

Phone Number: 855-854-4100

P1

1740/medic 2

Date

10/13/2020

Unit #

CrewMembers

(Legal Name as printed on EMT Card)

Certification

Dyle Willburn

E-1

Bergert Fuser

E-1

Bergert Fuser

E-1

Bergert Fuser

E-1

Run Type: ☒ Emergency ☐ Transport

TIME	B/P	P	R	SPO2	ETCO2	GLUC	TEMP
03:38	117/70	62	14	98		166	
03:43	113/69	67	14	99			

TIME	PROCEDURE/ RX	DOSE	ROUTE

Treating Physician / PCP

Social Security Number

Medicare

Medicaid

Other Insurance

Policy Number

Name of Insured

*Military Time*	TIME	MILEAGE
DISPATCHED	03:12	
ENROUTE SCENE	03:16	35.6
ARRIVE SCENE	03:22	39.9
PATIENT CONTACT	03:23	
ENROUTE FACILITY	03:38	
ARRIVE FACILITY	03:46	45.7
RETURN TO SERVICE	04:13	45.7

IV ☐ Yes ☒ No

Gauge/Cath

Location

Started By:

Cardiac Monitor ☐ Yes ☒ No ☐ Regular ☐ Irregular☐ 12 Lead☐ 4 Lead Interpretation:☐ Transmitted to

Allergies

None

PMHX:

None

Chief Complaint/Reason for Stretcher: Fall/facial laceration

Narrative: medic 2 dispatched to residence of 237 Lincoln Blvd to a 48 year old male, fell and hit his head. Pt found Awake/Alert x4 sitting on chair in garage with chest & 3" laceration above right eye (bleeding stopped). Witnesses around advised that pt had been drinking all day/evening, fell and hit his head on pool table. Witnesses advised that pt didn't lose consciousness. Pt advised he did. Pt was able to ☒ Continued

Signed:

Printed:

Crew Signature

Dyle Willburn EMT-1

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:

Equipment left with Drop off Facility:

☐ Vent ☐ BiPap ☐ CPAP ☐ OtherCopy of PCR left with facility: ☒ Yes ☐ No