

Run # 760095

PORTSMOUTH EMERGENCY AMBULANCE SERVICE INC PATIENT CARE REPORT

855-854-4100

P1

Unit # 1552 Date 01/25/2020
 Run Type: ☐ Emergency ☒ Transport
 Crew Members: ☐ EMT ☒ AEMT ☐ Paramedic
 Full Legal Name: Dean White Certification Level: ☒ B ☐ A ☐ P ☐ CCT ☐ RN
Jacob Dornell ☒ B ☐ A ☐ P ☐ CCT ☐ RN
☐ B ☐ A ☐ P ☐ CCT ☐ RN
☐ B ☐ A ☐ P ☐ CCT ☐ RN

| TIME | B/P | P | R | SPO2 | ETCO2 | GLUC | TEMP |
|------|---------|----|----|------|-------|------|------|
| 1536 | 192/110 | 93 | 24 | 88 | - | - | pu |
| 1540 | 193/110 | 78 | 20 | 88 | - | - | pu |
| | | | | | | | |
| | | | | | | | |

| TIME | PROCEDURE / RX | DOSE | ROUTE |
|------|----------------|-------|-------|
| 1536 | Oxygen | 10Lpm | NRB |
| | | | |
| | | | |
| | | | |

Treating Physician / PCP _____ Social Security Number _____
 Medicare _____ Medicaid _____
 Other Insurance _____
 Policy Number _____ Name of Insured _____

| *Military Time* | TIME | MILEAGE |
|-------------------|------|---------|
| DISPATCHED | | |
| ENROUTE SCENE | 1514 | 85.1 |
| ARRIVE SCENE | 1519 | 86.7 |
| PATIENT CONTACT | | |
| ENROUTE FACILITY | 1535 | 86.7 |
| ARRIVE FACILITY | 1542 | 88.5 |
| RETURN TO SERVICE | | |

IV ☐ Yes ☐ No Gauge/Cath _____ Location _____
 Started By: _____ Time: _____
 Cardiac Monitor ☐ Yes ☐ No ☐ Regular ☐ Irregular
☐ 12 Lead ☐ 4 Lead Interpretation: _____
☐ Transmitted to _____ Time: _____
 Allergies NISAK PMHX: HTN, CVA, Nose-
Bleeds

Chief Complaint/Reason for Stretcher: Nose Bleed, Dizziness

Narrative: Dispatch to residence of 72yo female w/ complaints of nosebleed. P.t presented in recliner, bleeding from nose, fixated, pu. Pt unsure how long bleeding had persisted, but had bled through 20~ tissues. EMT removed tissue and lightly packed pt's nose with rolled 2x2 gauze which stopped bleeding and held throughout trip. P.t asked to cat via 2-person assist, secured w/ 3x3s, loaded, and vitals assessed. BP + LO, EMT administer high-concentration O2 via NRB and contacted ER staff. O2 ↑ in drop and resp. ☒ Continued

Crew Signatures
 (legal Name as printed on BMT Card)
 Driver: Dean White Signature / Printed Name
 EMT-B: Jacob Dornell Signature / Printed Name
 Attendant: _____ Signature / Printed Name

RECEIVING FACILITY SIGNATURES
 Please sign and print your first and last name and as per guidelines, your signature must contain a legible first and last name.
 Signet: [Signature]
 Printed: Price
 Copy of PQR left with facility: ☐ Yes ☐ No