

GREENUP EMERGENCY AMBULANCE SERVICE LLC PATIENT CARE REPORT

Phone Number: 855-854-4100

P1

<p><input checked="" type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Name _____</p> <p>Address <u>1063 Addison Dr.</u></p> <p>City <u>Russell</u> State <u>KY</u> Zip <u>41169</u></p> <p>DOB <u>2/8/1935</u> Age <u>84</u> Phone <u>710 532-0084</u></p>		<p><u>Medic-14</u> Date <u>11-19-19</u></p> <p>Unit # _____</p> <p>Crew Members (Legal Name as printed on EMT Card)</p> <p><u>Troy Collops</u> <u>1030817</u></p> <p><u>Gerry Wheeler PO</u> <u>1201846</u></p> <p>Run Type: <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Transport</p>																																																	
<p><u>Morning Pointe Light House Unit</u></p> <p>Pick Up Location Address <u>1063 Addison Dr.</u></p> <p>City <u>Russell</u> State <u>KY</u> Zip <u>41169</u></p> <p>Drop Off Location Address <u>OIRH ER. 1000 St. Christopher Dr.</u></p> <p>City <u>Ashland</u> State <u>KY</u> Zip <u>41101</u></p> <p>Transport Mode: <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Non-Emergency</p>		<table border="1" style="width:100%; border-collapse: collapse;"> <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> <tr> <td><u>04:41</u></td> <td><u>150/80</u></td> <td><u>100</u></td> <td><u>18</u></td> <td><u>93</u></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> <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> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		TIME	B/P	P	R	SPO2	ETCO2	GLUC	TEMP	<u>04:41</u>	<u>150/80</u>	<u>100</u>	<u>18</u>	<u>93</u>																																			
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<p>Treating Physician / POP _____ 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;"> <tr> <th>TIME</th> <th>PROCEDURE / RX</th> <th>DOSE</th> <th>ROUTE</th> </tr> <tr> <td> </td> <td rowspan="5" style="text-align: center; vertical-align: middle; font-size: 2em;">X IV</td> <td> </td> <td> </td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>		TIME	PROCEDURE / RX	DOSE	ROUTE		X IV																																										
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<p>Chief Complaint/Reason for Stretcher: <u>FALL</u></p> <p>Narrative: <u>84 year old male patient who got out of his bed without help and fell striking the left side of his head on his nightstand, causing a laceration to the side of his head. Unable to determine where because the blood had almost stopped and dried in his hair and matted to his head. Staff state that patient is normally very friendly, vocal and is currently confused and he was asking many questions this morning and is being very uncooperative had been difficult just today, patient he was trying to grab and bite. Staff state that this is NOT</u></p> <p style="text-align: right;"><input checked="" type="checkbox"/> Continued</p>																																																			
<p>Crew Signature _____</p> <p>Signed: <u>Troy Collops</u> EMT-P</p> <p>Printed: <u>Troy Collops</u></p> <p><u>Gerry Wheeler</u> EMT-B</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>Teresa Crewe</u></p> <p>Printed: <u>Teresa Crewe</u></p> <p>Copy of PCR left with facility: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																																	