

PORTSMOUTH EMERGENCY AMBULANCE SERVICE INC PATIENT CARE REPORT

Phone: 855-854-4100

P1

Run # 758995

Unit # 1738 Date 1-19-2020

Run Type: ☒ Emergency ☐ Transport

Crew Members: Emily Chapin Stephen Dink

Certification Level: ☒ B ☐ A ☐ P ☐ CCT ☐ RN
☐ B ☐ A ☐ P ☐ CCT ☐ RN
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TIME	B/P	P	R	SPO2	ETCO2	GLUC	TEMP
2112	118/75	90	16	98			
2135	119/78	92	16	97			

TIME	PROCEDURE/RX	DOSE	ROUTE

Other Insurance

Policy Number

Name of Insured

Mileage	Time	Mileage
DISPATCHED		
ENROUTE SCENE	2032	169.6
ARRIVE SCENE	2102	14.5
PATIENT CONTACT		
ENROUTE FACILITY	2111	191.5
ARRIVE FACILITY	2143	215.4
RETURN TO SERVICE		

IV ☐ Yes ☐ No

Gauge/Cath Location

Started By:

Cardiac Monitor ☐ Yes ☐ No ☐ Regular ☐ Irregular

☐ 12 Lead ☐ 4 Lead Interpretation:

☐ Transmitted to Time:

Allergies ICAL, TETANUS BUNK:

Chief Complaint/Reason for Striker: Abd Pain

Narrative: Tr. A63 HOFK from Residence to SMC-ER w/ Abd Pain.
Pt states Pain started earlier today. And she states it feels like muscle cramps
Pt has a hx of Diverticulitis and states she feels exactly like before. Pt is conscious
140x4 Pnd Resp Norm 94% Sat. All pulses intact. Tr. A63 in the ER to be treated
Pt refused IV stating she wanted to wait till hospital due to her being very difficult to
start IV's on

☐ Continued

Crew Signatures

(Legal Name as printed on EMT Card)

Driver: Stephen Dink EMT-P

Attendant:

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: Racy Ferguson

Copy of PCR left with facility: ☒ Yes ☐ No