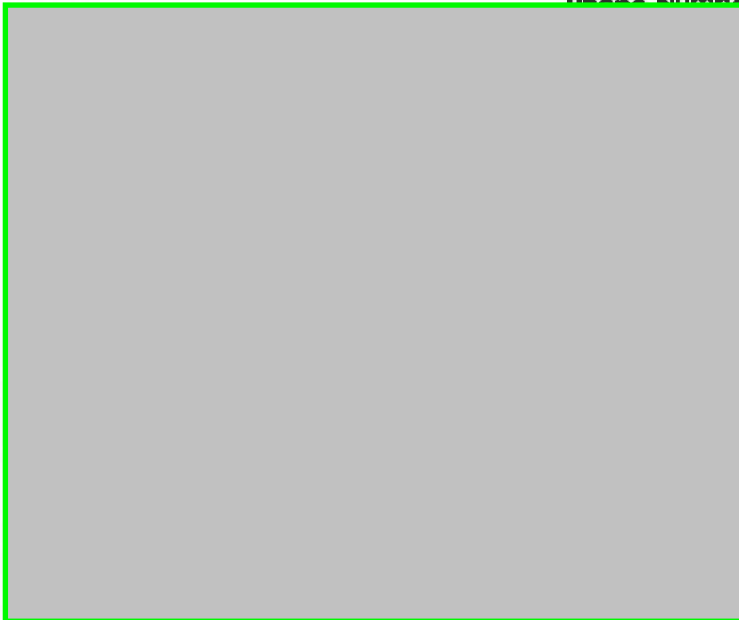


PORTSMOUTH EMERGENCY AMBULANCE SERVICE INC PATIENT CARE REPORT

Phone Number: 855-854-4100

P1

Run # 7620163



Unit # 1925 Date 2/27/2018

Run Type: ☒ Emergency ☐ Transport

Crew Members: Full Legal Name David Woods Certification Level ☒ B ☐ A ☐ P ☐ CCT ☐ RN

Jeremy Gullett ☐ B ☐ A ☒ P ☐ CCT ☐ RN

☐ B ☐ A ☐ P ☐ CCT ☐ RN

☐ B ☐ A ☐ P ☐ CCT ☐ RN

TIME	B/P	P	R	SPO2	ETCO2	GLUC	TEMP
	147/85	78	16	97			

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

ENROUTE SCENE

1601

6.4

ARRIVE SCENE

1603

7.0

PATIENT CONTACT

ENROUTE FACILITY

1608

7.0

ARRIVE FACILITY

1624

12.9

RETURN TO SERVICE

IV ☐ Yes ☒ No

Gauge/Cath

Location

Started By:

Time:

Cardiac Monitor ☐ Yes ☒ No

☐ Regular ☐ Irregular

☐ 12Lead

☐ 4Lead Interpretation:

☐ Transmitted to

Time:

Allergies

Latex pt

PMH: HTN DM

CHE MI

Stent

Chief Complaint/Reason for Stretcher: Fall

Narrative: Dispatched to a 68 y.o. M Res - Same ER for Fall - yesterday Upon Arrival pt Anx3 pt walked out to truck. Hematoma Center forehead where pt Fall last night into wall. Pt on Blood Thinners Placed one cut strips x3 sent for Pwals per Took vitals 68/55 Anx3 Headache the sharp Upon Arrival pt placed in Bed Care turned over to same ER for further

☐ Continued

Crew Signatures

(Legal Name as printed on EMT Card)

B. Webb EMT-6 / Brian Webb EMT-6

Driver Signature / Printed Name

EMT-Jeremy Gullett

Attendant Signature / Printed Name

Signature / Printed Name

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:

Copy of PCR left with facility: ☐ Yes ☐ No