Run # 760107

PORTSMOUTH EMERGENCY AMBULANCE SERVICE INC PATIENT CARE REPORT

[redacted] r: 855-854-4100

P1

Unit #: 1738 Date: 1-25-20

Run Type: ☐ Emergency ☐ Transport

B = EMT
A = AEMT
P = Paramedic

Crew Members

Full Legal Name	Certification Level
Stephen Danks	☐ B ☐ A ☒ P ☐ CCT ☐ RN
	☐ B ☐ A ☐ P ☐ CCT ☐ RN
Rebecca Fisher	☒ B ☐ A ☐ P ☐ CCT ☐ RN
	☐ B ☐ A ☐ P ☐ CCT ☐ RN

TIME	B/P	P	R	SPO2	ETCO2	GLUC	TEMP
1116	137/89	88	18	92			

TIME	PROCEDURE / RX	DOSE	ROUTE

Medicare | Medicaid

Medical Mutual
Other Insurance

XY5252B — Policy Number
Clare Cable — Name of Insured

Military Time	TIME	MILEAGE
DISPATCHED		
ENROUTE SCENE	1055	11.0
ARRIVE SCENE	1100	12.8
PATIENT CONTACT		
ENROUTE FACILITY	1115	12.8
ARRIVE FACILITY	1120	13.9
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: Pt Dye, Crestor, ~~Aldactone~~

PMHX: ____

Chief Complaint/Reason for Stretcher: DIB

Narrative: Tx. A 64 Year Female from Ruc to SMC ER. Pt has been Diagnosed c Interstitial lung Dz. And is being Sent For Further Evaluation. Pt is conscious A+Ox4, Pink Warm Dry Resp Abnormal c Scattered Wheezes in the bases. PERRL All PMS's intact. Pt is on O2 4LPM by N/C. Tx. Pt via cot in POC c All Safety Measures Applied. Tx uneventful

☐ Continued

Crew Signatures
(Legal Name as printed on EMT Card)

Rebecca Fisher, Rebecca Fisher EMT-B
Driver — Signature / Printed Name

Stephen Danks EMT-P
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: [signature]
Printed: Krista Throckmorton RN

Copy of PCR left with facility: ☒ Yes ☐ No

Form #702

QA000010