GREENUP EMERGENCY AMBULANCE SERVICE LLC PATIENT CARE REPORT

Phone Number: 855-854-4100

P1

Male ☐ Female

Name R

Address 1212 Crestview Dr.

City Rackland State KY Zip 41169

DOB 11/07/1944 Age 55 Phone 606 694-4426

Medic-14 11-27-19

(Legal Name as printed on EMT Card) Certification

Troy Gillespie 103081 EMT-P

Gerry Wheeler 105134 EMT-P

Run Type: ☒ Emergency ☐ Transport

Pick Up Location Home Address 1212 Crestview Dr.

City Rackland State KY Zip 41169

Drop Off Location OIBH ER Address 1000 St. Christopher Dr.

City Ashland State KY Zip 41101

Transport Mode: ☐ Emergency ☒ Non-Emergency

TIME	B/P	P	R	SPO2	ETCO2	GLUC	TEMP
12:45	210/94	82	18	98			

Treating Physician/ PCP 3457GK.5,NK52

Social Security Number 401-98-3420

Medicare

Medicaid

Other Insurance

Policy Number

Name of Insured

TIME	PROCEDURE / RX	DOSE	ROUTE

Military Time	TIME	MILEAGE
DISPATCHED	12:33	
ENROUTE SCENE	12:37	36.0
ARRIVE SCENE	12:39	36.7
PATIENT CONTACT	12:39	
ENROUTE FACILITY	12:49	
ARRIVE FACILITY	12:55	40.0
RETURN TO SERVICE	13:29	

IV ☐ Yes ☒ No Gauge/Cath Location

Started By:

Cardiac Monitor ☐ Yes ☒ No ☐ Regular ☐ Irregular

☐ 12 Lead

☐ V Lead Interpretation:

☐ Transmitted to

Allergies

PMHX: Gastroparesis

Chief Complaint/Reason for Stretcher: Nausea

Narrative: 55 year old male with a hx of Gastroparesis And has been experiencing severe Nausea and Abd pain for the last 24 hours Patient Keeps placing his finger down his throat Trying to make himself Vomit And Refused to Vomit Stated That That Gives him Relief. Patient Transported to OIBH ER where patient Care was Turned Over to ER Staff Patient Refused To Sit Still for A Assessment. Patient would not Allow a 2nd Set of Vitals would not hold still

☐ Continued

Crew Signature

Signed: Troy Gillespie EMT-P

Printed: Troy Gillespie EMT-P

Equipment left with Drop off Facility: Gerry Wheeler / Gerry Wheeler EMT-P

☐ Vent ☐ BiPap ☐ CPAP ☐ Other

RECEIVING FACILITY SIGNATURES

Please sign and print your first and last name and as per Medicare guidelines, your signature must contain a legible first and last name.

Signed:

Printed: Mary Woodall

Copy of PCR left with facility: ☐ Yes ☐ No