IU-EMS Report of Patient Contact

Instructions:
1. Print legibly with a ballpoint pen
2. Enter all requested times using 24-hour clock
3. Complete ALL information requested

Organization: IUSF
Event: Little 500 Practice
Location: Bill Armstrong Stadium
Date: 04/08/08
Time of Onset: 1630
Time Notified: 1630
Time of Arrival: 1630
In Service: 1700

PATIENT INFORMATION

Name and Guardian (last, first, MI) Kennedy, Beth A.	Gender ☐Male ☒Female	Age 20	D.O.B. 06/09/1987
Local Address Teter-Boison 102, 501 N. Sunrise Dr., Bloomington, IN 47402	Local Phone 812-857-5555	SSN 000123234	
Permanent Address 426 Main St., Evansville, IN 47712	Perm. Phone 812-422-5555	Network ID / E-mail bakennedy	
Race/Ethnicity ☒White ☐Black ☐Asian ☐Native Am. ☐Hispanic ☐Other	Physician's Name Dr. Smiles	Chief Complaint cannot feel or move ® hand	

PATIENT ASSESMENT

TRAUMA ASSESMENT

(Mark an X if applicable)	Pain	Open Soft	Deformity	Closed Soft	Penetrating	Burn	Amputation
Head	R						
Face/ eye							
Neck							
Chest							
Back							
Abdomen							
Upper arm/ shoulder							
Lower arm/ elbow		R					
Hand/ wrist				R			
Upper leg/ hip							
Lower leg/ knee	L	L					
Foot/ ankle							

MED.
☐Alzhemers
☐Asthma
☐Cancer
☐COPD
☐CVA
☐Diabetes I
☐Diabetes II
☐Heart Disease
☐HTN
☐Kidney Disease
☐Seizures
☐Alcoholism
☐Drug Use
☐CHF
☐MI
☒None
☐Psychiatric
☐Other _____

TIME	LOC	RESP.	BREATH SOUNDS	PULSE	SpO²	B/P
1635	A&Ox3	26	(L) Clear (R); L Wet R; L Wheeze R; L Diminished R	110	X	128/86
1640	A&Ox3	20	(L) Clear (R); L Wet R; L Wheeze R; L Diminished R	90	X	126/80
			L Clear R; L Wet R; L Wheeze R; L Diminished R			

PUPILS
☒PERRL
☐Non-react
☐Dilated
☐Constrict
☐Deviated
☐Unequal
☐L. Lg.
☐R. Lg.

Sensation/Movement
☐Normal
☐To Shoulders
☐To waist
☐Right Only
☐Left Only
☐None see
☒Other narrative

MEDICATIONS
☐None ☐Unknown ☐N/A
orthotricyclen
Zyrtec

ALLERGIES
☐None ☐Unknown ☐N/A
penicillin
peanuts
ragweed

TRANSPORT METHOD

☐SOR and Refused Transport
☐Private Vehicle
☒Ambulance →
☐Coroner's Case
☐DNR
☐No Patient
☐Disregarded
☐Other _____

☒911 Called 1640
Amb. Arrival 1645
Amb. Depart 1650
☒Transported
☐Amb. SOR

Additional Units on Scene:
☐IUPD ☒BHAS 206 ☐Fire ☐Other

SKIN

Temp.
☐Cold
☐Cool
☒Warm
☐Hot

Moisture
☒Dry
☐Moist
☐Wet

Color
☐Cyanotic
☐Pale
☒Pink
☐Flushed
☐Jaundice

CAP REFILL
<2 sec

TREATMENT

☐AED Shocks ___
☐Asprin
☐Activated Charcoal
☐Bleeding Control
☐Burn Care
☐CPR
☐DNR
☐Epi-Pen
☐Extrication
☐Glucose
☒Head Immob.
☒C-Collar
☒Backboard
☐KED/Shortboard
☒Joint Immob.
☐Med. Assist
☐None
☐OB/Delivery
☐Other
☐Oximetry_____
☒Oxygen
☐Cannula
☒Non-reb.
☐N/P Airway
☐O/P Airway
☐Combitube
☐@ 12 lpm
☐BVM
☐Drug Admin.
☐Splint
☐Suction
☐Wound Care

NARRATIVE To include: Type of Incident/ Associated Complaints/ Hx of Present Illness/ Pertinent Negatives/ Physical Exam/ Treatment Details/ Results of Treatment

While performing exchange, pt. fell off bike & onto bike of another moving rider. Pt. landed on (L) knee, hit (R) lateral side of head on ground, & got (R) hand caught in wheel of 2nd bike. IU-EMS immediately responded to track & obtained verbal consent. First Aider Parker established manual stabilization of c-spine. Pt. A&Ox3. Pt. c/o loss of sensation & motor function in (R) hand, as well as pain on (R) side of head & in (L) knee. Small crack on (R) side of pt.'s helmet. Ø neck or back pain. Ø LOC. Performed detailed physical exam on neck with Ø findings, then removed helmet & applied c-collar. CSM normal in all extremities except (R) hand. ABCs slightly elevated. Pt. anxious. Page 1 of 2

Signature 1: Jack Anderson Cert. Number: 5555555
Print Name: Jack Anderson

Signature 2: Jenny Smith Cert. Number: 5555556
Print Name: Jenny Smith

Note: This patient report is fictitious and is used only for training purposes. Any resemblance to actual persons or patient situations is unintentional.

Note: Any patient for whom BHAS is called will not sign an IU-EMS SOR. The following SOR is intended only to demonstrate how to correctly complete one.

I, Beth Kennedy
Patient/Guardian (Print)
have had the following read to me and agree with it.

	Yes (Initial each line individually)	No
1. Emergency personnel have offered to have me transported by ambulance to the hospital for further evaluation and definitive care. I refuse this service.	B. K.	
2. I understand that my condition has not yet been diagnosed physician, and that serious medical problems may still exist which may result in disability or death.	B. K.	
3. I understand that I may call 911 for an ambulance at any time if I change my mind and wish to be taken to the hospital.	B. K.	
4. I understand that I am assuming full responsibility for my continuing medical care. I also no longer hold IU-EMS and its personnel responsible for my medical care.	B. K.	

Beth Kennedy
Patient/Guardian Signature
(Relationship if applicable)

Jenny Smith
Witness Signature

Jack Anderson
Provider Signature

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IU-EMS Continued Narrative Form.

To be used in addition to narrative on page one of IU-EMS Run Sheet.

Page 2 of 2.

Run #: X

PATIENT INFORMATION

Name (Last, First, MI)	Gender	SSN/SIN
Kennedy, Beth A.	☐Male ☒Female	000123 1234

CONTINUED NARRATIVE

Pupils PERRL. Administered O2 via NRB @ 15 lpm. Upon detailed physical exam, pt. had bruising on Ⓡ wrist, abrasions on Ⓡ forearm, & abrasions and pain in Ⓛ knee. Pt. rated head pain 4 & knee pain 6 on 1-10 scale. Ø pain radiation. EMT Smith applied SAM splint to Ⓡ wrist. Cap refill normal. Requested BHAS by calling IUPD & instructed IUSF to clear track. Transferred pt. to longboard. Detailed physical exam of back revealed Ø findings. CSM normal in all extremities except Ⓡ hand. Secured pt.'s Ⓡ hand under longboard strap. Baseline vitals slightly elevated. Ø Hx. LOI @ 1300. Detailed physical exam revealed Ø additional findings. 2nd vitals normal. BHAS arrived following vitals. Transferred care to EMT-Ps Dawson & Yoder @ 1645. Informed IUSF of crack in rider's helmet & IU-EMS president Johnson of pt. transport per protocol. EOR.

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Signature: Jack Anderson EMT Cert. Number: 5559555 Date: 04/08/08

To serve as affidavit to run report.

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