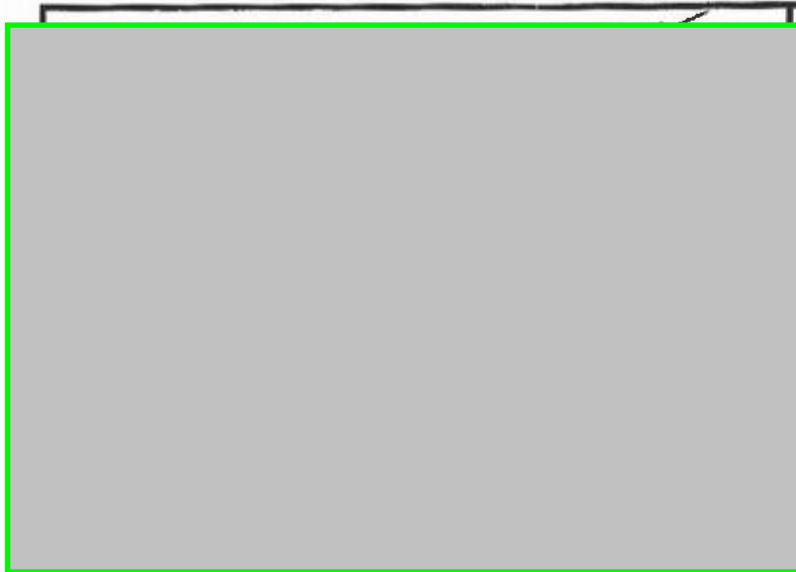


PORTSMOUTH EMERGENCY AMBULANCE SERVICE INC PATIENT CARE REPORT

Phone Number: 855854-4100

P1

Run # 760109



Unit # 1927 Date 1-25-20

Run Type: ☒ Emergency ☐ Transport

Crew Members: Full Legal Name Maryus Howard Brandon Howard

Certification Level: ☐ B ☐ A ☐ P ☐ CCT ☐ RN
☐ B ☐ A ☐ P ☐ CCT ☐ RN
☐ B ☐ A ☐ P ☐ CCT ☐ RN
☐ B ☐ A ☐ P ☐ CCT ☐ RN

TIME	B/P	P	R	SPO2	ETCO2	GLUC	TEMP
	121/81	89	18	96			PWD

Treating Physician/PCP _____ Social Security Number _____

Medicare _____ Medicaid _____

Other Insurance _____

Policy Number _____ Name of Insured _____

TIME	PROCEDURE / RX	DOSE	ROUTE

Military Time	TIME	MILEAGE
DISPATCHED		
ENROUTE SCENE	1735	43.8
ARRIVE SCENE	1738	44.5
PATIENT CONTACT		
ENROUTE FACILITY	1743	44.5
ARRIVE FACILITY	1751	47.2
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: Pen, Codeine ioUine PMHX: _____

Chief Complaint/Reason for Stretcher: rib pain

Narrative: 1927 dispatched to scene at 60 rot 9/10 rib pain. Upon arrival pt standing outside AT04 skin PWD. Pt states rib pain x 2 days, no apparent scale. States she was cleaning, over and felt a pop. Pt placed on cot POC SS2 SRX2. U/t is above Once at scene report + care given to nursing staff

Crew Signatures (Legal Name as printed on EMT Card)

Driver: Maryus Howard Signature/Printed Name: EMT-PM Maryus Howard

Attendant: _____ Signature/Printed Name: _____

RECEIVING FACILITY SIGNATURES

Please sign and print your first and last name as per Medicare guidelines, your signature must contain a legal first and last name.

Signed: Donnan. McCann

Printed: _____

Copy of PCR left with facility: ☐ Yes ☐ No