



Patient Information				Clinical Impression			
Last	STRONGHEART	Address	3 Waverly Place	Primary Impression	Injury of Shoulder or Upper Arm		
First	WILL	Address 2		Secondary Impression	Injury		
Middle		City	Shelter Island	Protocols Used			
Gender	Male	State	NY	Local Protocol Provided			
DOB	07/07/1983	Zip	11964	Care Level			
Age	40 Yrs, 11 Months, 6 Days	Country	US	Anatomic Position	Extremity-Upper		
Weight	160.0 lbs - 72.6 kg (estimated)	Tel		Onset Time	16:30:00 06/13/2024		
Height	5 ft, 9.0 in - 175.3 cm (estimated)	Physician		Last Known Well	16:25:00 06/13/2024		
Pedi Color		Phys. Tel		Chief Complaint	Dog Bite		
SSN		Ethnicity		Duration	10	Units	Minutes
Race	Hispanic or Latino			Secondary Complaint			
Advance Directives	None			Duration		Units	
Resident Status				Patient's Level of Distress	Mild		
Patient Resides in Service Area				Signs & Symptoms	Injury to shoulder and upper arm (Primary)		
Temporary Residence Type				Injury	Animal/Plant Contact - Bite - dog - Home - 06/13/2024		
				Additional Injury			
				Mechanism of Injury	Penetrating		
				Medical/Trauma	Trauma		
				Barriers of Care	None Noted		
				Alcohol/Drugs	None Reported		
				Pregnancy			
				Initial Patient Acuity	Lower Acuity (Green)		
				Final Patient Acuity	Lower Acuity (Green)		
				Patient Activity			

Medications/Allergies/History/Immunizations	
Medications	None Reported
Allergies	Bactrim
History	None Reported
Immunizations	
Last Oral Intake	

Vital Signs																	
Time	AVPU	Side	POS	BP	Pulse	RR	SPO2	ETCO2	CO	BG	Temp	Pain	GCS(E+V+M)/Qualifiers	RASS	BARS	RTS	PTS
16:43	Alert	R		116/73 A	83 R	16 R	98 Rm					0	15= 4 + 5 + 6 /NFP			12	
16:50	Alert	R		113/72 A	75 R	16 R	98 Rm					0	15= 4 + 5 + 6 /NFP			12	

Flow Chart			
Time	Treatment	Description	Provider
16:41	General Comments	Comments: SpO2 / NiBP Monitoring; Patient Response: Unchanged; Complication: None; Medical Control: Protocol (Standing Order);	KOSTOLNI, SCOTT

Assessments			
Assessment Time: 06/13/2024 16:41:00			
Category	Comments	Subcategory	
Mental Status		Mental Status	✓ Oriented - Event • Oriented - Person • Oriented - Place • Oriented - Time
Skin		Skin	No Abnormalities
HEENT		Head	Head: No Abnormalities
		Face	Face: No Abnormalities
		Eyes	Both Eyes: PERRL
		Neck	No Abnormalities
Chest		Chest	Not Assessed
		Heart Sounds	Not Assessed
		Lung Sounds	LL: No Abnormalities LU: No Abnormalities RL: No Abnormalities RU: No Abnormalities
Abdomen		General	Not Assessed
Back		Back	Not Assessed

**Assessments****Assessment Time:** 06/13/2024 16:41:00

Category	Comments	Subcategory	
Pelvis/GU/GI		Pelvis/GU/GI	Not Assessed
Extremities	Two small puncture wounds on upper arm bleeding controlled as described by EMT first responder who had already placed dressing.	Left Arm	Whole Arm and Hand: No Abnormalities
		Right Arm	✓ Arm - Upper: Motor Function Normal • Other • Pulse - Normal • Sensation - Normal
		Left Leg	Left Leg and Foot: No Abnormalities
		Right Leg	Right Leg and Foot: No Abnormalities
Neurological		Neurological	Normal Baseline For Patient
Neonatal			

Narrative**PRE-ARRIVAL**

Medic 82 responded emergent with a full crew and no delay from Shelter Island EMS Station to a residence in Shelter Island for a reported dog bite.

SUBJECTIVE

Will is a 40-year-old male found ambulatory in the front yard of his home with a bandage on his right arm and in the care of Shelter Island EMT Mark.

-History of Present Illness-

Will has no known medical history and reported taking no medications daily. He was in his yard gardening when his dog bit him. He states that the dog has not bitten anyone before and has received all vaccinations. EMT on-scene states there were two small but deep puncture wounds on Will's upper arm with controlled bleeding when he arrived. He has placed a bandage on the arm.

-Patient Histories-

Medical: Denies

Surgical: Denies

Medications: Denies

Allergies: Bactrim

OBJECTIVE:

No major findings. Full assessment documented elsewhere.

ASSESSMENT:

Will was assessed, and care was transferred to Shelter Island EMS for transport with a primary impression of dog bite.

PLAN:

- Patient Assessment

- Transfer of care to BLS Unit for non-emergent transport.

DELTA:

Following the assessment, EMT Mark, Will, and I discussed the transfer of care. All parties agreed that it was appropriate to transfer care to BLS.

Unit returned to service.

Specialty Patient - 2021 Trauma Triage Guidelines

Injury Patterns	None	Trauma Activation	
Mental Status & Vital Signs	None	Time	
Mechanism of Injury	None	Date	
EMS Judgment	None	Trauma level	Level 3
Trauma Triage Score	No criteria met	Reason Not Activated	

Specialty Patient - Trauma Criteria

Anatomic	None	Trauma Activation	
Physiologic	None	Time	
Mechanical	None	Date	
Other Conditions	None	Trauma level	Level 3
		Reason Not Activated	

Specialty Patient - CDC 2011 Trauma Criteria

Vital Signs	None	Trauma Activation	
Anatomy of Injury	None	Time	



Specialty Patient - CDC 2011 Trauma Criteria

Mechanism of Injury	None	Date	
Special Considerations	None	Trauma level	Level 3
		Reason Not Activated	

Specialty Patient - Outbreak Screening

Unable to Obtain - Not Indicated

Incident Details		Destination Details		Incident Times	
Location Type	Home/Residence	Disposition	Patient Treated, Transferred Care to Another EMS Professional/Unit - EMS Provider (Ground) - Shelter Island Town EMS	PSAP Call	16:36:00
Location	3 Waverly Place	Unit Disposition		Dispatch Notified	
Address	3 Waverly Place	Patient Evaluation and/or Care Disposition		Call Received	16:36:00
Address 2		Crew Disposition		Dispatched	16:36:00
Mile Marker		Transport Disposition		En Route	16:36:00
City	Shelter Island	Reason for Refusal or Release		Staged	
County	Suffolk	Transport Mode Descriptors		Resp on Scene	
State	NY	Transport Due To	Protocol	On Scene	16:41:00
Zip	11964	Transported To	Shelter Island Town EMS	At Patient	16:41:00
Country	US	Requested By	Patient	Care Transferred	16:50:00
Medic Unit	SHELTER ISLAND FR	Destination	EMS Provider (Ground)	Depart Scene	16:55:00
Medic Vehicle	M82	Department		At Destination	
Run Type	911 Response	Address		Pt. Transferred	16:55:00
Response Mode	Emergent	Address 2	10-4-16	Call Closed	17:10:00
Response Mode Descriptors	Lights and Sirens; Against Normal Light Patterns	City		In District	
Shift	Day Shift (D)	County		At Landing Area	
Zone		State			
Level of Service		Zip			
EMD Complaint	Animal Bite	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
KOSTOLNI, SCOTT	Lead	2009 Paramedic (New York) - 366399

Mileage		Delays		Additional Agencies
Scene		Category	Delays	
Destination		Dispatch Delays	None/No Delay	
Loaded Miles		Response Delays	None/No Delay	
Start		Scene Delays	None/No Delay	
End		Transport Delays	None/No Delay	
Total Miles		Turn Around Delays	None/No Delay	