

#MT000667

## Portsmouth Medic Transport LLC

855-854-4100

P1

1929 11-21-2020

Unit #

Date

Crew Members

Certification

(Legal Name as printed on EMT Card)

Eric Bullen

P

Steven Newland

B

Run Type: ☒ Emergency ☐ Transport

| TIME | B/P    | P  | R  | SPO2 | ETCO2 | GLUC | TEMP |
|------|--------|----|----|------|-------|------|------|
| 1052 | 124/80 | 89 | 20 | 96%  | -     | -    | 98.9 |
|      |        |    |    |      |       |      |      |
|      |        |    |    |      |       |      |      |
|      |        |    |    |      |       |      |      |

| TIME | PROCEDURE/ RX | DOSE | ROUTE |
|------|---------------|------|-------|
| 1052 | O2            | 2l   | NC    |
|      |               |      |       |
|      |               |      |       |
|      |               |      |       |

Medicare

Medicaid

Other Insurance

Policy Number

Name of Insured

| *Military Time*   | TIME | MILEAGE |
|-------------------|------|---------|
| DISPATCHED        |      |         |
| ENROUTE SCENE     | 1000 | 0.0     |
| ARRIVE SCENE      | 1029 | 1.3     |
| PATIENT CONTACT   | -    | -       |
| ENROUTE FACILITY  | 1056 | 17.3    |
| ARRIVE FACILITY   | 1108 | 22.4    |
| RETURN TO SERVICE |      |         |

IV ☐ Yes ☒ No

Gauge/Cath

Location

Started By:

Cardiac Monitor ☐ Yes ☒ No ☐ Regular ☐ Irregular☐ 12Lead☐ 4 Lead Interpretation:☐ Transmitted to

Allergies

PCN

PMH: CRF, Anxiety  
Brain Disorder, Filling  
DWH

Chief Complaint/Reason for Stretcher: Tremors

Narrative: TX. Alter to confusion 85 y/o @ pt. from Logan Elm to  
Burger ER 40 Tremors on-set - now. Pt. placed on cat's steps in POC  
via Hoyer lift. vitals taken, staff said, "he has them but seem worst today"  
Cont. to mvt. pt. ABC's, providing further means than I. Report  
to care take care to nursing staff.

☐ Continued

Crew Signature

Signed:

Printed:

Eric Bullen EMT-P

RECEIVING FACILITY SIGNATURES

Please sign and print your first and last name and as per Medici care guidelines, your signature must  
contain the first and last name.

Signed:

Printed:

Chris Byars RN.

Equipment left with Drop off Facility:

☐ Vent ☐ BiPap ☐ CPAP ☐ OtherCopy of PCR left with facility: ☒ Yes ☐ No

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