyes		Both Eyes: PERRL
		Neck		No Abnormalities



Name: SMYTH, JOHN

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Patient 1 of 1

Assessments

Assessment Time: 08/08/2024 12:57:25

Category	Comments	Subcategory		
Chest	Chest text	Chest		Anterior - General: No Abnormalities Posterior - General: No Abnormalities Anterior - Left: No Abnormalities Posterior - Left: No Abnormalities Left - Side: No Abnormalities Anterior - Right: No Abnormalities Posterior - Right: No Abnormalities Right - Side: No Abnormalities
		Heart Sounds		No Abnormalities
		Lung Sounds		LL: No Abnormalities LU: No Abnormalities RL: No Abnormalities RU: No Abnormalities Bilateral: No Abnormalities
Abdomen	Abdomen Text	Left Upper		No Abnormalities
		Right Upper		No Abnormalities
		Left Lower		No Abnormalities
		Right Lower		No Abnormalities
		Periumbilical	✓	Other
Back	Back Text	Cervical		Left: No Abnormalities Midline: No Abnormalities Right: No Abnormalities
		Thoracic		Left: No Abnormalities Midline: No Abnormalities Right: No Abnormalities
		Lumbar		Left: No Abnormalities Midline: No Abnormalities Right: No Abnormalities
		Sacral		Left: No Abnormalities Midline: No Abnormalities Right: No Abnormalities
Pelvis/GU/GI	Pelvis Text	Pelvis/GU/GI	✓	Pelvis/GU/GI: Other



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Category	Comments	Subcategory		
Extremities	Extremities text	Left Arm	✓	Forearm: No Abnormalities Arm - Upper: No Abnormalities Whole Arm and Hand: Other Elbow: No Abnormalities Thumb: No Abnormalities Finger (2nd) - Index: No Abnormalities Finger (3rd) - Middle: No Abnormalities Finger (4th) - Ring: No Abnormalities Finger (5th) - Smallest: No Abnormalities Hand - Dorsal: No Abnormalities Hand - Palm: No Abnormalities Hand - Whole Hand: No Abnormalities Shoulder: No Abnormalities Wrist: No Abnormalities
		Right Arm	✓	Forearm: No Abnormalities Arm - Upper: No Abnormalities Whole Arm and Hand: Other Elbow: No Abnormalities Thumb: No Abnormalities Finger (2nd) - Index: No Abnormalities Finger (3rd) - Middle: No Abnormalities Finger (4th) - Ring: No Abnormalities Finger (5th) - Smallest: No Abnormalities Hand - Dorsal: No Abnormalities Hand - Palm: No Abnormalities Hand - Whole Hand: No Abnormalities Shoulder: No Abnormalities Wrist: No Abnormalities
		Left Leg		Ankle: No Abnormalities Foot - Dorsal: No Abnormalities Foot - Plantar: No Abnormalities Whole Foot: No Abnormalities Hip: No Abnormalities Knee: No Abnormalities Leg - Lower: No Abnormalities Leg - Upper: No Abnormalities Leg - Whole Leg: No Abnormalities Toe (1st) - Largest: No Abnormalities Toe (2nd): No Abnormalities Toe (3rd): No Abnormalities Toe (4th): No Abnormalities Toe (5th) - Smallest: No Abnormalities
		Right Leg		Ankle: No Abnormalities Foot - Dorsal: No Abnormalities Foot - Plantar: No Abnormalities Whole Foot: No Abnormalities Hip: No Abnormalities Knee: No Abnormalities Leg - Lower: No Abnormalities Leg - Upper: No Abnormalities Leg - Whole Leg: No Abnormalities Toe (1st) - Largest: No Abnormalities Toe (2nd): No Abnormalities Toe (3rd): No Abnormalities Toe (4th): No Abnormalities Toe (5th) - Smallest: No Abnormalities
		Pulse	✓	Left - Brachial: 2+ Normal Left - Radial: 2+ Normal Left - Femoral: 2+ Normal Left - Pedal: 2+ Normal Left - Carotid: 2+ Normal Right - Brachial: 2+ Normal Right - Radial: 2+ Normal Right - Femoral: 2+ Normal Right - Pedal: 2+ Normal Right - Carotid: 2+ Normal
		Capillary Refill	✓	LL: < 2 Sec LU: < 2 Sec RL: < 2 Sec RU: < 2 Sec
Neurological		Neurological	✓	Speech Slurring



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Assessments

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Category	Comments	Subcategory		
Neonatal				

Narrative

This is the text for the narrative.

Specialty Patient - Cincinnati Stroke Scale

Time Performed	Last Known Well	Stroke Symptoms Resolved		
14:01 08/08/2024	13:20 08/07/2024			
Onset of Signs/Symptoms	Screening Criteria Met	Facial Droop	Arm Drift	Speech
15:00 08/08/2024	YES	Normal	Abnormal	Normal

Specialty Patient - LAMS Stroke Scale

Time Performed	08/08/2024 14:00:50	Facial Droop	Left
Total Score	4	Arm Strength - Left	Normal
Stroke Symptoms Resolved	No	Arm Strength - Right	Falls Rapidly
Onset of Signs/Symptoms	08/08/2024 12:00:00	Grip Strength - Left	Weak
Last Known Well	08/07/2024 12:05:00	Grip Strength - Right	Normal

Incident Details		Destination Details		Incident Times	
Location Type	Hospital	Disposition		PSAP Call	13:38:38
Location	Long Island Jewish Medical Center / Cohen Children's Medical Center	Unit Disposition	Patient Contact Made	Dispatch Notified	13:38:39
Address	270-05 76th Ave	Patient Evaluation and/or Care Disposition	Patient Evaluated and Care Provided	Call Received	13:38:39
Address 2		Crew Disposition	Initiated and Continued Primary Care	Dispatched	13:38:39
Mile Marker		Transport Disposition	Transport by This EMS Unit (This Crew Only)	En Route	13:38:40
City	New Hyde Park	Reason for Refusal or Release		Staged	
County	Nassau	Transport Mode Descriptors	Lights and Sirens	Resp on Scene	
State	NY	Transport Due To	Patient's Choice, Protocol, Patient's Physician's Choice, Other	On Scene	13:38:40
Zip	11040	Transported To	Mount Sinai South Nassau	At Patient	13:38:40
Country	US	Requested By	Bystander	Care Transferred	
Medic Unit	293	Destination	Hospital	Depart Scene	13:38:43
Medic Vehicle	293	Department	Emergency Room	At Destination	13:38:43
Run Type	Emergency Response (Primary Response Area)	Address	One Healthy Way	Pt. Transferred	13:38:45
Response Mode	Non-Emergent	Address 2	Hospital Bed	Call Closed	13:38:46
Response Mode Descriptors	Lights and Sirens	City	Oceanside	In District	13:38:46
Shift	Afternoon (1300-1900)	County	Nassau	At Landing Area	
Zone		State	NY		
Level of Service		Zip	11572		
EMD Complaint	Sick Person	Country	US		
EMD Card Number		Zone			
Dispatch Priority		Condition at Destination			
		State Wristband #			
		Destination Record #			
		Trauma Registry ID			
		STEMI Registry ID			
		Stroke Registry ID			

Crew Members

Personnel	Role	Certification Level
RAJ, BEN	Driver - Response, Driver - Transport	Crew Assistant (New York) - 1990-03-23rajben
Kostolni, Scott	Lead - At Scene, Lead - Transport	2009 Paramedic (New York) - 366399



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Insurance Details					
Insured's Name		Primary Payer		Dispatch Nature	
Relationship		Medicare		Response Urgency	
Insured SSN		Medicaid		Job Related Injury	
Insured DOB		Primary Insurance		Employer	
Address1		Policy #		Contact	
Address2		Primary Insurance Group Name		Phone	
Address3		Group #		Mileage to Closest Hospital	
City		Secondary Ins			
State		Policy #			
Zip		Secondary Insurance Group Name			
Country	US	Group #			

Mileage			Delays		Additional Agencies
Scene	1.0		Category	Delays	Levittown Fire Department, Nassau County Police Department
Destination	11.1		Dispatch Delays	Language Barrier	
Loaded Miles	10.1	geo-verified	Response Delays	Staff Delay	
Start			Scene Delays	Vehicle Crash Involving this Unit	
End			Transport Delays	Patient Condition Change (e.g Unit Stopped)	
Total Miles			Turn Around Delays	Documentation	

Next of Kin					
Next of Kin Name		Address1		City	
Relationship to Patient		Address2		State	
Phone		Address3		Zip	
				Country	US

Personal Items		
Item	Given To	Comment
Medications		
Other		

Patient Transport Details			
How was Patient Moved To Stretcher		How was Patient Moved To Ambulance	Stretcher, Pediatric Transport Device
How was Patient Moved From Ambulance	Carried, Stairchair, Stretcher	Patient Position During Transport	Sitting, Supine, Lateral Left
Condition of Patient at Destination			