

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-Fowlers

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

A00088518428



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 [ ] CCCC [ ] 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 _____
<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 _____

**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			



Cayuga Medical Center



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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

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

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

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

Treatments \_\_\_\_\_

\*Name [Signature]

ETA Now

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

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## 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
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> <b>A00088518428 M000597460</b> <b>05/01/1956 62 F</b>
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## Section 5: Treatments Rendered

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

## Section 6: Crew Information

<b>182</b> Crew #1	<b>4/3</b> Crew #2	Crew #3	Crew #4
Signature of Receiving Hospital Agent - <i>Rebecca Cunningham</i>		Print name of Receiving Hospital Agent <b>Rebecca Cunningham</b>	
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IV Established (where) \_\_\_\_\_ FSBG \_\_\_\_\_

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

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

Treatments \_\_\_\_\_

Name [Signature]

ETA Now

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



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Denny's - Elmira Rd Call Location		nosebleed, EDP Chief Complaint		CMC #10 Disposition		
Call Rec'd	Enroute	On Scene	Depart Ref	Arrive Rec	Transfer Care	



## Section 2: Patient Information

Bonze, Anne Rose Patient Name (Last,First)	5/1/56 DOB	62 Age	F Sex	SS#
1668 Trumansburg Rd Street Address		Ithaca City	NY State	14850 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
	0420	18					WPD	
Allergies	Time	Resp	Pulse	B/P	GCS	Eyes	Skin	CUPS
UNK								
Past Med History	Time	Resp	Pulse	B/P	GCS	Eyes	Skin	CUPS
UNK								
Current Meds	Time	Resp	Pulse	B/P	GCS	Eyes	Skin	CUPS
None								
	SpO2% #1	SpO2 #2	EtcO2	EKG Interpretation			BG	BG

## Section 4: Provider Narrative

handuffed altercation EDP confused words	 BLAYK, BONZE ANNE ROSE A00088518428 M000597460 05/01/1956 62 F 
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## Section 5: Treatments Rendered

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182 Crew #1	43 Crew #2	Crew #3	Crew #4
Signature of Receiving Hospital Agent - <i>Rebecca Cunningham</i>		Print name of Receiving Hospital Agent Rebecca Cunningham	
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