

Run # 760098

## PORTSMOUTH EMERGENCY AMBULANCE SERVICE INC PATIENT CARE REPORT

Phone Number: 855-854-4100

P1

Unit #	1820	Date	1-25-2020
Run Type:	<input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Transport	Crew Members	B = EMT A = AEMT P = Paramedic
Full Legal Name	Stephen Krumin Rhonda Seagraves	Certification Level	<input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> CCT <input type="checkbox"/> RN <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> CCT <input type="checkbox"/> RN <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> CCT <input type="checkbox"/> RN <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> P <input type="checkbox"/> CCT <input type="checkbox"/> RN

TIME	B/P	P	R	SPO2	ETCO2	GLUC	TEMP
	159/80	76	18	96%	NA		

TIME	PROCEDURE/ RX	DOSE	ROUTE
	NA		

*Military Time*	TIME	MILEAGE	IV <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Gauge/Cath	Location
DISPATCHED			Started By:		Time:
ENROUTE SCENE	423	170.2	Cardiac Monitor <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	
ARRIVE SCENE	426	171.9	<input type="checkbox"/> 12Lead		
PATIENT CONTACT			<input type="checkbox"/> 4Lead Interpretation:		
ENROUTE FACILITY	438	171.9	<input type="checkbox"/> Transmitted to		Time:
ARRIVE FACILITY	444	175.9	Allergies	ADTRIA	PMHX: DRUG USE VARICOSE VEINS
RETURN TO SERVICE					

Chief Complaint/Reason for Stretcher: DRUG INGESTION METH/ICE USE

Narrative: 45 Y.O. F, CAO X2 SpO2 96%, DETAINED BY NEW BOSTON P.D. AT CLIFFSIDE, PT. HAD BEEN USING DRUGS NEW BOSTON OFFICER ASK PT. IF SHE HAD DRUGS SHE HAD SYRINGE/ SHOOTING LIQUID INTO MOUTH PT WITH BRIGHT RED MAKE-UP, SCREAMING WANTING BOLOGNA SANDWICH CUSINE CALLING OFFICER NAMES, PT. TRANSPORT VIA GUT SENT FOWLERS C30 RESTRAINTS X3 FOR SAFETY, SECURITY OF PT SK ☐ Continued

<b>Crew Signatures</b> (Legal Name as printed on EMT Card) Driver: <u>Stephen Krumin</u> Signature / Printed Name: <u>STEPHEN KRUMIN</u> Attendant: <u>NA</u> Signature / Printed Name: <u>NA</u>		<b>RECEIVING FACILITY SIGNATURES</b> 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: <u>Megan Lawless</u> Printed: <u>Megan Lawless RN</u> Copy of PCR left with facility: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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