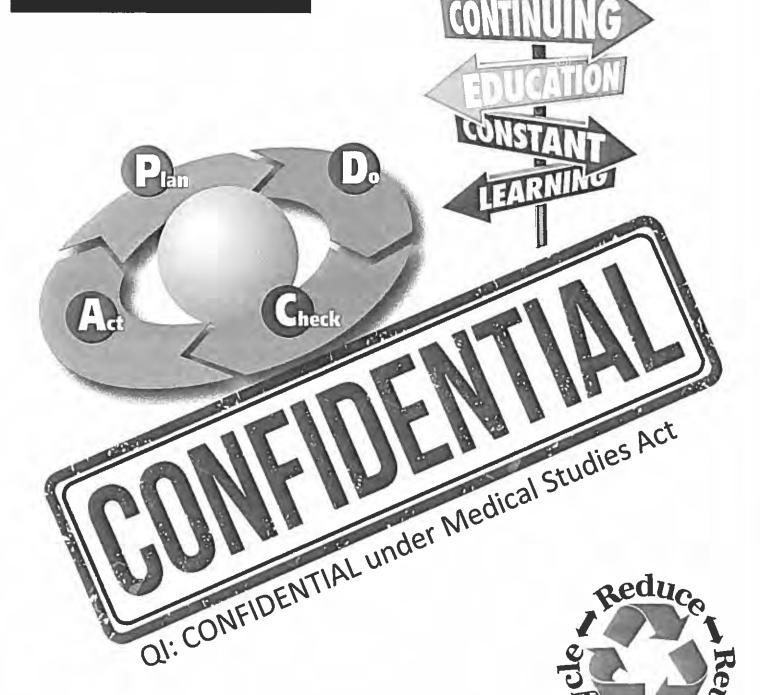


NORTHWEST
COMMUNITY
EMERGENCY
MEDICAL
SERVICES
SYSTEM

CE Credit Questions begin after case # 16 in handout

March 2016



Northwest Community EMS System Continuing Education March 2016 Respiratory Distress & Failure

Objectives

- Given patient information via an ePCR, evaluate components of assessment in a patient with respiratory signs/symptoms including: history (chief complaint and history of present illness), past medical history (using SAMPLE), and physical examination.
- 2. Differentiate causes of respiratory distress/failure/arrest based on history and physical examination including asthma/COPD, heart failure, pneumonia, ACS, pulmonary embolus.
- 3. Develop an overall and specific plan of care for patients with respiratory distress/failure/arrest based on the etiology.
- 4. Prioritize care for a patient in respiratory distress/failure/arrest.
- 5. Explain the action, indications, contraindications, and side effects of oxygen, CPAP, positive-pressure ventilation, aspirin, albuterol, ipratropium, epinephrine, midazolam, nitroglycerine,
- 6. Discuss why patients may feel short of breath prior to the development of crackles in heart failure.
- 7. Decide how to treat patients presenting in respiratory distress/failure with a past medical history of both CVD and COPD including the use of capnography assessment.
- 8. Evaluate the appropriate use of 12-lead ECG in patients with respiratory symptoms.
- 9. Apply the following SOP's to patient situations: drug-assisted ETI, asthma/COPD, ACS, heart failure, and shock.
- 10. Discuss the causes and effects of myocardial ischemia on the cardio-pulmonary systems.
- 11. Differentiate oxygenation and ventilation assessment and treatment.
- 12. Demonstrate use of the pulse oximetry plethysmograph ("pleth") to evaluate signal reliability.

Incident Date: Call #: Patient Care #: 1 / 1 Patient Information Name: Age: 69 Years D.O.B: Gender: Female SSN: Address Weight: 54,431 KG / 120,00 LB Race: White Phone: 999999999 Ethnicity: Not Hispanic or Latino Call Type and Location Call Disposition Response Times and Mileage Cali Type: Breathing Problem Disposition: ALS Treat / 1st Resp. Arr.: Resp. Mode: Lights and Siren Transport PSAP: 00:41 Incident #: Urgency: Resp. Mode: Lights and Siren Disp. Notified: 00:41 Response: 911 Response Destination: Unit Disp.: 00:41 Location: Home/Residence Enroute: 00:43 Start Miles Address: At Scanar 00:46 Scene Miles: 0.0 To Scener

Dest. Determ.: Closest Facility Diverted From: Dispatch Delay: None Response Delay: None Scene Delay: Safety Transport Delay: None TurnAround None Delavi Patient Barriers: None

At Patient: 00:47 Depart: 01:05 Arrive Dest: 01:12 Dest. Miles: 5.3 In Service: 01:52 In Quarters: End Miles: 5.3 Cancelled: Call Sign:

To End: 0.0

To Dest: 5.3

Veh. # Veh. Type: Ambulance Primary Role: ALS Ground Transport

First Responder Agencles#: Not Applicable

	Unit Personnel	
Craw Member	Craw Member Level	Crew Member Roles
	Paramedic	Fire Company
	Paramedic	Driver Only
	Paramedic	Fire Company
	Paramedic	Fire Company
	Paramedic	Fire Company
	Paramedic	Primary Caregiver

Personal Protective Equipment Used: Gloves

Call Information

Destination Name:

Destination Type: Hospital

Destination Determination: Closest Facility

Vehicle Type: Ambulance

Response Request: 911 Response (Scene)

Response Disposition: ALS Treat / Transport

Lights Sirens To Scene: Lights and Siren

Lights Sirens From Scene: Lights and Siren

Factors Affecting Response

None

Patient Condition

Provider Impression: Respiratory Distress

Chief Complaint: Difficulty breathing X 4 Hours

Onset Date/Time: at 21:41

Alcohol/Drug Use: No Apparent Alcohol/Drug Use

Injury Intent: Not Applicable

Cause of Injury: Not Applicable

Dispatch Reason: Breathing Problem

Primary Symptom

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GU:

Head: Normal

Heart:

Mental: Normal Mental Status for Patient, Oriented-Person, Oriented-Place, Oriented-Time, Oriented-Events

Neck: Normal

Neuro: Normal Galt / Movement

Skin: Normal

Normal



Normal Mental Status for Patient, Oriented-Person, Oriented-Place, Oriented-Time, Oriented-Events

Normal

Normal Gait / Movement

Normal

Narrative

Summery of Events

Dispatched to an A&Ox3 69 y/o female with difficulty breathing. Upon arrival, pt. was sitting on couch where she explained that starting last night (at approx. 0942 hrs) she developed some SOB which gradually worsened to 10/10 difficulty. Pt. denied any chest pain, N/V, lightheadedness, weakness, and syncope. Pt. also denied any recent illness, fever, and cough. Pt. given O2 via NC which helped with SOB, but pt. was still feelings distressed. Initial capnography showed 27 EtCO2 with sharkfin waveform. CPAP attempted multiple times, as well as NRM, but pt. would not tolerate any type of mask, and adamantly refused. 12-lead interpreted as "Sinus rhythm...Borderline ST depression, anterolateral leads." ALS care, EKG, and vitals a stated, and lungs clear bilaterally.

	Prior Aid		
Prior Aid		Performed By	Outcome
None,		N/A,	
	64		

Safety Equipment Used

Not Applicable

Vehicular Information

Vehicular Injury Indicators: Not Applicable
Area of Vehicle Impacted: Not Applicable
Seat Row Location of Patient:
Airbag Deployment: Not Applicable

Position of Patient: Not Applicable

Injury Details

Service-Defined Questions

You MUST answer this question regardless if Capnography was used; How did the waveform appear?

Obstruction/Shark Fin

Comprehensive Report



Incident Date:

Call #:

Patient Care #

Patient Information

Name:

Gender: Female

D.O.B:

Address:

Age: 82 Years

SSN:

Weight: 90.718 KG / 200,00 LB

Race: Other Race

Phones

Ethnicity: Hispanic or Latton

		11101163	Ethnicit	y: Hispanic or Latino
Call Type and Location	Call Disposition		Response Times and Mileag	e
Call Type: Breathing Problem Resp. Mode: Lights and Siren Urgency: Response: 911 Response Location: Home/Residence	Disposition: ALS Treat / Transport Resp. Mode: Lights and Siren Destination:	1st Resp. Arr.: PSAP: 03:06 Disp. Notified: Unit Disp.: 03:06 Enroute: 03:08	Incident #1	
Address	Dest. Determ.: Closest Facility Diverted From: Dispatch Delay: None	At Scene: 03:13 At Patient: 03:13 Depart: 03:34 Arrive Dest: 03:39 In Service: 04:30	Scene Miles:	To Scene:
	Response Delay: None Scene Delay: None Transport Delay: None TurnAround Delay: Patient Barriers: None	In Quarters: Cancelled:	Call Signs Veh. #: Veh. Type: Ambulance Primary Rolet ALS Ground To	To End: 0.3

First Responder Agencies Police

	Unit Personnel	
Crew Member	Crew Member Level	Craw Member Role
	Paramedic	Primary Caregiver
	Paramedic	Driver Only
	EMT-Basic	Fire Company
	Paramedic	Fire Company
	EMT-Basic	Fire Company
	EMT-Basic	Fire Company

Personal Protective Equipment Used: Gloves

Call Information

Destination Name:

Destination Type: Hospital

Destination Determination: Closest Facility

Vehicle Type: Ambulance

Response Request: 911 Response (Scene) Response Disposition: ALS Treat / Transport

Lights Sirens To Scene: Lights and Siren

Lights Sirens From Scene: Lights and Siren

Factors Affecting Response

Patient Condition

Provider Impression: Respiratory Distress

Chief Complaint: Trouble breathing X

Onset Date/Time

t 00:00

Alcohol/Drug Use:

Injury Intent: Not Applicable

Cause of Injury: Not Applicable

Dispatch Reason: Breathing Problem

Primary Symptom

Other Associated Symptoms

Abdomen-right-lower:

Abdomen-right-upper:

Back-cervical:

Back-lumbar:

Back-thoracie:

Chest: Rales / Crackles

Ext-left-low: C.M.S. Normal

Ext-left-up: C.M.S. Normal

Ext-right-low: C.M.S. Normal

Ext-right-up: C.M.S. Normal

Eyes-left:

Eyes-right:

GU:

Head:

Heart:

Mental: Normal Mental Status for Patient

Neck:

Neuro: Speech Normal

Skin: Clammy



Summary of Events

Prior Ald

Dispatched for the trouble breathing. Upon arrival crew found 81 y/o female sitting on the couch. Pt appeared in distress and had labored breathing. Crew had difficult time communicating with the pt due to language barrier. Family stated the pt had some SOB the day before and it increased to the point they contacted EMS. Crew also had a difficult time obtaining pt's medical history from the family but they stated she had no previous breathing problems. Family questioned pt and she denied having CP or any pain in general. Crew continued treatment per heart failure SOP. Crew withheld Aspirin due to the of pt not being able to chew and swallow them at contacted with no orders given. Pt monitored en route and crew noted improvement in pt's OZ sat which was 95%. Pt's WOB also slightly improved. Pt taken to room 9 and left in care of RN and staff

Prior Aid

None,	N/A,	Oddcome
	Safety Equipment Used	
Not Applicable		
	Vehicular Information	
Vehicular Injury Indicators: Not Applicable Aras of Vehicle Impacted: Not Applicable Sest Row Location of Patient: Airbsg Deployment: Not Applicable	Position of Patient: Not Applicable	
	Injury Details	
	Service-Defined Questions	
Is Patient a resident?	yes	
If Caphography was used, how did the waveform appear?	Square Constant	





Incident Date: Call # Patient Care #: 1 / 1 Patient Information Name: Age: 88 Years D.O.B: Gender: Male SSN: Address: Weight: 99.790 KG / 220.00 LB Races Phone: **Ethnicity:** Call Type and Location Call Disposition Response Times and Mileage Call Type: Breathing Problem Disposition: ALS Treat / 1st Resp. Arr.: Resp. Mode: Lights and Siren Transport PSAP: 03:50 Incident # **Urgency:** Resp. Mode: No Lights or Siren Disp. Notified: 03:50 Response: 911 Response **Pestination:** Unit Disp.: 03:50 Location Enroute: 03:52 Start Miles: Address: 1 At Scene: 03:56 Scene Miles: 0.0 To Scene: At Patient: 03:57 Dest. Determ.: Closest Facility Depart: 04:15 **Diverted From:** Zones Arrive Dest: 04:17 Dest. Miles: 0.2 To Dest: 0.2 Dispatch Delay: None In Service: 05:15 Response Delay: None In Quarters: End Miles: 0.2 To End: 0.0 Scene Delay: None Cancelled: Transport Delay: None TurnAround None Call Sign: Veh. # Delay: Veh. Type: Ambulance Patient Barriers: None **Primary Role: ALS Ground Transport** First Responder Agencies#: Not Applicable Unit Personnel Crew Member Crew Member Level Crew Member Role Paramedic Primary Caregiver Paramedic Driver Only Paramedic Fire Company Paramedic Fire Company Personal Protective Equipment Used: Gloves Call Information Destination Name: Response Request: 911 Response (Scene) Destination Type: Hospital Response Disposition: ALS Treat / Transport Destination Determination: Closest Facility Lights Sirens To Scene: Lights and Siren Vehicle Type: Ambulance Lights Sirens From Scene: No Lights or Siren Factors Affecting Response None **Patient Condition** Provider Impression: Respiratory Distress Chief Complaint: Respiratory Distress X Onset Date/Time: 1 Alcohol/Drug Use: Injury Intent: Not Applicable Cause of Injury: Not Applicable Dispatch Reason: Breathing Problem **Primary Symptom**

Breathing Problem

Not Applicable

Other Associated Symptoms

-	-							Patien	t Vital	5	A TANK			ibe	OR PERSON	PS & COORDINA
Time	B/P	Pulse	Rhythm	Resp.	Effort	Sp02	SpO2 Qual.	EtC02	GCS	Pain	Stroke Sci	PTA	B.G.	RTS	Limb	Patient Position
04:01	96/54	106	RR	30	Normal	82	High FIO2 (80-100 pct)		14	0				11	Right Arm	Semi-Fowlers
04:04	92/56	102	RR	28	Normal	91	High FIO2 (80-100 pct)		14					12	Right Arm	Semi-Fowlers
04:15	92/54	106	RR	26	Normal	92	High FIO2 (80-100 pct)	100	14					12	Right Arm	Semi-Fowlers
# . I							Gl	asgow C	loma S	core		70.1.4.11				-
91	Date/T	ime	W	Glas	gow Eye C	penin	phi (222)	Glasgov	w Verb	al Hais	GI	esgov	Moto	esia	G	asgow Coma Score
	04:0	1			3				5	· <u>·</u> ···		6				14
	04:0				3				5			6				14
	04:1	5			3				5			6				14
							Pa	st Medi	cal His	tory						
EDICAT	TON ALI	ERGIE	5	400		Gene	ric Name					Descr	iption	956	Shirairh	
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Iralax																
ilosec						Omer	razole									
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ealth Car	e Person	nel														1
						************	Procee	lures ar	id Trea	itments						
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4:02	Alrwa	y Positi	ve Pressur	e Venti	ation							1		пргоч		
							Medi	cation A	dmini	stered						
ime Cr	ew Medi	cation	4117	0.00	DEPOSITE OF	NAME OF	Ro	ute	2000	Dos	age (Resp	опае	(m) (1)	PTA	Comments
								ECG M	onitor							- Comments
Time	ECG T	ype#	ECG Lea	d ECG	Interpret	ation	ower a		ol) lan	Mine		ECG E	ctopy		so, mone	Cause For Chan
			1			dla										SAMPLE LAI CHAIL

Time of Assessment:

4:00:00-06:00

Abdomen-left-lower:

Abdomen-left-upper:

Abdomen-right-lower:

Abdomen-right-upper:

Back-cervical:

Back-lumbar:

Back-thoracic:

Chest: Rales / Crackles

Ext-left-low:

Ext-left-up:

Ext-right-low:

Ext-right-up:

Eyes-left: Reactive

Eyes-right: Reactive

GU:

Head:

Heart:

Mental: Responsive to Verbal Stimuli

Neck:

Neuro: Speech Normal

Skin: Normal



	Narrative			
Summary of Events				
mand were called to the scene for an 88 y/o male with shortness of b was in obvious respiratory distress and crews noted audible crackles. Nurv/s were obtained. Crew found Pts spo2 at 82% on the nrb. Pt was unable breathing and bilateral crackles and placed pt on c-pap with notable improdistal edema. Pt was secured and placed at a 90 degree angle on stretche was not given due to pts low b/p. was contacted and radio report of crackles began to diminish and labored breathing continued to improve. P distress and spo2. ALS care was continued without incident. Pt care was to	ising staff had placed a nrb at e to speak more than a word of overnent in pts distress. ASA er and moved to ambulance. I was given with no further orde of was continually monitored a	1Sipm on pt prior to do two due to his short was not given due to Pt was placed on cardiers. Pt continued to to	crews arrival. Pt was tness of breath. Crews pts responsiveness. Collac monitor and found plerate and improve with	quickly assessed and s noted labored frew did not note any in sinus tach. Nitro th c-pap. Pts
	Prior Aid			
Prior Ald		Per Per	formed By	Outcome
Yone,		N/A,		
Sa	afety Equipment Usad			
Not Applicable				
V	chicular Information			
Vehicular Injury Indicators: Not Applicable				
Area of Vehicle Impacted: Not Applicable				
Seat Row Location of Patient:		Position of Patien	it: Not Applicable	
Airbag Deployment: Not Applicable				
	Injury Details			
Serv	vice-Defined Questions			
tas the Ambulance Billing Authorization and Privacy Acknowledgment Form	n been Yes			

completed with the requisite signature(s)?

If Capnography was used, how did the waveform appear?

Hospital Log Number (ENTER HOSP CONTACTED FOR OLMC ON "From Scene" TAB)



Incident Date: Call #: Patient Care #: 1 / 1 Patient Information Name: Age: 83 Years /dd/yyyy) Gender: Male SSN: Address: 1 Weight: 90.718 KG / 200.00 LB Race: White Phone Ethnicity: Not Hispanic or Latino Call Type and Location Call Disposition Response Times and Mileage Call Type: Breathing Problem Disposition: ALS Treat / 1st Resp. Arr.: Resp. Mode: Lights and Siren Transport PSAP: 07:01 Incident #: **Urgency:** Resp. Mode: Lights and Siren Disp. Notified: 07:01 Response: 911 Response Destinations Unit Disp.: 07:02 Location: Home/Residence Enroute: 07:03 Start Miles: Address: At Scene: 07:07 Scene Miles: 0.0 To Scene: At Patient: 07:11 Dest. Determ.: Closest Facility Depart: 07:22 **Diverted Froms** Arrive Dest: 07:34 Dest. Miles: 5.9 To Dest: 5.9 Dispatch Delay: None In Service: 09:00 Response Delay: None In Quarters: End Miles: 5.9 To End: 0.0 Scene Delay: None Cancelled: Transport Delay: None TurnAround None Call Sign: Veh. # Delay: Veh. Type: Ambulance Patient Barriers: None **Primary Role: ALS Ground Transport** First Responder Agencies Unit Personnel Crew Member Crew Member Level Craw Member Role Paramedic Primary Caregiver Paramedic Driver Only Paramedic Fire Company EMT-Basic Fire Company First Responder Fire Company Personal Protective Equipment Used: Gloves Call Information **Destination Name:** Response Request: 911 Response (Scene) **Destination Type:** Hospital Response Disposition: ALS Treat / Transport **Destination Determination: Closest Facility** Lights Sirens To Scene: Lights and Siren Vehicle Type: Ambulance Lights Sirens From Scene: Lights and Siren **Factors Affecting Response** None Patient Condition **Provider Impression: Respiratory Distress** Chief Complaint: Difficulty Breathing X 1 Hours Onset Date/Time: t 06:00 Alcohol/Drug Use: No Apparent Alcohol/Drug Use Injury Intent: Not Applicable Cause of Injury: Not Applicable Dispatch Reason: Breathing Problem **Primary Symptom**

Breathing Problem

Not Applic	able.												_	3 E		
Pain / Disc		Chart												I	Y	
DITT DIS	COUNCIL I	CHESC				-	division in the state									
		-	-					Patien	t Vital	5						the same
Time	В/Р	-	Rhythm	-		-	SpO2 Qual.	EtCO2	GCS	Pain	Stroke Sci	PTA	B.G.	RTS	Limb	Patient Position
07:12	180/122	122	RR		Normal	-	On Room Air	5 2 7	15	0		建		12	Left Arm	Sitting
07:18	184/125	123	RR	19	Normal	91	High FIO2 (80-100 pct)	30	15	0				12	Left Arm	Semi-Fowlers
07:23	180/121	123	RR	21	Normal	91	High FIO2 (80-100 pct)	18	15	0				12	Left Arm	Semi-Fowlers
07:28	174/98	120	RR	18	Normal	91	High FIQ2 (80-100 pct)	15	15	0				12	Left Arm	Semi-Fowlers
07:34	166/136	120	RR	23	Normal	92	High FIO2 (80-100 pct)	17	15	0				12	Left Arm	
							Gl	asgow C	oma S	core				_		File substitution and delegate
lylle-	Date/T	lme	905A III	Glas	gow Eye (penin		Glasgov			diam'r GI	asgow	Mata	auto.	261 HIRA	lasgow Come Score
	07:12	2			4				5			6		-	100.17	15
	07:18	3			4				5			6				15
	07:23	3			4				5			6				15
	07:28				4			į	5			6				15
	07:34	,			4				5			6				15
							Pa	st Medic	cal His	tory						
MEDICAT				Die-	i-Koya	Gene	ric Name	49/12	Melry.	BERKE		Descri	ption	Wage.		
KDA (No	Known D	rug Alle	rgles)			NKDA	(No Known D	rug Allen	ples)							
atient M	edicatio	ne	THE PARTY			Gene	ric Name	CEAR S	NEW YEAR	e line		Dosag		2010	V U SAN	AV/12 TO TO THE SA
acor						Simve	statin									
emeron																
rilosec						Omep	razola		· .							
/rica																
arcopa																
eligilina																
ledical S			100			26G.		923472	8.75.KM	Web.	TEACH	499223	3013	10.55		210,202 3 - 202
trake/CV/	A, Cardia	c, Other	, Parkinso	ons												
listory Po	imarily	Obtain	ed From	Pregn	ancy Adv	anced	Directives	68'r 48				0 T L	2,695		Pract	itioner Name
amily				N/A												THE PARTY OF THE P
							Proced	tures an	d Tres	atmonts						
Time Cre	w Name			17			Location		7.5	CHC .		ttemp	te Da	spon	e Susan	as Comments
7:12	Alrwa	y CPAP	Treatment				Mouth					1		nprove		20 Communes
		7.6					Madi	cation A	derini				*10	ipiovi	163	
Time Cr	w Medi	cation		10-										4.		
7:12		en by M	ack					uto		Dos		Respo			PTA	Comments
,	Junio	Cit Of 11	938				1 Inna	lation			15 LPM	Impro	ved			
Time	iece z		ECG Less	- 11		- 11		ECG Me	onitar							
07:23	ECG T		ECG Lase		Interpret				0			ECG Ec	topy			Cause For Chang
07:23	ECG-M	anitor	<u> </u>		is Tachycan											
07:23	12-Lea	d ECG		Infa		etermin	nfirmed** Sin ed, Inferior/la									
				-			* 7	ssessme	nt Eu-	line .						
					THE RESERVE OF THE PERSON NAMED IN		A.	BANK ATHE	Mark P.	1111						
	_					-	Ima of too	-			7.44:55 55	00		_	-	
						1	Time of Asses	_			7:11:00-06:	00				
						1	Abdomen-lef	t-lower:			7:11:00-06:	00				

Abdomen-right-upper: Back-cervical:

	Back-lumbar:	
	Back-thoracic:	
	Chest: Expiratory Wheezing, Inspiratory Wheezing	
	Ext-left-up:	
	Ext-left-up:	
	Ext-right-low:	
	Ext-right-up:	
	Eyes-left: Reactive	
	Eyes-right: Reactive	
	GU:	
	Head:	
	Heart:	
	Mental: Oriented-Person, Oriented-Place, Oriented-Time, Oriented-Events	
	Neck:	
	Neuro:	
	Skin: Normal, Dry / Dehydrated	
	Narrative	
Summary of Events		Seven
Information was relayed; no further orders were given. Pt was move		-
Outon Ald	Prior Ald	
Prior Aid	Performed By Outc	men
None,	N/A,	
	Safety Equipment Used	
Not Applicable	The state of the s	anna Azzabata
	Vehicular Information	
Vehicular Injury Indicators: Not Applicable		-
Area of Vehicle Impacted: Not Applicable		
Seat Row Location of Patient:	Position of Patient: Not Applicable	
Airbag Deployment: Not Applicable	The state of the s	
	Injury Details	
	Injury Details	
	Service-Defined Questions	
Is patient a resident?	Service-Defined Questions	
Is patient a resident? Was a 12 Lead ECG left with the ED staff? If Capnography was used, how did the waveform appear?	Service-Defined Questions	

Prior Aid None,

Not Applicable





Incident Date: Call #: (Patient Care #: 1 / 1 Patient Information Name: Age: 63 Years D.O.B. nm/dd/yyyy) Gender: Female SSN: Address: Weight: 52.163 KG / 115.00 LB Racu: White Phon Ethnicity: Not Hispanic or Latino Call Type and Location Call Disposition Response Times and Mileage Call Type: Breathing Problem Disposition: ALS Treat / 1st Resp. Arr.: Resp. Mode: Lights and Siren Transport PSAP: 08:00 Incident #: **Urgency:** Resp. Mode: Ughts and Siren Disp. Notified: 08:00 Response: 911 Response Destination: Unit Disp.: 08:01 Location: Home/Residence Enroute: 08:02 Start Miles: Address: At Scane: 08:07 Scene Miles: 0.0 To Scene: At Patient: 08:08 Dest. Determ.: Closest Facility Depart: 08:30 **Diverted From:** Arrive Dest: 08:41 Dest. Miles: 5.5 To Dest: 5.5 Dispatch Delay: None Zone: In Service: 09:20 Response Delay: None In Quarters: End Miles: 5.5 To End: 0.0 Scene Delay: None Cancelled: Transport Delay: None Call Sign: (TurnAround None Veh. #5 Delavi Veh. Type: Ambulance **Patient Barriers: None Primary Role: ALS Ground Transport** First Responder Agencies#: Not Applicable Unit Personnel Craw Member Crew Member Level Crew Member Roles Paramedic Primary Caregiver Paramedic Driver Only Paramedic Fire Company Paramedic Fire Company Paramedic Fire Company Personal Protective Equipment Used: Gloves **Call Information** Destination Name: Response Request: 911 Response (Scene) **Destination Type:** Hospital Response Disposition: ALS Treat / Transport **Destination Determination: Closest Facility** Lights Sirens To Scene: Lights and Siren Vehicle Type: Ambulance Lights Sirens From Scene: Lights and Siren **Factors Affecting Response** None Patient Condition Provider Impression: Respiratory Distress Chief Complaint: " I can't breathe" X 2 Hours Onset Date/Time: 106:00 Alcohol/Drug Use: Injury Intent: Not Applicable Cause of Injury: Not Applicable Dispatch Reason: Breathing Problem **Primary Symptom**

Breathing Problem

Other Associated Symptoms

Dizziness



				20				Patien	t Vital	5						
Time	B/P	Pulse	Rhythm	Resp.	Effort	SpO2	Sp02 Qual.	EtCO2	GCS	Pain	Stroke Sci	PTA	B.G.	RTS	Limb	Patient Position
08:09	180/68	40	11	24	Labored	74	On Room Air	123	15	0			500	12	Right Arm	Right Lateral Recumbent
08:18	198/100	70	п	20	Labored		High FIQ2 (80-100 pct)		15					12	Right Arm	Semi-Fowlers
08:28	207/105	73	п	12	Assisted		High FIQ2 (80-100 pct)	19	15	34				12	Left Arm	Full-Fowlers
08:33	206/116	92	п	12	Assisted	1 1	High FIO2 (80-100 pct)	15	15					12	Left Arm	Full-Fowlers
08:35	167/88	74	п	12	Assisted		High FiO2 (80-100 pct)	17	15					12	Left Arm	Full-Fowlers

	Glasgow Coma Score												
Date/Time	Glasgow Eye Opening	Glasgow Verbal	Glasgow Motor	Glasgow Coma Score									
08:09	4	5	6	15									
08:18	4	5	6	15									
08:28	4	5	6	15									
08:33	4	5	6	15									
08:35	4	5	6	15									

MEDICATION ALLERGIES	Generic Name	Description
NKDA (No Known Drug Allergies)	NKDA (Na Known Drug Allergies)	
Patient Medications	Generic Name	Dosage
Ambien	Zoipidem	
Apresoline	Hydralazine (PO)	
Aspirin	Aspirin	
Colace		
Coreg	Carvedilol	
Ferrate		
Isordii	Isosorbide	
Lamotrigine		
Norvasc	Amfodipine	
Ocuvite		
Plavix	ClopIdogref	
Xanax	Alprazolam	
Zoloft	Sertraline HCL	

Medical Surgery History

Hypertension, Cardiac , Bypass surgery 2000

History Primarily Obtained From	Pregnancy	Advanced Directives	Practitioner Name
Family			
Market Market Street Control of the			

Procedures and Treatments						
Time Crew Name	Location	Size of Equipment	Attempts	Response	Success	Comments
8:13 Venous Access - Extremity	Hand-Right	20g	1	Unchanged	Yes	
08:15 Airway CPAP Treatment			1	Improved	Yes	

Medication Administered						
Time Crew	Medication	Route	Dosage	Response	PTA	Comments
08:11	Oxygen by Nasal Cannula	Inhalation	4 LPM	Unchanged		
8:13	Normal Saline (0.9%)	Intravenous	10 TKO (KVO)	Unchanged	No	-1
8:15	Oxygen by Non-Rebreather Mask	Inhalation	15 LPM	Improved	No	-
8:25	Albuterol Sulfate	Inhalation via Nebulizer	2.5 MG	Improved	No	
8:25	Ipratropium Bromide (Atrovent)	Inhalation via Nebulizer	0.5 MG	Improved		-

	itor

08:14	ECG-Monitor	п	Sinus Rhythm	PVC - Premature Ventricular Contractions
08:16	12-Lead ECG	12 Lead ECG	Abnormal ECG Unconfirmed; Sinus Rhythm; Left Bundle branch block	Left Bundle Branch Block
			Assessment Exam	
-		STATES OF	Time of Assessment:	06:00 E
			Abdomen-left-lower: Normal (Soft, Non-Tender)	
			Abdomen-left-upper: Normal (Soft, Non-Tender)	
			Abdomen-right-lower: Normal (Soft, Non-Tender)	
			Abdomen-right-upper: Normal (Soft, Non-Tender)	F <
			Back-cervical: Normal (No Pain or Deform	nities)
			Back-lumbar: Normal (No Pain or Deform	nities)
			Back-thoracic: Normal (No Pain or Deform	nities)
			Chest: Expiratory Wheezing, Inspi	ratory Wheezing
			Ext-left-low: C.M.S. Normal	
			Ext-left-up: C.M.S. Normal	
			Ext-right-low: C.M.S. Normal	
			Ext-right-up: C.M.S. Normal	
			Eyes-left: Reactive	
			Eyes-right: Reactive	
			GU: Normal	
I			Head: Normal	
			Heart:	
			Mental: Normal Mental Status for P Oriented-Events	atlent, Oriented-Person, Oriented-Place, Oriented-Time.
			Neck: Normal	
			Neuro: Normal Galt / Movement	
			Skin: Normal	
			Narrative	
Summary o	of Events			
respiratory wheezes bill LOC, and C and CPAP in incident. E	distress. Pt. sta laterally in uppe P. Pt. husband nitlated. Pt. mo n route, pt. rep	ited "I can't ir lobes, flui was on scei wed via cot orted feeling	s location for 83 yo F with difficulty breathing. Upon arrival, crew found proceedings. Pt. stated that difficulty started approximately two hours prior d in lower. Fever noted. Pt. also c/o weakness and dizziness, but denied as and reported that pt. had an MI 3 weeks prior. Secondary assessment to MICU and duo neb started in MICU. Contacted to duo neb started in MICU. Contacted to be started in MICU and duo neb started in MICU. Contacted to the started in MICU and duo neb started in MICU. Contacted to the started in MICU and duo neb started in MICU. Contacted to the started in MICU and duo neb started in MICU. Contacted to the started in MICU and duo neb started in MICU. Contacted to the started in MICU and duo neb started in MICU. Contacted to the started in MICU and duo neb started in MICU. Contacted to the	to EMS arrival. VS and ECG obtained as above. LS NVD, visual and auditory changes, H/A, recent traumas, revealed no obvious injury or deformity. IV established ansport. No orders given, Continued transport without
Contract of			Prior Aid	
Prior Aid	Car III			Performed By Outcome
None,			The second secon	N/A,
	-			hatest
Not Applicat	ole		Safety Equipment Used	
			Vehicular Information	West wife and the second second
,	Vehicular Inju	ry Indicate	ors: Not Applicable	
	Area of Vehi	•	• • • • • • • • • • • • • • • • • • • •	
		MA TIIIDALI	an the ubhidala	
Se	at Row Locati			on of Patient: Not Applicable
Sa		on of Patie		on of Patient: Not Applicable
Se		on of Patie	int: Positi	ion of Patient: Not Applicable
Sı		on of Patie	ent: Not Applicable	ion of Patient: Not Applicable

Obstruction/Shark Fin

Was a 12 Lead ECG left with the ED staff?

If Capnography was used, how did the waveform appear?



ncident Date:	Call #			Patient Care #:	
	Patio	ent Information			
Name:		Age: 87 Yéar:		D.O.8:	
		Gender: Female		SSN:	
Address		Weight: 61.235	KG / 135.00 LB	Race: White	
		Phone:	Ethi	nicity: Not Known	
Call Type and Location	Call Disposition		Response Times and Mi	leage	
Call Type: Breathing Problem	Disposition: ALS Treat /	1st Resp. Arr.:			
Resp. Mode: Lights and Siren	Transport	PSAP: 08:02	Incident #:		
Urgancy:	Resp. Mode: Lights and Siren	Disp. Notified: 08:02			
Response: 911 Response	Destination:	Unit Disp.: 08:03			
Location: Home/Residence		Enroute: 08:03	Start Miles:		
Address		At Scene: 08:05	Scane Miles: 0.0	To Scene	
		At Patient: 08:07			
		Depart: 08:23			
	Dest. Determ.: Closest Facility	Arrive Dest: 08:24	Dest. Miles: 0.3	To Dest: 0.3	
Zone:	Diverted From:	In Service: 09:15		10 000000	
	Dispatch Delay: None	In Quarters:	End Miles: 0.3	To End: 0.0	
	Response Delay: None	Cancalled:		10 EU010-0	
	Scene Delay: None		Call Sign:		
	Transport Delay: None		Veh. #:		
TurnAround None			Veh. Type: Ambulanc	_	
	Delay:		Primary Role: ALS Grou		
	Patient Barriers: None		Printery Role ACS GIOU	nu transport	
First Responder Agencles#: Not /	Applicable				
	Un	it Personnel			
ew Member	Crew Member Level		Craw Mamber Role		
	Paramedic		Primary Caregiver		
	Paramedic		Secondary Caregiver		
	Paramedic		Fire Company		
	Paramedic		Driver Only		
Personal Protective Equipme			private Only		
To out the second second					
		Information	····		
Destination Nan			ponse Request: 911 Respo		
Destination Ty	· ·	Response Disposition: ALS Treat / Transport			
Destination Determination	and the same of th	Lights S	Lights Sirens To Scene: Lights and Siren		
Vehicle Ty	es: Ambulance	Lights Sire	ns From Scene: Lights and	Siren	
ctors Affecting Response			Park Tarabaya (Tarabaya		
ne					
	Pati	ent Condition			
Provider Imp	pression: Respiratory Distress				
Chief Co	mplaint: SOB X 35 Minutes				
Onset Da	te/Time: 07:30				
Alcohoi/E	rug Use: No Apparent Alcohol/Drug Use				
Injur	y Intent: Not Applicable				

Cause of Injury: Not Applicable Dispatch Reason: Breathing Problem

Primary Symptom Breathing Problem

ECG Monitor

ECG Ectopy

Cause For Change

Time

08:08

ECG Type

ECG-Monitor

ECG Lead ECG Interpretation

Sinus tach

Comprehensive Report

Patient Information



Incident Date: Call #:

Age: 64 Years Gandar: Female

Weight: 117.934 KG / 260,00 LB

SSN: Race: White

D.O.B.

		Phone:			
Call Type and Location	Call Disposition		Response Times and Milea	ge	
Call Type: Breathing Problem Resp. Mode: Lights and Siren Urgency: Response: 911 Response	Disposition: ALS Treat / Transport Resp. Mode: Lights and Siren Destination:	1st Resp. Arr.: PSAP: 08:51 Disp. Notified: Unit Disp.: 08:51	Incident #:		
Locations Home/Residence Address:	Dest. Determ.: Closest Facility	Enroute: 08:52 At Scene: 08:57 At Patient: 08:58	Start Miles: Scene Miles	To Scene:	
	Diverted From: Dispatch Delay: None Response Delay: None	Depart: 09:20 Arrive Dest: 09:30 In Service: 10:30 In Quarters:	Dest. Miles:	To Dest: 5.3	
	Scene Delay: Other Transport Delay: None TurnAround Delay: Patient Barriers: None	Cancelled:	Call Sign: Veh. * Veh. Type: Ambulance Primary Role: ALS Ground	To End: 0.0	

First Responder Agencles#: Not Applicable

Name:

Address:

	Unit Personnel	
rew Members	Crew Member Level	Craw Member Role
	Paramedic	Primary Caregiver
	Paramedic	Driver Only
	Paramedic	Fire Company
	Paramedic	Fire Company
	Paramedic	Fire Company

Personal Protective Equipment Used: Gloves

Call Information

Destination Name:

Destination Type: Hospital

Destination Determination: Closest Facility

Vehicle Type: Ambulance

Response Request: 911 Response (Scene) Response Disposition: ALS Treat / Transport

Lights Sirens To Scene: Lights and Siren

Lights Sirens From Scene: Lights and Siren

Factors Affecting Response

None

Patient Condition

Provider Impression: Asthma

Chief Complaint: 508 X 10 Minutes

Onset Date/Time

Alcohol/Drug Use: No Apparent Alcohol/Drug Use

Injury Intent: Not Applicable

Cause of Injury: Not Applicable

Dispatch Reason: Breathing Problem

Primary Symptom

Breathing Problem

Other Associated Symptoms

Assessment Exam

Abdomen-left-lower: Normal (Soft, Non-Tender) Abdomen-left-upper: Normal (Soft, Non-Tender)

Abdomen-right-lower: Normal (Soft, Non-Tender)

Abdomen-right-upper: Normal (Soft, Non-Tender)

Back-cervical: Normal (No Pain or Deformities)

Back-lumbar: Normal (No Pain or Deformities)

Back-thoracic: Normal (No Pain or Deformities)

Chest:

Not Available

708:07:00-06:00

Ext-left-low: C.M.S. Normal

Ext-left-up: C.M.S. Normal

Ext-right-low: C.M.S. Normal

Ext-right-up: C.M.S. Normal

Eyes-left: Reactive

Eyes-right: Reactive

GU: Normal

Head: Normal

Heart:

Not Available

Mental: Normal Mental Status for Patient, Oriented-Person, Oriented-Place, Oriented-Time, Oriented-Events

Neck: Normal

Neuro: Normal Galt / Movement

Skin:

Not Available

Narrative

Summary of Events

In summary, A, and 5 were dispatched for a female with trouble breathing. On scene the pt was found sitting in a tripod position with increased work of breathing. Pt was unable to speak but could not her head yes and no. Pt had significant SOB. A history was unable to be obtained, due to lack of documentation in the room. ALS care was initiated. Pt is on a nasal cannula normally. Pt was given a non-breather @ 15 Lpm. Pt's condition did not improve. Pt was then given a neb with CPAP, pt's SPO2 increased slightly. Epi was not given due to tachycardia, unknown medical conditions, unknown allergies, and hypertension. was contacted, and they had no further orders. Pt was transported without incident, and care was transferred to the ED RN.

F.	ar		۷.
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Prior Aid And And And Andrews State of the Andrews And		
	Performed By	Outcome
None,	N/A,	

Safety Equipment Used

Not Applicable

Vehicular Information

Vehicular Injury Indicators: Not Applicable

Area of Vehicle Impacted: Not Applicable

Seat Row Location of Patient:

Airbag Deployment: Not Applicable

Position of Patient: Not Applicable

Injury Details

Serv	ice-De	lined	i Quest	enoi
------	--------	-------	---------	------

	Yes - Resident
What field was signed on the Medicare Billing Form?	Section III - EMS/Receiving Hospital
	No - Not Mutual Ald to
If Capnography was used, how did the waveform appear?	Obstruction/Shark Fin

Cough	Problem						· · · ·					··				
	1100(011)													-41		
Aphasia																
/omiting A	Mone			·											<u> </u>	
		-							-							
Time	n/n	Dulan	Physika			,		Patient								
	B/P	-	Rhythm	_	Effort	-	-	-	iC5	Pain	Stroke 5	d PTA I	B.G. RTS	Limb	Patient Position	
08:59	148/75	-	RR	-	Shallow	-	On Room Air	21	15	0			题 1:	Right Arm	Sitting	
09:02		136	RR	42	Shallow	72	Low FIO2	1.533	15	192	Wing!	(Fig.	100 120		Sitting	
09:04		132	RR	20	Shallow	04	(24-40 pct) High FIO2	24	-	or making	and the second					
	- 85		Tuk	30	Strailott	07	(80-100 pct)	29	15	1/1/16	Z SAV			-	Sitting	
09:08	150/86	126	RR	36	Shallow	90	High FIO2	25	15				2500 DCE	Right Arm	Sitting	
							(80-100 pct)			TO YOU				ragat Am	Sitting	
09:12	1	140	RR	42	Shallow	91	High FIO2	27	15	1 779	1		SERVE STORY	Right Arm	Full-Fowlers	
	100						(80-100 pct)			250	STATE OF THE PARTY					
09:17	142/78	124	RR	34	Shallow	96	High FIO2	28	15				11	Right Arm	Full-Fowlers	
	_						(80-100 pct)			None:			10.7			
09:24	148/68	136	RR	38	Shallow		High FIO2	28	15	986	建物理		11	Right Arm	Full-Fowlers	
09:30	El World	128	RR	- 22	Challan	$\overline{}$	(80-100 pct)		-	- 2/5	Epilone in					
09:30	153	128	ж	32	Shallow	1 1	High FIO2	27	15					Right Arm	Full-Fowlers	
							(80-100 pct)		-	Spiles						
	Date (T	-12-2						gow Co	_	-						
	Date/T	_	3546	GIAS	gow Eye C	pening	MASS STATE G	lasgow	Verb	al	S Short	Glasgow M	lotor	G	asgow Coma Score	
	08:59		-		4			5		_	-	6			15	
	09:04	_	-	_	4			5	_		-	6			15	
	09:08		-	_	4	_	-	5		-	-	6		-	15	
	09:12		\rightarrow	-	4		-	5	_	_	-	6			15	
	09:17		-	_	4		-	5	_	_	6		-	15		
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atlent				No												
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Time Cre	w Nam		ein -				Location		2 11 11	.,	ulpment	Attempts	Respo	en leve-	s Comments	
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09:11			Treatment	~~~			Mouth		20	,		1	Unchan			
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9:14	Venou	us Acces	s - excren	нсу				10	[49]			4 4	Unchan			
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09:14 09:15 Time Cre	Oxyg	cation en by N	asal Canni on-Rebrea	ula	esk		Medica Rout Inhala	to tion		No.			se c	THE STATE OF	Comments	

09:06	Epinephrine	1:1000		Intramuscula	0.3 MG	Unchanged			
				ECG	Monitor			== ==	
Time	ECG Type	ECG Load	ECG Interpretation	HAME SELECTION		ECG Ectop	PER	Califo	For Change
09:00	ECG-Monitor	п	Sinus Tachycardia			No Ectopy I			Rhythm
				Asces	ment Exam				
Side of	Time o	f Assessme	nt: 08:58:0	0-06:00	09:20:00-	06:00		09:27:00-06	.00
	Abdo	men-left-low	er:	- Jie				33127.00-00	.00
	Abda	men-left-upp	er:						
	Abdon	nen-right-low	er:						
	Abdom	en-right-upp	er:						
		Back-cervic							
		Back-lumb							
		Back-thorac							
			Symmetrical Chest Rise	-	Symmetrical Chest Rise, A		Symmetrical Ch	net Dien M	n B. Barrel
			Muscles, Clear & Equal		Muscles, Clear & Equal Bre	*	Breath Sounds,		
		Che	Sounds Present Bilaters est: Present Right Side, Sou		Sounds Present Bilaterally		Sounds Present		
			Side, Sounds Present A		Present Right Side, Sound Side, Sounds Present At B		Present Left Sid		
			Present At Apexes	,	Present At Apexes	eses, avunds	Bases, Sounds I	resent At Ap	exes
		Ext-left-lo	w: C.M.S. Normal						
		Ext-left-(ıp: C.M.S. Normal						
		Ext-right-lo	w: C.M.S. Normal						
		Ext-right-u	ıp: C.M.S. Normal						
		Eyes-le	eft: Reactive				Reactive		
		Eyes-rigi	ht: Reactive				Reactive		
		G	iu:						
		Hea	ed: Normal	- 7 -	Normal		Normal		
		Hea	rt:						
			Normal Mental Status fo	*	Normal Mental Status for F		Normal Mental S	status for Pat	lent,
		ment	al: Oriented-Person, Orient Oriented-Time, Oriented		Oriented-Person, Oriented-		Oriented-Person	, Oriented-Pla	ice,
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			in cold, cyanouc, pry / be	ilyulaceo	Cold, Cyanotic, Dry / Dehyr	Irated	Cyanotic, Warm,	Dry / Dehydi	ated
	2015			Nar	rative				
Summary o				erser salah	Experience of the		ALCO DESCRIPTION		BWIE !
Crew was di	Ispatched for a	pt with breat	thing problems. Upon arrivi	al pt was found sli	ting on couch upright, A/O	c 4 of 4 with a	GCS of 15. Pt care	e was initiate	d and pt
was assesse	o. Pt was nome	a by herself v	vith her neighbor calling E	MS. Pt explained i	រា symptoms to crew regulric	ng one breath f	or one word. Pt s	tated "I have	had
ardval but c	n to minuers, i	rad cough 2 : s present wit	b a velicu tiene. Severe di	t of breath yester	day night." Pt had cyanosis	throughout per:	son with cool dry	skin. Pt vomi	ted on crew
altered visio	n/hearing, or r	ecent trauma	i. O yellow ullige, severe ul i. Pt was ventilation adequi	stelv with good cl	P followed. Pt had sever bre ear breath sounds but was n	athing problem	. Pt denied any pr	aln, weakness	i, dizziness,
BMI and cou	ıld not assist cr	ew transferri	ng to stair chair. Crew was	delayed on scene	moving pt. Pt secured to st	ot oxygenating	due to low QZ sa	turation. Pt h	ad larger
secured. Co	t secured in am	bulance. Pt ç	given epi 1:1,000 and close	ely monitored. Pt v	was put on CPAP and shower	i immediate sic	oved to tot. Pt tr	or Program	ot and
continually (moved distally	and normal c	olor returned to pt core. Si	PO2 stabilized and	maintained. OLMC was con	tacted with no	orders olven. At S	care was on	tinued en
route. Upon	arrival pt cond	ition had Imp	proved through skin, SPO2,	respiratory effort	, and overall condition. Pt w	as moved to ro	om 8 where care	was transferr	ed to MD.
				Pric	r Aid				
rior Ald	ince Alton					Perfo	rmed By		Outcome
lone,						N/A,			-4550114
						L41.4			

Vehicular Information

Vehicular Injury Indicators: Not Applicable Area of Vehicle Impacted: Not Applicable Seat Row Location of Patient:

Not Applicable

Airbag Deployment: Not Applicable

Position of Patient: Not Applicable

Injury Details

1	1	
_	18/2	

	Service-Defined Questions
Residency?	Resident
If Capnography was used, how did the waveform appear?	Obstruction/Shark Fin
Mutual Ald?	No

Incident Date: f Call #: Patient Care #: 1 / 1 Patient Information Name: Age: 53 Years D.O.B: q Gender: Female SSN: Address: 1 Weight: 95.254 KG / 210.00 LB Race: White Phone Ethnicity: Not Hispanic or Latino Call Type and Location Call Disposition Response Times and Mileage Call Type: Breathing Problem Disposition: ALS Treat / 1st Resp. Arr.: Resp. Mode: Lights and Siren Transport **PSAP: 11:54** Incident #: Urgency: Resp. Mode: Lights and Siren Disp. Notified: 11:54 Response: 911 Response Destination: 4 Unit Diep.: 11:54 Location: Home/Residence Enroute: 11:56 Start Miles: Address: At Scene: 12:00 Scane Miles: 4.3 To Scene: At Patient: 12:02 Dest. Determ.: Closest Facility Depart: 12:24 **Diverted From:** Arrive Dest: 12:31 Dost, Miles: 4.3 To Dest: 0.0 Dispatch Delay: None In Service: 13:30 Response Delay: None In Quarters: 13:35 End Miles: 4.3 To End: 0.0 Scene Delay: None Cancelled: Transport Delay: None TurnAround None Call Sign: Veh. # Delay: Veh. Type: Ambulance Patient Sarriers: None Primary Role: ALS Ground Transport First Responder Agencies# Unit Personnel Crew Member Crew Member Level Crew Member Role Paramedic Primary Caregiver Paramedic **Driver Only** Paramedic Fire Company First Responder Fire Company Personal Protective Equipment Used: Gloves Call Information **Destination Name:** Response Request: 911 Response (Scene) **Destination Type:** Hospital Response Disposition: ALS Treat / Transport **Destination Determination: Closest Facility** Lights Sirens To Scene: Lights and Siren Vehicle Type: Ambulance Lights Sirens From Scene: Lights and Siren **Factors Affecting Response** None Patient Condition Provider Impression: Respiratory Distress

Chief Compfaint: Respiratory Distress X 45 Minutes

Onset Date/Time: Bt 11:09

Alcohol/Drug Use: No Apparent Alcohol/Drug Use

Injury Intent: Not Applicable

Cause of Injury: Not Applicable

Dispatch Reason: Breathing Problem

Primary Symptom

Breathing Problem
Other Associated Symptoms

			5					Patien	t Vital	5		200	100			The Control of
Time	В/Р	Pulse	Rhythm	Resp.	Effort	Sp02	Sp02 Qual:	EtCOZ	GCS	Pain	Stroke Sci	PTA	B.G.	RTS	Limb	Patient Position
12:04	140/78	76	RR	45	Fatigued	78	On Room Air	27	15	0	VIOLENCE CO.	4	130	11	Right Arm	Left Lateral Recumbers
12:16	215/110	108	RR	39	Normal	1 1	High FiO2 (80-100 pct)	40	15	0				-		Semi-Fowlers
12:26	180/96	108	RR	32	Shallow	1 1	High FIO2 (80-100 pct)	37	15	SWA				11	Right Arm	Semi-Fowlers

	Glasgow Coma Score										
Date/Time	Glasgow Eye Opening	Glasgow Verbal	Glasgow Motor	Glasgow Coma Score							
12:04	4	5	6	15							
12:16	4	5	6	15							
12:26	4	5	6	15							

	Past Medical History	
MEDICATION ALLERGIES	Generic Name	Description - 11 - 12 - 12 - 12 - 12 - 12 - 12 - 1
Unable to Obtain Allergies	Unable to Obtain Allergies	
Patient Medications	Generic Name	Dosage State
Unable to Obtain Patient Medications	Unable to Obtain Patient Medications	

Medical Surgery History

Diabetes, Cardiac - Stent

History Primarily Obtained From		The state of the s	Practitioner Name
Family	No		

ne Crew Name	Location	Size of Equipment	Attempts	Response	Success	Comments
08 Airway CPAP Treatment			1	Improved	Yes	

	(Addition Administrated										
Time	Crew	Medication	Route	Dosage	Response	PTA	Comments				
12:05		Oxygen by Non-Rebreather Mask	Inhalation	15 LPM	Unchanged						
12:08		Albuterol Sulfate	Inhalation via Nebulizer	2.5 MG	Unchanged						
12:08		Ipratropium Bromide (Atrovent)	Inhalation via Nebulizer	0.5 MG	Unchanged						
12:18		Aspirin (ASA)	Oral	324 MG	Unchanged						
12:24		Midazolam (Versed)	Intranasal	2 MG	Improved						

			ECG Monitor		
Time	ECG Type	ECG Lead	PCG Interpretation	ECG Ectopy	Cause For Change
12:07	ECG-Monitor	II	Sinus rhythm	S-T Segment Elevation	
12:17	12-Lead ECG	12 Lead ECG	Abnormal ECG **Unconfirmed** ****MEETS ST ELEVATION MI CRITERIA** *Sinus tachycardia *Right axis deviation *Possible lateral infarct-age undertermined *Possible septal infarct-age undertermined *Inferior ST Elevation CONSIDER INFARCT *Anteroseptal ST depression is probably reciprocal to inferior infarct		
12:22	12-Lead ECG	12 Lead ECG	Abnormal ECG **Unconfirmed** ****MEETS ST ELEVATION CRITERIA*** *Sinus tachycarida *Right axis deviation *IV conduction conducted *Lateral infarct-age undertermined *Possible septal infarct-age undertermined *Inferior ST elevation CONSIDER ACUTE INFARCT		

Assessment Exam

Time of Assessment:

12:04:00-06:00

Abdomen-left-lower:

Abdomen-left-upper:

Abdomen-right-lower:

Abdomen-right-upper:

Back-cervical:

Back-lumbar:

Back-thoracic:

Chest: Rales / Crackles, Expiratory Wheezing

Ext-left-low:
Ext-left-up:
Ext-right-low:
Ext-right-up:

gu

Eyes-left: Reactive
Eyes-right: Reactive

GU: Head: Heart:

Normal Mental Status for Patient, Oriented-Person, Oriented-Place, Oriented-Time, Oriented-Events

Neck:

Neuro: Normal Gait / Movement, Speech Normal Skin: Clammy, Capillary Nail Bed Refill < 2 Seconds

Narrative

Summary of Events

Amb received a call for a 53 yr old female Pt. with low blood pressure and diabetic. UOA Pt. was lying on her left side in bed in obvious respiratory distress. Pt. was alert and oriented x4, warm, pink, and clammy. Pts. husband stated Pts. respiratory distress started 45 minutes prior to contacting EMS. Pt. was stating "I can't breathe, I can't breathe." Vitals were assessed. Pts. lung sounds had crackles and wheezes in all fields. Pt. was placed on capnography and a NRB. Capnography showed a shark wave pattern and shallow rapid respirations. Pt. denied any chest pain. Pt. did have a cardiac Hx, with stents approximately 14-17 years ago. Pt. was placed on the CPAP with a duo nebulizer given. Pts. O2 saturation improved from 78% to 97% with the CPAP. Attempted a 12L ECG in the Pts. bedroom, however, the Pt. was too anxious to comply. Pt. was assisted to the cot and into the ambulance. A 12L ECG was done in the back of the ambulance revealing a possible STEMI. Pt. denied any chest pain, but did state it was painful to breathe. Pt. was given 324 mg of ASA PO. Pt. was still very anxious and agitated so Pt. was given 2mg of versed IN after it was determined that it would be very difficult to get an IV on the Pt. The versed calmed the Pt. down and respirations improved. Continued to monitor Pt. condition en route to the hospital with no further changes noted. Pt. care was turned over to the ED Dr. In room 7 with a verbal report given.

Prior Aid		
	Performed By	Outcome
	N/A,	
Safety Equipment Used		
Vehicular Information		
	Position of Patient: Not Applicable	
Injury Details		
Service-Defined Questions		
Yes	**************************************	
Yes		
	Safety Equipment Used Vehicular Information Injury Details Service-Defined Questions Yes	Performed By N/A, Safety Equipment Used Vehicular Information Position of Patient: Not Applicable Injury Details Service-Defined Questions Yes



Incident Date: Call #: (Patient Care #: 1 / 1 Patient Information Name: Age: 77 Years D.O.B: Gender: Female SSN: Address: I Weight: 55.338 KG / 122.00 LB Races Phones Ethnicitys Call Type and Location Call Disposition Response Times and Mileage Call Type: Breathing Problem Disposition: ALS Treat / 1st Resp. Arr.: Resp. Mode: Lights and Siren Transport PSAP: 13:54 Incident #: **Urgency:** Resp. Mode: No Lights or Siren Disp. Notified: 13:54 Response: 911 Response Destinations Unit Disp.: 13:55 Location: Enroute: 13:56 Start Miles Address: 1 At Scene: 13:58 Scane Miles: 0.0 To Scenes At Patient: 13:59 Dest, Determ.: Closest Facility Depart: 14:16 **Diverted From:** Arrive Dest: 14:18 Dest. Miles: 0.2 To Dest: 0.2 Dispatch Delay: None In Service: 15:20 Response Delay: None In Quarters: End Miles: 0.2 To End: 0.0 Scene Delay: None Cancelled: Transport Delay: None TurnAround None Cali Sign: Yeh. #4 Delay: Veh. Type: Ambulance Patient Barriers: None Primary Role: ALS Ground Transport First Responder Agencies#: Not Applicable Unit Personnel Craw Member Craw Member Level Crew Member Role Paramedic Primary Caregiver Paramedic Oriver Only Paramedic Fire Company Paramedic Fire Company Personal Protective Equipment Used: Gloves Call Information **Destination Named** Response Request: 911 Response (Scene) **Destination Type: Hospital** Response Disposition: ALS Treat / Transport Destination Determination: Closest Facility Lights Sirons To Scene: Lights and Siron Vehicle Type: Ambulance Lights Sirens From Scene: No Lights or Siren Factors Affecting Response None Patient Condition Provider Impression: Respiratory Distress Chief Compiaint: Difficulty Breathing X Onset Date/Time Alcohol/Drug Use: Injury Intent: Not Applicable Cause of Injury: Not Applicable

Primary Symptom

Breathing Problem

Other Associated Symptoms

Dispatch Reason: Breathing Problem

Not Applicable

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	-			1000				Patien	t Vita	5		-	Y	1		
Time	8/P	Pulse	Rhythm	Resp.	Effort	SpQ2	SpO2 Qual.		-	Pain	Stroke Sci	DTA	B.G.	-		
14:00	124/70	-	RR	-	Normal	-	Low FIO2 (24-40 pct)	30	15	0	Scroke Scr		B.U.	-	Limb Left Arm	Patient Position Semi-Fowlers
14:12	114/80	102	RR	18	Normal	96	High FIO2 (80-100 pct)	30	15	0				12	Right Arm	Semi-Fowlers
14:18	116/84	96	RR	18	Normal	97	High FIO2 (80-100 pct)	30	15	0				12	Right Arm	Semi-Fowlers
	Date/Ti	me	le 2	Glas	gow Eye C	Doenin		asgow C					44	No. Asia	tunati Lipis	
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Head:

Heart:

Mental: Responsive to Verbal Stimuli

Neck:

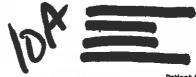
Neuro:

Skin: Normal, Pale



Nar Summary of Events	rrative
Staff also drew blood and found a high carbon dioxide level. Pt was assessed and v, C-pap and ETCO2 was placed on pt and pt was moved to and secured on stretcher to lethargy. Per family and staff pt has been on bi-pap for a prolonged period of tin	/s were obtained. Crew noted bi-lateral crackles, lethargy and accessory muscle use. Pts Spo2 Improved to 96% on C-pap. Crew was unable to obtain an orientation due me and is always on NC. Pt was moved to ambulance. Pt was placed on cardiac of further orders. Pt was continually monthered and recovered as a second of the continual of the contin
Pric	or Aid
Prior Ald None,	Performed By Outcome
	ipment Used
Not Applicable	
	Information
Vehicular Injury Indicators: Not Applicable	
Area of Vehicle Impacted: Not Applicable Seet Row Location of Patient:	
Airbag Deployment: Not Applicable	Position of Patient: Not Applicable
Injury	Details
Service-Defir	ned Questions
surfaces and die redusire signarite(s).	Yes
lospital Log Number (ENTER HOSP CONTACTED FOR OLMC ON "From Scene" TAB)	
f Capnography was used, how did the waveform appear?	

Comprehensive Report



Incident Date: (Patient Care #: 1 / 1 Patient Information Name: Age: 83 Years D.O.B: Gender: Male SSN: Address: Weight: 165,000 KG / 363,76 LB Race: White Phone **Ethnicity:** Call Type and Location Call Disposition Response Times and Mileage Call Type: Breathing Problem Disposition: ALS Treat / 1st Resp. Arr.: 15:54 Resp. Mode: Lights and Siren Transport PSAP: 15:49 Incident #: Resp. Mode: Ughts and Siren Urgencys Disp. Notified: 15:49 Response: 911 Response **Destination:** Unit Disp.: 15:49 Locations Enroute: 15:51 Start Miles: Address At Scene: 15:57 Scene Miles: 0.0 To Scene: At Patient: 16:00 Depart: 16:13 Dest. Determ.: Closest Facility Arrive Dest: 16:16 Dest. Miles: 0.4 To Dest: 0.4 **Diverted From:** In Service: 16:50 Dispatch Delay: None In Quarters: End Miles: 0.4 To End: 0.0 Response Delay: None Cancelled: Scene Delay: None Call Sign: Transport Delay: None TurnAround None Veh. #: Veh. Type: Ambulance **Delay: Primary Role: ALS Ground Transport** Patient Barriers: None First Responder Agencies#: Not Applicable Unit Personnel Crew Member Craw Mamber Level Crew Member Role Paramedic Primary Caregiver Paramedic Secondary Caregiver Paramedic Driver Only

Personal Protective Equipment Used: Gloves

Call Information

Destination Name:

Destination Type: Hospital

Destination Determination: Closest Facility

Vehicle Type: Ambulance

Response Request: 911 Response (Scene)

Response Disposition: ALS Treat / Transport

Lights Sirens To Scene: Lights and Siren

Lights Sirens From Scene: Lights and Siren

Fire Company

Factors Affecting Response

None

Patient Condition

Provider Impression: Respiratory Arrest

Chilaf Complaint: Respiratory Distress X

Paramedic

Onset Date/Time: 11:00

Alcohol/Drug Use:

Injury Intent: Not Applicable

Cause of Injury: Not Applicable

Dispatch Reason: Breathing Problem

Primary Symptom

Breathing	Problem			-		_					_	-		
Other As			toms MM	1:0 er	0.000			Car Stead	Stores .		-	~U		The state of the s
Not Applic		_,,,,,			1000	_					10000	1)[1	resolves are even
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								GU:						
								Head:						

Heart:

Mental: Unresponsive

Neck:

Neuro:

Narrative

Skin: Warm, Diaphoresis



The state of the s	-	 THE RESERVE OF
		All training and appropriate last

All and Statesponded to the for an 83 yo male in respiratory distress. States arrived on scene and found the pt unresponsive in his bed, breathing rapidly and shallow. Facility staff placed a NRB at 15 L on the pt. States began assessment of the pt and found him to be not, and diaphoretic, with course lung sounds and hypotensive. Facility staff then provided States and old form DNR that stated the pt did not wish to have CPR done. Crew members continued assessment, placed the pt on ecg monitor and established an IV. All arrived on scene and pt was moved to stretcher. All had staff then contact family to see if DNR would allow for an ET tube to be placed. Staff was able to quickly contact the family and they wanted the pt to have a tube placed if needed. Pt was then moved to the MICU. While moving the pt his respirations became agonal. Crew then stopped movement and placed an OPA and began ventilating the patient. Once inside MICU crew then placed a 7.5 ET tube. Tube was seen passing the cords, tube began misting, EDD was a free pull and crew confirmed with lung sounds in all fields and also had a good capnography reading. Tube was secured at 22 at the teeth. Crew continued reassessing the pt and contacted the with no questions or orders. Pt was taken to ER room 10 and left in care of RN and DR.

	Priar Aid		
Prior Ald 是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是是		Performed By	Outcome
None,		N/A,	

Safety Equipment Used

Not Applicable

Vehicular Information

Vehicular Injury Indicators: Not Applicable
Area of Vehicle Impacted: Not Applicable
Seat Row Location of Patient:

Airbag Deployment: Not Applicable

Position of Patient: Not Applicable

Injury Details

Service-Defined Questions										
Is this patient a	No - Non Resident									
What field was signed on the Medicare Billing Form?	Section III - EMS/Receiving Hospital									
Was this a mutual aid call to	No - Not Mutual Aid to									
If Capnography was used, how did the waveform appear?	Obstruction/Shark Fin									

Comprehensive Report

Incident Date: Call #: Patient Care #: 1 / 1 Patient Information Name Age: 75 Years D.O.a:(Gender: Female SSN: Address: Weight: 63,503 KG / 140,00 LB Races White Phone Ethnicity: Not Hispanic or Latino Call Type and Location Call Disposition Response Times and Mileage Call Type: Breathing Problem Disposition: ALS Treat / 1st Resp. Arr.: Resp. Mode: Lights and Siren Transport PSAP: 16:11 Incident # **Urgency:** Resp. Mode: No Lights or Siren Disp. Notified: 16:11 Responser 911 Response Destination: Unit Disp.: 16:13 Location: Home/Residence Enroute: 16:13 Start Miles Address: At Scene: 16:15 Scane Miles 2 6 To Scene: At Patient: 16:17 Dest. Determat Closest Facility Departs 16:35 Diverted From: Arrive Dest: 16:41 Dest. Miles: 3.6 To Dest: 0.0 Disputch Delay: None In Service: 17:30 Response Delay: None In Quarters: End Miles: 3.6 To End: 0.0 Scene Delay: None Cancelled: Transport Delay: None Call Sign: 4 TurnAround Delays Veh. #:# Veh. Type: Ambulance Patient Barriers: None Primary Role: ALS Ground Transport First Responder Agencies#1 Not Applicable Unit Personnel Crew Member Crew Member Level Craw Member Role Paramedic Primary Caregiver Paramedic Oriver Only Paramedic Fire Company Paramedic Fire Company

Personal Protective Equipment Used: Gloves

Call Information

Destination Name

Destination Type: Hospital

Destination Datermination: Closest Facility

Vehicle Type: Ambulance

Response Request: 911 Response (Scene) Response Disposition: ALS Treat / Transport

Lights Sirans To Scane: Lights and Siren

Fire Company

Lights Sirens From Scene: No Lights or Siren

Factors Affecting Response

None

Patient Condition

Provider Impression: Non-Asthma COPD (Emphysema/Chronic Bronchitis)

Paramedic

Chief Complaint: "I'm having trouble breathing" X

Onset Date/Time: at 16:00

Alcohol/Drug Use:

Injury Intent: Not Applicable

Cause of Injury: Not Applicable

Dispatch Reason: Breathing Problem

Primary Symptom

Breathing Problem

Other A	ssociate	d Symp	toms			100	S00 / FB	TATION OF	19756	The state of	THEOLOGY	-1	17			
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1 115						*****		Patier	t Vita	2		_	7	~		
Time	В/Р	Pulse	Rhythm	Resp.	Effort	SpQ2	SpO2 Qual.	-		Pain	Stroke Sci	024	J		Total Contract	
15:17	190/100	-	-	-	Normal	-	Low FIO2 (24-40 pct)	21	-		Cincinnati Stroke Scale		B.G.	_	Right Arm	Sitting
16:27	194/10	98	RR	24	Normal	90	High FiO2 (80-100 pct)	28	15		Normal Cincinnati Stroke Scale			12	Right Arm	Sitting
16:38	194/100	99	RR	22	Normal	96	High FIO2 (80-100 pct)	32	15		Normal Cincinnati Stroke Scale Normal			12	Right Arm	Semi-Fowlers
			- INDVA				GI	asgow C	oma :	Score	THO THE	Printer.				
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atlent				<u> </u>												
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	ew Nam		35 169	12		1,00	Location	11817	Si	te of Eq	ulpment /	ttemp	ets R	spon:	oe Succe	comments
16:28	Alrwa	y CPAP	Treatment									1			Yes	Pt's SPO2, capnography and breathing improved with Albuterol Neb treatment throught CPAP mask
							Medi	cation A	dminis	stered						
	ew Medi						Ro	ute		Dos	age	Respo	onse-		PTA	Comments
16:17	Oxyg	en by N	ebulizer				Inha	lation			15 LPM	Uncha				pt's breathing remained unchanged after first
16:18	Albut	erol Sul	fate				Inhalation v	ia Nebuli	2êr		2.5 MG	Uncha	Unchanged			Neb treatment pt breathing remained unchanged after first
6:18	Iprati	opium (Bromide (A	trovent)		Inhalation v	la Nebuli	zer		0.5 MG	Unchar	nged			Neb treatment pt's breathing remained unchanged after first
6:28	Albut	erol Sulf	fate				Inhalation v	la Nebuli	zer		2.5 MG	Impro	ved			Neb treatment Pt's SPO2, breathing and capnography improved after second albutero! Neb treatment

through CPAP

16:28 Oxygen by Mask				MA	,
16:28 Oxygen by Mask	Inhalation	15 LPM	Improved	IVI	
Time ECG Type ECG Land ECG Interpretation	ECG Monitor				
time ca type ca cast ca interpretation			ECG Ectopy	C	ause For Change
	Assessment Exa	ım			
The state of the s	Time of Assessment	16:17:00-0	5:00-	12/12/2014	dis de
	Abdomen-left-lower: Normal				
	Abdomen-left-upper: Normal				
	Abdomen-right-lower: Normal Abdomen-right-upper: Normal				
	Back-cervical: Normal		Hast		
	Back-lumbar: Normal				
	Back-thoracic: Normal				
	Chest: Rales /		uca)		
	Ext-left-low: C.M.S. N				
	Ext-left-up: C.M.S. N	Normal			
	Ext-right-low: C.M.S. N	Normal			
	Ext-right-up: C.M.S. N	Yormal			
	Eyes-left: Reactive	1			
	Eyes-right: Reactive	1			
	GV:				
	Head: Normal				
	Heart:				
		Mental Status for Pai	tient, Orlented-Pers	on, Oriented-Place,	Oriented-Time,
	Oriented	I-Events			
	Neck: Normal	5-15-1-01			
	Skin: Dry / De	Galt / Movement			
		myurateu			
Summary of Events	Narrative				
Ambiguwas called on scene for a 75 y/o female having trouble breathing for the past two days and progressively getting wors: when she is on her own O2 supply at 2 Lpm via nasal cannula, distress upon EMS arrival but was able to speak in short sententings two weeks ago, Pt denied LOC, headache, N/V/D, dizzines any other injuries. Primary assessment reveals vitals as noted with short rapid breaths. Pt also had crackles bilaterally in the bassessment was unremarkable. Pt's initial SPO2 showed a read 2.5 mg and Ipatropium .5 mg via nebulizer with 15 Lpm O2. The capnography reading of 32 shark film waveform. OLMC was appropriately without incident with pt's SPO2 and breathing improved the caprocal and the state of the port.	a today. Pt was breathing her of Pt stated that her SPO2 was a ices. Pt stated that she has a has ss, numbness, tingling, disorier above with no obvious externa ungs upon listening to breath s ing of 86 with pt's capnography he first Nebulizer treatment did his second treatment improved as contacted while en route to it	own O2 on 2 Lpm via at 86 just prior to EM ax of emphysema and atation, chest pain, in all injuries to pt. Seconds and was cought y showing a reading if not help pt's breathing a anosolial with no furth	n nasal cannula. Pt s IS arrival. Pt appear d she was just treat neck pain, abdomini indary assessment s phing up a clear spu of 21 with a shark i hing. Pt was then gli nd improved pt's Share	tated that her normed to be in some med for a bacterial in all pain, back pain, areveals mild respiratum. Otherwise, se in waveform. Pt waven another dose o 202 to a reading of the part of MC. The medical control of the part of MC.	nal SPO2 is at 92 hild respiratory affection in her any other pain or story distress scondary is given Albuterol of Albuterol 2.5 96 with a
	Prior Aid				
Prior Aid			Performed	By	Outcome
None,			N/A,		- Catalania
The state of the s	Safety Equipment U	sed .			
lot Applicable				-	
The second secon	Vehicular Informati		The same		
Vehicular Injury Indicators: Not Applicable	vermeater intermati	OII		-18-	
Area of Vehicle Impacted: Not Applicable					
Seat Row Location of Patient:		p-16*-	ad Bastant state		
Airbag Deployment: Not Applicable		Position	of Patient: Not Ap	picable	1
,,,,,,,, .			-		
(-)(h-)	Injury Details				
	Service-Defined Quest	tions			VISTA 1
s patient a sident?	Yes				

Was a 12 Lead ECG left with the ED staff?	Not Applicable
If Capnography was used, how did the waveform appear?	Obstruction/Shark Fin

Comprehensive Report

Incident Date Call #: Patient Care #: 1 / 1 Patient Information Name: Age: 71 Years D.O.B: Gender: Female SSN: Address: 1 Weight: 40.823 KG / 90.00 LB Race: **Phone:** Ethnicity: Call Type and Location Call Disposition Response Times and Mileage Call Type: Breathing Problem Disposition: ALS Treat / 1st Resp. Arr.: Resp. Mode: Lights and Siren Transport PSAP: 16:34 Incident #: Resp. Mode: Lights and Siren **Urgency:** Disp. Notified: 16:34 Response: 911 Response **Destinations** Unit Disp.: 16:34 Location: Home/Residence Enroute: 16:35 Start Miles: Address: At Scene: 16:37 Scene Miles: 0.0 To Scene: At Patient: 16:39 Dest. Determ.: Closest Facility Depart: 16:51 **Diverted From:** Arrive Dest: 17:04 Dest. Miles: 6.8 To Dest: 6.8 Dispatch Delay: None In Service: 18:15

In Quarters:

Cancelled:

First Responder Agencies#: Not Applicable

Unit Personnel						
Crew Member	Crew Hember Level	Crew Member Role				
	Paramedic	Primary Caregiver				
	Paramedic	Secondary Caregiver				
	Paramedic	Driver Only				
	Paramedic	Fire Company				
	EMT-Basic	Fire Company				

Personal Protective Equipment Used: Gloves

Call Information

Destination Name

Destination Type: Hospital

Destination Determination: Closest Facility

Vehicle Type: Ambulance

Response Request: 911 Response (Scene)

Response Disposition: ALS Treat / Transport

End Miles: 6.8

Call Sign: 6

Veh. #1

Veh. Type: Ambulance

Primary Role: ALS Ground Transport

To End: 0.0

Lights Sirens To Scene: Lights and Siren

Lights Sirens From Scene: Lights and Siren

Factors Affecting Response

None

Patient Condition

Provider Impression: Respiratory Distress

Chief Complaint: "I'm having trouble breathing" X 30 Minutes

Onset Date/Time: at 16:09

Alcohol/Drug Use: No Apparent Alcohol/Drug Use

Response Delay: None

Transport Delay: None

Patient Barriers: None

Scane Delay: None

TurnAround None

Delays

Injury Intent: Not Applicable

Cause of Injury: Not Applicable

Dispatch Reason: Breathing Problem

Primary Symptom

Breathing Problem

Not Appli	rable	зушр	COMM			0.0000		1					10	Н	7	
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16:55	182/102		п	30	Labored	85	High FIO2 (80-100 pct)	12	15					11 Le	ft Arm	Full-Fowlers
17:01	148/96	112	п	30	Labored	90	High FiO2 (80-100 pct)	20	15					11 Le	ft Arm	Full-Fowlers
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me Cr	ew Medi	cation	46.00			71.0	Ro	ute	670	Pos	nge	Respon	le l	836	PTA	Comments
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							Abdomen-right	t-lower:								
							\bdomen-right	-upper:								
							Back-c	ervical:								
							Back-i	lumbar:								
							Back-tt	noracic:								
									ccesso	ry Muscl	es, Decrease	d Breath S	ounds-	Left, ()ecrease	d Breath Sounds-Righ
								eft-low:								
								left-up:								
							Ext-rig	ht-low:								
							Ext-ri	ght-up:								
								es-left;								
							Eyes	s-right:								
								GU:								

Head:

Heart:

Normal Mental Status for Patient, Oriented-Person, Oriented-Place, Oriented-Time,

Mental: Neck:

Neuro: Normal Gait / Movement, Speech Normal

Skin: Pale, Diaphoresis

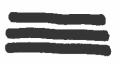
Narrative

Summary of Events

Called to scene for difficulty breathing. On arrival, found A&Ox4 pt sitting in chair at home in severe respiratory distress. Pt was speaking in 2 word sentences and was used accessory muscles. Pt was in process of self-administered nebulizer treatment, which was not working. Pt was also on unknown amount of home O2 delivery via nasal cannula. CPAP immediately placed on pt at 5cm PEEP with slight improvement. Pt was initially anxious due to CPAP being on, but was able to coach pt to point of tolerance. Capnography and SpO2 numbers fluctuated throughout call, didn't appear to be very accurate. After 2nd set of vitals, PEEP was increased to 10cm with further improvement in breathing quality. Pt stated she felt slightly better than before we were called. Called medical control, no orders given. While en route to ED, breathing appeared less labored. Transported pt without incident to bed #C1, gave report to RN.

The period of the desire to	bes west, gave report to Kir.					
	Prior Aid					
Prior Aid 4		Performed By	Outcome			
Airway-Nebulizer Treatment,		Patient	Worse			
	Safety Equipment Used		Worse			
Not Applicable		THE STATE OF				
	Vehicular Information					
Vehicular Injury Indicators: Not Applicable						
Area of Vehicle Impacted: Not Applicable						
Seat Row Location of Patient:		Position of Patient: Not Applicable				
Airbag Deployment: Not Applicable		The state of the s				
	Injury Details		· · · · · · · · · · · · · · · · · · ·			
	Service-Defined Questions					
Was transport mileage entered?	Yes					
Is the patient a resident of the second seco	Yes					
Is this a mutual or auto aid call?	Na					
Capnography was used, how did the waveform appear? Obstruction/Shark Fin						





Incident Date:

Call #: #

Patient Care #: 1 / 1

Patient Information

Name:

Address

Call Type and Location

Age: 77 Years

Gender: Female

Weight: 145.150 KG / 320.00 LB

D.O.B.

SSN:

Race: White

Ethnicity: Not Hispanic or Latino

Call Type: Chest Pain Resp. Mode: Lights and Siren Urgency:

Address

Response: 911 Response Location: Home/Residence

Destination:

Dest. Determat Closest Facility **Diverted From:** Dispatch Delay: None

Call Disposition

Resp. Mode: Lights and Siren

Transport

Disposition: ALS Treat /

Response Delay: None Scene Delay: None Transport Delay: None

TurnAround None Defay:

Patient Barriers: None

1st Resp. Arr.:

PSAP: 19:05

Phone

Disp. Notified:

Unit Disp.: 19:05 Enroute: 19:06

At Scene: 19:09 At Patient: 19:10

Depart: 19:22 Arrive Dest: 19:31 In Service: 20:05

In Quarters: Cancelled:

Start Miles:

Incident #

Response Times and Mileage

Scene Miles: To Scener

Dest, Miles To Dest: 5.9

End Miles To End: 0.0 Call Sign(

Veh. #6 Veh. Type: Ambulance Primary Role: ALS Ground Transport

First Responder Agencies#: Not Applicable

Unit Personnel

Crew Member Level	Crew Member Role		
Paramedic	Primary Caregiver		
Paramedic	Oriver Only		
EMT-Basic	Fire Company		
Paramedic	Fire Company		
Paramedic	Fire Company		
	Paramedic Paramedic EMT-Basic Paramedic		

Personal Protective Equipment Used: Gioves

Call Information

Destination Name: **Destination Type:** Hospital

Destination Determination: Closest Facility

Vahicle Type: Ambulance

Response Request: 911 Response (Scene) Response Disposition: ALS Treat / Transport

Lights Sirens To Scene: Lights and Siren

Lights Sirens From Scene: Lights and Siren

Factors Affecting Response

None

Patient Condition

Provider Impression: Respiratory Distress

Chief Complaint: Chest Pain X 30 Minutes

Onset Date/Time: at 18:30

Alcohol/Drug Use:

Injury Intent: Not Applicable

Cause of Injury: Not Applicable

Dispatch Reason: Chest Pain

Primary Symptom

Breathing Problem

Other Associated Symptoms

Time of Assessment: 2000-06:00
Abdomen-left-lower: Normal (Soft, Non-Tender)

9:20:00-06:00

Normal (Soft, Non-Tender)

Assessment Exam

Abdomen-left-upper: Normal (Soft, Non-Tender) Normal (Soft, Non-Tender) Normal (Soft, Non-Tender) Abdomen-right-lower: Normal (Soft, Non-Tender) Normal (Soft, Non-Tender) Normal (Soft, Non-Tender) Abdomen-right-upper: Normal (Soft, Non-Tender) Normal (Soft, Non-Tender) Normal (Soft, Non-Tender) Back-cervical: Normal (No Pain or Deformities) Normal (No Pain or Deformities) Normal (No Pain or Deformities) Back-lumbar: Normal (No Pain or Deformities) Normal (No Pain or Deformities) Normal (No Pain or Deformities) Back-thoracic: Normal (No Pain or Deformities) Normal (No Pain or Deformities) Normal (No Pain or Deformities) Accessory Muscles, Decreased Breath Accessory Muscles, Expiratory Wheezing, Accessory Muscles, Decreased Breath Sounds-Left, Decreased Breath Chest Pain/Pressure Non-Radiating Sounds-Left, Decreased Breath Sounds-Right Sounds-Right Ext-left-low: C.M.S. Normal C.M.S. Normal C.M.S. Normal Ext-left-up: C.M.S. Normal C.M.S. Normal C.M.S. Normal Ext-right-low: C.M.S. Normal C.M.S. Normal C.M.S. Normal Ext-right-up: C.M.S. Normal C.M.S. Normal C.M.S. Normal Eyes-left: Reactive Reactive Reactive Eyes-right: Reactive Reactive Reactive GU: Head: Normal Normal Normal Heart: Normal Mental Status for Patient, Normal Mental Status for Patient. Normal Mental Status for Patient. Mental: Oriented-Person, Oriented-Place, Oriented-Person, Oriented-Place, Oriented-Person, Oriented-Place, Oriented-Time, Oriented-Events Oriented-Time, Oriented-Events Oriented-Time, Oriented-Events Neck: Normal Normal Normal Neuro: Normal Galt / Movement Normal Galt / Movement Normal Galt / Movement Skin: Normal Normal Normal Narrative Summary of Events was dispatched to above location for chest pain. U/A found pt AOx3 sitting at the kitchen table. Pt. was c/o chest pain that was substemal non-radiating @ 8/10. Pt. stated that the pain started 30 minutes ago, and her daughter gave her 324mg of baby aspirin. Pt. was also c/o difficulty breathing that was suddenly coming on. Crew obtained pt. vitals and noticed that the pt. became very short of breath, and was asking for her nebulizer. Crew administered a neb and moved pt. to MICU. 12-lead ECG was unable to be obtained due to pt. movement. Pt. became worse over time and couldn't breath with her neb. Crew put pt. on CPAP with inline neb. Crew noted pt was struggling to take deep breaths and crew coached her while on CPAP. Pt. was able to calm down for the transport, but eventually couldn't tolerate the mask, and took it off. Pt. lung sounds were diminished at this time, and sounded very congested. Crew contacted with no further orders given. Crew transported ALS toggin and transferred care to ER staff in room Trauma A. All times approx. EOR

	Prior Aid			
Prior Aid		Performed By	Outcome	
None,		N/A,		
	Safety Equipment Used			
Not Applicable			-	

MOT ADDICADIS

Vehicular Information

Vehicular Injury Indicators: Not Applicable
Area of Vehicle Impacted: Not Applicable
Seat Row Location of Patient:

Airbag Deployment: Not Applicable

Position of Patient: Not Applicable

Service-Defined Questions Resident Status? Resident Status? Resident Status? Was mileage entered? Hospital Log Number If Capnography was used, how did the waveform appear?

Comprehensive Report

Incident Date: (Call #: Patient Care #: 1 / 1 Patient Information Name: Age: 77 Years D.O.B: Gender: Female SSN: Address: Weight: 54.431 KG / 120.00 LB Race: White

		Phone		icity: Not Hispanic or Latino
Call Type and Location	Call Disposition		Response Times and Mile	
Call Type: Unconscious / Fainting Resp. Mode: Lights and Siren Urgency: Response: 911 Response Location: Home/Residence	Disposition: ALS Treat / Transport Rasp. Mode: Lights and Siren Destination:	1st Resp. Arr.: 19:53 PSAP: 19:44 Disp. Notified: 19:44 Unit Disp.: 19:45 Enroute: 19:45	Incident #:	oo ye
Address:	Dest. Determ.: Closest Facility Diverted From: Dispatch Delay: None	At Scene: 19:49 At Patient: 19:50 Depart: 20:17 Arrive Dest: 20:31 In Service: 22:33	Scene Miles: 0.0 Dest. Miles: 8,8	To Scene:
	Response Delay: None Scene Delay: None Transport Delay: None TurnAround None Delay: Patient Berriers: None	In Quarters: Cancelled:	End Miles: 8.8 Call Sign: Veh. # Veh. Type: Ambulance Primary Role: ALS Ground	

Unit Personnel							
rew Member	Crew Member Level	Crew Member Roles					
	Paramedic	Fire Company					
	EMT-Basic	Fire Company					
	Paramedic	Secondary Caregiver					
	Paramedic	Primary Caregiver					
	Paramedic	Third Caregiver					
	Paramedic	Driver Only					
	Paramedic	Fire Company					
	Paramedic	Fire Company					

ol Protective Equipment Used: Gloves

Call Information

Destination Name:

Destination Type: Hospital

Destination Determination: Closest Facility

Vehicle Type: Ambulance

Response Request: 911 Response (Scene) Response Disposition: ALS Treat / Transport

Lights Sirens To Scena: Lights and Siren

Lights Sirens From Scene: Lights and Siren

Factors Affecting Response

First Responder Agencies

None

Patient Condition

Provider Impression: Respiratory Arrest

Chief Complaint: Respiratory Arrest X

Onset Date/Time: 19:42

Alcohol/Drug Use: No Apparent Alcohol/Drug Use

Injury Intent: Not Applicable

Cause of Injury: Not Applicable

Dispatch Reason: Unconscious / Fainting

0-1	Symptom
rnmarv	SAMBLOW

Unresponsive / Unconscious

Other Associated Symptoms

Breathing Problem



								Patien	t Vita	s						
Time	B/P	Pulse	Rhythm	Resp.	Effort	Sp02	SpO2 Qual.	EtC02	GCS	Pain	Stroke Sci	PTA	B.G.	RTS	Limb	Patient Position
19:55	210/P	108	RR	8	Assisted	7777.74		84	3	Contract of the Contract of th		PS 00	262	-		
20:02	180/P	108	RR	8	Assisted	TOTEL		84	3			A STATE OF	402		Left Arm	Supine
20:10	160/100	112	RR			4.00	Page grantes repr		_	USES, SOUTH		Sec.		6	Left Arm	Supine
20.20	100/100	112	R.R.	8	Assisted		High FIO2 (80-100 pct)	68	3					6	Left Arm	Supine
20:15	154/P	112	RR	8	Assisted	1 1	High FIO2 (80-100 pct)	68	3					6	Left Arm	Supine
20:20	148/P	112	RR	8	Assisted		High FiO2 (80-100 pct)	68	3	ali i				6	Left Arm	Supine
20:25	146/P	112	RR	8	Assisted		High FIO2 (80-100 pct)	64	3					6	Left Arm	Suplne

Glasgow Coma Score							
Date/Time	Glasgow Bys Opening	Glasgow Verbal	Glasgow Motor	Glasgow Coma Score			
19:55	1	1	1	- Inspert delia Scale			
20:02	1	1		3			
20:10	1	1		3			
20:15	1	•	1	3			
20:20	1	•	1	3			
20:25			1	3			
	1	1	1	3			

	Past Medical History	y
MEDICATION ALLERGIES	Generic Name	Description
Penicillin	Penicilin	
Patient Medications	Generic Name	Dosage
Albuterol Inhaler		the transmitter of the state of
Celexa	citalopram	
Synthrold	Levothyroxine Sodium	
Zocof	Simvastatin	
Dictlaziam		
Madiani Guarani telata		

Medical Surgery History

Chronic Respiratory (COPD)

History Primarily Obtained From	Pregnancy Advanced Directives	Practitioner Name
Family	No.	Fractioner Name

	Procedures and Treatments												
Ţ	me Cre	w Name 1	Location	Size of Equipment	Attempts	Response	Success	Comments					
-	:58	Alrway Nasopharyngeal	Nose	26	1	Unchanged	Yes	- Sommence					
2):01	Airway Orotracheal Intubation	Mouth	7	1	Unchanged	Yes						

Time Crew	Medication	Route	Dosage:	Response	PTA	Commence
19:52	Oxygen by Bag-Valve Device	Inhalation	15 LPM	Unchanged	FIA	Comments
20:00	Midazolam (Versed)	Intravenous	5 MG	Unchanged		
20:00	Etomidate	Intravenous	30 MG	Unchanged		
20:04	Midazolam (Versed)	Intravenous	2 MG	Unchanged		
20:05	Albuterol Sulfate	Inhalation via Nebulizer	2.5 MG	Unchanged		
20:05	Ipratroplum Bromide (Atrovent)	Inhafation via Nebulizer	0.5 MG	Unchanged		
20:05	Oxygen by Nebulizer	Inhalation	6 LPM	Unchanged		
20:09	Midazolam (Versed)	Intravenous	2 MG	Unchanged		
20:13	Midazolam (Versed)	Intravenous	2 MG	Unchanged		
20:15	Albuterol Sulfate	Inhalation via Nebulizer	2.5 MG			
20:20	Midazolam (Versed)	Intranasal	2 MG	Unchanged		

	-							
20:24	Midazolam (Intranasal	2 MG	Unchanged		_
20:25	Albuterol Su			Inhalation via Nebulizer	2.5 MG	Unchanged		/
20:28	Midazolam (Versed)		Intranasa)	2 MG	Unchanged	101	
				ECG Monitor				(A 20 U
Time	ECG Type	ECG Lead	ECG Interpretation	Market Commission of the Asset Commission of the		ECG Ectopy		
20:02	ECG-Monitor	п	Sinus Tachycardia			and retupy		use For Change
				Assessment Exam		_1		
		Time	of Assessment:	19:55:00-06:00	BE SUMMERING			
	111111111111111111111111111111111111111		domen-left-lower:	13:33:00-06:00	and the state of the state of	120	:19:00-06:00	ALC: LE
			iomen-left-upper:					
			men-right-lower:					
			men-right-upper:					
			Back-cervical;					
			Back-lumbar:					
			Back-thoracie:					
			pack-dioladic:					
				eased Breath Sounds-Left, Decreas ds-Right	ed Breath	Symmetrical Ches Decreased Breath Sounds	t Rise, Decreased Bre Sounds-Right, Assisti	ath Sounds-Left, ed / Ventilated
			Ext-left-low:			-		
			Ext-left-up:					
			Ext-right-low:					
			Ext-right-up:					
			Eyes-left:					
			Eyes-right:					
			GU:					
			Head:					
			Heart:					
			Mental: Unres	ponsive		Unresponsive		
			Neck;					
			Neuro:					
			Skin:			Normal		
				Narrative				
Summary of	Events							
with a strong was placed on attempted and Albuterol/Ipra switched over	pulse. Crew of the monitor, if successful in troplum nebut to the auto-v	moved pt out showing sinu the Right A fizer started, ent with tida	t of the bathroom and pus tachycardia. Vitals of C. Pt was taking gaspin Pt moved up the stairs	Family on-scene stated that the pt clous, with lips turning blue. Upon placed pt on a backboard. Nasal all ptained as above. Lungs were decr og breaths. Crew prepared for intuit to the stretcher and out to the an due to tightness of the lungs.	our arrival found rway was inserte reased in all field pation and was s	of pt in the bathroomed in right nostril an is. Capnography was successful, following	n, unconscious in resp d ventilations assisted s shark fin at 82 mmi DAI protocol. In-line	iratory arrest, I via BVM. Pt IG. IV was
				Prior Aid				
Prior Aid	responsible		12 stranger	Helidester Homore en Mari		PNR	I COMPANIE DE LA COMP	
lone,						Performed	Ву	Outcome
				6-4 1		N/A,		
ot Applicable	1.06			Safety Equipment Used				
Val	danta - V-tu-	- 7 I 1		Vehicular Information				
			s: Not Applicable				-	
			d: Not Applicable					
Seat	Row Locatio				Pavitia	n of Patient: Not A	pplicable	
	Airbag .	Deploymen	t: Not Applicable					
	A (ACC)	A POST OF	4 5 5	Injury Details		and the second		
	ACTOR!		对外的 现象	Service-Defined Question	15	1000 1000	South Rho	
as transport r	nileage enter	ed?		Yes				
the patient a	resident d			Yes				

Is this a mutual or auto aid call?	No	
If Capnography was used, how did the waveform appear?	Obstruction/Shark Fin	

Comprehensive Report Incident Date: Call #:(Patient Care #: 1 / 1 Patient Information

Name:

Age: 65 Years **Gander: Female**

D.O.B: 1 SSN:

Address:

Weight: 70.307 KG / 155.00 LB

Race:

		Phones	Ethnic	ityı
Call Type and Location	Call Disposition		Response Times and Miles	nge
Catl Type: Breathing Problem Resp. Mode: Lights and Siren Urgency: Response: 911 Response	Disposition: ALS Treat / Transport Resp. Mode: Ughts and Siren Destination:	1st Resp. Arr.: PSAP: 20:07 Disp. Notified: 20:07 Unit Disp.: 20:08	Incident #:	
Locations Home/Residence Address:	Dest. Determ.: Closest Facility	Enrouta: 20:09 At Scene: 20:13 At Patient: 20:14 Depart: 20:21	Start Miles: Scene Miles: 0.0	To Scene:
Zone:	Diverted From: Dispatch Delay: None Response Delay: None Scene Delay: None	Arrive Dest: 20:31 In Service: 21:31 In Quarters:	Dest. Miles: 9.0 End Miles: 9.0	To Dest: 9.0 To End: 0.0
	Transport Delay: None TurnAround Delay: Patient Berriers: None	Cancelled:	Call Sign: Veh. # Veh. Type: Ambulance Primary Role: ALS Ground	Transport

First Responder Agencles#: Not Applicable

	Unit Personnel	
Crew Member	Crew Member Level	Crew Member Role
	Paramedic	Primary Caregiver
	Paramedic	Secondary Caregiver
	Paramedic	Fire Company
	Paramedic	Fire Company
	Paramedic	Fire Company
	Paramedic	Driver Only

Personal Protective Equipment Used: Eye Protection, Gloves

Call Information

Destination Name:

Destination Type: Hospital

Destination Determination: Closest Facility

Vahicle Type: Ambulance

Response Request: 911 Response (Scene)

Response Disposition: ALS Treat / Transport

Lights Sirens To Scene: Lights and Siren

Lights Sirens From Scene: Lights and Siren

Factors Affecting Response

None

Patient Condition.

Provider Impression: Respiratory Distress

Chief Complaint: I am having trouble breathing X 30 Minutes

Onset Date/Time: at 19:44

Alcohol/Drug Use: No Apparent Alcohol/Drug Use

Injury Intent: Not Applicable

Cause of Injury: Not Applicable

Dispatch Reason: Breathing Problem

Primary Symptom

Breathing Problem

and the latest	****	-	-				-	Patient	Vite	-		-			_	
Time and	1 0 (0	la de	mtat.					-								
Time	B/P	-	Rhythm	-	Effort	-	SpO2 Qual.		GCS	Pain	Stroke Sci	PTA	B.G.	RTS	Limb	Patient Position
20:15	190/12	+	RR	-	Shallow	-	On Room Air	35	15			100	23.00	_	Left Arm	Semi-Fowlers
20:20	190/		RR		Shallow		High FiO2 (80-100 pct)	50	15					11	Left Arm	Semi-Fowlers
20:28	190/	P 144	RR	38	Shallow	4 1	High FiO2 (80-100 pct)	50	15					11	Left Arm	Semi-Fowlers
							GI	asgow C	oma £	core						
	Date/	Time	1111-1	Glas	gow Eye (pening		Glasgov	/ Vart	ali	G	lasgow	Moto	r		ilesgow Coma Score
	20:				4			5				6				15
	20;				4			5				6				15
	20:	28			4			5	5			6				15
							Pa	st Medic	al His	story						
IEDICA	A NOLL	LLERGI	25	96-20-13	With the s	Gene	ric Name	May be	Holis	4500	Popular (C)	Descr	ption	4		
enicilin						Penicl	Illn									
atient i	Medicat	ions	(#20,000) A	7113	Marie I	Gene	ric Name	ALLE S				Dosag		87700	Misum.	
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Ibramyo	in					Doxyo	ydine									
heratus	sin															
ravastat																
abumet	one															
ubaln						NALBUPHINE HYDROCHLORIDE Irbesartan										
vapro						Irbest	ertan									
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	Primari	y Obtai	ned From		nancy; Adı	ranced	Directives	Ship Divis				141111	s-incs	- 4	Prac	titioner Name
amily			1	N/K		CE-474-11-11-11-11-11-11-11-11-11-11-11-11-11										
		minutes de la co					Proce	dures an	Address to the last	and the same of the						
rime C	row Na	me	1, 200	E LEBY	Suy-Hill	1 200	Location	Story.	Si	ze of Ec	ulpment	Attem	ats R	espo	nse Succ	ess Comments
0:21	Ain	way CPA	P Treatmer	nt								1			Yes	
			OS:	63	No.	E3/	Med	ication A	dmin	stered	4115		15	M		
Time C	rew Me	dication	1002		all curk	0240	Constant R	oute	Mary 1	Dos	age	Resp	onse		PTA	Comments
20:17	All	uterol S	ulfate		THE PERSON NAMED IN COLUMN		Inhalation	via Nebul	izer		2.5 MG	Impr	_		No	
20:17	Ipr	atropiun	Bromide	(Atrove	nt)		Inhalation	via Nebul	izer		0.5 MG	Impr		-	No	
							A sales services	ECG M	onito							
Time	ECG	Туре	ECG Le	nd EC	G Interpre	tation	193	7-2			05 6	ECG E	ctapy			Cause For Chan
20:18	ECG	-Monitor		_	us Tachyca							No Ect				Initial Rhythm
			. 1									1	-p / 19			prince recyclic
								ssessme			10,44,00					
						15 5	Time of Asse		_		20:16:00-06	:00				4/4
											Non-Tender)					
							Abdomen-le			•	•					
							Abdomen-rigi	INTOWER:	NUITIK	II LOOTE, I	AnnaleUGEL					

Other Associated Symptoms

Ext-left-low: C.M.S. Normal Ext-left-up: C.M.S. Normal Ext-right-low: C.M.S. Normal

Back-cervical: Normal (No Pain or Deformities)
Back-lumbar: Normal (No Pain or Deformities)
Back-thoracic: Normal (No Pain or Deformities)

Symmetrical Chest Rise, Accessory Muscles, Decreased Breath Sounds-Left, Decreased Breath Sounds-Right

Ext-right-up: C.M.S. Normal

Eyes-left: Reactive

Eyes-right: Reactive

GU:

Head: Normal

Heart:

Normal Mental Status for Patient, Oriented-Person, Oriented-Place, Oriented-Time,

Oriented-Events

Neck: Normal

Neuro: Normal Gait / Movement

Skin: Diaphoresis

Narrative

Summary of Events:

In summary, dispatched to the reported emergency of a patient having difficulty breathing. Upon arrival, patient walked to the door and was A&Ox4. Patient was in respiratory distress, breathing at an accelerated rate with shallow breaths. Patient stated she had COPD and had been having difficulty breathing for the past 30 minutes. Patient stated she took her advair twice with no relief. Patient stated she had difficulty like this event the week prior that was relieved by the advair. Patient denied any other symptoms. Patient was immediately moved to the ambulance without incident. Patient transported to ALS without incident. was contacted en route with no further orders for crew per ER RN. Patient continually monitored en route. Patient acknowledged to crew that her breathing was getting easier with the treatments while en route. Upon arrival at transported to ER Room D10 without incident. Patient care and report transferred to ER RN. All times approximate.

Prior A		
Prior Aid N. C. (1994) And C.	Performed By:	Outcome
ione,	N/A,	
Safety Equipm	ient Used	

Not Applicable

Vehicular Information

Vehicular Injury Indicators: Not Applicable Area of Vehicle Impacted: Not Applicable Seat Row Location of Patient:

Airbag Deployment: Not Applicable

Position of Patient: Not Applicable

Service-Defined Questions Was transport mileage entered? Is the patient a resident of Yes Is this a mutual or auto aid call? If Capnography was used, how did the waveform appear? Square Constant

Comprehensive Report



Incident Date: Patient Care #: 1 / 1 **Patient Information** Name: i Age: 66 Years D.O.B: **Gender:** Female Address: 1 Weight: 136,078 KG / 300,00 LB Race: White Phone: Ethnicity: Not Hispanic or Latino Call Type and Location Call Disposition Response Times and Mileage Call Type: Breathing Problem Disposition: ALS Treat / 1st Rasp. Arr. Resp. Mode: Lights and Siren Transport PSAP: 20:27 Incident # **Urgency:** Resp. Mode: Ughts and Siren Disp. Notified: 20:27 Response: 911 Response **Destination:** Unit Disp.: 20:27 Location: Home/Residence Enroute: 20:28 Start Miles: Address: At Scene: 20:31 Scene Miles: 0.0 To Scene: At Patient: 20:32 Dest. Determ.: Closest Facility Depart: 20:42 **Diverted From:** Arrive Dest: 20:45 Dest. Miles: 2.0 To Dest: 2.0 Dispatch Delay: None In Service: 21:35 Response Delay: None In Quarters: 21:40 End Miles: 2.0 To End: 0.0 Scene Delay: None Cancelled Transport Delay: None TurnAround None Call Signs Veh. #1 Delayi Veh. Type: Ambulance Patient Barriers: None **Primary Role: ALS Ground Transport** First Responder Agencies#: Not Applicable Unit Personnel Crew Member Crew Member Level Crew Member Roles Paramedic Primary Caregiver Paramedic **Driver Only** Paramedic Fire Company Paramedic Fire Company Paramedic Fire Company Personal Protective Equipment Used: Gloves

Call Information

Destination Names

Destination Type: Hospital

Destination Determination: Closest Facility

Vehicle Type: Ambulance

Response Request: 911 Response (Scene)

Response Disposition: ALS Treat / Transport

Lights Sirens To Scene: Lights and Siren

Lights Sirans From Scene: Lights and Siran

Factors Affecting Response

None

Patient Condition

Provider Impression: Respiratory Distress

Chief Complaint: Breathing Problem X 2 Days

Onset Date/Time

Alcohol/Drug Use: Patient Denies Alcohol/Drug Use

Injury Intent: Not Applicable

Cause of Injury: Not Applicable

Dispatch Reason: Breathing Problem

Primary Symptom

Breathing Problem

Other A	ssocia	ted Syr	npt	oms	11.5				292/2019/	(S.C.)	and the same	(A. 5) Series	- 1	97	L	20 take	2.5	59/5/11/6/
Weaknes	8										The state of			W		-		
									Patien	t Vita		-	-	12.				
Time	B/	P Pul	50	Rhythm	Resp.	Effort	SpQ2	SpO2 Qual.	-	-	Pain	Stroke Sc	I PTA	B.G.	prod /	D. Londo		
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														111	iproved	Yes		
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20:33	0	xygen b	y No	n-Rebre	ather M	ask		Inhalation 15 LPM					Uncha			1	10000	
20:35	A	spirin (A	SA)					Oral 324 Mg					Unchanged					
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Time	EC	G Type	85C)	ECG Lea	d ECG	Interpre	tation						ECG E	topy		And House	Cause	For Chang
20:34	12-	Lead EC	G		Sinu	ıs Rhythm												TOT CHANG
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											III/III						Post Commence	A Second
In summ		ave tro	na A ubla	breathle	e for th	ed for the I	PT havin	g trouble brea	ithing. Up	on arri	val PT w	as walking to	owards fr	ont do	or when	a crew he	lped PT to ti	he cot. PT
not being	able t	o catch	her	breath. I	y ior ui No obvir	e past two	uays, r Looted	T called 911 to PT was taken	onight bed	cause s	ine could	in't take it ar	nymore.	PT dld r	not have	any che	st pain, but	pain from
where ER	nurse	took re	port			as alone.	, market	r i was taken	CO WI	ilere Al	-> care v	vas started, i	Was	contac	ted wit	h no orde	ra given. PT	taken ER,
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Log Number

Communication quality	Good
	Inconclusive
	Yes
Mutual Aid Call?	NO

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Northwest Community EMS System - Continuing Education - March 2016 - Respiratory Distress - page 1

CE Credit Questions - Resources to use: NWC EMSS SOP's & paramedic textbook (any of following: Paramedic Practice Today [Aehlert]; Paramedic Care: Principles & Practice [Bledsoe, Porter & Cherry]; Emergency Care in the Streets [Caroline, Elling & Smith]; Mosby's Paramedic Textbook [Sanders, McKenna, Lewis & Quick])

					_					_
•	PE	 LOC: AVPU & GCS/mentation, position 	BP, P & quality	RR, effort & pattern, audible sounds	O2 sat, EtCO2 & capnogram	ECG, 12L	Skin color, temp, moisture	HEENT: pupils, mucous membr, pursed lip, speech, JVD	Chest: lung sounds, acc muscle use, retractions, shape	 Extr. clubbing evanosis pedal edema
en		0	0	0	0	0	0	0	0	0
Respiratory Distress Assessment	PMH (SAMPLE)		 Signs/symptoms, pert negs 	(CP, cough, fever, NV, recent illness/injury/exposure)	Allergies	Medications	PMH	Last meal	Events surrounding	
		_	0		0	0	0	0	0	_
	CC & HPI (OPQRST)		Onset (sudden/oradual/what doing)	Provoke/palliate	Original	Region/radiation	(s/s upper ve lower nose thmot lines)	Severity of distress	Time	
		C	0) () () ()	C	0)

ist con	List conditions that should be considered and assessed for in pts w/	nd assesse	ed for in pts w/ respiratory distress?	SS?	2	
			3		9	
ا			4		7	
top &	Stop & reverse the progression					
	Resp DISTRESS		Resp FAILURE	^	Resp ARREST	CARDIAC Arrest
Vhat ar	What are some different treatments that may be used when caring for pts w/ respiratory distress?	y be used	when caring for pts w/ respirate	ny distress?		
			4		8	
			14.		a	

If no significant improvement: Add NTG (& ASA) per HF SOP	
Begin tx COPD SOP: Albutero!/Ipratropium/CPAP	Tx per HF SOP: ASA/NTG/CPAP
SHARKFIN	SQUARE
Capnography Waveform	✓ Capn
of BOTH CVD & COPD (& not sure which to treat)	Pt with PMH of BOTH CV

page 2	nost important)
y Distress – pa	List 2 ways (the
16 – Respirator	
on – March 201	
nuing Educatio	
/stem – Contir	olete)
nunity EMS Syst	ect 12 cases to com
thwest Comn	restions (select 12
Nor	ues

Cas	. I	Case – Questions (select 12 cases to complete)	List 2 ways (the most important) care may have been improved
	rti		
	<u>م</u>	5. Is dyspnea considered an "angina equivalent"?	
69F	ပ	2. What are metoprolol, digoxin, pravastatin, eliquis used to treat?	
	Þ	d. What is STD a sign of?	
	ai	e. If the anterolateral heart is ischemic, can that affect its abilify to pump adequately?	
	<u> </u>	i If so, what can that lead to?	
	6	 When the pulmonary vasculature is congested with blood, what s/s may the pt c/o of? 	
	Ė	n. What is EMS tx for ischemia?	
	· 	. Must a pt have CP - to be given NTG?	
	···	. What are 2 NTG actions?	
	7.	c. Is a hypoxic pt likely to be calm/cooperative?	
		. If a pt is anxious & not tolerating CPAP, what can be given?	
	Ë	n. Can a pt in HF present with a sharkfin capno waveform?	
	ے	n. Is this pt on any asthma/COPD meds?	
ç	Ġ	a. What % of Q and pts >65 have CP w/ ACS?	
ų.	ف	o. Is dyspnea considered an "angina equivalent"?	
82F	ပ	What are indications for a 12L ECG?	
	Ö	1. What is the value of a prehospital 12L ECG?	
	ഖ	2. Can an AWMI present as a pt in acute HF?	
	<u>~</u>	. What is reasonable length of time (to acquire Hx & PE) between pt contact and 1⁵t dose of NTG in a pt w/ HF? 19 min?	
	ģ). How often should NTG be given to pts in HF? Is there any dose limit to NTG for pts in HF?	
	ج	n. Why should NTG be repeated that often?	
	:	. Does a pt need to have an IV prior to administering NTG?	
	<u> </u>	. Did this pt need, or were they given, any IVF or IV meds?	
	ᅶ	What is the disadvantage to an unsuccessful AC IV in a pt?	
c	æ	n. What % of ♀ and pts >65 have CP w/ ACS?	
>	<u>ö</u>	o. Is dyspnea considered an "angina equivalent"?	
88M	ن	:. What are indications for a 12L ECG?	
	Ö	l. What is the value of a prehospital 12L ECG?	

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- Continuing Education - March 2016 - Respiratory Distress - page 3
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e. Should an 88M c/o SOB, with a cardiac PMH get a prehospital 12L ECG? In "procedures," is CPAP the same as "positive pressure ventilation"? 9. What are VS requirements for CPAP? In What is the difference between HF and cardiogenic shock? In What is the difference between HF and cardiogenic shock? In What other parameters can be used to assess for shock? In What other parameters can be used to assess for shock? In What other parameters can be used to assess for shock? In What other parameters can be used to assess for shock? In What does "inferior parameters can be used to assess for shock? In What does "inferior parameters can be used to assess for shock? In What does "inferior parameters can be used to assess for shock? In What does "inferior plate and state of the parameter of ischemia" on a 12L ECG mean? In What does prehospital treatment of ischemia include? In What HPI should be assessed when considering pneumonia? In What HPI should be assessed when considering pneumonia? In What HPI should be assessed when considering pneumonia? In What HPI should be assessed when considering pneumonia? In What HPI should be assessed when considering pneumonia? In Nestablished @ 0813 by PM "D"; CPAP was started @ 0815 by PM "D", was that an appropric. In thiral VS @ 0809 indicated O2 sat of 74% on RA, at 08:11 the pt was given O2 via NC at 4L, who is there any other documentation that the pts respirations were assisted. In Sthere any other documentation that the pts respirations were assisted? In shocking at pts meds (apresoline, ASA, carvedilol, isorbide, amlodipine, clopidogrel), what condition may result? In What PMH is listed for the pt? When the LV is damaged, what condition may result? What is SOP tx for HF?						IBP of 92?		3G mean?			nemia* on a 12L ECG mean?		lave occurred?		in of?		n O2 via NC at 4L, was that appropriate?	was that an appropriate sequence of treatment?		respiratory effort mean?		yocardial workload?		oidogrel), what condition does she likely have?					
<u>कं स के दं वं ठं उं कं स के दं संस्था</u>	Should an 88M of SOB with a cardiac DMH as a proposite 110 ECC	Should all boin the Sobs, will a caldiac Finit yet a prenospilal IZE ECG?	In "procedures," is CPAP the same as "positive pressure ventilation"?	What are VS requirements for CPAP?	What is the difference between HF and cardiogenic shock?	Different people have different "normal" BP's; can a pt be in shock with a SBP of 92?	What other parameters can be used to assess for shock?	What does "possible anteroseptal infarct – age undetermined" on a 12L ECG mean?	What type of MI is most likely to result in HF?	What is myocardial ischemia?	What does "inferior/lateral ST-T abnormality may be due to myocardial ischemia" on a 12L ECG mean?	What does prehospital treatment of ischemia include?	PM's note "chest discomfort subsided after use of CPAP," why might that his	When treating pts w/ CPAP, what should be documented?	PM's note, "had crackles on R side," what might localized crackles be a sign of?	What HPI should be assessed when considering pneumonia?	Initial VS @ 0809 indicated O2 sat of 74% on RA, at 08:11 the pt was given O2 via NC at 4L, was that appropriate?	IV established @ 0813 by PM "D"; CPAP was started @ 0815 by PM "D", was that an appropriate sequence of treatment?	Did this pt need an IV for IVF or meds?	From 08:28 to 08:35 resp effort is listed as "assisted," what does "assisted" respiratory effort mean?	Is there any other documentation that the pts respirations were assisted?	Considering the pts BP (high 207/106), what does that tell you about the my	It is documented the pt had PVC's, what are PVC's a sign of?	Looking at pts meds (apresoline, ASA, carvedilol, isorbide, amlodipine, clopidogrel), what condition does she likely have?	What PMH is listed for the pt?	Pts 12L ECG indicates LBBB, what is that an indication of?	When the LV is damaged, what condition may result?	What is SOP tx for HF?	Did this pt receive ASA?
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		Northwest Community EMS System – Continuing Education – March 2016 – Respiratory Distress –	istress – page 4
	œ.		
	o	q. Does wheezing mean the pt has asthma/COPD?	
	ت	r. Can pts in HF present with wheezing?	
ر	ri	a. What % of Q and pts >65 have CP w/ ACS?	
0	ف	b. Is dyspnea considered an "angina equivalent"?	
87F	ပ	c. What are indications for 12L ECG?	
	,	d. What is the value of a prehospital 12L ECG?	
	യ്	e. Can an MI present as a pt in acute HF?	
		i. Did pt receive/meet criteria for a 12L ECG?	
	<u> </u>	g. What cardiac meds is this pt on?	
		n. What COPD meds is this pt on?	
	·-·	. What is the initial BP?	
	· <u>·</u>	. By what method should initial BP be measured? Why?	
	ᅶ	c. What s/s of resp distress was pt experiencing?	
		. c/o SOB, should lung sounds be assessed? (yes) Why?	
	E	n. Repeat assessment lists chest, heart, and skin as "not available," what does that mean?	
	<u>-</u>	1. Was pt experiencing any CP?	
	Ö	5. Does a sharkfin capnography waveform automatically mean pt has exacerbation asthma/COPD?	
	<u>a</u> ,	o. Can pts in HF present with a sharkfin waveform?	
	o	1. What was EtCO2 value?	
	<u>-</u>	: If CPAP does not initially improve O2 sat, what should be done?	
	ဟ	s. What PEEP was being delivered to the pt w/ CPAP?	
	÷	. Narrative states "given a neb with CPAP," what does that mean?	
	j	1. Are any nebulizer administered medications listed as given?	
	>	7. What amount of PEEP was the pt being given with CPAP?	
	`.	v. @0820 O2 sat 83% RA; tachypnea (RR 28, labored), tachycardia (125), hypertensive (165/110) – should they be on O2?	
_	ю	a. What condition are simvastatin, metoprolol, losartan and ASA used to treat?	
-	ف	b. Did pt take any COPD medications?	
64F	ပ	Do most pts with COPD take COPD meds?	
	-	1. Is a 64 yo pt c/o SOB w/ PMH CVD a candidate for a 12L ECG?	
ı			

		Northwest Community EMS System – Continuing Education – March 2016 – Respiratory Distress – page 5	stress – page 5
	a;	. What % of ϕ and pts >65 have CP w/ ACS?	
	<u></u>	Is dyspnea considered an "angina equivalent"?	
	க்	. What are indications for a 12L ECG?	
(X =	٦.	. What is the value of a prehospital 12L ECG?	
	٠:	Would acquiring 12L ECG be a good idea - prior to admin epi to elderly hypoxic, tachycardic pt, w/ PMH of CVD?	
	<u> </u>	64F, 260lbs, PMH CVD, c/o sudden onset SOB (10 min), tachypnea (RR 42, shallow), tachycardia (138), hypoxic (O2 sat	
		62%), low EtCO2 (21), skin cold & cyanotic, clear & equal breath sounds bilaterally, what condition should be considered?	
	نح	What are risk factors for PE?	
	:	How will a PE affect the EtCO2 level?	
	Ë	Provider impression lists "asthma," what is the difference between asthma & COPD?	
	Ë	Does this pt present with a classic asthma hx & PE?	
	o	When going epinephrine IM to a pt weighing 260 lbs, what modification should be made?	
α	ej.	What does this pt have a PMH of?	
5	Ö	Does pt have PMH of or take meds for asthma/COPD?	
53F	ပ	Did pt meet SOP criteria for administration of albuterol/ipratropium?	
	ö	Does 12L ECG interpretation help point to possible cause of resp distress?	
	ഖ്	What SOP would have been appropriate to use when treating pt?	
		Can pts in acute HF present with wheezing and crackles?	
	တ်	What is SOP tx for HF?	
	ب	Did pt receive NTG?	
	:	What is the action of NTG?	
0	ત્વં	What % of ♀ and pts >65 have CP w/ ACS?	
,	Ö.	Is dyspnea considered an "angina equivalent"?	
77F	ပ	What are indications for 12L ECG?	
	ij	What is the value of a prehospital 12L ECG?	
	αj	Can an MI present as a pt in acute HF?	
	4	Did pt receive/meet criteria for a 12L ECG?	
	க்	EtCO2 values are documented, what was the waveform?	
	<u>i</u>	77 yo pt c/o difficulty breathing, PMH cardiac, bilateral crackles, hypoxia, what medical condition should be considered?	
		What is SOP tx for HF?	

	-	Northwest Community EMS System – Continuing Education – March 2016 – Respiratory Distress – page 6	
	<u></u>	Did this pt receive ASA?	
	ᅶ	. Did this pt receive NTG?	
	<u>-</u>	What amount of PEEP was delivered to the pt via CPAP?	
	Ë	n. What are other causes of crackles that should be considered in an elderly pt in a NH?	
	Ċ	. What are s/s of pneumonia that should be assessed for?	
5	ď	What was this pts GCS?	
2	<u>ن</u>	. Should a pt w/ GCS of 6 get bG checked?	
83M	ပ	. What was his bG level?	
	ö	. Is pulse oximetry reliable in hypotensive pts?	
	a;	. What can be done to assess reliability of pulse ox reading?	
		What SOP should have been used to treat this pt?	
	Ġ	. Should 500mL IVF be given to pt w/ BP 72/42 in respiratory distress and hypoxic with crackles?	
	<u>-</u>	. What treatment should this pt have received?	
	:	Crew noted pt was hot/warm & diaphoretic, what condition should also be considered?	
	<u>-</u>	In sepsis, can hypotension be caused by both vasodilation and myocardial depression?	
	ند	. Does DNR mean do not treat?	
		Should pts with a DNR be treated differently prior to cardiac/resp arrest?	
	Ε	n. Does the new POLST forms give more direction regarding a patient's wishes regarding care/tx than old DNR forms?	
,	roi	. What condition are the meds atorvastatin, lisinopril, and clopidogrel used to treat?	
=	<u>.</u>	. What % of $\mathcal P$ and pts >65 have CP w/ ACS?	
75F	ပ	. Is dyspnea considered an "angina equivalent"?	
	σ	. What are indications for 12L ECG?	
	ai	. What is the value of a prehospital 12L ECG?	
	<u>بب</u>	Can an MI present as a pt in acute HF?	
	6	. Did pt receive/meet criteria for a 12L ECG?	
		. What are causes for COPD exacerbation?	
	:	Can albuterol be repeated if initial dose of albuterol/ipratropium is given?	
13	Сі	. What condition are the meds simvastatin, dilitazem, quinapril and digoxin used to treat?	
7	نم	. What does pt have a PMH of?	
71F	ن	What % of $\mathcal P$ and pts >65 have CP w/ ACS?	

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	Ö	Is dyspnea considered an "angina equivalent"?		
	نه	What are indications for 12L ECG?		
	4.2	What is the value of a prehospital 12L ECG?		
	6	Can an MI present as a pt in acute HF?		
	<u>=</u>	Did pt receive/meet criteria for a 12L ECG?		
	·	Was the pt having any CP?		
	.ـــــــــــــــــــــــــــــــــــــ	What was the initial and last O2 sat?		
	ᅶ	Was this pts hypoxia corrected?		
		An O2 saturation of 90% is equivalent to an approximate PaO2 of what?		
	Ë	What are normal PaO2 levels?		
	ċ	What are pale, diaphoretic skin signs of?		
	o.	What medications may have been used to treat this pt?		
	ظ	Did the patient receive any of those medications?		
5	ក់	What does pt have a PMH of and take medications to treat?		
2	ض	Was this pt c/o CP?		
77F	ပ	Was the pt given any medication for the CP?		
	ij	What was pts initial HR & BP, could NTG have been administered?		
	نه	What were the pts lungs sounds?		
	<u>ب</u>	What was the pts EtCO2 reading & waveform?		
	<u>.</u>	How was pt treated?		
	خ	How did pt respond to treatment?		
	· - :	How was the pts initial and later resp effort?		
	· <u>·</u>	How did the pts O2 sat change with treatment?		
	ᅶ	How did the pts pulse/heart rate change?		
		c/o substernal, non-radiating CP 8/10, began 30m ago, hypoxia, よ breath sounds – what should be considered?		
	Ë	Would NTG have been appropriate to administer?		
	ci	Would fentanyl have been appropriate to administer?		
7	ત્તાં	Was this pt in respiratory distress or failure?		
<u> </u>	Ö	How is resp failure different from distress?		
77F	ပ	Are midazolam & etomidate indicated to intubate a pt w/ GCS = 3?		,

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	þ	. What RR was used to treat this pt?	
	øj.	. Was it appropriate? Why?	
		Should pt have been ventilated faster to \$\subseteq \text{EtCO2? Why?}	
	ģ	. Was an IV established, w/ IVF, on this pt?	
Ų	ਲ	. What % of Q and pts >65 have CP w/ ACS?	
2	<u>,</u>	. Does pt have major CVD risk factors?	
65F	ن	. Is dyspnea considered an "angina equivalent"?	
	Ġ	. What are indications for 12L ECG?	
	ai	. What is the value of a prehospital 12L ECG?	
		Can an MI present as a pt in acute HF?	
		. Did pt receive/meet criteria for a 12L ECG?	
	£	. Was a pain assessment documented?	
	·- ·	Is a square capno waveform consistent w/ a diagnosis of COPD?	
	· <u></u>	What are this pts HR (140-144), BP (190/120) & diaphoresis indicative of?	
	ند	. What resp condition should have been considered in this pt?	
4	rci	. What % of $\mathbb P$ and pts >65 have CP w/ ACS?	
2	ف	. Does pt have major CVD risk factors?	
199	ပ	. Is dyspnea considered an "angina equivalent"?	
	Ð.	. What are indications for 12L ECG?	
	نه	. What is the value of a prehospital 12L ECG?	
		Can an MI present as a pt in acute HF?	
	ģ	. Did pt receive/meet criteria for a 12L ECG?	
	<u> </u>	. What were the pts lungs sounds?	
	· <u>-</u>	How often should NTG be given when tx HF?	
	· <u></u>	What PEEP was being delivered to this pt w/ CPAP?	
	ᅶ	Might a pt in resp distress, misinterpret CP due to ACS as "pain from not being able to catch breath"?	