

PLEASE SIGN THE RUN REPORT

Truck # <u>1825</u>	
Time of Call <u>0012</u>	<input type="checkbox"/> ALS <input type="checkbox"/> BLS
Date of Call <u>1-14-14</u>	<input checked="" type="checkbox"/> Stretcher <input type="checkbox"/> W/C Own? YES / NO
Patient: <u>Cecily Collins</u>	
DOB: _____	WEIGHT _____ STEPS _____
Pick Up: <u>Porter H & R - 305</u>	
Destination: <u>SUMCER</u>	
Reason for Trip: <u>Periodic appt 02 85 to 90</u>	
Special Needs:	<input type="checkbox"/> NA <input type="checkbox"/> O2 <input type="checkbox"/> Vent <input type="checkbox"/> IV <input type="checkbox"/> Monitor
Date of Appt <u>1-14-14</u>	P/U Time _____ Appt _____
Call Back # Number: _____	Facility# _____
<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicaid
Insurance ID# _____	
Other Info: _____	
Called in by: <u>Jenny</u>	Taken by: <u>LE</u>
Confirmed by: _____	Conf Date: _____
Form# 924	

PORTSMOUTH AMBULANCE SERVICE PATIENT CARE REPORT

Pg. 1

Phone Number: 855-854-4100

<p><u>Gary L Collins</u> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Name <u>727 8th St</u></p> <p>Address <u>PORTSMOUTH OH 45662</u></p> <p>City <u>8-28-53</u> State <u>65</u> Zip</p> <p>DOB Age Phone</p>			<p><u>1825</u> <u>1-14-19</u></p> <p>Unit # Date</p> <p>Crew Members Certification</p> <p>(Legal Name as printed on EMT Card)</p> <p><u>Phil Duncan</u> <u>EMTP</u></p> <p><u>Paul Rideout</u> <u>EMTB</u></p> <p>Run Type: <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Transport</p>																																										
<p><u>PORTSMOUTH Health & Rehab 727 8th St</u></p> <p>Pick Up Location Address</p> <p><u>PORTSMOUTH OH 45662</u></p> <p>City State Zip</p> <p><u>SOMC 1805 27th St</u></p> <p>Drop Off Location Address</p> <p><u>PORTSMOUTH OH 45662</u></p> <p>City State Zip</p> <p>Transport Mode: <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Non-Emergency</p>			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>TIME</th> <th>B/P</th> <th>P</th> <th>R</th> <th>SPO2</th> <th>ETCO2</th> <th>GLUC</th> <th>TEMP</th> </tr> </thead> <tbody> <tr> <td><u>0036</u></td> <td><u>109/188</u></td> <td><u>147</u></td> <td><u>38</u></td> <td><u>99</u></td> <td><u>-</u></td> <td><u>105</u></td> <td><u>-</u></td> </tr> <tr> <td><u>0054</u></td> <td><u>103/58</u></td> <td><u>152</u></td> <td><u>40</u></td> <td><u>95</u></td> <td><u>-</u></td> <td><u>-</u></td> <td><u>-</u></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			TIME	B/P	P	R	SPO2	ETCO2	GLUC	TEMP	<u>0036</u>	<u>109/188</u>	<u>147</u>	<u>38</u>	<u>99</u>	<u>-</u>	<u>105</u>	<u>-</u>	<u>0054</u>	<u>103/58</u>	<u>152</u>	<u>40</u>	<u>95</u>	<u>-</u>	<u>-</u>	<u>-</u>																
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<p>Treating Physician / PCP _____ Social Security Number _____</p> <p>Medicare _____ Medicaid _____</p> <p>Other Insurance _____</p> <p>Policy Number _____ Name of Insured _____</p>			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>TIME</th> <th>PROCEDURE / RX</th> <th>DOSE</th> <th>ROUTE</th> </tr> </thead> <tbody> <tr> <td><u>0025</u></td> <td><u>Oxygen</u></td> <td><u>10L</u></td> <td><u>NRB</u></td> </tr> <tr> <td><u>0040</u></td> <td><u>Oxygen</u></td> <td><u>4L</u></td> <td><u>NC</u></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			TIME	PROCEDURE / RX	DOSE	ROUTE	<u>0025</u>	<u>Oxygen</u>	<u>10L</u>	<u>NRB</u>	<u>0040</u>	<u>Oxygen</u>	<u>4L</u>	<u>NC</u>																												
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<p>Chief Complaint/Reason for Stretcher: <u>DIB, Tachycardia, Change in mental status, Apnea.</u></p> <p>Narrative: <u>Pt is a 65 yom c/c DIB, Tachycardia & change in mental status, Pt upon arrival was on NRB @ 2L p2. Pt removed from SNF's 02 and placed on O2 @ 10L by Mtr @ NRB. Pt placed on EMS cot and secured. Pt had rapid respirations @ 38-40 BPM. Pt once in ambulance was placed on M monitor & vitals assessed. Pt SPO2 = 99% on NRB. Pt placed on N/C @ 4L SPO2 was maintained @ 95%. Pt was sinus tach @ 157 12 LEAD Acquired and transmitted.</u> <input checked="" type="checkbox"/> Continued</p>																																													
<p>Crew Signature</p> <p>Signed: _____</p> <p>Printed: _____</p> <p>Equipment left with Drop off Facility:</p> <p><input type="checkbox"/> Vent <input type="checkbox"/> BiPap <input type="checkbox"/> CPAP <input type="checkbox"/> Other _____</p>			<p>RECEIVING FACILITY SIGNATURES</p> <p>Please sign and print your first and last name and as per Medicare guidelines, your signature must contain a legible first and last name.</p> <p>Signed: <u>[Signature] RN</u></p> <p>Printed: <u>Wynne Mingers</u></p> <p>Copy of PCR left with facility: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																										