

#MT000789

Portsmouth Medic Transport LLC

Phone Number: 855-854-4100

P1



Unit # 1929	Date 1-23-20
Crew Members (Legal Name as printed on BMT Card) Eric Price	Certification P
Michael Reed	A
Run Type: <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Transport	

TIME	B/P	P	R	SPO2	ETCO2	GLUC	TEMP
0345	150/64	74	18	96	—	250	97.2
0355	122/90	72	18	98	—	—	—
/	/	/	/	/	/	/	/

TIME	PROCEDURE/RX	DOSE	ROUTE
PTA	O2	4Lpm	NC
COPY			

Military Time	TIME	MILEAGE	IV <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Gauge/Cath	Location
DISPATCHED	0322	475.1	Started By:		
ENROUTE SCENE	0328	475.1	Cardia Editor <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
ARRIVE SCENE	0336	477.0	<input type="checkbox"/> 12 Lead		
PATIENT CONTACT			<input type="checkbox"/> 4 Lead Interpretation:		
ABOUT FACILITY	0348	477.0	<input type="checkbox"/> Transmitted to		
ARRIVE FACILITY	0401	483.2	Intergrates ASA, PCN		PMHX: CVA, DM, CKD, HTN, CAD
RETURN TO SERVICE	0424	483.2	Leads: C		
			Nitro: 1mg/100ml		

Chief Complaint/Reason for Stretcher: Pass, CVA

Narrative: Called to scene for 85 YOF pass. CVA. Pt had slurred speech per SAFF staff. Upon arrival pt sitting on edge of bed. Pt is A+Ox4, airway open, breathing regular, lungs clear, speech normal, skin warm, GCS=15. @ neuro deficits. Pt on O2 4Lpm NC. Pt stand + pivot to get semi logies 25x3 rails x 2 TX to ARM ER no changes en-route. Upon arrival pt stand + pivot to bed Rm 19 of ER. Report to ER nurse.

Crew Signature
Signed: EL EMT-P
Printed: Eric Price EMT-P

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: Ben C...
Printed: Ben C...

Copy of PCR left with facility: ☐ Yes ☐ No