

1929
1-19-20

Unit #
Crew Members
(Legal Name as printed on EMT Card)

Date
Certification

EMT Price
Michael Reed

P
A

Run Type: ☒ Emergency ☐ Transport

TIME	B/P	P	R	SPO2	ETCO2	GLUC	TEMP
1915	144/92	64	20	92	—	134	97.2
1925	144/90	62	20	93	—	—	—

TV	PROCEDURE/ RX	DOSE	ROUTE
PTA	O2	3LPR	NC

Military Time	TIME	MILEAGE
DISPATCHED		
ENROUTE SCENE	1848	83.5
ARRIVE SCENE	1909	102.0
PATIENT CONTACT		
ENROUTE FACILITY	1920	102.0
ARRIVE FACILITY	1929	105.7
RETURN TO SERVICE		

IV ☐ Yes ☒ No
Started By: _____
Cardiac Monitor ☐ Yes ☒ No
☐ 12 Lead
☐ 4 Lead Interpretation: _____
☐ Transmitted to _____
Allergies List 2 pt
PMHX: HTN, Sleep apnea

Gauge/Cath _____ Location _____
☐ Regular ☐ Irregular

Chief Complaint/Reason for Stretcher: weakness gen illness

Narrative: Called to scene for 55 YOF (U) with weakness & headache. Pt states symptoms onset few days ago. Headache in occipital worse. Pt is 100% alert, open breathing regular, lungs sounds clear, skin PWD. General weakness throughout. Pt slight lift to cat semi Fowler's 25x3 rails x2 Tx to Aclina Pkwy no changes pn-take. Upon arrival pt slight lift to bed Pm 11 of ER. Report team to ER nurse.

☐ Continued

Signed: EMT Price

Printed: EMT Price

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: Kelli Fannin

Printed: Kelli Fannin RN

Equipment left with Drop off Facility:

☐ Vent ☐ BPap ☐ CPAP ☐ Other _____

Copy of PCR left with facility: ☐ Yes ☐ No