

# PATIENT CARE REPORT

# BERKELEY MEDICAL RESERVE CORPS

NAME <b>SEPTIC STEVE</b>					SEX <b>M</b> AGE <b>72</b>	DATE AND TIME OF CALL <b>4/17/19 2000</b>					
PHONE <b>212-479-7990</b>					DOB <b>4/7/1947</b>	LOCATION <b>EXAMPLE SHELTER</b>					
STREET <b>42 WALLABY WAY</b>					APT / STE #	CALLER <b>F/D (FALL DOWN) RESIDENT</b>					
CITY <b>SYDNEY</b>					ZIP <b>98102</b>	INTAKE BY					
CHIEF COMPLAINT <b>"I FEEL SICK"</b>											
FOUND / ARRIVED: <input type="checkbox"/> ALONE <input checked="" type="checkbox"/> COMPANION(S) <input type="checkbox"/> STAFF <input type="checkbox"/> SECURITY <input type="checkbox"/> BMRC MODE: <input type="checkbox"/> AMBULATORY <input type="checkbox"/> ASSISTED <input type="checkbox"/> WHEELCHAIR <input checked="" type="checkbox"/> GURNEY <input type="checkbox"/> C-SPINE CONDITION: <input type="checkbox"/> ALERT <input type="checkbox"/> AGITATED <input type="checkbox"/> COMBATIVE <input checked="" type="checkbox"/> LETHARGIC <input checked="" type="checkbox"/> RAS <input type="checkbox"/> UNCONSCIOUS											
WNL	ABN	NA	DETAILS / FINDINGS			WNL	ABN	NA	DETAILS / FINDINGS		
1. NEUROLOGICAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A/O x 2 <input checked="" type="checkbox"/> P U (PT BELIEVED HE WAS HOME GCS: 13) PT DID NOT KNOW DAY OF WK/MONTH. PUPILS PERL			4. GI / GU	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No N/V. NO ABD PAIN
2. CARDIOVASCULAR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TACHYCARDIA CP ON COUGHING ONLY. CP <input type="checkbox"/> No JVD / PEDAL EDEMA. RADIAL PULSES EQUAL			5. EXTREMITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. RESPIRATORY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EVEN, UNLABORED <input checked="" type="checkbox"/> LABORED <input checked="" type="checkbox"/> RAPID <input type="checkbox"/> ASSISTING <input type="checkbox"/> RETRACTING BREATH SOUNDS: RALES, BILATERALLY SOB <input checked="" type="checkbox"/>			6. SKIN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PALE, JAUNDICED, COOL, DIAPHRAGMATIC
ALLERGIES: AMP				PAST MEDICAL HISTORY							
MEDICATIONS: AMLODIPINE NTC LIPITOR				<input type="checkbox"/> ASTHMA / COPD <input type="checkbox"/> CVA (STROKE) <input type="checkbox"/> GI / GU <input type="checkbox"/> SEIZURE <input checked="" type="checkbox"/> CARDIAC (MI) <input type="checkbox"/> DIABETES <input checked="" type="checkbox"/> HYPERTENSION <input type="checkbox"/> PSYCHIATRIC OTHER: ANGINA, HTN							
TIME	HR	BP	RR	°C / °F	NARRATIVE: IMPRESSIONS / ASSESSMENTS / TREATMENTS / RESPONSES - CONT'D ON BACK						
2008	118	110/72	28	95.4	MRR 1 EXAMINED DOWN FOR AN ELDERLY MALE IN SLEEPING AREA						
					SpO2: 98% BGL: 70						
					"FEELING ILL". AOS TO FIND A 72 YOM LYING ON LOT, VESIBLY						
					RESPONSIVE, SHIVERING, SKIN: PALE, JAUNDICED, COOL, DIAPHRAGMATIC,						
					W/ LABORED BREATHING. PT CC: "I FEEL SICK" AND ALSO C/O						
CHILLS, H/A, SOB, COUGHING. PT DETERMINED TO BE A/O x 2 (DID NOT KNOW DAY OF WK/MONTH AND BELIEVED HE WAS AT HOME). ALS TRANSPORT REQUESTED VIA 911 @ 2004. PER PT WIFE / BYSTANDER, PT BEGAN COUGHING 5 DAYS PRIOR & DEVELOPED FEVER 3 DAYS PRIOR W/ PEAK TEMP: 100.6°F. PER WIFE, PT CONDITION WORSEWENED IN LAST 12 HRS W/O INVOLVEMENT FROM OTC MEDS: ("2 EXTRA STRENGTH TILUDOL" & "2 MUCINEK TABLETS") IN LAST 24 HRS. PER WIFE, PT CONTINUED TO TAKE CORRECT DOSAGE OF PRESCRIBED MEDS... <input checked="" type="checkbox"/> CALL FOR ALS / TRANSPORT											
DISCHARGE DETAILS		DESTINATION: <b>HYVOTHICAL HOSPITAL</b>			<input type="checkbox"/> ALONE <input type="checkbox"/> COMPANION(S) <input type="checkbox"/> POLICE (BADGE: ) <input type="checkbox"/> STAFF <input type="checkbox"/> EMS AGENCY: <b>EXAMPLE FIRE</b> RIG # <b>MEDIC 5</b>						
TIME: <b>2020</b>		CONDITION: <input type="checkbox"/> STABLE <input checked="" type="checkbox"/> UNSTABLE									
I authorize treatment by Berkeley Medical Reserve Corps staff to perform any medical intervention/treatment which is necessary in their professional judgement. <input type="checkbox"/> YES				I acknowledge that any medical information taken by the Berkeley Medical Reserve Corps will be held confidential and may be shared with third parties for the purpose of providing medical care. <input type="checkbox"/> YES				SIGNATURE: <b>PT UNABLE TO SIGN OVE TO AMS</b> DATE			
REFUSAL OF TREATMENT											
I have been advised that medical care on my behalf is necessary, and that refusal of care and assistance could be hazardous to my health, and under certain circumstances, include disability or death. OR I acknowledge that I may have a medical problem which may require additional medical attention, and that an ambulance could be arranged to take me to the hospital. Instead, I elect to seek alternative medical care and/or refuse evaluation/treatment and/or transport.											
By signing this form, I am releasing the Berkeley Medical Reserve Corps of any liability or medical claims resulting from my decision to refuse care against medical advice.											
SIGNATURE				PRINTED NAME				DATE			

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

TREY MCTRINING EMT 4/17/19

NARRATIVE CONT'D ON BACK ↪

## NARRATIVE CONT'D

... (NTH FOR CP INCIDENTS NOT TAKEN BY PT). UPON FURTHER ASSESSMENT, PT REPORTED BREATHING MORE DIFFICULT WHEN LYING DOWN, A SHARP, NON RADIATING, 4/10 CP WHEN COUGHING ONLY, AND "GREENISH" SPUTUM. LUNG SOUNDS EQUAL W/ RALES BILATERALLY. PT PUPILS PEEL, DENIED ANY N/V, ABD PAIN, PT PLACED ON O<sub>2</sub>, 15 LPM NRB, AT FIRST SIGN OF DYSPNEA AND ASSISTED TO SEATED POSITION. PROVIDED PT BLANKET UPON C/O OF CHILLS. PT ADVISED OF ALL FINDINGS AND ADVISED TO ACCEPT ALS TRANSPORT TO HOSPITAL. CONTINUED TO MONITOR PT NEEDS UNTIL ALS ARRIVAL. TRANSFERRED CARE TO EXAMPLE FIRE MEDIC 3 W/ FULL HANDOFF AND ADVISED OF SEPSIS ALERT CRITERIA MET.