Run#758786

PORTSMOUTH AMBULANCE SERVICE PATIENT CARE REPORT

Phone Number: 855-854-4100

[redacted]

1823 — Unit #
1-10-2020 — Date

Crew Members (Legal name printed on EMT Card)	Certification
James A. Imbriale	AEMT
Joseph Hackett	EMTP

Run Type: ☐ Emergency ☑ Transport

TIME	B/P	P	R	SPO2	ETCO2	GLUC	TEMP
	112/62	73	20	96%			
	98/57	69	20	95%			
	94/56	64	20	96			

TIME	PROCEDURE / RX	DOSE	ROUTE
	Assessment		
	Transport		
	VS - As noted		
	Pt monitoring		
	Transfer Care		

Medicare
Medicaid
Paramount Medicaid
Other Insurance
A004817 2601 — Policy Number
Brian K Banks — Name of Insured

Military Time	TIME	MILEAGE
DISPATCHED		
ENROUTE SCENE		
ARRIVE SCENE	2050	
PATIENT CONTACT	2057	
ENROUTE FACILITY	2109	
ARRIVE FACILITY	2212	64.4
RETURN TO SERVICE	2230	

IV ☑ Yes ☐ No — 20 Gauge/Cath — (R) AC Location
Started By: Hospital

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

Allergies NKDA

PMHX: Asthma

Chief Complaint/Reason for Stretcher: Vomiting Blood s/p Airway Obstruction, IV

Narrative: Pt was seen @ Medcentral for airway obstruction. Airway was cleared and pt started vomiting blood. Pt being transferred to Riverside for GI consult. Paramedic arrived and pt contact made. Pt is AAOX4 skin PINK ABC's intact grossly. Pt Assisted to cot and Secured (Pt has saline lock 20 GA RAC) PASecured. Straps X3 Cot to Squad. Transport initiated VS assessed as noted. Pt monitored during transport w/o change in condition. @ QHR pt taken to Room and assigned to bed. Report to RN Care to Staff EOR

☐ Continued

Signed: [signature] EMT
Printed: Joseph Hackett EMTP — Joseph Hackett EMTP

Crew Signature

Equipment left with Drop off Facility:
☐ Vent ☐ BiPap ☐ 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: [signature]
Printed: CLAIRE B

Copy of PCR left with facility: ☐ Yes ☐ No