Pinellas County Emergency Medical Services Patient Care Report

COPY

Personnel / PC EMS ID#	
Lead	080093
Crew	080672

Response Times	
Received	1228
Dispatched	1229
Responding	1230
On Scene	1234
At Patient	1234
Trauma Alert	
Aero Upgrade	
Xport On Scene	
Xport Depart	
Arrival	
Available	1258

Date	Incident	Patient	Agency
04/23/10	0030058	01 of 01	CL

First ALS	Unit ID #	Other Unit IDs #	Disposition
Yes [x] No [ ]	R50L	PL30	[ ] Unfounded [ ] Deceased [x] Refused [ ] Treatment/Transport

Location Type | Incident Location: 28467 US Hwy 19 N. | Building/Section/Apt/Lot/Room # | ZIP

Patient Last Name [ ] Unknown: [illegible]INDER | First Name: CATHERINE | MI

Patient Home Address [ ] None [ ] Unknown [ ] Same As Incident: 6331 Hollywood Bl | Building/Section/Apt/Lot/Room #

City: Los Angeles | State: CA | Country | ZIP

Age	Sex	Race	Date of Birth [ ] Unknown	Severity	Weight (kg)
56 [x] Years [ ] Months [ ] Days	[ ] Male [x] Female	[x] White [ ] Hispanic [ ] Black [ ] Other	12/27/1953	[ ] Red [ ] Yellow [x] Green	65

Airway	Breath Sounds	Temperature	Color	Moisture	Pupils
[x] Normal [ ] Obstructed Airway [ ] Stridor [ ] Unequal Expansion [ ] Apnoic	[x] Clear (Right Apex / Base, Left Apex / Base) [x] Clear [ ] Diminished [ ] Rales [ ] Wheezes [ ] Rhonchi	[x] Normal [ ] Hot [ ] Cool	[x] Normal [ ] Pale [ ] Cyanotic [ ] Flushed [ ] Jaundice [ ] Mottled	[x] Normal [ ] Moist [ ] Dry	R L [x][x] Normal [ ] Dilated [ ] Constricted [ ] Non-Reactive [ ] Irregular

Glasgow Coma Score

Eyes	Verbal	Motor
		Obeys (6)
	Oriented (5)	Localized 5
Spontaneous (4)	Confused 4	Withdrawn 4
To Speech 3	Inappropriate 3	Flexion 3
To Pain 2	Garbled 2	Extension 2
None 1	None 1	None 1

CIRCLE VALUES GCS: 15

Behavior: [x] Normal [ ] Combative [ ] Confused [ ] Obtunded [ ] Postictal [ ] Seizing [ ] Dysphasic [ ] Hallucinating [ ] Unresponsive [ ] Other (Document in Narrative)

Presenting Problem(s): Soft Tissue Injury

Pain or Distress Level: 2 Scale = 0 to 10

History of Present Illness: Pt. sts. was grabbed forcefully by Husband by (R) Forearm

Onset of Constant Symptoms: 15 [x] Mins [ ] Hours [ ] Days

History Source: Patient

Medications [ ] None [ ] Unknown: Hormones

Others:

History: [x] None [ ] Unknown [ ] Asthma [ ] COPD [ ] Cardiac [ ] HTN [ ] CVA [ ] Diabetic [ ] Seizures [ ] Cancer [ ] HIV [ ] Hepatitis

Others: Pt. Denies

Allergies: [x] None [ ] Unknown [ ] Codeine [ ] Caine Drugs [ ] Penicillin [ ] Morphine [ ] Sulfa [ ] Valium [ ] Latex [ ] ASA

Others: Pt. Denies

Patient's Physician: [ ] None [ ] Unknown

Medical Necessity for Service (Transport Unit Only)

Patient Found: [ ] In Bed [ ] In Vehicle [ ] On Ground or Floor [ ] Geriatric [ ] Other (Document in Narrative)

Position Found: [ ] Supine [ ] Prone [ ] Lateral Recumbent [ ] Other (Document in Narrative)

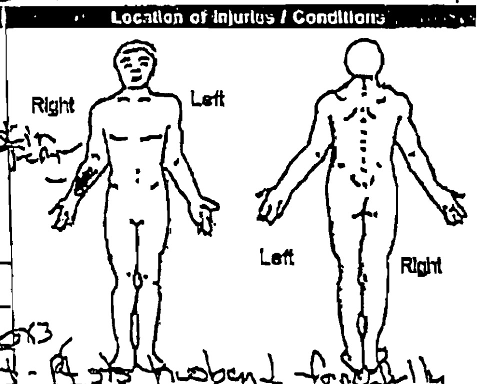
To Stretcher Via: [ ] Assisted [ ] Backboard [ ] Draw Sheet [ ] Other (Document in Narrative) [ ] Carried

Bed Confinement: [ ] Patient is unable to get up from bed without assistance AND unable to ambulate AND unable to sit up in wheelchair for duration of transfer. (Document Reasons in Narrative)

Type of Injury / Conditions

1 - Amputation
2 - Blunt
3 - Bruising
4 - Burns
5 - Crushing
6 - Contracture
7 - Decubitus
8 - Deformity
9 - Fracture, Suspected
10 - Gunshot Wound
11 - Laceration / Bleeding
12 - Paralysis
13 - Puncture / Stab
14 - Tenderness / Pain
99 - Other (Document in Narrative)

Location of Injuries / Conditions



Reason for Non-emergency Transfer:

Physical Exam & Narrative: Steady & Found Ambulatory on scene, A&Ox3 NAD C/o Soft Tissue Injury (R) FA 2° Unarmed Assault - Pt sts husband forcefully grabbed her by the arm!

PE: PERRL, Airway Pink Conjunctiva, CSVD, L/S Clear Equal Bilat & Good, Ø C/P, Ø D/B, Ø Cyanosis, Ø Accessory muscle use, Ø JVD, Abdomen soft Nontender, Ø Edema, Bilat Motor Sensory Intact x4, Ø Neuro Deficit, minor skin tear (R) forearm Ø Other [illegible] Tx: v/s, PE, PFA, [illegible], Dsg Applied. Pt sts refuse transport. Pt advised of condition & [illegible] Pt still refuse. Pt signed Refusal, witnessed by PCSO + Crew

[ ] Supplemental Attached
[ ] Cardiac Arrest Report Attached

Final Field Impression	Condition Codes	Lead Clinician Signature	ID Number
C/o Soft Tissue Injury / RMA		[signature]	080093

WHITE - ORIGINAL YELLOW - HOSPITAL PINK - AMBULANCE SERVICE

Cause of Injury

- [X] Assault
- [ ] MVC
- [ ] GSW
- [ ] Stabbing
- [ ] Burn
- [ ] Fall
- [ ] Marine Vehicle
- [ ] Bicycle
- [ ] Environment
- [ ] HAZMAT
- [ ] Heavy Equipment
- [ ] Other (Document in Narrative)

Vehicle Deformity

- [ ] None
- [ ] Dashboard
- [ ] Side Window
- [ ] Windshield
- [ ] Patient's Door
- [ ] Steering Wheel

Protection

Y N U

- [ ] [ ] [ ] Lapbelt
- [ ] [ ] [ ] Shoulder Belt
- [ ] [ ] [ ] Helmet
- [ ] [ ] [ ] Child Seat
- [ ] [ ] [ ] Air Bag
- [ ] [ ] [ ] Para. Float Device
- [ ] None

Trauma Center Transport Local Criteria

- [ ] Extended Extrication Time ____ Minutes
- [ ] Death of another Passenger from Trauma
- [ ] Rapid Deceleration with Heavy Damage
- [ ] Passenger Space Invasion > 1 Foot
- [ ] Ejection from Motor Vehicle
- [ ] Yes [ ] No TTP Exception (Contact Medical Control - Document in Narrative)
- [ ] Moderate - Heavy Damage w/o Passenger Restraints
- [ ] Child < 10 Hit by Motor Vehicle
- [ ] Major Blunt Trauma to Head, Neck, Trunk, or Pelvis
- [ ] Falls > 15 Feet (Pediatric: > twice their height)

Fall Distance (Feet): [ ][ ]

TRAUMA ALERT CRITERIA

CHECK ALL THAT APPLY

Adult Criteria (Age => 16 years)

RED

- [ ] Active Airway Assist or Intubated
- [ ] Lack of Radial Pulse with HR > 120
- [ ] BP < 90
- [ ] Glasgow Coma Score <= 12
- [ ] Best Motor Response <= 4
- [ ] Paralysis
- [ ] Loss of Sensation
- [ ] 2° and/or 3° Burns => 15% BSA
- [ ] Amputation (Proximal Wrist/Ankle)
- [ ] Penetration to Head, Neck, or Torso
- [ ] Two or more Long Bone FX Sites
- [ ] Suspected Spinal Cord Injury

BLUE

- [ ] Age => 55
- [ ] Resp Rate => 30
- [ ] HR => 120
- [ ] Best Motor Response = 5
- [ ] Degloving or Avulsion > 5"
- [ ] Gunshot Wound to Extremities
- [ ] Single Long Bone FX Site due to Fall => 10'
- [ ] Single Long Bone FX Site due to MVC
- [ ] Ejection from Motor Vehicle
- [ ] Steering Wheel Deformed by Patient

Pediatric Criteria (Age < 16 years)

RED

- [ ] Active Airway Assist or Intubated
- [ ] Faint or Non-palpable Carotid or Femoral Pulse
- [ ] BP < 60
- [ ] Altered Mental Status
- [ ] Paralysis
- [ ] Suspected Spinal Cord Injury
- [ ] Loss of Sensation
- [ ] 2° and / or 3° Burns => 10% BSA
- [ ] Amputation (Proximal Wrist/Ankle)
- [ ] Penetration to Head, Neck, or Torso
- [ ] Open Long Bone or Multiple FX Sites or Dislocations
- [ ] Avulsion, Degloving or Major Soft Tissue Injury

BLUE

- [ ] Weight <= 11 KG or Length < 33" (Red or Purple Pediatric Tape)
- [ ] Carotid or Femoral Pulses Palpable with No Radial or Pedal Pulses or BP > 60 and < 90
- [ ] Loss of Consciousness or Amnesia
- [ ] Single Closed Long Bone FX Site (Do not include Wrist or Ankle Fracture)

Trauma Alert

- [ ] ONE RED
- [ ] TWO BLUE
- [ ] PARAMEDIC INTUITION (Document in Narrative)

TREATMENT FLOW CHART

Pediatric Tape Color:
OnLine Medical Control:
ETT Confirmed on Transfer by:

Vitals	BP	Pulse	Resp.	SpO2	GCS	
Meds	Dose	Route	Result	Severity		
ECG	Rhythm	Rate	Ectopy	Lead		
ETT	Confirmation Method	Route	Size	Depth	EtCO2	

Revised 01/01/2007

Time	Action/Finding	Parameters					Performed by
1234	Patient Left Scene Immediately Prior to Arrival						080073
1236	VS	108/72	120	16			080672
1238	2° Survey						080672
1240	Drsg Applied (R) FA						080672
1257	Pt signed Refusal, witnessed by PCSO - Pt advised of Conditions/Risk						080873

Patient Condition at Time of Transfer of Care

Destination Code | Destination Address | City / State | Ground Transport Unit ID# | Type of Transport

- [ ] Ground Ambulance
- [ ] Red Lights & Siren
- [ ] Tx/Transfer to Helicopter

Initial Dispatch Priority | Involuntary Transport | Transport Position | Destination Selection | Initial Facility Not Available

Involuntary Transport:
- [ ] Implied Consent
- [ ] Baker Act
- [ ] Marchman Act
- [ ] Chapter 401.445

Transport Position:
- [ ] Supine
- [ ] Semi-Fowlers
- [ ] Fowlers
- [ ] Sheek
- [ ] Left Lat Recumb
- [ ] Prone

Destination Selection:
- [ ] Closest/Most Appropriate
- [ ] Patient's Choice
- [ ] Trauma Center
- [ ] Special Needs/Equipment
- Closest Facility

Initial Facility Not Available:
- [ ] Selective Divert - Specialty
- [ ] Bypass
- [ ] Closed
- Initial Facility

Social Security Number [ ] None [ ] Unknown | Patient Phone # [ ] None [ ] Unknown | Care Rendered | Mileage | Total Miles | Miles /Closest

Care Rendered:
- [ ] O2
- [ ] Meds Given
- [ ] Immobilization
- [ ] ECG
- [ ] IV

Mileage: Start / Stop

Medicare # [ ] No [ ] Unknown | Medicaid # [ ] No [ ] Unknown | Insurance Name [ ] None [ ] Unknown | ID # | Group #

Survivor Member | Direct Admit | Hospice | Team Color | Worker's Comp | Assisted with Transport & Patient Care

- Survivor Member: [ ] Yes [ ] No
- Direct Admit: [ ] Yes [ ] No
- Hospice: [ ] Yes [ ] No
- Worker's Comp: [ ] Yes [ ] No
- Assisted with Transport & Patient Care: [ ] Additional Medic [ ] RT [ ] RN [ ] MD (Document Reason for Assistance in Narrative)

Guarantor Name Last, First [ ] Same as Patient | Relationship to Patient | Guarantor Phone # [ ] Same as Patient

Guarantor Mailing Address [ ] Same as Patient | Building/Apt/Lot/Room # | City | State | Country | ZIP

Address may be a P.O. Box

Employer Name | Employer Phone #

Employer Address | City | State | Country | ZIP

Patient Belongings: [ ] None [ ] Hosp/Facility Bag [ ] Medications [ ] Eyeglasses [ ] Wallet [ ] Purse [ ] Jewelry [ ] Keys [ ] Dentures [ ] Cane/Walker [ ] Other (Document in Narrative)

Turned Over To: [ ] Family [ ] Facility Staff [ ] Other (Document in Narrative)

Billing Department ONLY

ICD-9	ICD-9	ICD-9

Modifiers	Bill Codes	Medicaid Code

Charge Codes

Invoice # | Coded By

Individual Refusal

Patient is refusing:
- ☐ To be evaluated
- ☐ Recommended treatment
- ☐ Recommended hospital
- ☑ Ambulance transportation (Document in Narrative)

Low Risk
- ☑ Adult or Authorized Rep.
- ☑ Alert, oriented and no alteration in mental status
- ☑ No apparent life threatening illness or injury

Accept Refusal If All Criteria Are Met

High Risk
- ☐ Minor (Age < 18) with Authorized Representative not available
- ☐ Life threatening illness or injury
- ☐ Advanced treatment initiated and stopped by the patient or Authorized Representative
- ☐ Refusal represents a risk to patient's health, safety, or welfare and/or the Public or EMS System
- ☐ High Risk Mechanism of injury without complaints or with minimal complaints
- ☐ Any Alteration in Mental Status (Conduct EMS Cognitive Evaluation)

Document in the Narrative and advise OLMC of any observed impairment or deficit, including: vision, hearing, speech, drugs or alcohol use, injuries, or illnesses. Report the Cognitive Eval Score to Medical Control, (the lower the score the higher the degree of impairment). Indicate if the patient's age is < 12 or > 80, or if the patient has less than a 8th grade education, blind, etc.

On-Line Medical Control Consult Required

Medical Control Determination
- ☐ Refusal Accepted
- ☐ Patient Accepted Recommendation
- ☐ Involuntary Transport
- ☐ Refusal - Against Medical Advice

Release of Medical Assistance

Date: MM DD YY

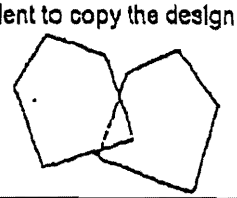
The undersigned patient, parent or authorized representative of the patient, is apparently a competent adult and certifies that the undersigned has been fully informed and understands that:
- the patient requires emergency medical care and/or;
- the patient should go to a hospital for further emergency care and/or;
- the undersigned's refusal of medical care may imperil the patient's health or result in death.

Understanding the above, the undersigned patient, parent or authorized representative of the patient refuses emergency medical care and/or transport to a hospital by ambulance, assumes all risk and consequences of such refusal and releases Pinellas County and the Pinellas County Emergency Medical Services Authority, and each and every officer, agent, subcontractor and employee of Pinellas County and the Pinellas County Emergency Medical Services Authority, from any and all liability, including all claims and causes of action that the undersigned or any person acting on behalf of the undersigned may have or claim to have in the future against Pinellas County or Pinellas County Emergency Medical Services Authority, by reason of any illness, injuries, death or other consequences resulting directly or indirectly from the undersigned's refusal of medical care.

Patient's Name:	Witness Signature:	Printed Name or Agency/ID #

Patient or Authorized Representative Signature:	☐ Patient ☐ Authorized Rep. ☐ Refused to Sign	Paramedic Signature:	PC EMS ID#

EMS Cognitive Evaluation (Minimum Passing Score = 23)

Questions/Tasks	Maximum Points	Actual Points
1. What is the Year?( ) Season?( ) Month?( ) Day of Week?( ) Their Birthday? ( )	5	
2. Where are we?( ) Street?( ) City?( ) State?( ) Country?( )	5	
3. The evaluator will name any three objects. Repeat the names of these objects three times. Ask the patient to repeat the names of these objects after three seconds.	3	
4. Begin with the number 100 and ask the patient to count backward by fives to at least five numbers (i.e., 100, 95, 90, 85, 80).	5	
5. Ask the patient to repeat the names of the three objects of question three.	3	
6. Show the patient a pen and a watch. Ask the patient to name them.	2	
7. Ask the patient to repeat: " no ifs, ands, or buts."	1	
8. Ask the patient to follow 3 three-stage command: "Take this paper in your right hand, fold it and place it on the floor."	2	
9. Ask the patient to read and do the following: "RAISE YOUR RIGHT HAND."	1	
10. Ask the patient to write any complete sentence: _____	1	
11. Ask the patient to copy the design below: 	1	
	Maximum 29 Points	Total Score