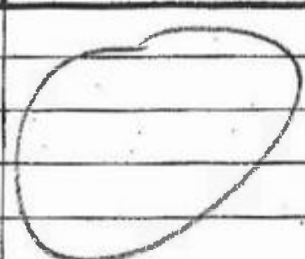


#MT000784

## Portsmouth Medic Transport LLC

Phone Number: 855854-4100

P1

			Unit # <u>1741</u>		Date <u>1-20-2020</u>	
			Crew Members		Certification	
			(Legal Name as printed on EMT Card)			
			<u>Timothy Sparks</u> <u>AEMT</u>		<u>Kathleen Park</u> <u>EMTP</u>	
			Run Type: <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Transport			
TIME	B/P	P	R	SPO2	ETCO2	GLUC
<u>0845</u>	<u>129/80</u>	<u>89</u>	<u>18</u>	<u>98</u>		
TIME	PROCEDURE / RX				DOSE	ROUTE
						
*Military Time*	TIME	MILEAGE		IV <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gauge/Cath _____ Location _____ Started By: _____ Cardiac Monitor <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> 12 Lead <input type="checkbox"/> 4 Lead Interpretation: _____ <input type="checkbox"/> Transmitted to _____ Allergies: <u>C PE</u> PMHX: <u>HTN</u>		
DISPATCHED						
ENROUTE SCENE	<u>0817</u>	<u>0.0</u>				
ARRIVE SCENE	<u>0838</u>	<u>17.6</u>				
PATIENT CONTACT						
ENROUTE FACILITY	<u>0843</u>	<u>17.6</u>				
ARRIVE FACILITY	<u>0950</u>	<u>21.6</u>				
RETURN TO SERVICE						
Chief Complaint/Reason for Stretcher: <u>Bilateral leg swelling</u> Narrative: <u>PT Ambulatory &amp; stable, unassisted. A40x4</u> <u>RWD. VAS. ON COX 55x39x2 semi-fowlers for</u> <u>comfort. Vitals taken after PT located. PT states</u> <u>renal failure in Oct '19 temporary. Diduris port</u> <u>placed and hospitalized for 2 weeks. Now it's happening</u> <u>again. Also states she fears her face is turning</u> <u>Continued</u>						
Signed: _____ Printed: <u>Kathleen Park EMTP</u>			RECEIVING FACILITY SIGNATURES Please sign and print your first and last name and as per Medicare and dallas, your signature must contain legible first & last name. Signed: _____ Printed: <u>MARK Kelley</u>			
Equipment left with Drop off Facility: <input type="checkbox"/> Vent <input type="checkbox"/> BiPap <input type="checkbox"/> CPAP <input type="checkbox"/> Other _____						
Copy of PCR left with facility: <input type="checkbox"/> Yes <input type="checkbox"/> No						

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