Patient Name SCHOOLCRAFT, ADRIAN Ja Hospital Medical Center Medical Record 1298984

Agency Name: JHMC

ePCR

5581845

Agency ID 7311 | Branch # | Shift # 3 | Today's Date 10/31/09 | 1st Resp. Agency | Call #

CALL INFORMATION

Call Times (24hr)		Mileage (odometer)		Crew Member ID		Vehicle Unit #	Requested By
Time Call Received	Patient Contact Time 2140	Start		Driver To Scene / Hosp. 1: 6577	Documentation	5DE3	911 / Private
Dispatched 2106	Left Scene 2214	On Scene		2: 7621		Other Vehicle	Requested By Code
En Route 2106	At Destination 2225	At Destination 4.0		3:			
On Scene 2115	In Service			4:			
				5:			

Factors Affecting Delivery: Traffic, Weather, Crowd, Staff Delays, Equipment, Delivery, Extrication, Downtown, Remote, Unsafe Scene, MD, Wrong Program, Long Trainer, Clean Up, Documentation, Est. Complete Delay

To Scene / To Patient / To Hospital / At Hospital

PATIENT INFO

Pre Disposition: Treated / Transported; Treated / Transferred Care; Treated / No Transport; Transported / Refused Care; Canceled; Pronounced Dead; Treat/Transport Private Veh; No Transport/Refused Care; Other; No Patient Found

Dispatch Reason: EMD Code — Type (D1-D9), Priority (A-C), Desc (1-9)

Run Type: Emergency (Immediate); Non-Emergency; Mutual Aid; Interfacility; Stand-By; Intercept; Scheduled

Resource Code

Lights/Siren: To Scene; To Destination — Upgraded — Downgraded

Destination Determination: Nearest Facility; Weather / Supervisor; Law Enforcement; Hospital Diversion; Medical Protocol; Online Physician; Mass Casualty; Special Resources; Patient / Family Choice; Managed Care; Patient Physician; Other

Nearest Facility Passed — Est. Miles Beyond — Diverted From Code — Diverted Time

Transport From: Home / Residence; Residential, Custodial Facility; Scene of Accident or Acute Event: Educational Inst., Farm, Industrial Place, Mine / Quarry, Public Building, Recreation/Sport, Shoulder/Hwy, Other, Unspecified; Site of Transfer (Between Ambulances)

-- Or Use -- Transport From Code (i.e. Hosp, SNF)

Transport To Code 34

# of Patients Transported 1 | # of Patients at Scene 1

Incident Address: 82 60 88 PL (Check the Box if same as Transport From Code) | Apt. Number 2

City: Glendale | County Code 81 | State/Prov. NY | Zip Code 11385

First Name: Adrian | MI | Last Name: Schoolcraft

Street Address: 82 60 88 PL (Check the Box if same as Incident Address) | Apt. Number | County Code 81 | Age 34 Days / Months / Years

City: Glendale | State/Prov. NY | Zip Code 11385 | Gender M / F | Weight 250 (lbs) / (kg)

Home Phone | Social Security Number | Date of Birth 06-21-1975

Medicaid # | Medicare #

Ethnicity: Unknown, Asian, Black, White, Black, Hispanic, Native American, Pacific Islander, White, Hispanic

Insurance Company Name | Payer ID

Policy Number | Group Number

Auto Ins, Private Ins, Supplemental, Workers Comp, Self Pay

Policy Holder First Name | Policy Holder Last Name | Same As Patient Address | Phone

Guarantor First Name (Needed if Under 18 or Disabled) | Guarantor Last Name | Same As Patient Address | Phone

PHYSICAL ASSESSMENT

Airway: Patent; Partially Obstructed: Stridor, Choking, Drooling, Grunting, Difficulty Swallowing, Nasal Flaring, Intercostal Retraction, Other; Completely Obstructed

Breathing: Rate: Normal, Slow, Rapid, Apneic. Quality: Unlabored, Labored, Shallow, Irregular. Lung Sounds: Clear, Wet, Wheeze, Diminished, Absent

Circulation (skin): Color: Normal, Cyanotic, Pale, Flush. Temp.: Normal, Hot, Cool, Cold. Cond.: Normal, Diaphoretic, Moist, Dry, Hives, Itchy, Rash, Swollen, Erythema. Cap. Refill: <2Sec, >2Sec, Absent. Edema: Normal, 1+, 2+, 3+, Pitting

L (Pupils) R: Reacts, Sluggish, Unresponsive, Dilated, Constricted

A / V / P / U

NSR, S. Tach, S. Brady, PAC's, SVT, A. Flutter, Atrial Fib., PVC's, PVC's >6, Bi / Trigem, AV Block, Junctional, V. Tach, V. Fib, P. E. A, Asystole, Paced

Glasgow: 21 45 21 55

Eyes: 4 Spontaneous, 3 To Speech, 2 To Pain, 1 Not at all

Verbal: 5 Oriented, 4 Confused, 3 Inappr. Words, 2 Inappr. Sounds, 1 None

Motor: 6 Obeys Command, 5 Localized Pain, 4 Withdraws to Pain, 3 Flexes to Pain, 2 Extends to Pain, 1 None

15 Totals (3 to 15)

Provider Impression: Abdominal Pain, GI Bleed, GI Constipation, GI Diarrhea, Vomiting, Vomiting Blood, Nausea, Dehydration Symp., Urinary Bleeding, Urination Problem, Anxiety, Cardiac Arrest?, Asthma Symptoms, Hyperventilation, Dyspnea-SOB, Apnea, Cough W/Blood, Airway Obstruction, Pulmonary Edema, Pneumonia Symptoms, Respiratory Failure, Respiratory Arrest, Carbon Mon. Poison, Obvious Death, Hemorrhage (severe medical), Shock, Trauma Injury (matrix), Post-Op Complication, Eye Symp.(no trauma), Restraints Required, Monitoring Required, Seclusion Required, Mental Hospital

Mechanism of Injury: Alcohol Intox. Suspect, Alcohol Intox Severe, Animal Bite, Assault Firearm, Assault Sexual, Assault Stabbing, Bicycle Accident, Blunt Trauma, Fall 2X Height, Fall > 20 ft, Fall, Fight / Brawl, Fire, Hazardous Materials, Machinery, Med. Device Failure, MVA / Bicycle

Injury: Major, Internal Injuries ?; Head, Face, Eyes, Neck

Amputation, Penetrating, Bleeding, Bruising, Burn, Dislocation, Fracture, Pain, Laceration, Paralysis / Numbness, Swelling, Soft Tissue Injury

Patient Name SCHOOLCRAFT, ADRIAN Ja. Hospital Medical Center Medical Record 1298984

Unit Measure: 1 gm 4 mcg 7 mcg/min 10 LPM 13 mcg/kg/min; 2 mg 5 unit 8 gt/min 11 mlhr 14 units/hr; 3 mcg 6 ml 9 mg/min 12 joules 15 kch

Route: IV IM ETT RECtal; IO SQ NEB INHal; SL PO AUTO TRANsdermal

5581845

VITALS

2145	1160	120	PAL	120	20													
2155	2120	110	PAL	118	20													
			PAL															
			PAL															

FLOW CHART

Medically Necessary ☐ Required Stretcher ☐ Severe Pain ☐ Visible Bleeding ☐ 7/31/09
☐ Bed Confined ☐ Unconscious ☐ Needed Restraining ☐ Non-Ambulatory

☐ Asthma ☐ Chronic Renal Failure ☐ Cancer ☐ CVA / Stroke ☐ Dialysis ☐ HIV / AIDS ☐ Psychiatric Problems ☐ Substance Abuse ☐ Tuberculosis
☐ Amputee ☐ Chronic Respiratory Failure ☐ Cardiac ☐ Diabetes ☐ Emphysema ☐ Hypertension ☐ Seizure Disorder ☐ Tracheostomy ☐ Other

NARRATIVE HISTORY

Allergies: No

Complaint: denies

34 y/o male found ambulatory alert and oriented pt states he has ↑ pain, nausea and dizziness, pt states he took Nyquil this evening, pt denies taking any other meds, upon obtaining vitals pt has ↑BP pt denies med hx, upon entry of ESU NYPD POE3 and C513 pt was aggitated and resistant pt was [illegible] placed in custody and assisted onto stretcher for trsp. Capt Broschart accom pt. pt's airways patent, air way, neg SOB, neg cyanosis, +/s clear ⊖ bilat neg chest pain, abd soft + x4 quads, pos nausea x1 day, neg vomiting, pos distal pulses motor sensory x4 BA, pt trsp'd to hosp 34 W.O.I. (Before pt was detained pt walked down w/ [illegible] and NYPD, as pt approached bus, he turned around stated he did not need help and walked away, pt was then detained and trsp'd, pt is an offender w/ 81 PCT)

Moved to Ambulance By: ☐ Chair ☐ Scoop Stretcher ☐ Walked with Assist ☐ Stretcher ☐ Carried ☐ Met at Ambulance

Transport Position: ☐ Supine ☐ Shock ☐ Semi / Full Fowlers ☐ Sitting ☐ Prone ☐ Left Lateral Recumbent

Medication / Treatment Authorization: ☐ Protocol ☐ Written Orders ☐ On-Line ☐ NA ☐ On-Scene ☐ On-Line Physician ☐ On-Line Med. Facility

Qty	Supply Code	Qty	Supply Code	Qty	Supply Code	Qty	Supply Code	Qty	Supply Code	Qty	Supply Code	Qty	Supply Code	Qty	Supply Code

Agency Definable 1 2

Authorization for Billing / Release of Patient Information / Assumption of Financial Responsibility: I request that payment of authorized Medicare/Medicaid and/or other insurance benefits be made to the pre-hospital care provider ("Provider") for any services furnished to me. I authorize any holder of hospital or medical information about me to be released to the Provider, Centers for Medicare and Medicaid Services, and/or my insurance carriers and their agents, including any other information needed to determine these benefits or

Medically Necessary ☐ Required Stretcher ☐ Severe Pain ☐ Visible Bleeding
☐ Bed Confined ☐ Uncooperative ☐ Needed Restraining ☐ Non-Ambulatory

10/31/09

☐ Asthma ☐ Chronic Renal Failure ☐ Cancer ☐ CVA / Stroke ☐ Dialysis ☐ HIV / AIDS ☐ Psychiatric Problems ☐ Substance Abuse ☐ Tuberculosis
☐ Amputee ☐ Chronic Respiratory Failure ☐ Cardiac ☐ Diabetes ☐ Emphysema ☐ Hypertension ☐ Seizure Disorder ☐ Tracheostomy ☐ Other

☐ Yes ☒ No

denies

34 y/o male found ambulatory alert and oriented pt states he has abd pain, nausea and dizziness, pt states he took Nyquil this evening, pt denies taking any other meds, upon obtaining vitals pt has ↑BP pt denies med hx, upon entry of ESU, NYPD BOEB and C513 pt was aggitated and resistant pt was placed in custody and assisted onto stretcher for trsp. Cont Broschart accom pt, pt reveals patent airway, neg SOB, neg cyanosis, lsclear ⊖ bilat neg chest pain, abd soft xt quads, pos nausea x1 day, neg vomiting, pos distal pulses motor sensory xt/bilat, pt trsp to KCG 34th WOI. (Before pt was detained pt walked down w/ESU and NYPD, as pt approached bus he turned around stated he did not need help and walked away, pt was then detained and transported, pt is an officer w/ 81 PCT)

Moved to Ambulance By: ☒ Chair ☐ Scoop Stretcher ☐ Walked with Assist ☐ Stretcher ☐ Carried ☐ Met at Ambulance

Transport Position: ☐ Supine ☐ Shock ☒ Semi / Full Fowlers ☐ Sitting ☐ Prone ☐ Left Lateral Recumbent

Medication / Treatment Authorization: ☒ Protocol ☐ Written Orders ☐ On-Line ☐ NA ☐ On-Scene

On-Line Physician / On-Line Med. Facility

Qty	Supply Code	Qty	Supply Code	Qty	Supply Code	Qty	Supply Code	Qty	Supply Code	Qty	Supply Code	Qty	Supply Code	Qty	Supply Code

Agency Definable 1 2

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Authorization Signature: Date: Guarantor Signature:

Privacy Notice: I hereby acknowledge that I have been provided with a copy of the Provider's Notice of Privacy Practices explaining how my personal health information is used and understand my individual rights related to the information: Privacy Notice Signature: Date:

Patient's Physician Name (please print): Receiving RN / MD Signature: Technician Signature: Jessica Marquez

I Refuse Treatment / Transportation and understand the consequences of my refusal: Witness Signature for Refusal: On-Line Medical Control Signature:

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Patient Name SCHOOLCRAFT, ADRIAN Jamaica Hospital Medical Center Medical Record No. 1289984

Medically Necessary ☐ Required Stretcher ☐ Severe Pain ☐ Visible Bleeding
☐ Bed Confined ☐ Unconscious ☐ Needed Restraining ☐ Non-Ambulatory

1/01/51/09

☐ Asthma ☐ Chronic Renal Failure ☐ Cancer ☐ CVA / Stroke ☐ Dialysis ☐ HIV / AIDS ☐ Psychiatric Problems ☐ Substance Abuse ☐ Tuberculosis
☐ Diabetes ☐ Chronic Respiratory Failure ☐ Cardiac ☐ Diabetics ☐ Emphysema ☐ Hypertension ☐ Seizure Disorder ☐ Tracheostomy ☐ Other

[redacted] denies

pt was found ambulatory, alert and oriented. pt states he has got pain, nausea and dizziness. pt states he took Nyquil this evening. pt denies taking any other meds. upon obtaining vitals pt has TBP. pt denies medical, washed other of ESU. NPD Ext:3 and C:5/3. pt was aggitated and resistant. pt was [redacted] placed in custody and assisted onto stretcher. Hx: foot Broschart accord. pt. perserveals patent airway, neg SOB, neg Cyanosis, L/S clear (-) bilat. neg chest pain, abd soft x4 quads. pos nausea x1 day, neg vomiting. pos dental pain. no motor sensory x4. Ext. pt txfd to hosp. 3rd. WOI. (Before pt was detained pt walked down office and NPD, as pt approached bus he turned around stated he did not need help and walked away. pt was then detained and transported. pt is an officer w/ 8 PET)

Patient Transportation Site: ☐ Chair ☐ Scoop Stretcher ☐ Walked with Assist ☐ Wheelchair ☐ Carried ☐ Left at Ambulance

Therapeutic Position: ☐ Supine ☐ Sitting ☐ Prone ☐ Left Lateral Recumbent

Medication / Treatment Administered: ☐ Oxygen ☐ Nebulizer ☐ On Line (Physician) ☐ On Line (Nurse) ☐ IV ☐ On Scene

Qty	Supply Code	Qty	Supply Code	Qty	Supply Code	Qty	Supply Code	Qty	Supply Code	Qty	Supply Code	Qty	Supply Code

Agency Defined #1 ____ #2 ____

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Authorization Signature: Date: Guarantor Signature:

Privacy Notice: I hereby acknowledge that I have been provided with a copy of the Provider's Notice of Privacy Practices explaining how my personal health information is used and understand my individual rights related to this information. Privacy Notice Signature: Date:

Patient's Physician (Name printed only): Attending EMT (Print Name): [illegible] Crew Member Signature: Jessica Martyn

Patient Transport / Transportation and Understand the consequences only [illegible] Witness Signature (If Applicable): On Line Medical Control Signature:

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