Prehospital Care Report

Date of Call	Run No.		Agency Code	Veh. ID
04 04 03	03-158	4 10059756	5415	1851

Name: KEVIN E. SAUNDERS	Agency Name: TRUMANSBURG AMBULANCE
Address: 1668 TBURG ROAD	Dispatch Information: MENTAL HEALTH EVALUATION
ITHACA, NY 14850	Call Location: 1666 TBURG ROAD
Ph #	CHECK ONE: ☑ Residence ☐ Health Facility ☐ Farm ☐ Indus. Facility ☐ Other Work Loc. ☐ Roadway ☐ Recreational ☐ Other — Location Code: 5458

Mileage: End / Begin / Total

USE MILITARY TIMES

CALL REC'D	0719
ENROUTE	0721
ARRIVED AT SCENE	0731
FROM SCENE	0753
AT DESTIN.	0759
IN SERVICE	
IN QUARTERS	

AGE: 47 DOB: 05 01 56 SEX: ☑ M ☐ F

Physician: BRENNAN

CALL TYPE AS REC'D: ☑ Emergency ☐ Non-Emergency ☐ Stand-by

COMPLETE FOR TRANSFERS ONLY: Transferred from ☐ No Previous PCR ☐ Unknown if Previous PCR — Previous PCR Number

CARE IN PROGRESS ON ARRIVAL: ☐ None ☐ Citizen ☑ PD/FD/Other First Responder TCSD (POST STAGED) ☐ Other EMS

MECHANISM OF INJURY: ☐ MVA (✓ seat belt used →) ☐ Struck by vehicle ☐ Fall of ___ feet ☐ Unarmed assault ☐ GSW ☐ Knife ☐ Machinery — MEDICAL

☐ Extrication required ___ minutes — Seat belt used? ☐ Yes ☐ No ☐ Unknown — Seat Belt Use Reported By: ☐ Crew ☐ Patient ☐ Police ☐ Other

CHIEF COMPLAINT: "I'M IN A DIFFERENT REALITY!"

SUBJECTIVE ASSESSMENT: PT STATES HE HAS BEEN HAVING PROBLEMS WITH DELUSIONAL FEELINGS AND WANTS HELP. PT DENIES ANY FEELINGS OF VIOLENCE TOWARDS HIMSELF OR OTHERS. PT DENIES ANY OTHER COMPLAINTS. PT PRESENTS

PRESENTING PROBLEM (If more than one checked, circle primary)

☐ Airway Obstruction ☐ Respiratory Arrest ☐ Respiratory Distress ☐ Cardiac Related (Potential) ☐ Cardiac Arrest ☐ Allergic Reaction ☐ Syncope ☐ Stroke/CVA ☐ General Illness/Malaise ☐ Gastro-Intestinal Distress ☐ Diabetic Related (Potential) ☐ Pain ☐ Unconscious/Unresp. ☐ Seizure ☑ Behavioral Disorder ☐ Substance Abuse (Potential) ☐ Poisoning (Accidental) ☐ Shock ☐ Head Injury ☐ Spinal Injury ☐ Fracture/Dislocation ☐ Amputation ☐ Other ☐ Major Trauma ☐ Trauma-Blunt ☐ Trauma-Penetrating ☐ Soft Tissue Injury ☐ Bleeding/Hemorrhage ☐ OB/GYN ☐ Burns ☐ Environmental ☐ Heat ☐ Cold ☐ Hazardous Materials ☐ Obvious Death

PAST MEDICAL HISTORY: ☐ None ☑ Allergy to AMPICILLIN ☐ Hypertension ☐ Stroke ☐ Seizures ☐ Diabetes ☐ COPD ☐ Cardiac ☐ Other (List) ☐ Asthma

Current Medications (List): DENIES

VITAL SIGNS

TIME	RESP	PULSE	B.P.	LEVEL OF CONSCIOUSNESS	GCS	PUPILS	SKIN	STATUS
0755	Rate: 12 ☑ Regular	Rate: 96	138/78	☑ Alert	15/6	☑ No-Reaction	☑ Warm ☑ Dry	S

OBJECTIVE PHYSICAL ASSESSMENT: CAO WALKING AROUND NUDE IN HOUSE, NONTHREATENING, APPEARS SOMEWHAT ANXIOUS DELAY WHILE PT DRESSED. STATES HE USES MARIJUANA AND HAS BEEN HAVING PROBLEMS WITH "DIFFERENT REALITY" EXPERIENCES. PT DENIES ANY DRUG/ETOH USE TODAY. PT'S FRIEND STATES PT HAS BEEN UPSET AND

COMMENTS: HAS AGREED TO GET HELP. VS AS ABOVE. PT REFUSES TO HAVE PUPILS EXAMINED; PT MALIN, ⊖ ODORS NOTED (VISUAL CHECK ONLY). TRANSPORT TO HOSPITAL UNEVENTFUL, PE LIMITED TO VS AND CONVERSATION. PT IS COMMUNICATIVE AND COOPERATIVE. RADIO MED 8 ⊖ REA ⊖ ORD, ORAL REPORT TO RN FOR RM 15 ON ARRIVAL.

TREATMENT GIVEN

☐ Moved to ambulance on stretcher/backboard
☐ Moved to ambulance on stair chair
☑ Walked to ambulance
☐ Airway Cleared
☐ Oral/Nasal Airway
☐ Esophageal Obturator Airway/Esophageal Gastric Tube Airway (EOA/EGTA)
☐ EndoTracheal Tube (E/T)
☐ Oxygen Administered @ ___ L.P.M., Method
☐ Suction Used
☐ Artificial Ventilation Method
☐ C.P.R. in progress on arrival by: ☐ Citizen ☐ PD/FD/Other First Responder ☐ Other
☐ C.P.R. Started @ Time ▶ ___ Time from Arrest Until C.P.R. ▶ ___ Minutes
☐ EKG Monitored (Attach Tracing) [Rhythm(s) ___]
☐ Defibrillation/Cardioversion No. Times ☐ Manual ☐ Semi-automatic
☐ Medication Administered (Use Continuation Form)
☐ IV Established Fluid ___ Cath. Gauge
☐ Mast Inflated @ Time
☐ Bleeding/Hemorrhage Controlled (Method Used: ___)
☐ Spinal Immobilization Neck and Back
☐ Limb Immobilized by ☐ Fixation ☐ Traction
☐ (Heat) or (Cold) Applied
☐ Vomiting Induced @ Time ___ Method
☐ Restraints Applied, Type
☐ Baby Delivered @ Time ___ In County ☐ Alive ☐ Stillborn ☐ Male ☐ Female
☐ Transported in Trendelenburg position
☐ Transported in left lateral recumbent position
☐ Transported with head elevated
☑ Other VS, CONVERSATION

DISPOSITION (See list): CAYUGA MEDICAL CENTER — DISP. CODE: 541 — CONTINUATION FORM USED: YES

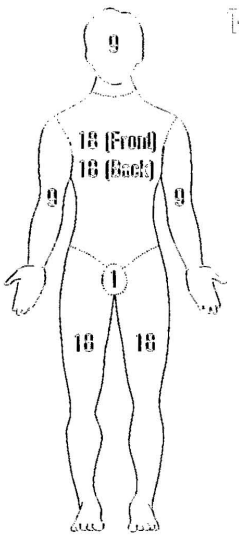
CREW			
IN CHARGE: CADBURY	DRIVER'S NAME: ROBERTSON	NAME	NAME
☐ EMT ☑ AEMT # 309285	☐ CFR ☑ EMT ☐ AEMT # 224305	☐ CFR ☐ EMT ☐ AEMT #	☐ CFR ☐ EMT ☐ AEMT #

EMS 100 (11/86) provided by NYS-EMS PROGRAM — DOH 3283 (6/94)

AGENCY COPY/WHITE RESEARCH COPY/YELLOW HOSPITAL PATIENT RECORD COPY/PINK

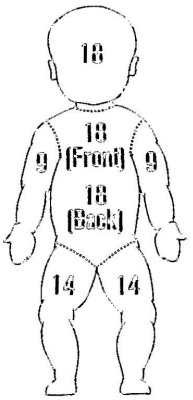
NON-HOSPITAL DISPOSITION CODES:

NURSING HOME	001
OTHER MEDICAL FACILITY	002
RESIDENCE	003
TREATED BY THIS UNIT, TRANSPORTED BY ANOTHER UNIT	004
REFUSED MEDICAL AID OR TRANSPORT	005
CALL CANCELLED	006
STANDBY ONLY (NO PATIENT)	007
NO PATIENT FOUND	008
OTHER	010



ADULT

THE RULE OF NINES
Estimation of Burned Body Surface (PERCENT)



INFANT

Hospital Receiving Agent
IF REQUIRED
COMPLETE ON WHITE (AGENCY) COPY ONLY

SIGNATURE

REFUSAL OF TREATMENT/TRANSPORTATION
NEGATIVA A RECIBIR TRATAMIENTO/SER TRASLADADO

RELEASE

EXONERACION DE RESPONSABILIDADES

COMPLETE ON WHITE AGENCY COPY ONLY
LLENE UNICAMENTE LA COPIA BLANCA (DE LA AGENCIA)

I hereby refuse (treatment/transport to a hospital) and I acknowledge that such treatment/transportation was advised by the ambulance crew or physician. I hereby release such persons from liability for respecting and following my express wishes.

Mediante la presente declaro que me niego a aceptar el tratamiento/traslado a un hospital y reconozco asimismo que el medico o el personal de la ambulancia recomendaron ese tratamiento/traslado. Consiguientemente, eximo a dichas personas de toda responsabilidad por haber respetado y cumplido mis deseos expresos.

Signed: Firma: _____

Witness: Testigo: _____

Glasgow Coma Scale

Eye Opening	Spontaneous	4	
	To Voice	3	
	To Pain	2	
	None	1	
Verbal Response	Oriented	5	Patient's Best Verbal Response
	Confused	4	Arouse patient with voice or painful stimulus.
	Inappropriate Words	3	
	Incomprehensible Sounds	2	
	None	1	
Motor Response	Obeys Command	6	
	Localizes Pain	5	Patient's Best Motor Response
	Withdraw (pain)	4	Response to command or painful stimulus.
	Flexion (pain)	3	
	Extension (pain)	2	
	None	1	
Total GCS Score		3-15	

ICD DIAGNOSTIC CODE

INSURANCE ID#

CARRIER

1 ☐ MEDICARE 2 ☐ MEDICAID 3 ☐ BLUE CROSS 4 ☐ COMMERCIAL INSURANCE 5 ☐ SELF PAY

WAS THIS A WORKERS' COMPENSATION INJURY: ☐ YES ☐ NO INSURANCE CODE _____

PATIENT'S EMPLOYER: _____ PHONE ( ) _____

EMPLOYER'S ADDRESS _____

RESPONSIBLE PARTY _____ PHONE ( ) _____

ADDRESS _____ (ZIP _____) RELATION _____