

PATIENT CARE REPORT

BERKELEY MEDICAL RESERVE CORPS

NAME DIABETIC BENNY	SEX M AGE 10	TIME OF CALL 4/13/19 1200
PHONE 212-479-7990 (CHAFEZONE: CHARLES McCHAFEZONE)	DOB 4/7/2009	LOCATION MEMORIAL GLADE SW
STREET 42 WALLABY WAY	APT / STE #	CALLER
CITY SYDNEY	ZIP 98102	INTAKE BY

CHIEF COMPLAINT **"I FEEL REALLY DIZZY"**FOUND / ARRIVED: ☐ ALONE ☒ COMPANION(S) ☐ STAFF ☐ SECURITY ☐ BMRC **CHAFEZONE PRESENT**MODE: ☐ AMBULATORY ☒ ASSISTED ☐ WHEELCHAIR ☐ GURNEY ☐ C-SPINECONDITION: ☐ ALERT ☐ AGITATED ☐ COMBATIVE ☐ LETHARGIC ☒ AMS ☐ UNCONSCIOUS

WNL ABN NA	DETAILS / FINDINGS	WNL ABN NA	DETAILS / FINDINGS
1. NEUROLOGICAL <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	A/Ox 3 V P U GCS: (DID NOT KNOW DAY OF WK/MONTH)	4. GI / GU <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	ABD PAIN, ALL QUADZANTS, SHARP, 5/10, NON-TENDER
2. CARDIOVASCULAR <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	CP <input type="checkbox"/>	5. EXTREMITIES <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NO SIGNS OF TRAUMA
3. RESPIRATORY <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> EVEN, UNLABORED <input type="checkbox"/> LABORED <input type="checkbox"/> ASSISTING <input type="checkbox"/> SHALLOW <input type="checkbox"/> RAPID <input type="checkbox"/> RETRACTING BREATH SOUNDS: CLEAR, BILATEZALLY SOB <input checked="" type="checkbox"/>	6. SKIN <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PALE, WARM, DRY

ALLERGIES: **NUTS**MEDICATIONS:
ALBUTEROL INHALER
INSULIN

PAST MEDICAL HISTORY

☒ ASTHMA / COPD ☐ CVA (STROKE) ☐ GI / GU ☐ SEIZURE
☐ CARDIAC (MI) ☒ DIABETES (TYPE 1) ☐ HYPERTENSION ☐ PSYCHIATRIC
 OTHER:

TIME	HR	BP	RR	O2	SpO2	NARRATIVE: IMPRESSIONS / ASSESSMENTS / TREATMENTS / RESPONSES
1203	100	108/74	24	96%	290	MRC 1 FLAGGED DOWN FOR "CHILD FEELING NAUSEOUS" AT SW CORNER OF MEMORIAL GLADE. AOS TO FIND 10 YOM SEATED ON GRASS W/ CC: "I FEEL REALLY DIZZY" AND ACCOMPANIED BY FIELD TRIP CHAFEZONE. PT FOUND TO BE A/Ox3 (DID NOT KNOW DAY OF WK/MONTH). PT ALSO C/O ABD PAIN, THIRST, AND MILD SOB, AND DENIED ANY TRAUMA. UPON ASSESSMENT, ABD PAIN FOUND TO BE GRADUAL IN ONSET, DEVELOPING 2 HRS PRIOR, SHARP, 5/10 IN SEVERITY, AND PRESENT IN ALL QUADZANTS (NON-TENDER). PT REPORTED MILD SOB THAT "DID NOT FEEL LIKE ASTHMA ATTACK" AND WAS NOT ACCOMPANIED BY ANY ASSOCIATED PAIN. PT ALSO REPORTED "SWEET BREATH". PT REPORTED MEDICAL HX OF ASTHMA & TYPE 1 DIABETES, TOOK 1 DOSE OF INHALEZ 1 HZ PRIOR AND REFUSED TO TAKE INSULIN IN MORNING. VITALS REVEALED SIGNIFICANT HYPERTHYCEMIA. ALS REQUESTED @ 1203 VIA UCPD RADIO. CONT TO MONITOR PT NEEDS UNTIL ALS ARRIVAL AND ADVISED PT & CHAFEZONE OF ALL FINDINGS AND TO ACCEPT TRANSPORT FOR FURTHER TREATMENT. TRANSFERRED CARE TO BER ENGINE 3 W/ FULL HANDOFF.

- ☒ CALL FOR ALS / TRANSPORT

DISCHARGE DETAILS	DESTINATION: CHO (BENEFIT OAKLAND CHILDREN'S HOSPITAL)	<input type="checkbox"/> ALONE <input type="checkbox"/> COMPANION(S) <input type="checkbox"/> POLICE (BADGE:) <input type="checkbox"/> STAFF
TIME: 1210	CONDITION: <input type="checkbox"/> STABLE <input checked="" type="checkbox"/> UNSTABLE	EMS AGENCY: BER ENGINE 3 & MEDIC 5
I authorize treatment by Berkeley Medical Reserve Corps staff to perform any medical intervention/treatment which is necessary in their professional judgement. <input checked="" type="checkbox"/> YES		SIGNATURE: [Signature] 4/13/19 (CHAFEZONE: CHARLES McCHAFEZONE) DATE

BMRC STAFF NAMES & SIGNATURES, AND NAMES & LICENSE #s / PHONE #s OF ANY ADDITIONAL SUPPORTING HEALTHCARE PROVIDERS:

TREX McTRAINING EMT **2m** **4/13/19**