

# Bangs Ambulance, Inc.

PCR Worksheet

Agency #5411

v2.2

## Section 1: Call Information

|                          |         |                                       |                 |            |               |             |
|--------------------------|---------|---------------------------------------|-----------------|------------|---------------|-------------|
| 12-24-16<br>Date of Call | PRID    | Day <u>Even</u> Night<br>Circle Shift | EMD Code        | Fire Dist  | Mileage       | Vehicle     |
| Sunoco<br>Call Location  |         |                                       | Chief Complaint |            |               | Disposition |
| Call Rec'd               | Enroute | On Scene                              | Depart Ref      | Arrive Rec | Transfer Care |             |

## Section 2: Patient Information

|  |             |              |     |                    |                        |             |             |              |
|--|-------------|--------------|-----|--------------------|------------------------|-------------|-------------|--------------|
| Bonze Am<br>Patient Name (Last, First) | 5:15<br>DOB | 60<br>Age    | Sex | 431 88 9647<br>SSN | 1608<br>Street Address | LTH<br>City | NJ<br>State | 14852<br>Zip |
| Insurance #1                           |             | Insurance #2 |     | Home Phone #       |                        |             |             |              |

## Section 3: Medical Information

| Patient History                       | Vital Signs |         |       |                    |     |      |      |      |
|---------------------------------------|-------------|---------|-------|--------------------|-----|------|------|------|
| Doctor                                | Time        | Resp    | Pulse | B/P                | GCS | Eyes | Skin | CUPS |
|                                       |             | 14      | 72    | 110                | 15  | 17   | 17   | S    |
| Allergies<br>Risperdal                | Time        | Resp    | Pulse | B/P                | GCS | Eyes | Skin | CUPS |
| Past Med History<br>Prozac, trazodone | Time        | Resp    | Pulse | B/P                | GCS | Eyes | Skin | CUPS |
| Current Meds<br>PTSD                  | Time        | Resp    | Pulse | B/P                | GCS | Eyes | Skin | CUPS |
|                                       | SpO2% #1    | SpO2 #2 | EtcO2 | EKG Interpretation |     |      | BG   | BG   |

## Section 4: Provider Narrative

|  |  |
|--|--|
| <p style="font-size: 2em; text-align: center;">MHE</p> | <p>Name Printed _____</p> <p>Signature _____</p> <p>acknowledges receipt of items below:</p> |
|--|--|

## Section 5: Treatments Rendered

|   |  |  |
|---|--|--|
| <input type="checkbox"/> Airway Cleared                 | <input type="checkbox"/> IV #1 Cath _____ Solution _____ | <input type="checkbox"/> Med _____ Dose _____ Time _____ |
| <input type="checkbox"/> Oral/Nasal Airway              | <input type="checkbox"/> IV #2 Cath _____ Solution _____ | <input type="checkbox"/> Med _____ Dose _____ Time _____ |
| <input type="checkbox"/> ET Tube Size _____ Depth _____ | <input type="checkbox"/> Defib # Times _____             | <input type="checkbox"/> Med _____ Dose _____ Time _____ |
| <input type="checkbox"/> Suction Used                   | <input type="checkbox"/> Pacing _____ ma _____ rate      | <input type="checkbox"/> Med _____ Dose _____ Time _____ |
| <input type="checkbox"/> Oxygen _____ LPM via _____     | <input type="checkbox"/> CPR time started _____          | <input type="checkbox"/> Med _____ Dose _____ Time _____ |
| <input type="checkbox"/> Cardiac Monitoring             | <input type="checkbox"/> Immobilization                  | <input type="checkbox"/> Med _____ Dose _____ Time _____ |
| <input type="checkbox"/> 12 Lead EKG                    | <input type="checkbox"/> Other _____                     | <input type="checkbox"/> Med _____ Dose _____ Time _____ |

## Medications Given

## Section 6: Crew Information

|  |         |  |         |
|--|---------|--|---------|
| Crew #1  | Crew #2 | Crew #3                                | Crew #4 |
| Signature of Receiving Hospital Agent -            |         | Print name of Receiving Hospital Agent |         |
| Acknowledges receiving above patient on above date |         |  |         |

PRID: 43705582 Legacy Call #:

Service: Bangs Ambulance, Inc. (State ID: 5411)

Date: December 24, 2016

Base: State Street

Team: ALS

Unit: 959 (Transport)

Crew 1: Driver

Shift: Evening

Gresov, Alexandra

EMD: Yes, Without Pre-Arrival Instructions - 25A01

EMT-B (436374)

Crew 2: Primary Caregiver

Dispatched As: Psychiatric Problems

\*Domster, Frank

Mass Casualty: Not Recorded

AEMT-P (346161)

Vehc. Grid: Ithaca

\* designates an ALS Provider

Type of Svc: Scene Unscheduled

Mode to Rec: No Lights/Sirens

Response Code: Alpha

Moved From: Stretcher

Mode to Ref: No Lights/Sirens

Moved Via: Stretcher

Position: Semi-Fowlers

Outcome: Treated, Transported by EMS

Amb. Transport Code: Initial Trip

Ref Other Type: Business

Receiving: Hospital

Location: Sunoco

Cayuga Medical Center

210 S Cayuga St

Emergency Department

Ithaca, NY 14850-5510

101 Dates Drive

United States

Ithaca, NY 14850-1342

Requester: 911

607-274-4011

Scene Grid: Ithaca

Dest. Grid: Cayuga Medical Center

Ref. GPS: 42.4384082,-76.4993085

Dest. GPS: 42.46852,-76.53792

Destination Basis: Closest Facility

Last Name: Blayk First: Bonze
Address: 1668 Trumansburg Rd
City: Ithaca ST:NY Zip:14850
County: Tompkins
Country: United States
Citizenship: United States
Phone: Home: 607-277-5808 Mobile: 607-277-5808
DOB: 05/01/1956 SSN: 431-88-9647
Age: 60y Sex: M Weight:
Height:
Subscriber: No

Table with 2 columns: Odometer, Times. Rows include Ld Miles: 3.7, Dispatch: 22:27, EnRoute: 22:27, At Ref: 22:29, At Patient: 22:30, Leave Ref: 22:34, At Rec: 22:43, Transfer Care Dest: 22:48, Available: 22:54

Consent Signed: Yes
PCS / Medical Necessity Signed: No
Primary Method of Payment: Medicaid

Billing Information:

Company Group ID
Medicaid (Medicaid)

Scene Information

Description: Gas station parking lot
Patient Belongings: multiple bags all kept with the pt in the ER room. None of the contents were checked.
Other Agencies: Law Law Enforcement Number: M. Grey

Chief Complaint (Category: Psychiatric Problems)

Mental/Psych. Behavioral / psychiatric disorder

ALS Assessment: Not Required

History of Present Illness

Disp by 911 to stage away from the scene for a possible mental health transport. We were cleared prior to staging. Upon our arrival we found this pt in the care of IPD. They reported that the pt stated that he tried to get a room at the friendship center and they refused a room for him for the night. He added that now he is becoming agitated that he would like a mental health evaluation at CMC. Pt is found standing upright CAOx3 airway clear as he is speaking to us, breathing free and easy speaking in full sentences without difficulty, skin is pink warm and dry with pink and moist mucus membranes. Pt reported the same as IPD stated. He denied suicidal or homicidal ideations. Pt requested that we take him as he feels more comfortable in the ambulance than any other route. Pt sat on the stretcher and was moved to the ambulance. Tx alpha. Vitals were not taken as pt was stand

offish and showed distrust with any physical contact. Radio report en route without orders. No changes en route. Pt continued to explain how he burned his exgirlfriend's trailer down and that his PTSD needs to be addressed. Continued conversations did not connect with obvious reality as he was not associating with current events. Upon our arrival, moved pt to ER room 5 TCOT RN Deb.

| Medical History             | Current Medications | Allergies   |
|-----------------------------|---------------------|-------------|
| Obtained From: Not Recorded | None Listed         | None Listed |

| Neurological Exam  |                           |  |                    |       |         |     |        |        |     |        |        |     |        |        |     |        |        |
|--|---------------------------|--|--------------------|-------|---------|-----|--------|--------|-----|--------|--------|-----|--------|--------|-----|--------|--------|
| Level of Consciousness: Agitated   | Loss of Consciousness: No | <table border="1"> <thead> <tr> <th colspan="4">Glasgow Coma Scale</th> </tr> <tr> <th>E</th> <th>V</th> <th>M</th> <th>Tot</th> </tr> </thead> <tbody> <tr> <td>Int: 4</td> <td>5</td> <td>6</td> <td>= 15</td> </tr> </tbody> </table> | Glasgow Coma Scale |       |         |     | E      | V      | M   | Tot    | Int: 4 | 5   | 6      | = 15   |     |        |        |
| Glasgow Coma Scale   |                           |  |                    |       |         |     |        |        |     |        |        |     |        |        |     |        |        |
| E  | V                         | M  | Tot                |       |         |     |        |        |     |        |        |     |        |        |     |        |        |
| Int: 4   | 5                         | 6  | = 15               |       |         |     |        |        |     |        |        |     |        |        |     |        |        |
| Chemically Paralyzed: No   |                           |  |                    |       |         |     |        |        |     |        |        |     |        |        |     |        |        |
| <table border="1"> <thead> <tr> <th></th> <th>Motor</th> <th>Sensory</th> </tr> </thead> <tbody> <tr> <td>LA:</td> <td>Normal</td> <td>Normal</td> </tr> <tr> <td>RA:</td> <td>Normal</td> <td>Normal</td> </tr> <tr> <td>LL:</td> <td>Normal</td> <td>Normal</td> </tr> <tr> <td>RL:</td> <td>Normal</td> <td>Normal</td> </tr> </tbody> </table> |                           |  |                    | Motor | Sensory | LA: | Normal | Normal | RA: | Normal | Normal | LL: | Normal | Normal | RL: | Normal | Normal |
|  | Motor                     | Sensory  |                    |       |         |     |        |        |     |        |        |     |        |        |     |        |        |
| LA:  | Normal                    | Normal   |                    |       |         |     |        |        |     |        |        |     |        |        |     |        |        |
| RA:  | Normal                    | Normal   |                    |       |         |     |        |        |     |        |        |     |        |        |     |        |        |
| LL:  | Normal                    | Normal   |                    |       |         |     |        |        |     |        |        |     |        |        |     |        |        |
| RL:  | Normal                    | Normal   |                    |       |         |     |        |        |     |        |        |     |        |        |     |        |        |
| Motor Comments:  | normal                    |  |                    |       |         |     |        |        |     |        |        |     |        |        |     |        |        |
| Sensory Comments:  | intact                    |  |                    |       |         |     |        |        |     |        |        |     |        |        |     |        |        |

| Airway         | Respiratory    |
|----------------|----------------|
| Status: Patent | Effort: Normal |

| Cardiovascular   |
|--|
| JVD: Not Appreciated    Cap. Refill: Less than 2 Seconds |
| Edema: Not Appreciated                                   |

| Injury Details  |
|-----------------|
| Drugs/Alcohol?: |

| Initial Physical Findings           |
|-------------------------------------|
| <u>Assessment</u><br>Skin Findings: |

| Impression / Diagnosis                        |
|---|
| Symptoms: Mental/Psych                        |
| Impression: Behavioral / psychiatric disorder |

| Activity |   |        |         |             |        |       |            |      |      |  |
|----------|---|--------|---------|-------------|--------|-------|------------|------|------|--|
| Time     | H.R.  | B.P.   | RA SaO2 | Resp        | Rhythm | GCS   | ECG Method | Pain | CRW* |  |
| Action   | H.R. Method   | Method |         | Resp Effort |        |       |            |      |      |  |
| 22:34    |   |        |         | 16          |        | 4/5/6 |            | 0    | #2   |  |
|          |   |        |         | Normal      |        |       |            |      |      |  |
| 22:38    | Hosp. Notify BLS alert sent by Frank Domster via Radio. no orders |        |         |             |        |       |            |      |      |  |

\* Assessment made by