PORTSMOUTH AMBULANCE SERVICE PATIENT CARE REPORT

[redacted]r: 855-854-4100

1830 — Unit #
1/15/2020 — Date

Crew Members (Names printed on EMT Card)	Certification
Joseph Shrader	Paramedic
Stacey Cox	EMT B

Run Type: ☐ Emergency ☐ Transport

TIME	B/P	P	R	SPO2	ETCO2	GLUC	TEMP
1054	106/76	76	18	99% RA			

TIME	PROCEDURE /RX	DOSE	ROUTE

Other Insurance

Policy Number ______ Name of Insured Self

Military Time	TIME	MILEAGE
DISPATCHED	1015	29.4
ENROUTE SCENE	1015	29.4
ARRIVE SCENE	1041	48.1
PATIENT CONTACT		
ENROUTE FACILITY	1053	48.1
ARRIVE FACILITY	1057	49.7
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: Oxycodone, Vancomycin, Tazocil

PMHX: CHF, COPD, Epilepsy

Chief Complaint/Reason for Stretcher: BLS transport to ER; abnormal lab value

Narrative: Called to transport Pt to ER following discovery of critically low sodium labwork. Pt c/o N/V, no pain/issues; GCS 13, A/Ox3 (patient normal), skin W/D, PERRL. Moved via stretcher to ER room, sheet lift to bed; Pt care transferred to RN staff @ ER.

☐ Continued

Crew Signature

Signed: [signature]

Printed: Joseph Shrader
Joseph Shrader EMT-P

Equipment left with Drop off Facility:
☐ Vent ☐ BiPap ☐ CPAP ☐ Other ______

RECEIVING FACILITY SIGNATURES

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

Signed: [signature]

Printed: [illegible] RN

Copy of PCR left with facility: ☐ Yes ☐ No