

Prehospital Care Report

431-88-9647

DATE OF CALL 04/03/03 RUN NO. CB2307

4-10060129 AGENCY CODE 05411 VEH. ID. 00959

Name: Kevin Saunders
1668 T-burg Rd
Ithaca, NY 14850
Ph.# 277-5808
Physician: Dr. Baker
CARE IN PROGRESS ON ARRIVAL: CMC Staff

Agency Name: BANKS
Dispatch Information: Psych txp to Elmira
Call Location: CMC ER #15
CHECK ONE: Health Facility
CALL TYPE AS REC'D.: Non-Emergency
COMPLETE FOR TRANSFERS ONLY: Transferred from
 No Previous PCR
 Unknown if Previous PCR
Previous PCR Number: -

MILEAGE: 34
CALL REC'D: 1430
ENROUTE: 1500
ARRIVED AT SCENE: 1505
FROM SCENE: 1510
AT DESTIN: 1550
IN SERVICE: 1556
IN QUARTERS: []

MECHANISM OF INJURY: MVA (seat belt used) Fall of feet GSW Machinery
 Struck by vehicle Unarmed assault Knife Extrication required minutes Seat belt used? Yes No Unknown

CHIEF COMPLAINT: Agitated, Confused, delusional, requires txp to EPC
SUBJECTIVE ASSESSMENT: Dispatched by Bangs Base for psych txp to Elmira. P3 response by EMT-P unit SATF pt. in care of CMC Dr. Baker. Pt. medicated c Ativan by staff. Reporting agitation.

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

PAST MEDICAL HISTORY	TIME	RESP	PULSE	B.P.	LEVEL OF CONSCIOUSNESS	GCS	R PUPILS	L PUPILS	SKIN	STATUS
<input type="checkbox"/> None <input checked="" type="checkbox"/> Allergy to <u>Listed</u> <input type="checkbox"/> Hypertension <input type="checkbox"/> Seizures <input type="checkbox"/> COPD <input type="checkbox"/> Other (List)	1513	Rate: 12 <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Shallow <input type="checkbox"/> Labored	Rate: 88 <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular	140/100	<input checked="" type="checkbox"/> Alert <input type="checkbox"/> Voice <input type="checkbox"/> Pain <input type="checkbox"/> Unresp.	(15)	<input type="checkbox"/> Normal Dilated <input checked="" type="checkbox"/> Constricted <input type="checkbox"/> Sluggish <input type="checkbox"/> No-Reaction	<input type="checkbox"/> Normal Dilated <input checked="" type="checkbox"/> Constricted <input type="checkbox"/> Sluggish <input type="checkbox"/> No-Reaction	<input type="checkbox"/> Unremarkable <input type="checkbox"/> Cool <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Moist <input checked="" type="checkbox"/> Dry	<input type="checkbox"/> C <input type="checkbox"/> U <input checked="" type="checkbox"/> S
<input type="checkbox"/> Stroke <input type="checkbox"/> Diabetes <input type="checkbox"/> Cardiac <input type="checkbox"/> Asthma	1530	Rate: 10 <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Shallow <input type="checkbox"/> Labored	Rate: 90 <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular	132/96	<input checked="" type="checkbox"/> Alert <input type="checkbox"/> Voice <input type="checkbox"/> Pain <input type="checkbox"/> Unresp.	(15)	<input type="checkbox"/> Normal Dilated <input checked="" type="checkbox"/> Constricted <input type="checkbox"/> Sluggish <input type="checkbox"/> No-Reaction	<input type="checkbox"/> Normal Dilated <input checked="" type="checkbox"/> Constricted <input type="checkbox"/> Sluggish <input type="checkbox"/> No-Reaction	<input type="checkbox"/> Unremarkable <input type="checkbox"/> Cool <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Moist <input checked="" type="checkbox"/> Dry	<input type="checkbox"/> C <input type="checkbox"/> U <input checked="" type="checkbox"/> S
Current Medications (List) <u>List cPT</u>	1540	Rate: 14 <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Shallow <input type="checkbox"/> Labored	Rate: 96 <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular	136/90	<input checked="" type="checkbox"/> Alert <input type="checkbox"/> Voice <input type="checkbox"/> Pain <input type="checkbox"/> Unresp.	(5)	<input type="checkbox"/> Normal Dilated <input checked="" type="checkbox"/> Constricted <input type="checkbox"/> Sluggish <input type="checkbox"/> No-Reaction	<input type="checkbox"/> Normal Dilated <input checked="" type="checkbox"/> Constricted <input type="checkbox"/> Sluggish <input type="checkbox"/> No-Reaction	<input type="checkbox"/> Unremarkable <input type="checkbox"/> Cool <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Moist <input checked="" type="checkbox"/> Dry	<input type="checkbox"/> C <input type="checkbox"/> U <input checked="" type="checkbox"/> S

OBJECTIVE PHYSICAL ASSESSMENT: Delusion, violence, & certified mental instability. Pt. st. @ Acute Yo.

COMMENTS: @ Incidents since admission to ED. Prev. cp of "worms in bed" @ Pt. presents AAOx3 @ ABCs. Ambulatory. Vitals as above (Pupils not checked to prevent ↑ pt. agitation). Pt added to stretcher for BLS P3 txp to Elmira. Psych. En route pt. remained rel. calm. @ Air condition. Periods of sleep interrupted by screams & violent shaking of body every 10-15 min. The episode would last for 5-20sec, subside & pt woul.

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)] []
fibrillation/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 []

DISPOSITION (See list) Elmira Psych. Center DISP. CODE 002 CONTINUATION FORM USED []

IN CHARGE: N. Lawyer DRIVER'S NAME: G. Tamborello
ATT # 200972 CFR EMT AEMT # 2-1567
NAME: [] NAME: []
CFR EMT AEMT # [] CFR EMT AEMT # []

Prehospital Care Report

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CONTINUATION FORM

DATE

USE BALL POINT PEN ONLY

PRESS DOWN FIRMLY: PRINT NEATLY

M 04 04 03	AGENCY NAME BANGS	Enter PCR ID# Top Center of PCR	4-10060129
PATIENTS NAME Kevin Saunders	RECEIVING HOSPITAL Elmira Psych. Center	RECEIVING HOSP ID	MEDICAL CONTROL ID
			Pt's Approx Weight in kgs

TIME	RESP	BREATH SOUNDS	PULSE	EKG	B.P.	G.C.S.	MEDICATIONS	DOSE	ROUTE
	RATE: <input type="checkbox"/> REGULAR <input type="checkbox"/> SHALLOW <input type="checkbox"/> LABORED	<input type="checkbox"/> R NORMAL <input type="checkbox"/> DECREASED <input type="checkbox"/> ABSENT <input type="checkbox"/> RALES <input type="checkbox"/> RONCHI <input type="checkbox"/> WHEEZES	RATE: <input type="checkbox"/> REGULAR <input type="checkbox"/> IRREGULAR	<input type="checkbox"/> DEFIB @ ___ J		EO V M Tot	<input type="checkbox"/> Adenosine <input type="checkbox"/> Albuterol <input type="checkbox"/> Atropine <input type="checkbox"/> Dextrose <input type="checkbox"/> Diazepam <input type="checkbox"/> Epinephrine <input type="checkbox"/> Furosemide <input type="checkbox"/> Other		
	RATE: <input type="checkbox"/> REGULAR <input type="checkbox"/> SHALLOW <input type="checkbox"/> LABORED	<input type="checkbox"/> R NORMAL <input type="checkbox"/> DECREASED <input type="checkbox"/> ABSENT <input type="checkbox"/> RALES <input type="checkbox"/> RONCHI <input type="checkbox"/> WHEEZES	RATE: <input type="checkbox"/> REGULAR <input type="checkbox"/> IRREGULAR	<input type="checkbox"/> DEFIB @ ___ J		EO V M Tot	<input type="checkbox"/> Adenosine <input type="checkbox"/> Albuterol <input type="checkbox"/> Atropine <input type="checkbox"/> Dextrose <input type="checkbox"/> Diazepam <input type="checkbox"/> Epinephrine <input type="checkbox"/> Furosemide <input type="checkbox"/> Other		
	RATE: <input type="checkbox"/> REGULAR <input type="checkbox"/> SHALLOW <input type="checkbox"/> LABORED	<input type="checkbox"/> R NORMAL <input type="checkbox"/> DECREASED <input type="checkbox"/> ABSENT <input type="checkbox"/> RALES <input type="checkbox"/> RONCHI <input type="checkbox"/> WHEEZES	RATE: <input type="checkbox"/> REGULAR <input type="checkbox"/> IRREGULAR	<input type="checkbox"/> DEFIB @ ___ J		EO V M Tot	<input type="checkbox"/> Adenosine <input type="checkbox"/> Albuterol <input type="checkbox"/> Atropine <input type="checkbox"/> Dextrose <input type="checkbox"/> Diazepam <input type="checkbox"/> Epinephrine <input type="checkbox"/> Furosemide <input type="checkbox"/> Other		

NARRATIVE: *begin to drift back into sleep. Pt. awake & aware, not really cognizant of outbursts. This occurred on 4 separate occasions. While sleeping pt had partial & full muscle twitches but was ^{not} aroused/awake by elevated speech. OK in pt. condition en route. Pt. care tld to EPC 3 incident.*

Nicholas Lawyer
EMT D
200972

MEDICAL CONTROL RECORD	MEDICAL CONTROL FACILITY	ON-LINE MED CTRL PHYSICIAN	PRINT NAME	MD ID#	SIGNATURE (OPTIONAL)
Controlled Substance Destroyed	DRUG	DATE	DRUG DESTROYED WITNESS	PRINT NAME	SIGNATURE
INDIVIDUAL ADMINISTERING MEDICATION and/or IN CHARGE - PLEASE PRINT -				SIGNATURE	EMT/AEMT CERT NUMBER
NICHOLAS LAWYER				<i>Nicholas Lawyer</i>	200972

Rec'd by: 602 Date: 4/4/03 Time: 1420 Log #: _____

Caller: Becca Phone #: 274-4411

R
G
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N
T

Call Location: _____ Base 911

Patient Name: _____ Age: _____ Sex: _____

Nature of Call: _____ Pri 1 Pri 2

Times: Rec'd _____ Enroute _____ On Scene _____ From Scene _____ At Dest _____

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P/U Date: 4, 4, 03 P/U Time: _____ Apt Time: _____

Pt Name: Kevin Saunders Age: 46 DOB: 5/1/56

Pt Address: 1668 T-Burg Rd, Ithaca

Phone #: _____ Zip Code: _____ One Way Round Trip

From: CMCER To: Elmira Psh.

W/C Needs Chair Has Chair # of steps: _____

Stretcher, Reason for stretcher: Bipolar - Manic,
Long term care

Patient's Current Status: _____

Equipment Needed: _____

Staff: EMT Paramedic C.C. R.N. S.C.T. Extra Crew

B
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L
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SS #: 431889645 Medicare #: _____ PCS Waiver

Medicaid #: _____ County #: _____ Medicaid Prior Approval: _____

Other Ins: _____ Policy #: _____

Account Status & Notes: Self pay