

PRID:53047155

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

Date: September 19, 2018

Team: ALS

Base: State Street

Crew 1: Primary Caregiver

Unit: 950 (Transport)

Gariolo, Anthony

Shift: Night

EMT-E (425786)

EMD: Yes, Without Pre-Arrival

Crew 2: Driver

Instructions - SEND N

\*Harris, Stephanie

Dispatched As: Hemorrhage/Laceration

AEMT-P (413205)

Mass Casualty: No

\* designates an ALS Provider

Vehc. Grid: Ithaca

Mode to Rec: Emergent (Immediate Response)

Vehc. Disp. GPS: 42.439372, -76.509025

Mode Descriptors: No Lights or Sirens

Type of Svc: Scene Unscheduled

Moved From: Stretcher

Response Code: Send N

Stretcher Purpose: Safe patient handling.

Mode to Ref: Emergent (Immediate Response)

Mode Descriptors: Initial No Lights or Sirens,  
Upgraded to Lights and Sirens

Moved Via: Stretcher

Position: Semi-Powlers

Outcome: Treated, Transported by EMS

Ref Other Type: Bar / Restaurant

Receiving: Hospital

Location: 323 Elmira Rd  
Ithaca, NY 14850  
United States

Cayuga Medical Center  
Emergency Department  
Hospital (General)  
101 Dates Drive  
Ithaca, NY 14850-1342  
607-274-4011

Requester: TC 911

Scene Grid: Ithaca

Ref. GPS: 42.4259185, -76.5113826

Dest. Grid: Cayuga Medical Center

Dest. GPS: 42.4685200, -76.5379200

Rec. RN: Rebecca Cunningham, RN

Destination Basis: Closest Facility

Dest. Basis Comment: Room 10

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

DOB: 05/01/1956 SSN: 431-88-9647

Age: 62y Sex: F Weight:

Height:

Subscriber: No

Billing Information:

Company

Group ID

Medicaid (Medicaid)

Odometer	Times
Ld Miles: 3.9	Dispatch: 04:00
	EnRoute: 04:02
	At Ref: 04:06
	At Patient: 04:07
	Leave Ref: 04:16
	At Rec: 04:24
	Transfer Care Dest: 04:27
	Available: 04:43

Consent Signed: Yes

PCS / Medical Necessity Signed: No

Primary Method of Payment: Medicaid

Scene Information

Description: Arrived to find patient lying prone on floor of restaurant with hands restrained behind back, accompanied by law enforcement.

First Agency Unit on Scene?: Yes

Patient Belongings: Patient's purse was placed on head of stretcher on scene and left with patient at hospital in room 10 after transfer of care.

Other Agencies: Law Law Enforcement Number: Ithaca PD

Chief Complaint (Category: Hemorrhage/Laceration)

Epistaxis

Duration: 10 Minutes

Anatomic Location: Head

ALS Assessment: Not Required

A00088578428



**History of Present Illness**

950 dispatched priority SEND N by TC 911 for a 40 year old female bleeding from the nose. Ithaca PD on scene advised 950 to upgrade response due to onset of difficulty breathing. 950 responded immediately without use of lights and sirens, and arrived to find a 62 year old female lying prone on floor of restaurant with her hands restrained behind her back, accompanied by Ithaca PD. Initial BLS Assessment: Patient was alert and oriented to person, place, and time. Patient presented with a patent and self-maintained airway, as evidenced by her ability to speak in complete sentences. Patient was breathing non-labored on room air, with brief spells of hyperventilation. Patient presented with good cardiovascular function, as evidenced by brisk capillary refill. Patient presented with obvious bleeding from the nose, though not active at time of assessment. Patient was able to sit and move to standing position, and was escorted to stretcher by law enforcement. Patient was secured to stretcher with safety belts. Ongoing BLS Assessment: IPD 126 advised EMS that patient was combative, and that 126 punched patient in the nose during altercation. Patient was uncooperative with EMS assessment, but reported pain in the area of her nose. Patient experienced brief spells of hyperventilation. Patient denied difficulty breathing, stating that was just how she breathes. Vital signs were attempted. Patient was transported BLS to CMC, with report given to facility during transport. Patient was moved to room 10 via stretcher, and moved to hospital bed via 4-person blanket lift. Care transferred to RN Rebecca Cunningham following a brief verbal report. 950 returned in service.

Medical History	Current Medications	Allergies
Unknown Obtained From: Patient Emergency Info Form: No	None - Reported By Patient	Unknown

Neurological Exam																						
Level of Consciousness: Alert Chemically Paralyzed: No Neuro Comments: Patient was alert and oriented to person, place, and time. Mental Present: Oriented-Person, Oriented-Place, Oriented-Time	Loss of Consciousness: No	<table border="1"> <thead> <tr> <th align="center" colspan="4">Glasgow Coma Scale</th> </tr> <tr> <th align="center">E</th> <th align="center">V</th> <th align="center">M</th> <th align="center">Tot</th> </tr> </thead> <tbody> <tr> <td align="center">Int: 4</td> <td align="center">5</td> <td align="center">6</td> <td align="center">= 15</td> </tr> <tr> <td align="center">Qual:</td> <td align="center">Legitimate</td> <td align="center">values w/o</td> <td align="center">interventions</td> </tr> <tr> <td></td> <td align="center">such as</td> <td align="center">intubation</td> <td align="center">and sedation</td> </tr> </tbody> </table>	Glasgow Coma Scale				E	V	M	Tot	Int: 4	5	6	= 15	Qual:	Legitimate	values w/o	interventions		such as	intubation	and sedation
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Int: 4	5	6	= 15																			
Qual:	Legitimate	values w/o	interventions																			
	such as	intubation	and sedation																			
Motor Comments: Patient was able to sit and stand without assistance.																						
Sensory Comments: Patient did not complain of sensory deficit.																						

Airway	Respiratory
Status: Patent Performed By: Patient Outcome: Unchanged Comments: Patient presented with a patent and self-maintained airway, as evidenced by her ability to speak in complete sentences.	Effort: Normal Comments: Patient was breathing non-labored on room air, with brief spells of hyperventilation.

**Cardiovascular**

JVD: Not Appreciated    Cap. Refill: Brisk  
Edema: Not Appreciated  
Comments: Patient presented with good cardiovascular function as evidenced by brisk capillary refill. Patient presented with obvious bleeding from the nose, which had stopped prior to arrival of EMS on scene.

**Injury Details**

Reason for Encounter: Injury/Trauma  
Trauma Center Criteria: - Not Applicable  
Drug/Alcohol Indicators Present: Not Known  
Intentional: No  
Work Related: No  
Injury Cause: Fight, Brawl, Rape  
Mechanism: Assault  
Equipment: Not Applicable  
Risk Factors Present: Not Applicable

**Initial Physical Findings**

Assessment

Skin Findings: Patient presented with warm, pink, and dry skin.  
Face: Bleeding Controlled, Pain, Tenderness  
Face Findings: Patient presented with pain, tenderness, and bleeding from the nose.

A00088578428

Impression / Diagnosis	
Symptoms: Bleeding	
Impression: Bleeding/Hemorrhage	
Initial Patient Acuity: Lower Acuity (Green)	

Activity										
Time	H.R.	B.P.	RA	SaO2	Resp	Rhythm	GCS	ECG Method	Prtcl	CRW*
	H.R. Method	Method			Resp Effort			GCS Qual		
04:20					18 Normal		4/5/6			Routine #1
Legitimate values w/o interventions such as intubation and sedation Vital signs were assessed. Unable to assess blood pressure and pulse due to patient being restrained and uncooperative.										

\* Assessment made by

*A-600 80518428*





Cayuga Medical Center



BLAYK, BONZE ANNE ROSE  
A00088518428 M000597460  
05/01/1956 62 F

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

PRE-HOSPITAL REPORT

101 Dates Drive Ithaca, New York 14850  
(607)274-4011

Date 9/19 Time 0424 Ambulance 950

Age 62 [ ] Male [  ] Female [ ] ALS [  ] BLS

Has Patient(s) been exposed/contaminated with Hazardous Material? \_\_\_\_\_

\*\*Has patient(s) traveled out the country within 21 days of symptom onset? \_\_\_\_\_

Chief Complaint altercation, blood nose  
law enforcement

PMH (related to chief complaint) \_\_\_\_\_

Patient From [ ] Home [ ] Nursing Home [ ] Physicians Office [ ] ICC [ ] CCC [ ] Other Residence

[ ] School [ ] 5 Points [ ] Willard Drug Treatment [ ] CARS [ ] Chemical Contamination

Vital Signs: BP \_\_\_/\_\_\_ HR \_\_\_ RR 18 O2 Sat \_\_\_ [ ] RA [ ] O2 Via \_\_\_\_\_

Repeat: BP \_\_\_/\_\_\_ HR \_\_\_ RR \_\_\_ O2 Sat \_\_\_ [ ] RA [ ] O2 Via \_\_\_\_\_

IV Established (where) \_\_\_\_\_ FSBG \_\_\_\_\_

Interventions (Medications) \_\_\_\_\_

EKG [ ] \_\_\_\_\_

Treatments \_\_\_\_\_

Name [Signature]

ETA Now

Physician Name \_\_\_\_\_

# Bangs Ambulance, Inc.

PCR Worksheet

Agency #5411

v2.3

**Section 1: Call Information**

Date of Call <b>9/19/18</b>	PRID	Day Eve Night Circle Shift <b>Night</b>	EMD Code <b>SEND N</b>	Fire Dist	Mileage <b>950</b>	Vehicle
Call Location <b>Denny's - Elmira Rd</b>		Chief Complaint <b>nosebleed, EDP</b>		Disposition <b>CMC #10</b>		
Call Rec'd	Enroute	On Scene	Depart Ref	Arrive Rec	Transfer Care	



**Section 2: Patient Information**

Patient Name (Last,First) <b>Bonze, Anne Rose</b>	DOB <b>5/1/56</b>	Age <b>62</b>	Sex <b>F</b>	SS#
Street Address <b>1608 Trumansburg Rd</b>		City <b>Ithaca</b>	State <b>NY</b>	Zip <b>14850</b>
Insurance #1	Insurance #2	Home Phone #		

**Section 3: Medical Information**

Patient History	Vital Signs							
Doctor	Time <b>0420</b>	Resp <b>18</b>	Pulse	B/P	GCS	Eyes	Skin <b>WPD</b>	CUPS
Allergies <b>UNK</b>	Time	Resp	Pulse	B/P	GCS	Eyes	Skin	CUPS
Past Med History <b>UNK</b>	Time	Resp	Pulse	B/P	GCS	Eyes	Skin	CUPS
Current Meds <b>None</b>	Time	Resp	Pulse	B/P	GCS	Eyes	Skin	CUPS
	SpO2% #1	SpO2 #2	EtcO2	EKG Interpretation			BG	BG

**Section 4: Provider Narrative**

<p>handuffed altercation EDP confused words</p>	 <b>BLAYK, BONZE ANNE ROSE</b> A00088518428 M000597460 05/01/1956 62 F 
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**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 _____
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<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 _____

**Section 6: Crew Information**

Crew #1 <b>182</b>	Crew #2 <b>413</b>	Crew #3	Crew #4
Signature of Receiving Hospital Agent - <i>Rebecca Cunningham</i>		Print name of Receiving Hospital Agent <b>Rebecca Cunningham</b>	
		Acknowledges receiving above patient on above date <i>Rh</i>	





Cayuga Medical Center



BLAYK, BONZE ANNE ROSE  
A00088518428 M000597460  
05/01/1956 62 F

PRE-HOSPITAL REPORT

101 Dates Drive Ithaca, New York 14850  
(607)274-4011

Date 9/19 Time 0424 Ambulance 950

Age 62 [ ] Male [  ] Female [ ] ALS [  ] BLS

Has Patient(s) been exposed/contaminated with Hazardous Material? \_\_\_\_\_

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Chief Complaint altercation, blood nose

law enforcement

1H (related to chief complaint) \_\_\_\_\_

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Interventions (Medications) \_\_\_\_\_

EKG [ ] \_\_\_\_\_

Treatments \_\_\_\_\_

\*Name [Signature]

ETA Now

Physician Name \_\_\_\_\_

# Bangs Ambulance, Inc.

PCR Worksheet

Agency #5411

v2.3

## Section 1: Call Information

Date of Call <b>9/19/18</b>	PRID	Day Eve Night Circle Shift <b>SCM N</b>	EMD Code	Fire Dist	Mileage <b>950</b>	Vehicle			
Call Location <b>Denny's - Elmira Rd</b>	Chief Complaint <b>nosebleed, EDP</b>	CMC # <b>#10</b>	Disposition	Call Rec'd	Enroute	On Scene	Depart Ref	Arrive Rec	Transfer Care

## Section 2: Patient Information

Patient Name (Last,First) <b>Bonze, Anne Rose</b>	DOB <b>5/1/56</b>	Age <b>62</b>	Sex <b>F</b>	SS#
Street Address <b>1668 Trumansburg Rd</b>	City <b>Ithaca</b>	State <b>NY</b>	Zip <b>14850</b>	
Insurance #1	Insurance #2	Home Phone #		

## Section 3: Medical Information

Patient History	Vital Signs							
Doctor	Time <b>0420</b>	Resp <b>18</b>	Pulse	B/P	GCS	Eyes	Skin <b>WPD</b>	CUPS
Allergies <b>UNK</b>	Time	Resp	Pulse	B/P	GCS	Eyes	Skin	CUPS
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## Section 5: Treatments Rendered

Treatments Rendered	Medications Given
<input type="checkbox"/> Airway Cleared	<input type="checkbox"/> IV #1 Cath _____ Solution _____ Med _____ Dose _____ Time _____
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Cayuga Medical Center



BLAYK, BONZE ANNE ROSE  
A00088518428 M000597460  
05/01/1956 62 F

PRE-HOSPITAL REPORT

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