

Run #758842

PORTSMOUTH EMERGENCY AMBULANCE SERVICE INC PATIENT CARE REPORT

855-854-4100

P1

1730 Date 8/14/2020  
Unit # Crew Members  
Run Type: ☐ Emergency ☒ Transport  
Full Legal Name Benjamin Costa  
John Duckworth  
Certification Level  
☒ B ☐ A ☐ P ☐ CCT ☐ RN  
☐ B ☐ A ☐ P ☐ CCT ☐ RN  
☐ B ☐ A ☒ P ☐ CCT ☐ RN  
☐ B ☐ A ☐ P ☐ CCT ☐ RN

TIME	B/P	P	R	SPO2	ETCO2	GLUC	TEMP
2226	131/92	101	24	100			

TIME	PROCEDURE / RX	DOSE	ROUTE
	none		

*Military Time*	TIME	MILEAGE
DISPATCHED		
ENROUTE SCENE	2130	645
ARRIVE SCENE	2200	663
PATIENT CONTACT		
ENROUTE FACILITY	2226	663
ARRIVE FACILITY	0009	788
RETURN TO SERVICE		

IV ☒ Yes ☐ No basic  
Gauge/Cath Location Time:  
Started By: RA  
Cardiac Monitor ☐ Yes ☒ No ☐ Regular ☐ Irregular  
☐ 12Lead  
☐ 4Lead Interpretation:  
☐ Transmitted to Time:  
Allergies PMHX:

Chief Complaint/Reason for Stretcher: Seizures

Narrative: 1730 sent to MMU to transport a 280M to nationwide. PT being seen do 1 seizure. PT agitated nationwide because radi services not provided at MMU. PT needs cot do continuation of care. when we arrived PT was being held by mother. PT mother placed child in car seat. vitals normal no treatment needed.

All times/miles are approx

☐ Continued

Crew Signatures  
(Legal Name as printed on EMT Card)  
John Duckworth P  
Benjamin Costa EMT  
Signature / Printed Name  
Signature / Printed Name

RECEIVING FACILITY SIGNATURES  
Please sign and print your first and last name as per Medical guidelines, your signature must contain legible first and last name.  
Signed: Kylie Zifer RN  
Printed: Kylie Zifer  
Copy of PCR left with facility: ☐ Yes ☐ No