

#759083

## PORTSMOUTH AMBULANCE SERVICE PATIENT CARE REPORT

Pg.1

er: 855-854-4100

Unit # 1823 Date 01202020  
 Crew Members  
 (Legal Name as printed on EMT Card)  
JOHN ASHBER EMT-P  
SHANE VANDERVOEN EMT-B

Type: ☒ Emergency ☐ Transport

TIME	B/P	P	R	SPO2	ETCO2	GLUC	TEMP
19:31	121/79	79	20	98%	12A		
19:44	115/71	73	20	100%	12A		

TIME	PROCEDURE/ RX	DOSE	ROUTE
19:27	PROCT FROM JORDAN RN ON SCENE		
19:27	PT CONTACT		
19:46	PT BEGIN 40 mg/kg NALOXONE		

Treating Physician / PCP \_\_\_\_\_ Social Security Number \_\_\_\_\_

Medicare \_\_\_\_\_

Medicaid \_\_\_\_\_

Other Insurance \_\_\_\_\_

Policy Number \_\_\_\_\_

Name of Insured \_\_\_\_\_

IV ☐ Yes ☒ No  
 Gauge/ Cath \_\_\_\_\_ Location \_\_\_\_\_  
 Started By: \_\_\_\_\_  
 Cardiac Monitor ☐ Yes ☒ No ☐ Regular ☐ Irregular  
☐ 12 Lead  
☐ 4 lead r/t at ion : \_\_\_\_\_  
☐ Transmitted to \_\_\_\_\_  
 Allergies NKDA  
 PMHx: WORK STROKE MUSCLES

*Military Time*	TIME	MILEAGE
DISPATCHED	19:21	41710
ENROUTE SCENE	19:23	41710
ARRIVE SCENE	19:26	41711
PATIENT CONTACT	19:27	41711
ENROUTE FACILITY	19:42	41711
ARRIVE FACILITY	19:47	41713
RETURN TO SERVICE	19:57	41713

Chief Complaint/Reason for Stretcher: HOLLOWER W/C

Narrative: Cx ROLL OVER MVC (R) SHOULDER PAIN/DISCOMFORT IN SUBE ON  
BLACK ICE THINKS SHE MAY HAVE DRIVEN TO TOO QUICKLY ROLLED OVER DUE  
DOOR INTO ROOF SELF DUMPED HOSPITALIZED BLUNT TR. ALL 24.0 C & STAYING  
JORDAN RN VEHICLE PT AWAKE ALTHO OBLIVIOUS; ALSO TIME TIME EVENT  
COLD PINK SKIN W/ BLOOD FASIV O SAT 94.9% TO RM AIR PT EXHIBITS  
LOSS OF CONSCIOUSNESS, MOVES NECK THAN BACK PAIN GLOVE ☒ Continued

Signature: John Ashber EMT-P  
 Printed: John Ashber EMT-P  
 Signature: Shane Vandervooren EMT  
 Printed: Shane Vandervooren EMT  
 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: John M. Moxley RN  
 Printed: John M. Moxley RN  
 Copy of PCR left with facility: ☒ Yes ☐ No

QA000031