

**EMS Agency** Platte Valley  
**Name:** Ambulance  
Service  
**PVAS** PVAS23-2174  
**Response#:**



**Patient Name:** Angel, Theodore James

**Fire Incident#:** SACFD23-  
0001533

Egbert Station - BC EMS 53  
1750 Egbert St.  
Brighton, CO 80601

## Prehospital Care Report

### Agency/Unit Info

**EMS Agency** 118  
**Number:**  
**Primary Role of the** ALS Ground Transport  
**Unit:**  
**EMS Shift:** A-Shift  
**EMS Unit Call Sign:** AMB23

**EMS Agency Name:** Platte Valley Ambulance Service  
**Level of Care of This** Paramedic  
**Unit:**  
**Mass Casualty** No  
**Incident:**

### Patient's Phone Number

(720) 982-1750

Type

**Name:** Angel, Theodore James  
**Address:** , CO 80229

**Age:** 47 Years  
**Gender:** Male

**D.O.B.:** 09/15/1975  
**Race:** Hispanic or Latino

### Call Type/Location/Disposition

**Call Type:** Traffic/Transportation Incident

**Disposition:** Patient Treated, Transported by this EMS Unit

**Resp. Mode:** Emergent (Immediate Response)  
**Urgency:** Immediate

**Transport Mode:** Non-Emergent  
**Destination:** North Suburban Medical Center (MAIN CAMPUS Thornton)  
9191 GRANT ST  
City of Thornton, CO 80229

**Dest. Determ.:** Closest Facility

**Response:** 911 Response (Scene)  
**Location:** Street and highway

**Response Delay:** None/No Delay

**Incident Address:** CO Blvd/Brighton Blvd  
COMMERCE CITY, CO 80022

**Transport Delay:** None/No Delay

**Type of Destination:** Hospital-Emergency Department

### Response Info

**Incident/Patient** Patient Treated, Transported by this

**Complaint Reported** Traffic/Transportation Incident

**Disposition:** EMS Unit

**by Dispatch:**

**Type of Service** 911 Response (Scene)

**First EMS Unit on** Yes

**Requested:**

**Scene:**

**Incident Number:** SACFD23-0001533

**Number of Patients** Multiple  
at Scene:

**EMD Performed:** No

**EMS Response** PVAS23-2174  
**Number:**

**Type of Response** None/No Delay  
**Delay:**

**Type of Scene Delay:** None/No Delay

**Incident Location** Street and highway  
**Type:**

**Additional Response** Lights and Sirens  
**Mode Descriptors:**

**Type of Dispatch** None/No Delay  
**Delay:**

**Unit Notified:** 02/23/2023  
18:06:41

**Patient Name:** Angel, Theodore James

**Date Printed:** 02/27/2023  
14:53

**EMS Response** PVAS23-2174  
**Number:**

**Crew Member Completing this** Bechtel, Mikayla  
**Report:**

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### PVMC Bypass

**Bypass Called  
for transport to  
other than  
PVMC?:**

**Doctor's Name that  
granted Bypass?:**

**Reason for bypass of  
PVMC ED?:**

### Provider Impression

**Primary Impression:** Injury of face

**Secondary Impression:** Injury of shoulder or upper arm

### Patient Condition

<b>Complaint Type</b>	<b>Complaint</b>	<b>Duration</b>
Chief (Primary)	Face and left shoulder pain	15 Minutes

**Alcohol/Drug Use:** Patient Admits to Alcohol Use

**Other Symptoms:** Pain in limb, unspecified

**Primary Symptom:** Pain in shoulder

### Unit Personnel

<b>Crew Member</b>	<b>Level of Certification</b>	<b>Role</b>
Bechtel, Mikayla	Paramedic	Primary Patient Caregiver-Transport ; Primary Patient Caregiver-At Scene
Dewyer, Cahte	Paramedic	Driver/Pilot-Response ; Driver/Pilot-Transport

### Narrative

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**Narrative:** A23 dispatched with Engine 22 & law enforcement for an MVC. A23 responded emergent to an intersection for a 47 yo male.

**S-** Patient states that he was taking a Lyft home because he has been drinking alcohol this evening. He states that he was unrestrained in the back seat when the vehicle he was in struck another vehicle. He states they were going about 10 mph. He states that he remembers the whole event and that he did not lose consciousness. He states that he hit his face on the back of the seat in front of him. He states that his left shoulder and his face are painful. No chest pain, shortness of breath, vision changes, or nausea/vomiting reported. He does report dizziness later throughout transport. No syncope or seizure activity witnessed. No change in level of consciousness or orientation noted throughout transport. He denies any medical history, allergies or medications. He denies any neurological deficits. No additional recent illness, injury, or surgery reported. No drugs reported.

**O-** Upon arrival patient is found sitting upright in the back of a vehicle. Patient is alert and tracking EMS with his eyes upon arrival. He is ambulatory with assistance, unsteady gait. Airway is patent. He is maintaining his own airway at this time and breathing at an adequate depth and rate of 16 breaths per minute, no increased work of breathing or cyanosis noted. His spo2 is 93% on room air. His lung sounds are clear bilaterally. His skin is normal warm and dry, radial pulses are strong and regular at a rate of 84 bpm. Blood pressure is 130/82. Pupils are equal and reactive. GCS of 14. No visible or palpable trauma noted to the head, face, neck, chest, abdomen, back or extremities. Equal chest rise and fall with equal breath sounds in all fields. No tracheal deviation or JVD noted. His abdomen is soft and non-tender, atraumatic. Pelvis is stable. No evidence of incontinence. PMS present in all extremities. No neurological deficits noted or reported. No bleeding noted. He is slurring his words and has an unsteady gait. He is also slightly confused during conversation.

**A-** face and left shoulder pain following an MVC.

**P-** A23 crew spoke with all parties involved in the MVC. Initial assessment performed on scene. Patient moved to the stretcher via assisted walk. Ensured seatbelts were secured and patient was in a position of comfort, semi-Fowler's. EMS crew moved stretcher to ambulance and secured inside. Further assessment and interview performed in the ambulance. Head to toe trauma assessment performed. Patients clothing removed for assessment. C-collar placed. Patient's airway, respiratory effort, lung sounds, pupils, mental status, neck, back, skin, vitals, and chief complaint assessed and monitored. Patient assessed frequently throughout transport.

A23 transported routine to North Suburban ER. Upon arrival, the patient is assigned to ED bed 21. Stretcher moved next to ED bed. Patient moved to bed via assisted slide from the stretcher. Ensured safety railings were up. Gave report to receiving RN and healthcare team. Patient is clinically intoxicated and not able to sign PVAS form, receiving RN Connor B. signs. A23 ensured patient had all of their belongings in the room with them. No further contact with the patient.

Copies of face sheet attached.

Patient states that he does not have his ID or insurance card and that they are not currently in his wallet. Hospital does not have copies.

All times are approximate.

Report by Mikayla Bechtel NR-P

#### Past Medical History

#### Patient Medications

Medication	Dosage	Route
None Reported		

#### Medication Allergies

Medication Allergies
No Known Drug Allergy

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**Medical History:** None Reported  
**Medical History Patient Obtained From:**

**Advance Directives:** None

### Activities

#### Procedures

Time	Crew	Name	Location	Size of Equipment	Attempts	Response	Success
18:23:41	Dewyer, Cahte	Cervical Collar Applied			1	Unchanged	Yes

#### Vitals

Time	BP	Mean Arterial Pressure	Limb	Pulse m	Rhyth	Resp	Effort	Spo2	Qual	CO2	GCS	Pain	Stroke Scale	PTA	RTS	Pt. Position
18:24:41	130 / 82	98		84		16	Normal	93	At Room Air	14	Not Recorded	Not Recorded	No	12		
18:36:48	118 / 79	92		82	Regular	16	Normal	92	At Room Air	14			No	12		

#### GCS

Time	Eye	Motor	Verbal	Score Qualifier
18:24:41	4 - Opens Eyes spontaneously	6 - Obeys commands; Appropriate resp	4 - Confused	None-Initial GCS has legitimate
18:36:48	4 - Opens Eyes spontaneously	6 - Obeys commands; Appropriate resp	4 - Confused	None-Initial GCS has legitimate

### Patient Transport/Positioning

**Patient Moved to** Assisted/Walk; Stretcher

**Ambulance:**

**Patient's Position in** Semi-Fowlers

**Transport:**

**Patient Moved From** Stretcher

**Ambulance:**

### Response Times and Mileage

**PSAP:** 02/23/2023 18:06:32

**Incident Number:** SACFD23-

**To Scene:** 0.0

**Call Sign:** 0001533

**To Dest:** 5.2

**Veh. #:** AMB23

**To End:** -5.2

**Start Odom:** 12

**Total:** 0.0

**Scene Odom:** 0

**Dest. Odom:** 5.2

**Ending Odom:** 0

**Unit Disp.:** 02/23/2023 18:06:41

**Enroute:** 02/23/2023 18:07:28

**At Scene:** 02/23/2023 18:13:07

**At Patient:** 02/23/2023 18:18:41

**Depart:** 02/23/2023 18:26:59

**Arrive Dest.:** 02/23/2023 18:42:48

**In Service:** 02/23/2023 18:53:55

**In Quarters:** 02/23/2023 19:00:53

### Billing Information

**Payment:** Not Recorded

**Work Related?:** No

### Insurance Information

Company Name	Company City	Company State	Insurance Policy #	Relationship
BC/BS of Colorado-Anthem	City of Denver	CO	HRZ090070108	Self

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### Signatures

**Type of Person Signing:** Healthcare Provider

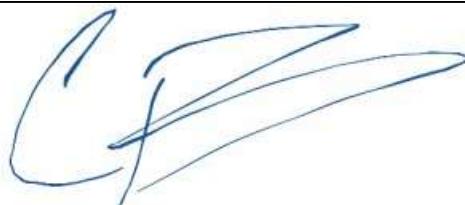
**Signature Reason:** Transfer of Patient Care

**Paragraph Text:**

The patient named on this form was received by this facility on the date and at the time indicated and this facility furnished care, services or assistance to the patient. My signature is not an acceptance of financial responsibility for the services rendered.

**Status:** Signed

**Signature Graphic:**



**Printed Name:** Connor B

**Signature Date:**

**Type of Person Signing:** EMS Primary Care Provider (for this event)

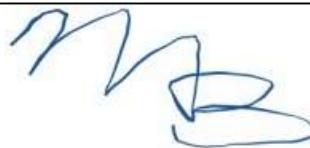
**Signature Reason:** EMS Provider

**Paragraph Text:**

I hereby attest that the PCR accurately reflects signatures/notations that I made in my capacity as the treating provider when I treated and/or transported the above listed patient. I do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

**Status:** Signed

**Signature Graphic:**



**Printed Name:** Mikayla Bechtel

**Signature Date:**

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**Type of Person Signing:** EMS Crew Member (Other)

**Fire Incident#:** SACFD23-  
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**Signature Reason:** EMS Provider

**Paragraph Text:**

**Status:** Signed

**Signature Graphic:**



**Printed Name:** Cahte Dewyer

**Signature Date:**

### Attachments

**File Name:** image

**Modified By:** Mikayla Bechtel

**Modified On:** 02/23/2023 22:29:51

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PVAS23-2174

North Suburban Medical Center  
9191 Grant Street, Thornton, Colorado 80229 (303) 451-7800  
IN / OUT / ER PATIENT ADMISSION RECORD  
ACCOUNT#: F45010342505 UNIT RCRD #: F0903-31324  
UNIV RCRD #: F441431

ROOM/BED: ADM DATE: 02/23/23  
PT. TYPE: PRE ER LAST DC DATE:

ADM TIME: 1850 FIN CLASS: 13  
LOCATION(S): F.ER

PATIENT INFORMATION

NAME: ANGEL, THEODORE JAMES  
STREET: 8901 GRANT ST  
STREET: APT 1431  
C/S/ZP: THORNTON, CO 80229  
PHONE#: (720) 982-1750 CNTY/RES: ADA  
CELLPHONE#:  
SPOUSE / NOK / COMPANION  
GARCIA, ANTHONY  
NA  
WESTMINSTER, CO 80033  
(303) 246-3053 RELTN: BR  
WORK PH:

OTHER NAME:  
DOB: 09/15/1975 SS#: XXX-XX-6442  
AGE: 47 RACE:  
SEX: M MAR STATUS: D  
REL:  
EMAIL:

PERSON TO NOTIFY  
GARCIA, ANTHONY  
NA

WESTMINSTER, CO 80033  
(303) 246-3053 RELTN: BR  
WORK PH:

GUARANTOR  
ANGEL, THEODORE JAMES RELTN: SA  
8901 GRANT ST  
APT 1431

THORNTON, CO 80229  
(720) 982-1750  
SUBSCRIBER  
ANGEL, THEODORE JAMES DOB: 09/15/75  
HOLLAND RESIDENTIAL  
RELTN: SA  
EMP STS: F

INSURANCE INFORMATION

PRIMARY INSURANCE - IBCOOS SECOND INSURANCE - THIRD INSURANCE -

BC OUT OF STATE/OREGON  
PO BOX 5747  
DENVER

CO 80217-5747

POLICY #: HRZ090070108

COVERAGE #:

INS PHONE #: (888) 367-2116

GRP#/AUTH#: 99999/

POLICY #:

COVERAGE #:

INS PHONE #:

GRP#/AUTH#: /

POLICY #:

COVERAGE #:

INS PHONE #:

GRP#/AUTH#: /

ACCIDENT / OTHER INFORMATION

ACCIDENT DATE:

TIME: PLACE:

ACC DES:

ARRIVAL MODE:

PHYSICIAN INFORMATION / DOCUMENTATION

ADM:

PMY:

ATT:

FMY:

OTHER 1:

ER:

REASON FOR VISIT/CHIEF COMPL: UNK-AMB

OTHER 2:

PRINCIPAL DIAGNOSIS:

PRINCIPAL OPERATION/PROCEDURE:

CONSULTATIONS:

PHYSICIAN SIGNATURE/DATE:

Printed [ ]  
Final Check [ ]

COMMENTS:

ADVANCE DIRECTIVE:

ACCT# F45010342505

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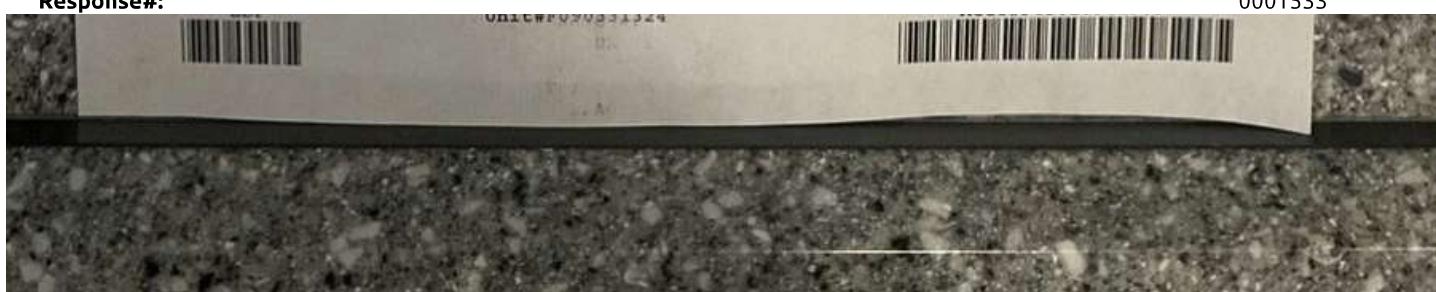
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## Addendums

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### COVID-19 Pre-hospital Screening PVAS

02/23/2023 18:18

#### Header

**Incident Number:** SACFD23-0001533

**Incident Disposition:** Patient Treated, Transported by this  
EMS Unit

**Primary Impression:** Injury of face

**Dispatch Date/Time:** 02/23/2023 18:06:41

**Age:** 47

**Gender:** Male

#### Fever

Question

Answer

Notes

Does the patient present with a fever?

Were any anti-fever medication(s)  
(Tylenol, Ibuprofen) administered to the  
patient in the past 24 hours?

Temperature

#### Associated Symptoms

Question

Answer

Notes

Does the patient present with any of the below symptoms?

Cough

Difficulty Breathing or shortness of  
breath

Diarrhea

Loss of taste or smell?

Positive COVID-19 Test

#### Vaccination

Question

Answer

Notes

Has the patient started COVID-19  
Vaccination Series?

N/A

Has the patient completed their  
vaccination series (Moderna x2/Pfizer  
x2/J&J x1)

N/A

#### History of Event

Question

Answer

Notes

Is the patient a member of a cluster of  
patients with severe acute respiratory  
illness of unknown etiology  
(cause/reason)?

Has the patient been evaluated and  
diagnosed with an acute respiratory  
illness?

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Has the patient had close contact with a suspected or laboratory-confirmed Coronavirus (2019-nCoV) case?

**PPE**

Question

Answer

Notes

Was a surgical mask placed on the patient?

What PPE was worn by providers?

Was PPE donned before or after patient contact?

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### C-Spine

02/23/2023 18:18

#### Rule Out Criteria (any yes requires C-Collar)

Question	Answer	Notes
Altered Mental Status	Yes	
Patient must be AAOx4		
Clinically Intoxicated	Yes	
Neurologic deficit	No	
Spinal tenderness with palpation	No	
Distracting Injury	No	
Language barrier	No	

#### Treatment

Question	Answer	Notes
C-Collar Placed	Yes	
Long Spine Board	No	

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