

Prehospital Care Report

040403

03-158

4-10059756

5415

1851

DATE OF CALL

RUN NO.

AGENCY CODE

VEH. ID.

Name **KEVIN E. SAUNDERS**

Agency Name **TRUMANSBURG AMBULANCE**

MILEAGE

CALL REC'D **0719**

Address **1668 TBURG ROAD**

Dispatch Information **MENTAL HEALTH EVALUATION**

END

ENROUTE **0721**

ITHACA NY 14850

Call Location **1666 TBURG ROAD**

BEGIN

ARRIVED AT SCENE **0731**

Ph #

CHECK Residence Health Facility Farm Indus. Facility Other Work Loc. Roadway Recreational Other

TOTAL

FROM SCENE **0753**

AGE **47** **DOB** **MO** **05** **DO** **1** **Y** **56** **SEX** **M** **F**

CALL TYPE AS REC'D. Emergency Non-Emergency Stand-by

LOCATION CODE **5458**

AT DESTIN **0759**

Physician **BREMAN**

COMPLETE FOR TRANSFERS ONLY Transferred from No Previous PCR Unknown if Previous PCR

PREVIOUS PCR NUMBER

IN SERVICE

CARE IN PROGRESS ON ARRIVAL: None Citizen FD/Other First Responder Other EMS

MECHANISM OF INJURY MVA seat belt used Struck by vehicle Fall of feet Unarmed assault GSW Knife Machinery Medical

EXTRICATION REQUIRED

IN QUARTERS

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 COMPLAINT. PT PRESENTS**

SEAT BELT USED?

SEAT BELT REPORTED BY

PRESENTING PROBLEM

PREVIOUS PCR NUMBER

SEAT BELT USE

SEAT BELT REPORTED BY

PREVIOUS PCR NUMBER

SEAT BELT USED?

SEAT BELT USE

SEAT BELT REPORTED BY

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

UNCONSCIOUS/UNRESP. Shock Head Injury Spinal Injury Fracture/Dislocation Amputation

OB/GYN Burns Environmental Heat Cold Hazardous Materials Obvious Death

OTHER

VITAL SIGNS

TIME	RESP	PULSE	B.P.	LEVEL OF CONSCIOUSNESS	GCS	R	PUPILS	L	SKIN	STATUS
0755	Rate: 12 <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Shallow <input type="checkbox"/> Labored	Rate: 96 <input type="checkbox"/> Regular <input type="checkbox"/> Irregular	138/78	<input checked="" type="checkbox"/> Alert <input type="checkbox"/> Voice <input type="checkbox"/> Pain <input type="checkbox"/> Unresp.	4/5/6		<input type="checkbox"/> Normal Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Sluggish <input checked="" type="checkbox"/> No-Reaction		<input type="checkbox"/> Unremarkable <input type="checkbox"/> Cool <input type="checkbox"/> Warm <input type="checkbox"/> Moist <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced	<input type="checkbox"/> C <input type="checkbox"/> U <input type="checkbox"/> P <input checked="" type="checkbox"/> S
	Rate: <input type="checkbox"/> Regular <input type="checkbox"/> Shallow <input type="checkbox"/> Labored	Rate: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular		<input type="checkbox"/> Alert <input type="checkbox"/> Voice <input type="checkbox"/> Pain <input type="checkbox"/> Unresp.			<input type="checkbox"/> Normal Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Sluggish <input type="checkbox"/> No-Reaction		<input type="checkbox"/> Unremarkable <input type="checkbox"/> Cool <input type="checkbox"/> Warm <input type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced	<input type="checkbox"/> C <input type="checkbox"/> U <input type="checkbox"/> P <input type="checkbox"/> S
	Rate: <input type="checkbox"/> Regular <input type="checkbox"/> Shallow <input type="checkbox"/> Labored	Rate: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular		<input type="checkbox"/> Alert <input type="checkbox"/> Voice <input type="checkbox"/> Pain <input type="checkbox"/> Unresp.			<input type="checkbox"/> Normal Dilated <input type="checkbox"/> Constricted <input type="checkbox"/> Sluggish <input type="checkbox"/> No-Reaction		<input type="checkbox"/> Unremarkable <input type="checkbox"/> Cool <input type="checkbox"/> Warm <input type="checkbox"/> Moist <input type="checkbox"/> Dry <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Flushed <input type="checkbox"/> Jaundiced	<input type="checkbox"/> C <input type="checkbox"/> U <input type="checkbox"/> P <input type="checkbox"/> S

SKIN

STATUS

OBJECTIVE PHYSICAL ASSESSMENT

CAO WALKING AROUND NUDE IN HOUSE, NONTHREATENING, APPEARS SOMEWHAT ANXIOUS.

SKIN

STATUS

COMMENTS **DELAY WHILE PT DRESSED. STATES HE USES MARIJUANA AND HAS BEEN HAVING PROBLEMS WITH "DIFFERENT REALITY" EXPERIENCES. PT DENIES ANY DRUG/ALCOHOL USE TODAY. PT'S FRIEND STATES PT HAS BEEN UPSET AND HAS AGREED TO GET HELP. VS AS ABOVE. PT REFUSES TO HAVE PUPILS EXAMINED; PT HEARD, @ DCAPORS NOTED (VISUAL CHECK ONLY). TRANSPORT TO HOSPITAL UNEVENTFUL, PE LIMITED TO VS AND CONVERSATION. PT IS COMMUNICATIVE AND COOPERATIVE. RADIO MED @ ORCA @ ORD, ORAL REPORT RN FOX RA 15 ON ARRIV.**

COMMENTS

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TREATMENT GIVEN

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DISPOSITION (See list) **CAYUGA MEDICAL CENTER**

DISPOSITION

DISPOSITION

DISPOSITION

IN CHARGE **CADBURY**

DRIVER'S NAME **ROBERTSON**

DISP. CODE **541**

CONTINUATION FORM USED **YES**

EMT # **092825**

EMT # **224305**

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