Worcester EMS
55 Lake Avenue North
Any Town, WI 12345

PATIENT CARE REPORT

Page _1_of _1_

SERVICE FROM ADDRESS: 75 CYPRESS STREET	CITY: SHR	☐ BED CONFINED BEFORE/AFTER ARRIVAL X TRANS. NEAREST APPROPRIATE FACILITY ☐ TRANS. FOR BENEFIT OF PREFERRED M.D. ☐ TRANS. FOR REQUEST OF FAMILY:_____ ☐ TRANS. FOR CARE OF SPECIALIST OR AVAILABILITY OF SPECIAL EQUIP.
SERVICE TO: UMASS – UNIVERSITY CAMPUS	CITY: WORC	

☐ FOLLOW-UP REQUEST

TRIP

DATE

ACCOUNT NUMBER

CHIEF COMPLAINT

UNIT NUMBER

ORDERED BY

ATTENDING MD

PATIENT INFORMATION

PATIENT NAME (LAST, FIRST)
SHEEHAN, CHRIS

SEX	DATE OF BIRTH	AGE	SOCIAL SECURITY NUMBER
PER SP	8 / 9 / 1970	PER SP	

PATIENT ADDRESS	CITY	STATE	ZIP
75 CYPRESS	SHREWSBURY	MA	01545

HOME TELEPHONE
(508) 736-1562

EMPLOYER	TELEPHONE	WORKER'S COMP
	( )	YES NO

RESPONSIBLE PARTY OR NEXT OF KIN	RELATIONSHIP (CIRCLE ONE)	TELEPHONE
PAT PARKER	POLICY HOLDER SPOUSE GUARDIAN SON DAUGHTER OTHER	( )

STREET ADDRESS	CITY	STATE	ZIP
SAME			

INSURANCE COMPANY	MEDICAID	MEDICARE

STREET ADDRESS	CITY	STATE	ZIP

SUBSCRIBER	POLICY NUMBER	GROUP NUMBER

SECONDARY INSURANCE COMPANY	POLICY NUMBER

STREET ADDRESS	CITY	STATE	ZIP

NARRATIVE

45 YO WOMAN. CALL BY ROOMMATE. 911 CALL FOR OVERDOSE. FOUND DOWN, BLUE. HX HEROIN USE. BF GAVE BYSTANDER CPR. ON ARRIVAL, AGONAL BREATHING. PINPOINT PUPILS. RR 2/MIN. IN NARCAN 2 MG WITH MOANING. AFTER SECOND 2 MG, PATIENT AWAKE, SHIVERING, VOMITING, SWEATY, CONFUSED BUT IMPROVING. REPORTING HEROIN USE.

ATTENDANT SIGNATURE	EMPLOYEE #	PARAMEDIC / EMT	ATTENDANT SIGNATURE	EMPLOYEE #	PARAMEDIC / EMT
ATTENDANT SIGNATURE	EMPLOYEE #	PARAMEDIC / EMT	DRIVER SIGNATURE	EMPLOYEE #	PARAMEDIC / EMT

PM HX: IVDA, HEP C, HTN	ALLERGIES UNK

MEDS: UNK

VITAL SIGNS

TIME	BLOOD PRESSURE	PULSE R/I	RESP RATE	N-NORMAL S-SHALLOW D-DEEP	CARDIAC MONITOR	SAO2	O2 LPM	BGL	PUPILS R	PUPILS L	COMA SCALE E	COMA SCALE V	COMA SCALE M
1045	/		2	S					1	1	1	1	1
1100	140/80	105	20	N	SINUS TACH	98	2		4	4	4	5	6
	/												
	/												
	/												

IV LINES

TIME	TYPE	SITE/ROUTE	SIZE	S/U	INITIALS
1045		LAC	20		KB

TOTAL AMT IV FLUIDS INFUSED | PT. KG.

MEDS / ELECTRICAL RX

TIME	THERAPY	DOSAGE	RATE/ROUTE	JOULES	RESPONSE	INITIALS
1045	NALXN	2	IN		PARTIAL	KB
1048	NALXN	2	IN		AWAKE, VOMIT	KB

PROCEDURE ORDERED BY DR.: FACILITY:

AIRWAY PROCEDURES

TIME	SIZE	ORAL	NASAL	S/U	INITIALS

CONTROLLED SUBSTANCES WASTED

DRUG	QUANTITY	WITNESSED BY:

RESPONSE CODE

2	3	Change	2	3

TRANSPORT CODE

2	3	Change	2	3

TIMES

Dispatched				
Enroute				
Arrived Scene				
Departed Scene				
Arrived Hospital				
Departed Hospital				
In Service				
In Quarters				

MILEAGE

Base						
Scene						
Hospital						
Base						
Total Miles						

ASSISTANCE

	Police	
	Fire	
	Other Ambulance	
	Helicopter – Service 1	
	Helicopter – Service 2	

IMMOBILIZATION

	Backboard
	Scoop
	KED
	Head Bed / Towel Roll
	C-Collar

HOSPITAL NOTIFICATION

	Medical Channel
	Base Operator
	Base Physician
	Ambulance Dispatch
	Landline
	Phone Patch
	Cell Phone

HOSPITAL TEAM ALERT

	TRAUMA TEAM
	CARDIAC ALERT
	STROKE ALERT

CALL OUTCOME

	Transport To Facility
	Care Transferred
	Cancelled
	Patient Refusal
	Field Release

CUSTOMER VALUABLES

	With Customer
	Not Received
	E.R. / Floor

Description:

CANCELLATIONS

	D.O.A.
	No Contact
	KFPD Refusal
	Treat and Release
	Cancelled Enroute

PATIENT AUTHORIZATION

I request that payments of authorized Medicare, Supplemental and Private Insurance benefits be made either to me or on by behalf to Worcester EMS, 55 Lake Avenue North Worcester, MA 01655 for any service furnished me by WEMS and subsidiaries, now or in the future. I authorize any holder of medical information about me to release to the Health Care Financing Administration, its agents and/or carriers, as well as WEMS any information needed to determine these benefits payable to related services. I also acknowledge receipt of WEMS patient privacy notice.

Patient/Guardian Signature or Authorized Person(s) Signature if patient is unable to sign _____ Date: _____

Reason Patient is unable to Sign: _____ Relationship & Address of Person Signing: _____