

#MT000663

Dartmouth Medic Transport LLC

Tel: 855-854-4100

P1

Unit # <u>1929</u>		Date <u>11/11/20</u>					
Crew Members (Legal Name as printed on EMT Card)		Certification					
<u>James Cates</u>		<u>A</u>					
<u>Maxwell Miller</u>		<u>B</u>					
Run Type: <input type="checkbox"/> Emergency <input type="checkbox"/> Transport							
TIME	B/P	P	R	SPO2	ETCO2	GLUC	TEMP
<u>1414</u>	<u>150/97</u>	<u>79</u>	<u>16</u>	<u>95</u>	<u>-</u>	<u>-</u>	<u>-</u>
<u>1422</u>	<u>150/96</u>	<u>82</u>	<u>20</u>	<u>95</u>	<u>-</u>	<u>-</u>	<u>-</u>
TIME		PROCEDURE / RX		DOSE		ROUTE	
		<u>NONE</u>					
Medicare		Medicaid		Other Insurance		Policy Number	
Name of Insured							
Military Time	TIME	MILEAGE		IV <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
DISPATCHED				Gauge/Cath <u>None</u> Location <u>None</u>			
ENROUTE SCENE	<u>1351</u>	<u>31.6</u>		Started By: <u>James Cates</u>			
ARRIVE SCENE	<u>1357</u>	<u>33.5</u>		Cardiac Monitor <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Regular <input type="checkbox"/> Irregular			
PATIENT CONTACT				<input type="checkbox"/> 12 Lead <input type="checkbox"/> 4 Lead Interpretation: <u>None</u>			
ENROUTE FACILITY	<u>1414</u>	<u>33.5</u>		<input type="checkbox"/> Transmitted to <u>None</u>			
ARRIVE FACILITY	<u>1428</u>	<u>42.5</u>		Allergies <u>Sulfa</u>			
RETURN TO SERVICE				Antibiotics <u>None</u>			
Chief Complaint/Reason for Stretcher:		Transporting pt from ECF to hospital for		PMHx: <u>AES</u>			
Narrative:		Fall and DEB. on arrival staff states pt fell 45 days ago		<u>Weakness</u>			
		and was an unwitnessed fall. States pt has since fall had many days		<u>Local ECF</u>			
		with nothing reported. on arrival of pt family EMT. family states pt		<u>HTN Responder</u>			
		fell a week ago from last Friday. and states more abd pain not so					
		much DEB. pt asked on bed with left leg out for more pt up					
		and pt grabbed her abd and started screaming in pain. <input checked="" type="checkbox"/> Continued					
Signed: <u>James Cates</u>		Signature		RECEIVING FACILITY SIGNATURES			
Printed: <u>James Cates</u>		AEMT		Please sign on: <u>James Cates</u>			
Equipment left with Drop off Facility:		<input type="checkbox"/> Vent <input type="checkbox"/> BPap <input type="checkbox"/> CPAP <input type="checkbox"/> Other		containing a legal copy of the first and last names			
				Signed: <u>James Cates</u>			
				Printed: <u>James Cates</u>			
				Copy of PCR left with facility: <input type="checkbox"/> Yes <input type="checkbox"/> No			

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