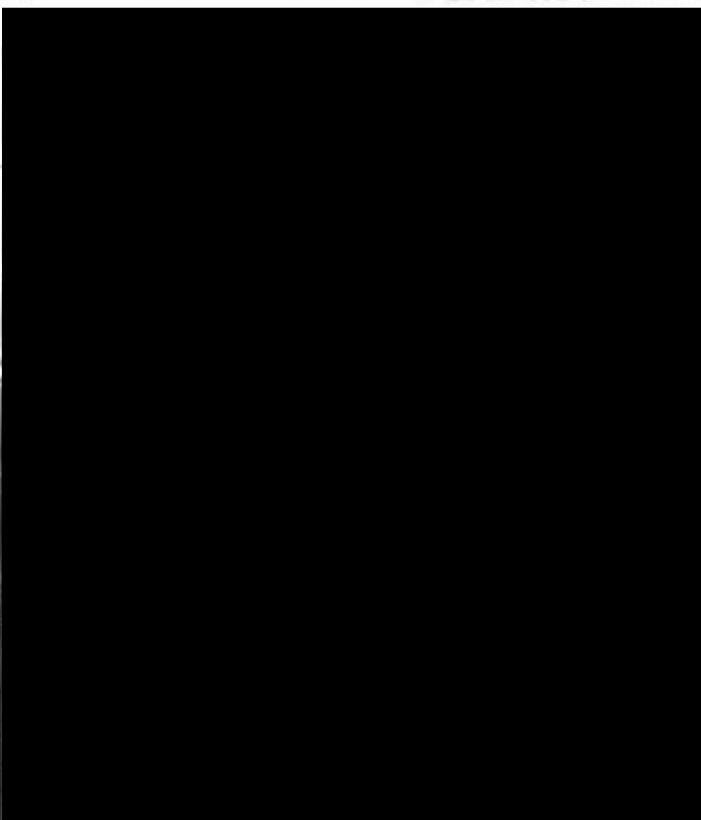


#MT000855

Portsmouth Medic Transport LLC

er: 855-854-4100

P1



Other Insurance

Policy Number

Name of Insured

Military Time	TIME	MILEAGE
DISPATCHED		
ENROUTE SCENE	1050	1.8
ARRIVE SCENE	1108	14.0
PATIENT CONTACT		
ENROUTE FACILITY	1126	14.2
ARRIVE FACILITY	1144	29.9
RETURN TO SERVICE		

Unit # 1929	Date 1-26-20
Crew Members (Legal Names printed on EMT Card)	Certification
Marvin Miller	BASIC
Kathy Dye	BASIC

Run Type: ☐ Emergency ☐ Transport

TIME	B/P	P	R	SPO2	ETCO2	GLUC	TEMP
1127		130	24	96			
1130	101/43	72	18	98			

TIME	PROCEDURE/ RX	DOSE	ROUTE
	10L - O ₂ - NRB		

IV <input type="checkbox"/> Yes <input type="checkbox"/> No	Gauge/Cath	Location
Started By:		
Cardiac Monitor <input type="checkbox"/> Yes <input 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	PMHx: COPD	
NRDA	C17F	

Chief Complaint/Reason for Stretcher:

Narrative: 1929 called for pt - 3015 upon arrival. Pt in hospital bed with labored breathing. Pt on 2L with Pulse of 150. Perfusion w/pt. Transferred to cat at truck. Severe SOB, S2, P2. Pt is A/C, 65-75. Good cat and established V.S. 170° at 98% Place pt on 10L - O₂ - NRB. Levels came up to 98% enroute. Upon arrival gave care and report to staff. Place pt in room 14, placing rails up

☐ Continued

Signed: Marvin Miller EMTB
Printed: Marvin Miller EMTB

Equipment left with Drop off Facility:

☐ Vent ☐ BPap ☐ CPAP ☐ Other

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: D. Farley RN
Printed: D. Farley RN

Copy of PCR left with facility: ☐ Yes ☐ No