

Corrected 1/30/2020 Run #756547

# PORTSMOUTH AMBULANCE SERVICE PATIENT CARE REPORT

Phone Number: 855-854-4100

Pg. 1

	Unit #	1932	Date	12/31/19			
	Crew Members						
	(Legal Name as printed on EMT Card)						
	Benjamin Johnson	EMT-B					
	Charles Turner	EMT-B					
Run Type: <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Transport							
TIME	B/P	P	R	SPO2	ETCO2	GLUC	TEMP
1132	139/87	79	14	93		101	100.3

Treating Physician /PCP \_\_\_\_\_ Social Security Number \_\_\_\_\_

Medicare \_\_\_\_\_ Medicaid \_\_\_\_\_

Other Insurance \_\_\_\_\_

Policy Number \_\_\_\_\_ Patient Name of Insured

TIME	PROCEDURE /RX	DOSE	ROUTE

*Military Time*	TIME	MILEAGE
DISPATCHED		
ENROUTE SCENE	1117	45.6
ARRIVE SCENE	1122	47.3
PATIENT CONTACT		
ENROUTE FACILITY	1132	47.3
ARRIVE FACILITY	1138	49.1
RETURN TO SERVICE		

IV ☐ Yes ☒ No

Gauge/Cath \_\_\_\_\_ Location \_\_\_\_\_

Started by: \_\_\_\_\_

Cardiac Monitor ☐ Yes ☒ No ☐ Regular ☐ Irregular

☐ 12 Lead ☐ 4 Lead Interpretation: \_\_\_\_\_

☐ Transmitted to \_\_\_\_\_

Allergies: \_\_\_\_\_ PMHX: \_\_\_\_\_

Chief Complaint/Reason for Stretch: Low Sodium/Fever

Narrative: 1932 dispatched to Abbyshire ref 64yr w/ Fever + low sodium. Pt found semi-conscious in bed. EMS transferred pt to cot via sheet lift. Secured rails x2, straps x3. Pt vitals assessed + monitored as recorded. NH LPN adv pt had fever, night after breakfast, + lab results from a few days prior. Tmp uneventful. Pt report called in to HACEIR during trip.

☒ Con ☐ ti ☐ nu ☐ ed

Signed: Benjamin Johnson EMT-B ID # \_\_\_\_\_

Printed: Benjamin Johnson

Equipment left with Bp o ff Facility:

☐ Vent ☐ BPap ☐ CPAP ☐ Other \_\_\_\_\_

EMT SIGNATURES

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

Signed: Nate [Signature]

Printed: Nate [Signature]

Copy of PCR left with facility: ☐ Yes ☐ No