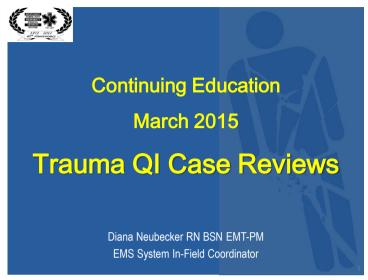
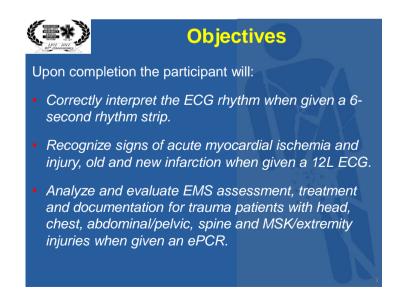
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	Northwest Community EMS System - Continuing Ed	lucation – March 2015					
	Trauma QI Case Reviews - CE Credit Q						
	·	•					
To	To receive credit for this CE module (Materials needed – CE ha	ndout, SOP's):					
1)	1) Interpret the ECG strips on handout page 2						
	ECG Interpretation						
	1						
_	2						
_	3						
_	4						
-	5						
_	6						
2)	2) Interpret the 12L ECG on handout page 3						
-	What, if any, leads have ST elevation (STE)?						
-	What is the significance of STE?						
-	What, if any, leads have pathological Q waves? What is the significance of Q waves?						
-	Interpretation						
-	merpretation						
3)	3) Review PPT slides (avail on NWCEMSS website) and answer	the following questions.					
	a. How can EtCO2 be useful when assessing & treating tro	numa pts?					
	b. Should trauma pts be kept warm or cool?						
	i. Why?						
	ii. List 3 ways to accomplish the above temperature of	control.					
	c. How does hypoxia impact pts with TBI (traumatic brain	injury)?					
	d. How does hypotension impact pts with TBI?						
	e. How does combined hypoxia & hypotension affect TBI	ots?					

f. List 5 pts whe i. – ii. – iii. – iv. – v. –	ere hyperoxia is contraindicated.	
g. How should o	oxygen be delivered to pts with a	ın O2 sat less than 92%?
h. At what rate	should you assist vent in pt with	or without an adv airway?
(ePCR's on pages	4-45). <u>Complete the grid on th</u>	7), to HELP analyze and evaluate the call ne next page (also handout pg 48), oportunity for improvement for each call
Primary Assessment	 Airway – patent? Breathing – adequate? O2 sat >94%? EtCO2? Circulation – pulse? 	 Skin, color, temp, moisture? S/S shock? Bleeding? Disability – GCS? SMR? bG if GCS <15/AMS?
(ITC) Initial Treatment	Airway - adjunct needed?Breathing - O2/PPV needed?Bleeding controlled?	Hypoxia treated?Shock treated? (SBP targets: 80 penetr, 90 blunt, >110 TBI)
Scene Time & Transport	Scene time <10 min?Explained if >10 min?	Appropriate destination?
Secondary & Repeat Assessment	 VS WNL? Repeated? Pain? Head (HEENT, face, eyes/pupils, nose, m Neck (spine, trachea, jugular veins) Chest (inspect, palpate, auscultate) Abdomen/pelvis (inspect, palpate) 	outh, ears, scalp) • Upper/Lower Extr (inspect, palp, PMS) • Back (inspect & palpate)
SOP Specific Tx	Appropriate?	Missing/Not done?
Documentation	MOI described?Assessment?	• Tx?
What aspect of asses	sment/treatment was done best?	
What aspect of asses	sment/treatment had the greatest opportunity f	for improvement?
How could document	ation have been improved? Was info in narrati	ive that has an incomplete/blank predefined field?
Is there a SOP that no	eeds clarification? Improvement?	

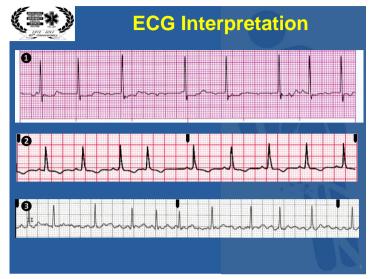
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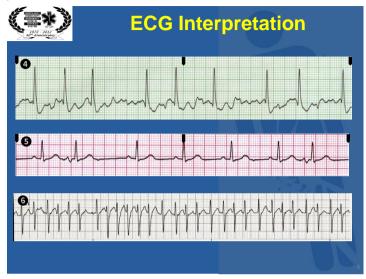


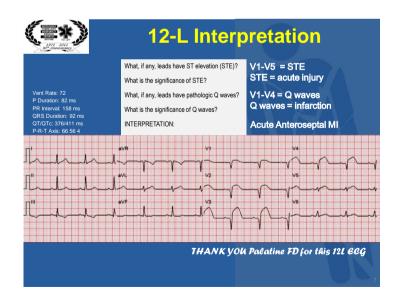




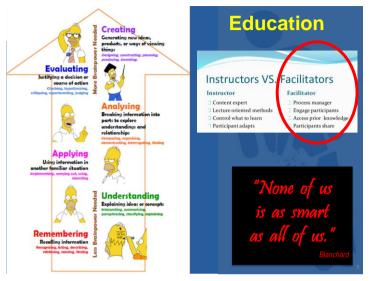


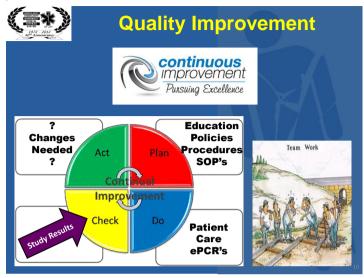




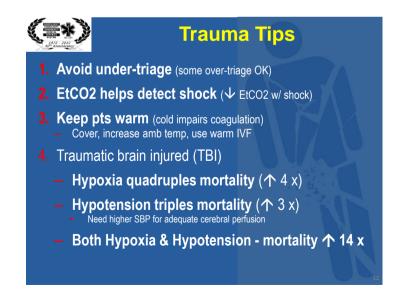




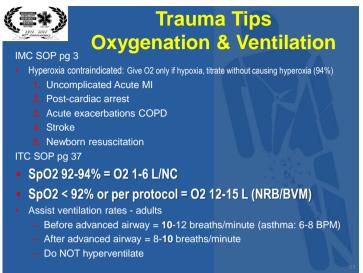


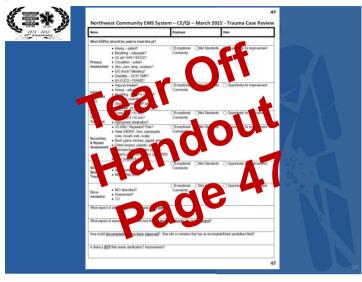






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Continuing Education March 2015

Trauma QI Case Reviews

Objectives - Upon completion the participant will:

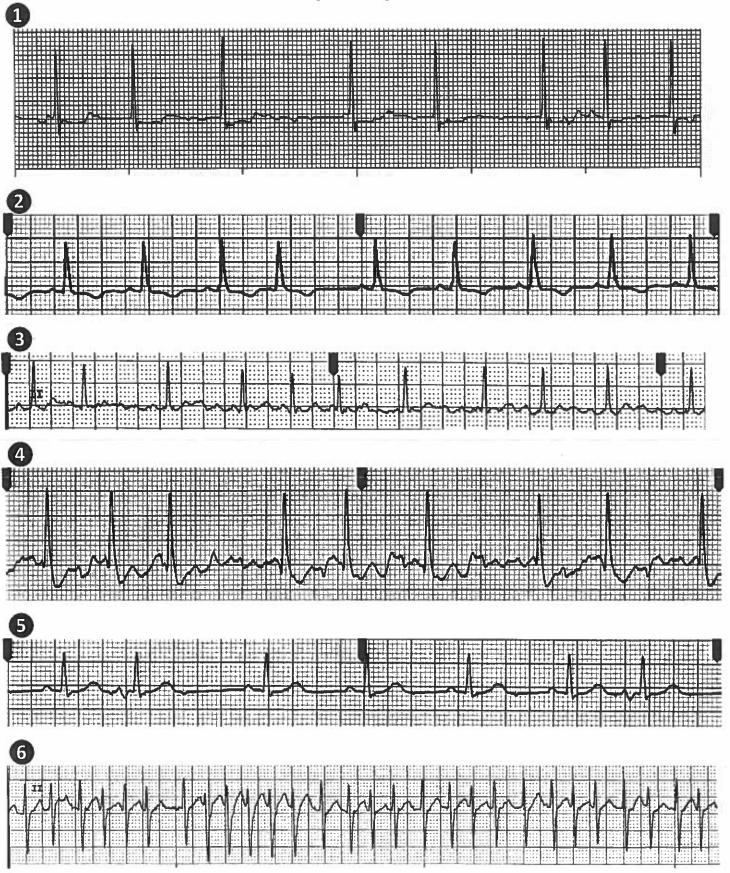
1) Correctly interpret the ECG rhythm when given a 6-second rhythm strip.

2) Recognize signs of acute myocardial ischemia and injury, old and new infarction when given a 12L ECG.

 Analyze and evaluate EMS assessment, treatment and documentation for trauma patients with head, chest, abdominal/pelvic, spine and MSK/extremity injuries when given an ePCR.

> Questions/Comments on this CE are welcome and should be directed to: Diana Neubecker RN BSN EMT-PM, EMS System In-Field Coordinator dneubecker@nch·org or 847.618.4488

Northwest Community EMS System - CE - March 2015



What, if any, leads have ST elevation (STE)?

What is the significance of STE?

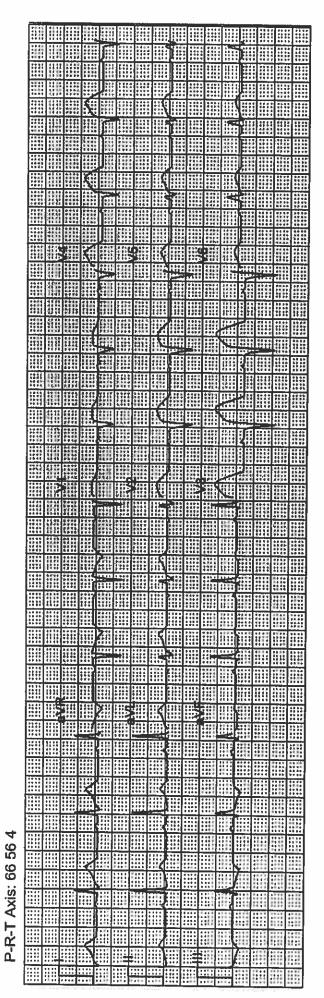
What, if any, leads have pathologic Q waves?

What is the significance of Q waves?

INTERPRETATION:

P Duration: 82 ms PR Interval: 158 ms QRS Duration: 92 ms QT/QTc: 376/411 ms

Vent Rate: 72



THANK YOU Palatine FD for this 121 EEG



Call #: Incident Date: Patient Care #: 1/1 Patient Information Name: Ager 28 Years D.O.B. ((mm/dd/yyyy) Gender: Male SSN: Weight: 79.379 KG / 175.00 LB Reces White Phones Ethnicity: Not Hispanic or Latino Call Disposition Response Times and Mileage Gall Type and Location Disposition: ALS Treat / 1st Resp. Arr.: Call Type: Traffic / Transportation Accident Transport PSAP: 19:01 Incident des Resp. Modes Lights and Siren Resp. Mode: Lights and Siren Disp. Notified: 19:01 Urgencyi Destination: Lutheran General Unit Disp.: 19:02 Hospital, Park Ridge, Response: 911 Response Enroute: 19:03 Start Miles IL 60058 **Location: Street or Highway** At Scene: 19:07 Scane Miles To Scanes Dest. Determ.: Closest Pacility Address: At Patienti 19:08 Diverted From: Depart: 19:21 Dispatch Delays None Arrive Desti 19:35 Dest. Miles Response Delays None In Service: 20: 10 Scene Delays None In Quarters: **End Miles** To End: 0.0 Transport Delay: None Cancelled: TurnAround None Call Sign: Delays Veh. #1 Patient Barriers: None Veh. Type: Ambulance **Primary Role: ALS Ground Transport** First Responder Agencies#: Not Applicable Unit Personnel aramedic. Primary Caregiver Paramedic Secondary Caregiver Third Caregiver Peremedic Driver Only Paramedic Personal Protective Equipment Used: Gloves Call Information Destination Name: Lutheran General Hospital Response Request: 911 Response (Scene)-Response Disposition: ALS Treat / Transport **Destination Type:** Hospitzi **Destination Determination: Closest Pacility** Lights Sirens To Scenes Uphts and Siren Vehicle Type: Ambulance Lights Sirens From Scenes Lights and Siren Patient Condition Provider Impressions Traumatic Injury Chief Complaint: unresponsive X 5 Minutes Onset Date/Time at 19:00 Alcohol/Drug Use: Injury Intent: Accidental / Unintentional Cause of Injury: Motor Vehicle Traffic Accident Dispatch Reason: Traffic / Transportation Accident Primary Symptom Unresponsive / Unconscious Other Associated Symptoms Not Applicable

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Back-cervical: Back-lumbar: Back-thoracie:

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Chest: Symmetrical Chest Rise, Clear & Equal Breath Sounds

Ext-left-low:

Ext-left-up:

Ext-right-low:

Ext-right-up:

Eyes-left:

Eyes-right: Not Available, 4-mm, Stuggish

GU:

Head:

Hearts

Mental: Unresponsive

Necks

Neuro: Not Done

Skin: Pale

Narrative

Summary of Events

and dispatched for the motorcycle vs automobile with reports of a motorcyclist down with unknown breathing and unknown pulse. UOA, pt. presented lying left lateral recumbant in the street about 50 ft beyond his motorcycle in the direction of travel (east bound), unresponsive, blood coming out of his mouth/nose and with labored breathing. Pt.'s protected jacket was cut along the backside, and then pt. was log rolled onto a scoop stretcher. Helmet was removed to gain better access to his compromised alrway. Pt. moved to the back of the ambulance. Pt. bagged with SVM with little increase to 5pO2 saturations. Unable to ventilate/oxygenate adequately after inserting and OPA/NPA and with BVM so decision was made to perform DAI en route. One fall attempt with ET Tube and second attempt completed with King away, Luteran General contacted with no further directives. UOA to Lutherine, Pt. care transaffered to ED nurse without incident.

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	Safety Equipment Used	
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Ber Sept - Manufactor in F	Vehicular Information	TOTAL PROPERTY OF THE PERSON OF THE
Vehicular Injury Indicators: Not Applicable Area of Vehicle Impacted: Not Applicable		
Seat Row Location of Patients Airbag Deployments Not Applicable		Position of Patients Not Applicable

	ssessment
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Incident Date: Call #1 Patient Care #: 1/1 Patient Information Name Age: 35 Years D.O.BI (mm/dd/yyyy) Genders Male SSNI Address: unknown Weight: 108.852 KG / 240.00 LB Races Phones Ethnicity: Not Hispanic or Latino Call Type and Location Call Disposition Response Times and Mileage Call Type: Traffic / Transportation Disposition: ALS Treat / 1st Resp. Arr.i Transport PSAP102;28 Incident 4 Resp. Moder Lights and Siren Resp. Modes Lights and Siren Disp. Notified: 02:28 Urgency: Destinations Lutheran General Unit Disp.: 02:30 Responser 911 Response Hospital, Park Ridge, Enroute: 02:30 Start Hiles IL 60068 **Location: Street or Highway** At Scene: 02:36 Scene Miles: 0.0 To Scenes Dest. Determ.: Specialty Resource At Patient: 02:37 Center Depart: 02:54 **Diverted From:** Arrive Dest: 03:11 Dest, Miles: 650 To Destr Dispatch Delays None In Service: 04:57 Response Delay: None In Quarters: End Miles: To End: 0.0 Scane Delays None Cancelleds Transport Delay: None Call Sign TurnAround Pelays Veh. #: Veh. Type: Ambulance Patient Sarriers: None Primary Role: ALS Ground Transport First Responder Agencies#: Not Applicable Unit Personnel Crase Mamber Level Paramedic Secondary Caregiver Paramedic Primary Caregiver Paramedic Fire Company Paramedic Secondary Caregiver Paramedic Ortver Only Call Information Destination Name: Lutheran General Hospital Response Request: 911 Response (Scene) **Destination Type: Hospital** Response Disposition: ALS Treat / Transport Destination Determination: Specialty Resource Center Lights Sirens To Scene: Lights and Siren Vehicle Type: Ambulance Lights Sirens From Scenes Lights and Siren Factorii Affecting Response None Patient Condition Provider Impression: Traumatic Injury Chief Complaint: Altered mental status X 3 Minutes Onset Date/Time: at 02:25 Alcohol/Drug Use: No Apparent Alcohol/Drug Use Injury Intent: Accidental / Unintentional Cause of Injury: Motor Vahicle Traffic Accident Disputch Reason: Traffic / Transportation Accident Primary Symptom Altered Mental Status

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Other Associated Symptoms

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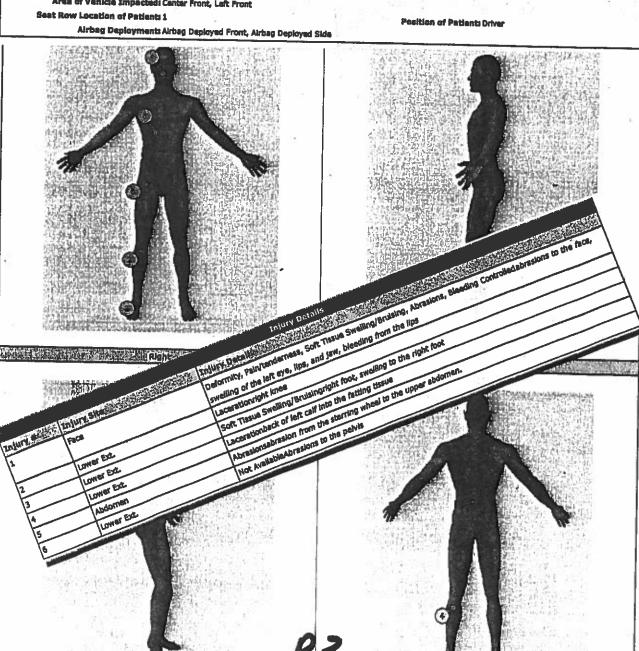
Responded to the reported emergency for a vehicle vs. tree. A vehicle left north bound down a ravine, and into a tree. Crews found one patient in a 4 door SUV that had struck a tree. The car had intrusion into the patient compartment with dash and specing wheel deformity. The tree the vehicle hit went into the patient compariment pushing the steering wheel and deshboard into the driver seat. The pt. was not seat belted and was found on his right side with both legs trapped under the steering wheel/dash deformity. Pt. was awake and breathing but was unable to answer questions correctly on arrival. Pt. was confused and crew could not get pt. information. Pt. continued to complain of pain to his left leg. Pt. needed to be extricated from the vehicle, with extrication complete at 0248. Pt. had c-spine precautions taken as soon as possible. Full assessment reveal swelling to the right ankle, laceration on the right knee, abrasion to the right hip, a large laceration into the fatty tissue on the left calf, a steering wheel mark on his abdoman, swelling to both eyes and cheeks, lacarations to the lips, and swelling to the jaw. Pt. was fighting with EMS crew and a BP was not able to be obtained on the first 2 attempts. Pt. continued to be agitated and fighting with EMS crew through the call. ALS care and vitals as stated. LGH was contacted and informed of the level 1 traums. LGH had no further orders. Pt. care was continued en route and pt. care was transferred to ER Rn bed 1.

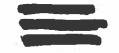
Prior Ald Safety Equipment Used

No Safety Equipment/Devices Used

Vehicular Information

Vehicular Injury Indicators: Dash Deformity, Space Intrusion > 1 Foot, Steering Wheel Deformity Area of Vehicle Impacted: Center Front, Left Front





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Incident Date: Call ## Patient Care #: (Patient Information Name Age: 42 Years D.Q.B: **Genders Nale** 55N: Weight: 99.790 KG / 220.00 LB Phones Ethnicitys Call Type and Location Call Disposition Response Times and Mileage Call Types Fall Victim Disposition: ALS Treat / 1st Resp. Arr.i Resp. Model Lights and Siren Transport PSAP: 13:42 Incident du Urgencys Resp. Moder Lights and Siren Disp. Notifieds Destination: Lutheren General Response: 911 Response Unit Diep.: 13:42 Hospital, Park Ridge, Location: Home/Residence Enroute: 13:43 Start Miles IL 60068 Scene Milesi Address At Scene: 13:44 Dest. Determit Specialty Resource At Patient: 13:44 Departs 14:02 **Diverted Froms** Dest. Miles: Arrive Dest: 14:16 To Dest: 1 Dispatch Delays Hone In Service: 14:37 Response Delays Hone In Quarters: **End Miles**; To End: Scene Delays None Cancelled: Transport Delays None TurnAround None Call Signs Vah. #: Delays Veh. Type: Ambulance Patient Barriers: None

First Responde	er Agencles#:	Not Applicable
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	Unit Personne	
Crew Kember	Crew Handsen Cevall	Crew Hamber Role
	Paramedic .	Primary Caregiver
	Paramedic	Oriver Only
	Paramedic	Fire Company
	Paramedic -	Fire Company
	Paramedic	Fire Company
	Paramedic	Fire Company

Personal Protective Equipment Used: Gloves

Call Information

Destination Name: Lutheran General Hospital
Destination Type: Hospital

Destination Determination: Specialty Resource Center

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

Primary Role: ALS Ground Transport

record Afficting Response 1998 - And Annual Control of the Annual

Patient Condition

Provider Impression: Traumatic Injury

Chief Complaints HEAD INJURY FROM FALL X

Onset Date/Time: 13:42

Smell of Alcoholic Beverage on Breath/About PersonPatient Admits to Alcohol UseAlcohol and/or Drug Paraphernella at Scane

Injury Intent: Accidental / Unintentional

Cause of Injury: Fell

Dispatch Reason: Fall Victim

Primary Symptomes

Unresponsive / Unconscious Other Associated Symptome Sreathing Problem Patient Vitals Times B. Bullet Rhythm Raspu Effort Spoz Spoz Glight PHCO2 GCS Paire Strates Sch PTW Suc. Arts Limbs Philant Position 18 Normal 150/90 60 RR 98 On Room Air 15 12 Right Arm Supine 13:49 128/60 50 RR 8 Agonal 90 On Room Air 3 6 Right Arm Supine 150/80 13:50 52 12 Assisted RR 96 High FIO2 8 Right Arm | Supine (80-100 pct) 13:55 128/84 RR 12 Assisted 96 High FIO2 8 Right Arm Supine (80-100 pct) 14:01 130/80 50 RR 12 Assisted 96 High FIO2 8 Right Arm Supine (80-100 pct) 14:06 120/75 55 12 Assisted RR 94 High FIO2 8 Right Arm Supine (ED-100 pct) 14:12 124/84 RR 12 Assisted 94 High FI02 8 Right Arm Supine (80-100 pct) Glasgow Coma Scoro 13:45 13:49 1 13:50 1 1 3 13:55 1 1 3 14:01 1 1 3 14:06 1 14:12 Past Medical History Unable to Obtain Allergies Unable to Obtain Allergies Petient Medications Unable to Obtain Patient Medications Unable to Obtain Patient Medications Hadical Surgary Hatory Unable to Obtain PMH Constitution of the Consti RESERVED TO THE PERSON OF CHAPTER AND THE PERSON OF THE PE Family Procedures and Treatments Time Crew Names (1888) 13:44 Assessment-Adult 13:46 Spinal Immobilization - Full Supine 1 13:46 Airway ETCO2 by Capnography 1 Yes 13:49 Alrway Oropharyngesi 1 Yes 13:51 Airway Orotracheal Intubation 2 No 13:53 Airway King LT-D Yes Venous Access - Extremity 14:02 Hand-Left 18g Unchanged Yes 14:03 Venous Access - Extremity Hand-Right 18g Unchanged 1 Yes Medication Administered Time Caw Medication Route Dosages Responses PTA Comments 14:02 Normal Saline (0.9%) Intravenous 10 TKO (KVO) Unchanged No Normal Saline (0,9%) 14:03 Intravenous 10 TKO (KVO) Unchanged No **ECG** Monitor Times ECG Type ECG Lead ECG Interpretations **从海南东京市** (最后在1964年底,中国 ECG Ectopy of Annual Cause For Change 13:45 ECG-Monitor Sinus Bradycardia Assessment Exam

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IN SUMMARY CREW CALLED TO LOCATION FOR THE PT WHO FELL. UOA WITH AND ENG ON SCENE CREW FOUND 42 Y/O MALE PT ALERT ON THE GROUND, PT FAMILY STATED PT WAS TRYING TO GET INTO HIS APARTMENT BY CLIMBING UP SOME SCAFFOLDING, PT FELL APROX 15-20 FEET ONTO HIS HEAD, PT LANDED ON CONCRETE, PT WAS ALERT AND SMELLED OF ETCH. PT ADMITTED TO ETCH. PT DENIES LOC. PT DENIES HEAD, NECK OR BACK PAIN. NO OBVIOUS DEPORMITIES FOUND ON EXAM, CREW FOUND SOME BLEEDING OUT OF HIS LEFT EAR, AND HIS LEFT EYE WAS SWOLLEN SHUT. PT DENIED ANY PAIN. VITAL SIGNS OBTAINED AND MONITORED EN ROUTE, PT WAS FULLY IMMOBILIZED, PT MOVED TO COT/ AMB WHERE ALS PROCEDURES WERE PROVIDED, ONCE IN BACK PT BEGAN SNORING RESPIRATIONS AND BECAME UNRESPONSIVE. CREW ASSISTED VENTILATIONS WITH BVM. 2 18 GA IVS ESTABLISHED X 1 IN LEFT AND RIGHT HAND TKO RATE EN 'ROUTE, EKG SHOWED SINUS BRADY, ET TUBE ATTEMPTED X2 UNSUCCESSFULLY, PT GIVEN KING TUBE, ETCO2 WAS SQUARE AND CONSTANT, DUE TO PT MOI, CREW TRANSPORTED TO LEVEL ONE HOSPITAL. LUTHERAN GENERAL CALLED VIA CELL PHONE AND NO ORDERS WERE GIVEN, PT STATUS REMAINED UNCHANGED THROUGHOUT TRANSPORT, CREW ARRIVED AT LUTHERAN GENERAL, PT MOVED TO BED #3. PT CARE AND REPORT TRANSFERRED TO RN OF BED #3 ALL WITHOUT INCIDENT.

Sest Row Location of Patient: Airbag Deployment: Not Applicable	Positio	in of Patients Not Applicable
Area of Vehicle Impacted: Not Applicable		
Vehicular Injury Indicators: Not Applicable		
William Statement and the second seco	Vehicular Information	
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2	Face	Soft Tissue Swelling/BrutsingLEFT EYE
3	Head	Bleeding Controlled/LEFT EAR

C3



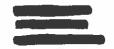
Incident Date: Call #: Patient Care #: 1/1 Patient Information Name Ages 47 Years D.O.B: [mm/4d/yyyy) Gender: Male SSN Weight: 99.790 KG / 220.00 LB Races **Phones** Ethnicitys Call Type and Location Call Disposition Response Times and Mileage Call Type: Traffic / Transportation Disposition: ALS Treat / 1st Resp. Arr.i **Accident** Transport PSAP107:54 Incident of Resp. Moder Lights and Siren Resp. Modes Lights and Siren Disp. Notified: Urgencyi Destination: Lutheren General Unit Disp.: 07:55 Response: 911 Response Hospital, Park Ridge, Enroute: 07:56 Start Miles IL 60058 Locations Home/Residence At Scane: 08:05 Scane Milest 0.0 Dest. Determ.: Specialty Resource At Patient: 08:06 Center Depart: 08:25 **Diverted Froms** Arrive Dest: 08:44 Dest. Hilesig To Desti 40 Dispatch Delay: None In Service: 11:00 Response Delays None In Quarterst End Miless To End: 0.0 Scene Delays Extrication > 20 Min, Cancelled: Vehicle Crash Call Signal Transport Delay: None TurnAround None Veh. #6 Veh. Type: Ambulance Delays Primary Roles ALS Ground Transport Patient Barriers: Unconscious First Responder Agencies#u Unit Personnel CLEAN ACTUAL CONTRACTOR OF THE PROPERTY OF THE CONTRACT OF THE PROPERTY OF THE BETTE GRANCHER WI Paramedic Primary Caregiver Paramedic Driver Only Paramedic Fire Company Peramedic Fire Company Personal Protective Equipment Used: Gloves Call Information Destination Name: Lutheran General Hospital Response Request: 911 Response (Scene) **Destination Type:** Hospital Response Disposition: ALS Treat / Transport Destination Determination: Specialty Resource Center Lights Sirens To Scene; Lights and Siren Vehicle Type: Ambulance Lights Sirens From Scene: Lights and Siren None Patient Condition Provider Impression: Traumatic Injury Chief Complaints Unconclous/Unresponsive X 5 Minutes Onset Data/Time manufacture at 07:50 Atcohol/Drug Uses No Apparent Alcohol/Drug Use Injury Intent: Accidental / Unintentional Cause of Injury: Motor Vehicle Traffic Accident Dispatch Reason: Traffic / Transportation Accident Primery Symptom Unresponsive / Unconscious Other Associated Symptoms Bleeding

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		Patient I	Information			
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Call Type and Location Call Type: Fall Victim		Disposition on: ALS Treat /	1st Resp. Arr.;	Response Times ar	и миелде	
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Abdomen-right-upper: Normal (Soft, Non-Tender)

Back-cervicai: Normal (No Pain or Deformities)

Back-lumbar: Normal (No Pain or Deformities)

Back-thoracic: Normal (No Pain or Deformities)



18

Chest: Symmetrical Chest Rise, Clear & Equal Breath Sounds

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: Fixed/Non-Reactive

Eyes-right: Fixed/Non-Reactive

GU:

Head: Swelling/Edema, Symmetrical Face

Hearts

Mental: Unresponsive

Neck: Normal

Neuro:

Skin: Normal

Narrative

dispatched for a 55 year old male 'fall victim'. EMS was initially instructed to stage for PD, and did so. While staging, EMS was advised to proceed to the scene with an update indicating the pt had stopped breathing and bystanders were performing CPR. On arrival the pt presented supine in the living room at the bottom of the stairs, not awake, breathing spontaneously, with a pulse, unresponsive to all stimuli. Upon assessment there were no obvious injuries or deformities noted. A bystander on the scene claimed she was with the pt drinking beers earlier in the evening. This same bystander claimed she witnessed the pt fall backwards from the top of the staircase, hitting his head on the landing below. A pt history was not able to be obtained from the bystanders as they were not answering questions, yeiling at each other, and crying loudly. PD arrived on the scene and controlled the bystanders. Cervical collar applied in while pt was in his original position. Pt was moved onto a rigid back board and secured. Pt's head was immobilized with straps to the rigid board. Pt moved to the stretcher, secured, and moved to the ambulance. Per Trauma Triage SOR, pt report was called in to LGH while en route. EMS notified OLMC that the pt was a trauma siert. While en route, pt became incontinent. Also while en route it was noted that the pt's head started becoming swollen and soft over the top and back of the skuil. Pt meintained a patent airway, breathing spontaneously during transport. Pt care transferred to LGH trauma tsem.

Prior/Aids	Performed by Cotcomer
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	Injury Details
	Billing Information
Payment Methods	Work Related?
	Medicare Questionnaire
Medically Necessary:	Transported To/Fore
Moved by Stretchert	Round Trip Reasons
Visible Hemorrhagings	Stretcher Reasons
Unconscious/Shocks	Physical Restraints:
Bed Confined Before:	Hospital Admits
Bed Confined After:	Weight: 83.915 KG / 185.00 LB
Type of Transports	MSP Reasons
e e	Service-Defined Questions
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Not Applicable

Square Constant

Was a 12 Lead ECG left with the ED staff?

if Capnography was used, how did the waveform appear?





Incident Date Call #: 0 Patient Care #: 1/1 Patient Information Name: Age; 60 Years D.O.B: TV/dd/yyyy) Gender: Female SSNI Weight: 81.647 KG / 180.00 LB Races Phones Ethnicitys Call Type and Location Call Disposition Response Times and Mileage Call Type: Fall Victim Disposition: ALS Treat / 1st Resp. Arr.: 16:24 Resp. Moder Lights and Siren Transport PSAP: 16:17 Incident # Urgencyt Rasp. Modes Lights and Siren Disp. Notifieds Destination: Lutheran General Responses 911 Response Unit Disp.: 16:19 Hospital, Park Ridge, Locations Home/Residence Enroute: 16:19 Start Miles IL 60068 Address: 4 At Scene: 16:29 Scene Hiles To Scenes Dest. Determit Closest Pacility At Patient: 16:31 **Diverted Front** Depart: 16:47 Dispatch Delay: None Arrive Dest: 17:06 Dest. Miles; To Dest: 100 Response Delayi None In Service: 18:50 Scene Delays None In Quarteres End Hiles To End: 0.0 Transport Delays None Cancelleds TurnAround None Pelayi Call Sign Vah. #u Patient Barriers: None Veh. Type: Ambulance Primary Role: ALS Ground Transport Pirst Responder Agencies#1 Not Applicable Unit Personnel Primary Caregiver ramedic Secondary Caregiver pramedic Fire Company EMT-Basic Driver Only Paramedic Third Caregiver Personal Protective Equipment Used: Gloves Call Information Destination Name: Lutheran General Hospital Response Requests 911 Response (Scene) **Destination Type:** Hospital Response Disposition: ALS Treat / Transport **Destination Determination: Closest Facility** Lights Sirens To Scene: Lights and Siren Vehicle Typer Ambulance Lights Sirens From Scene: Lights and Siren Pactors Affecting Responses **Patient Condition** Provider Impression: Stroke/CVA Chief Complaints unconclous X 15 Minutes Onset Date/Times at 16:15 Alcohol/Drug Uses Injury Intent: Accidental / Unintentional Cause of Injury: Fall Dispatch Reason: Fell Victim Primary Symptom Unresponsive / Unconscious

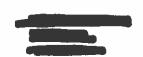
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Incident Date: Call #1 (6) Patient-Care #: 1 / 1 Patient Information Name: Age: 64 Years D.O.B:4 (mm/dd/yyyy) **Gendert Fernale** SSN Weight: 113.398 KG / 250.00 LB Races White Ethnicity: Not Hispanic or Latino Call Disposition Call Type and Location Response Times and Mileage Call Types fell Victim Disposition: ALS Treat / 1st Resp. Arr.1" Transport Resp. Mode: Lights and Siren PSAPI 15:02 Incident #1 Resp. Modes Lights and Siren Urgancys Disp. Notifieds Destinations Lutheren General Responses 911 Response Unit Disp.; 15:03 Hospital, Park Ridge, Locations Home/Residence Enroute: 15:04 Start Miles IL 60068 Address At Scene: 15:07 Scane Miles Dest. Determ.: On-line Medical At Patient: 15:09 Direction Departi 15:27 Diverted From: Alexan Brothers Arrive Dest; 15:47 Dest. Hiles To Dest Medical Center In Service: 17:37 Dispatch Delays None In Quartern End Miles To End: 0.0 Response Delays None Cancelled Scene Delay: None Call Sign: Transport Delays None Vah. #: TurnAround None Veh. Type: Ambulance Delays Primary Role: ALS Ground Transport Patient Barriers: None First Responder Agencles#1 Unit Personnel Paramedic Primary Caregiver Paramedic. Secondary Caregiver aramedic Third Caregiver Paramedic Oriver Only EMT-Basic Fire Company Personal Protective Equipment Used: Gloves Call Information Destination Names Lutheran General Hospital Response Request: 911 Response (Scene) **Destination Type:** Hospital Response Disposition: ALS Treat / Transport Destination Determination: On-line Medical Direction Lights Sirens To Scene: Lights and Siren Vehicle Type: Ambulance Lights Sirens From Scene: Lights and Siren Packare Armicaling Relationed [1912-1912-25] In Management Patient Condition Provider Impression: Unconscious (Unknown Etiology) Chief Complaint: Fall X 5 Minutes Onest Date/Time and Market 14:57 Alcohol/Drug Use: No Apparent Alcohol/Drug Use Injury Intent: Accidental / Unintentional Cause of Injury: Fall Dispatch Reason: Fall Victim Primary Symptomy Altered Mental Status Other Associated Symptoms

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and dispatched for a fail. Upon our arrival pt was found supine laying in a doorway to living room. Pt was unconscious and had vomit coming from her mouth. Pt's alrway was compromised due to vomit and EMS noted anoring respirations. Pt was only responsive to painful stimulus. Pt's lusband was on scene and stated that he had come home from the Walgreen's to find pt sitting on the floor upright. Pt told her husband that she had fallen, pt at that time told him she didn't hit her head but was feeling dizzy prior to the fail. Husband stated he left to get pt a pillow and upon returning to her pt was supine and had vomited. EMS noted pt to be incontinent. EMS suctioned pt's mouth to protect airway, as soon as rigid tip was placed in pt's mouth pt clenched down on tip. After approx 30 seconds pt released. ALS care provided as stated above. While treating pt, pt began to become responsive to verbal stimulus. Pt placed on scoop stretcher due to fail, EMS used towel rolls to secure pt's head. Delayed scene time due to location of pt. Pt was laying in between 2 doorways and only access to living room was through door pt was laying in. EMS initial impression due to incontinence was to transport to ABMC from possible setzure. ABMC was contacted with report, ABMC stated due to possible head injury they diverted to Level One TC. EMS stated we would divert to Lutheran General and ABMC would be contacting them with report. During transport pt began vomiting x2. Suction used to protect airway. Pt also became more responsive during transport. Pt kept trying to cough up philegm, EMS assisted by suctioning. Pt stated to EMS she had no complaints but did not remember failing. Pt care transferred to ED nurses and doctors in room 3.

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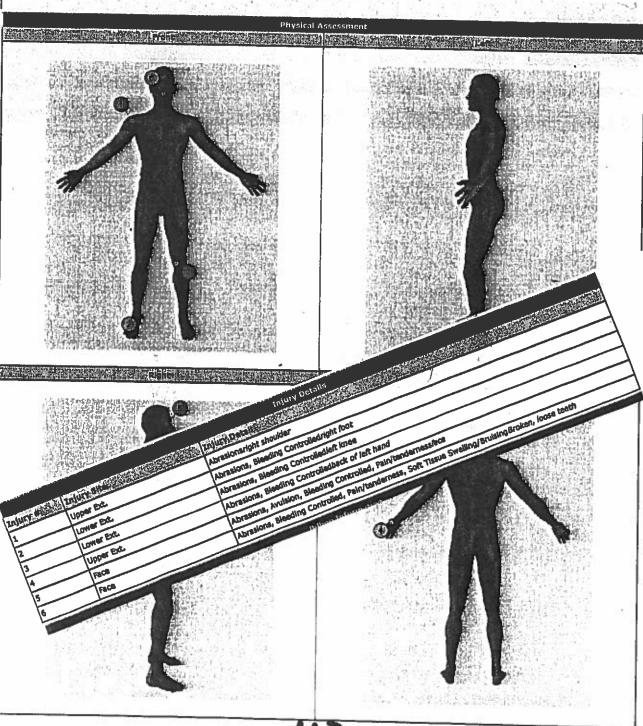
Incident Date Call #: NWQ Patient Care #1 1/1 Patient Information Name: Ages 18 Years D.O.B **/**44/yyyy) **Genders Male** SSNI Weight: 68.039 KG / 150.00 LB Races Phones Ethnicitys Call Type and Location Call Disposition Response Times and Mileage Call Types Auto vs. Pedestrian Disposition: BLS Treat / 1st Resp. Arr.1 Resp. Modes Lights and Siren Transport PSAPI 06:40 Incident #g Resp. Moder Lights and Siren Urgencys Disp. Notified: 06:40 Response: 911 Response **Pestination: Lutheran General** Unit Disp.: 06:41 Location: Street or Highway Hospital, Park Ridge, Enroute: 06:42 Start Hiles: IL 60068 Addressi At Scene: 06:44 Scene Miles: 0.0 To Scene Dest. Determ.: Specialty Resource At Patients 06:45 Center Departs 06:55 **Diverted From:** Arrive Dest: 07:11 Dest. Hilasi Dispatch Delays None In Service: 08:42 Response Delays None In Quarters: End Mileer To End: 0.0 Scene Delays None Cancalleds Transport Delay: None Call Signs TurnAround Delays Veh. #1 Veh. Type: Ambulance Patient Barriers: None **Primary Rolet ALS Ground Transport** First Responder Agencies#ş Unit Personnel Craw Men ber Envelo Paramedic Primary Caregiver Paramedic rimary Caregiver Paramedic Fire Company Paramedic Fire Company Fire Company Personal Protective Equipment Used: Eye Protection, Gloves Call Information Destination Name: Lutheran General Hospital Response Request: 911 Response (Scene) Destination Type: Hospital Response Disposition: BLS Treat / Transport Destination Determination: Specialty Resource Center Lights Strens To Scene: Lights and Stren Vehicle Type: Ambulance Lights Sirens From Scenes Lights and Siren None Patient Condition Provider Impression: Traumatic Injury Chief Complaint: Pain X 5 Minutes Onset Date/Time Alcohol/Drug Uses Injury Intent: Accidental / Unintentional Cause of Injury: Motor Vehicle vs Pedestrian Accident Dispatch Reason: Auto vs. Pedestrian Primary Symptom: Pain

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Dispatched for a traffic accident, car vs. pedestrian. Arrived to find pt. A&Ox1, attempting to crawl off the roadway, with PD and passersby present. PD and bystanders stated that pt. was jogging with friends, was struck by a car, and dragged underneath "10-15 feet." The vehicle came to a stop with the pt. planed under it, at which point the driver drove in reverse off of the pt. Pt. was in obvious distress, confused, attempting to stand, and not following commands. C-collar was applied, pt. was moved to the cot and taken to the ambulance. Upon assessment, EMS noted multiple injuries: abrasions to the right shoulder, right ankle and foot, left hand, and medial aspect of left knee. Significant facial trauma noted: swolen lips, broken teath, right eye swollen and unable to open, and an abrasion/avuision to the right temple, approximately 4 cm. In diameter, to the right temple that appeared to be down to bone. Pacial trauma had been bleeding, but had stopped prior to EMS intervention. All other trauma had bled to a minor degree, and all had stopped without intervention. Pt. was moshing, c/o a stiff neck and "teeth failing out." Pt. opened eyes to verbal command, followed commands appropriately (though required frequent reminders), and had intact SMVs to all extremities. When asked if he was in pain, pt. stated "my neck is sore." When asked if he wanted pain medication, pt. stated "I don't know." As facial trauma prevented IN administration, and as IV acquisition appeared difficult, pain medication was withheld. NCH contacted en routs, granted orders to transport to LGH. NCH contacted LGH and notified them of EMS transport to their location. Pt. care monitored, remained unchanged throughout transport. Pt. continued to repeat phrases and complaints, requiring repeated instruction to not move his head or touch facial wounds. Pt. was able to hold conversation about school, friends, family appropriately, could recall running that morning, knew where he was running and how far he was going, but could not recall the acci







Incident Date: Call #: 9 Patient Care #: 1 / 1 Patient Information Names Ages 20 Years D.O.B# (mm/44/yyyy) Genders Hale SSNE Weights 77.111 KG / 170.00 LB Address Recet White Ethnicitys Call Type and Location Call Disposition Response Times and Mileage Call Type: Auto vs. Pedestrian Disposition: ALS Treat / 1st Resp. Arr. Resp. Modes Lights and Siren Transport PSAP107:45 Incident ## Resp. Modes Lights and Siren Urgencys Disp. Notified: Responser 911 Response **Destination: Lutheran General** Unit Disp.: 07:45 Hospital, Park Ridge, Locations Home/Residence Enroute: 07:47 Start Miles: IL 60068 Address: W At Scene: 07:50 Scene Milee: 0.0 To Scener Dest. Determ.: Specialty Resource At Patient; 07:50 Center Depart: 07:57 Diverted Fram Arrive Dest:05:13 Dest. Miles: To Destall Dispatch Delays None In Service: 10:12 Response Delays None In Quarters: End Miles To End: 0.0 Scene Delays None Cancelled Transport Delays None Call Sign: TurnAround None Voh. #188 Delays Velta Type: Ambulance Patient Barriers: Unconscious **Primary Roler ALS Ground Transport** First Responder Agencles#1 Not Applicable Unit Personnel Creis Member Role Paramedic Primary Caregiver Paramedic Secondary Caregiver Paramedic Third Caregiver Paramedic Oriver Only Paramedic Are Company Paramedic Fire Company Personal Protective Equipment Used: Eye Protection, Gloves Call Information Destination Namer Lutheran General Hospital Response Requestr 911 Response (Scene) **Destination Type:** Hospital Response Disposition: ALS Treat / Transport Destination Determination: Specialty Resource Center Lights Sirens To Scene: Lights and Siren Vehicle Type: Ambulance Lights Sirene From Scenet Lights and Siren None Patient Condition **Provider Impression: Traumatic Injury** Chief Compleints unconclous X 5 Minutes Onset Date/Time: Mail Market 07:40 Alcohol/Drug Uses Injury Intent: Accidental / Unintentional Cause of Injury: Motor Vehicle vs Pedestrian Accident Dispatch Reason: Auto vs. Pedestrian



Primary Symptom
Unresponsive / Unconscious

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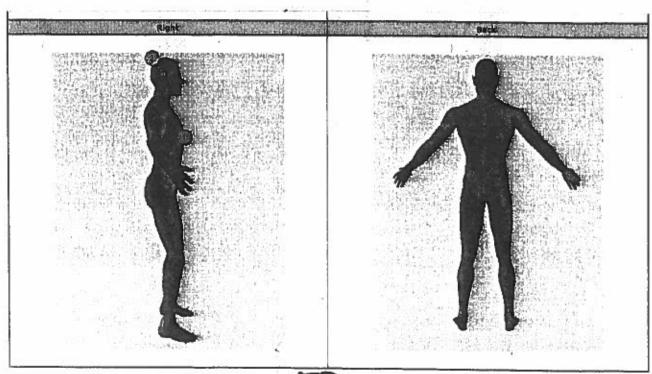
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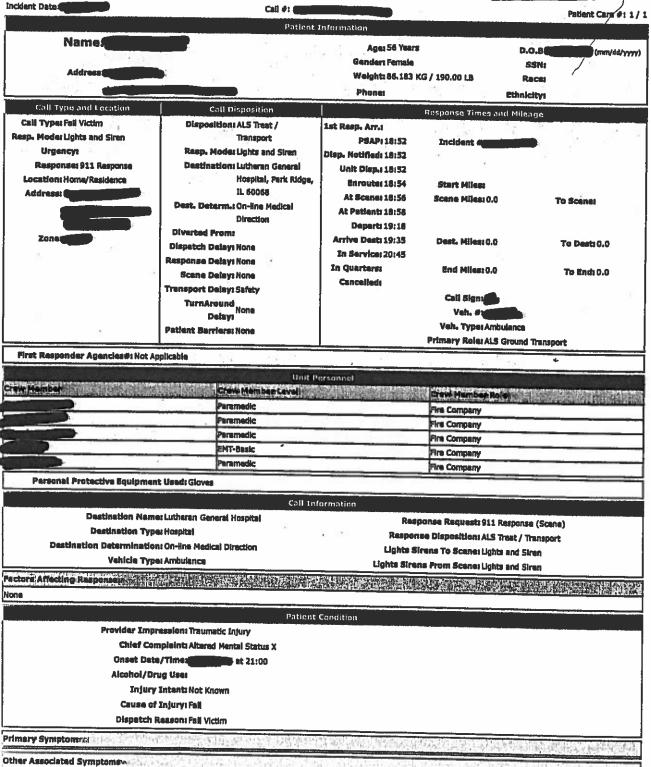
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Area of Vehicle Impacted: Center Front	
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Injury #	Milwy Ste	Internation
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Neck: Normal

Neuro: Normal Galt / Movement

Skin: Normal

Narrative

Dispatched for a person who fell. On scene Pt was found lying on bathroom floor combative and making incomprehensible sounds. Pt's eyes opening responsive to verbal. Pt's withdraw to pain. Pt's mental status was not reliable. Pt was lying on floor, with her pents and underpants around her ankle, with shower curtain and rod wrapped around her right arm. Pt had a visible laceration to top of her head just above her forehead. Lac was approx 2 inches. Bleeding had stopped. Unknown how Pt became injured and on floor of bathroom. Pt's brother on scane. Brother stated that Pt is normally alert, oriented and conversational. Brother stated that Pt's current mental status is not her norm. Pt was last contacted by family last night at approx 9pm. Brother stated that Pt was not injured last night when contacted. Unknown what time Pt became injured and fell in bathroom. Brother unable to provide Pt medications. Pt immobilized with c-collar and scoop stretcher. Scene time delayed due to combative Pt and immobilization needs. ALS care administered. NCH contacted. NCH advised to transport to LGH per SOP. Pt transported to LGH ED. All times are approximate.

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Area of Vehicle Impacted: Not Applicable	
Seat Row Location of Patients	Position of Patients Not Applicable
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	Injury Details
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Ethnicity: Not Hispanic or Latino

Incident Date: Call #: Patient Care #: 1 / 1 Patient Information Name: Ages 34 Years t/dd/yyyy) Gender: Female SSNI Weight: 54.431 KG / 120.00 LB Phones

Call Type and Location	Call Disposition		Response Times and Mileage	
Call Type and Location Call Type Pell Victim Resp. Model Ughts and Siren Urgencyi Responses 911 Response Locations Home/Residence Addresss	Call Disposition Disposition: ALS Treat / Transport Resp. Mode: Lights and Siren Destination: Lutheran General Hospital, Park Ridge, IL 60068 Dest. Determin Other (note in comments) Diverted From	1st Resp. Arr.: PSAP108:51 Disp. Notified: 08:51 Unit Disp.: 08:52 Enroyte: 08:52 At Scane: 08:53 At Patient: 08:56 Depart: 09:10	Incident #1 Start Miles: Scene Miles: 0.0	To Scenes
Zone	Dispatch Delays None Response Delays None Scene Delays None Transport Delays None TurnAround Delays Patient Sarriers: None	Arriva Dest: 09:31 In Service: 10:30 In Quarters: Cancelled:	End Miles: End Miles: Call Sign(Mile) Veh. # Veh. Type: Ambulance Primary Rele: ALS Ground Tra	To Bud

First Responder Agencies#: Not Applicable

	Unit Personne	
GCC Hamber	Craw Hember Levels	Crist Hamber Role
	Peremedic	Primary Caregiver
	Paramedic	Oriver Only
	Paramedic	Fire Company
	Paramedic	Secondary Caregiver
	Paramedic	Fire Company

Personal Protective Equipment Used: Eye Protection, Gloves

Call Information

Destination Name: Lutheran General Hospital

Destination Type: Hospital

Destination Determination: Other (note in comments)

Vehicle Type: Ambulance

Response Requests 911 Response (Scene) Response Disposition: ALS Treat / Transport Lights Sirens To Scenes Lights and Siren Lights Sirens From Scenes Lights and Siren

Pactors Arrecting Responses. None

Patient Condition

Provider Impression: Unconscious (Unknown Etiology) Chief Complaint: Unconscious X 20 Minutes

Onset Date/Time: 1

Alcohol/Drug Use: Not Known

Injury Intent: Accidental / Unintentional

Cause of Injury: Fall

Dispatch Reason: Fell Victim

Primary Symptomas

Unresponsive / Unconscious

Other Associated Symptome



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GU:

Head: Normal, Symmetrical Face

Heart: Normai Sounds

Mental: Unresponsive

Neck: Normal

Neuro: Not Applicable

Skin: Pale

Narrative

A called to the scene for a 34 y/o female that fell in the shower, Upon our arrival pt's husband on scene stated pt fell in the shower approx, 20 minutes ago. Pt's husband stated he moved the pt from the shower, dressed her and put her in bed. Pt was unconscious laying supine in bed with snoring respirations. Pt's husband on scene described seizure like activities after the patient fell. Crew assessed pt as stated in report, Upon head to toe assessment crew found no trauma injuries. Crew assessed pupils - pinpoint non reactive. Crew applied c-coller and back board with spider straps and reassessed pt. Crew obtained vitals and SAMPLE history from husband. Husband stated pt was not sick prior to today. Pt's husband denied any abnormal activities leading up to fall. Husband denied pt. drug use. Crew applied patient on cardiac monitor, inserted nasal already and applied capnography. Crew moved pt as ambulance and reassessed. Crew contacted NWCH with request for by-pass to LGH. Request was granted with no orders given. Crew stated an IV 18g in pt's left AC with NS running TKO. Crew continued to reassess pupils and vitals with no changes. Pt vomited one time during transport to the hospital. Crew log rolled pt and suctioned her airway. Crew contacted LGH with pt update no further orders given. Upon our arrival at LGH Doctor met crew in ambulence bay to receive hand off report. Pt was transferred to ER Room 3. Pt care was transferred.

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	Vehicular Information	
Vehiculer Injury Indicators: Not Applicable Area of Vehicle Impacted: Not Applicable Seat Row Location of Patients Airbag Deployment: Not Applicable	Position of Patient; Not A	ppikable
	Injury Details	<u> </u>
	Billing Information	
Payment Methods		
	Medicare Questionnaire	
Medically Necessarys	* Transported To/For:	•
Moved by Stretchers	Round Trip Ressens	
Visible Hemorrhagings	Stretcher Ressons	
Unconscious/Shocks	Physical Restraints:	
Bed Confined Before:	Hospital Admits	11
Bed Confined Afters	Weight: 54.431 KG / 120,00 LB	
Type of Transports	MSP Ressons	
	Service-Defined Questions	
Which Hospital was contacted for On-line Medical Control?	Northwest Community	
Was transport mileage entered?	Yes	
Is the patient a resident of	Yes	
Is this a mutual or auto aid call?	No	
If Capnography was used, how did the waveform appear?	Square Constant	





Incident Date: Call #:45 Patient Care #11/1 Patient Information Name: Unknown, Ages 30 Years D.O.B: (mm/dd/yyyy) **Genders Male** SSNI Address: unknown Weight: 81.647 KG / 180.00 LB Races Other Race **Phones** Ethnicity: Hispanic or Latino Call Type and Location Call Disposition Response Times and Mileage Call Type: Traffic / Transportation Disposition: ALS Treat / 1st Resp. Arr,: 01:46 Accident Transport PSAP: 01:39 Incident #1 Resp. Modes Lights and Siren Resp. Mode: Lights and Siren Disp. Notified) Urgency: Destination: Lutheran General Unit Disp.: 01:40 Response: 911 Response Hospital, Park Ridge, Enroute: 01:42 Start Miles Location: Street or Highway IL 60068 At Scane: 01:46 Scene Miles: 0.0 To Scenes Dest. Determal Specialty Resource At Patients 01:46 Center Depart: 01:52 Diverted From: Arrive Dest: 02:09 Dest. Milest To Destri Dispatch Delay: None In Service: 03:15 Response Delay: None In Quarters: End Milder To Ends 0.0 Scane Delays None Cancelleds Transport Delays None Call Sign: 📢 TurnAround Delays None Vah. #19 Veh. Type: Ambulance **Primary Role: ALS Ground Transport** First Responder Agencies#(Fire Department, Police Dept. Unit Personnel Craw Hember Role Paramedic Primary Caregiver Paramedic Oriver Only Paramedic In Company Paramedic Secondary Caregiver Paramedic econdary Caregiver Fire Company Personal Protective Equipment Used: Gloves Call Information Destination Name: Lutheran General Hospital Response Request: 911 Response (Scene) Destination Type: Hospital Response Disposition: ALS Treat / Transport Destination Determination: Specialty Resource Center Lights Sirens To Scene: Lights and Siren Vehicle Type: Ambulance Lights Strene From Scene: Lights and Stren Patient Condition Provider Impression: Traumatic Injury Chief Complaints difficulty breathing X 5 Minutes Onset Date/Time: t 01:30 Alcohol/Drug UserSmell of Alcoholic Severage on Breath/About Person Injury Intents Accidental / Unintentional Cause of Injury: Pedestrian Traffic Accident Dispatch Reasons Traffic / Transportation Accident

4

Primary Symptom

Altered Mental Status



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

Ext-right-low: Edema, Pain/Tanderness

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

Eyes-left: 4-mm, Reactive

Eyes-right: 4-mm, Reactive

yes-right: 4-mm, Rei

GU:

Head: Swelling/Edema

Heart: Normel Sounds

Mental: Unresponsive

Neck: Normal

Neuro: . Skin: Pale C.M.S. Normal Edema, Pair/Tenderness C.M.S. Normal Reactive Reactive

Pain/Tenderness Normal Sounds

Oriented-Person, Oriented-Place

Normal Gait / Movement

Normal

Narrative

Called for MVA - pedestrien vs. truck. Initial caller stated male patient was struck by a pick-up truck and appeared decassed. First police on scene updated info. stating patient was breathing but unconscious. Upon EMS arrival, we found a male patient, appx. 30 years old, lying on side of road with speed limits of 40-45mph, unconscious. Obvious deformity bilaterally to lower extremities. Patient initially presented with agonal respirations, unresponsive, pale in color. Once patient was repositioned and fully immobilized there was improvement in his color, respirations and mental status. Throughout call patient maintained a patent alrway. En route to hospital patient became more responsive and started answering questions appropriately. His main complaint was difficulty breathing. Lung sounds were absent in the lower fields but clear in upper fields bilaterally. Sp02 remained in 90's with supplemental oxygen, BP remained above 90 throughout call. NWCH was contacted, advised we would be transporting to Lutheran General for level I trauma care. NWCH would contact LGH and transfer the call information. Patient remained elect and appropriately talking to EMS while en route to hospital. Care transferred and full report given to LGH trauma team.

	Print Aud
None,	Performed By Ottobal
	Safety Equipment Used
Not Applicable	

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

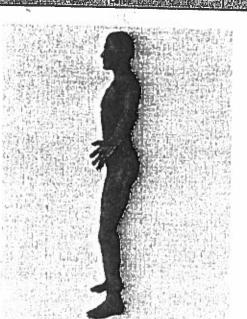
Airbag Deployments Not Applicable

Position of Patients Not Applicable

		Injury Details
Injury #		
1	Lower Ext.	Deformity, Dislocation/Fractureright thigh
2	Pace	Abrasions, Pain/tepdarness, Soft Tissue Swelling/Bruising, Bleeding Controlled/ace
3		Pain/tenderness, Crepituschest

Physical Assessment Trantilla in the second second









Comprehensive Report Call #(III

Patient Care #: 1/1

Incident Date: 🗰 Patient Information Name: Aget 26 Years (mm/44/yyyy) Gender: Maig Weight: 95.254 KG / 210.00 LB Races White Phones. Ethnicity: Not Hispanic or Latino

Call Type and Location	Call Disposition		Response Times and Mileage	
Call Type: Assault Stab / GSW Rasp. Modes Lights and Siren Urgency: Response: 911 Response Location: Other Location	Dispositions ALS Treat / Transport Resp. Modes Lights and Siren Destinations Lutheran General Hospital, Park Ridge,	1st Resp. Arr.: PSAP: 17:56 Disp. Notified: 17:56 Unit Disp.: 17:58 Enroute: 17:59	Incident de la	
Address	IL 60068 Dest, Determ.i Specialty Resource Center Diverted Fram: Northwest Community Hospital	At Scene: 18:01 At Patient: 18:08 Depart: 18:18 Arrive Dest: 18:42	Scane Hiles: 0.0 Dest. Hiles:	To Desting
Zone	Dispatch Delays None Response Delays None Scene Delays Distance Transport Delays Distance, Traffic	In Service: 20:33 In Quarters: Cancelled:	End Miles	To End: 0.0
	TurnAround None Delays Patient Barriers Hone		Veh. Type: Ambulance Primary Role: ALS Ground Tran	sport

	Unit Personnel	
C 494 Member	Cham Members Levels	Crave Majniper Role
	Paramedic	Primary Caregiver
	Paramedic	Secondary Caregiver
	Paramedic	Oriver Only
	Paramedic	Third Caregiver
	EMT-Basic	Fire Company
	Paramedic	Fire Company
	20 20 De Page - 10 10 10 10 10 10 10 10 10 10 10 10 10	

Personal Protective Equipment Used: Eye Protection, Gioves

First Responder Agencies#s Police, Police, Sheriff's Police

Call Information

Destination Names Lutheran General Hospital **Destination Type:** Hospital

Destination Determination: Specialty Resource Center Vehicle Type: Ambulance

Response Requests 911 Response (Scene) Response Disposition: ALS Treat / Transport Lights Strens To Scenes Lights and Siren Lights Sirens From Scane: Lights and Siren

Pactors Affecting Respi

Patient Condition

Provider Impression: Behavioral/Psychiatric Disorder

Chief Complaint: Stab wound, X 5 Hours

Onset Date/Time:

Alcohol/Drug Use: Smell of Alcoholic Beverage on Breath/About PersonPatient Admits to Alcohol UsePatient Admits to Drug Use

Injury Intent: Intentional, Self

Cause of Injury: Cut/Pierce

Olspatch Reason: Assault Stab / GSW

Primary Symptomy



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MZ

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: 3-mm Eyes-right: 3-mm, Reactive

42

GU: Head: Heart:

Mental: Oriented-Person, Oriented-Place, Oriented-Time

Neck: Neuro: Skin: Pale

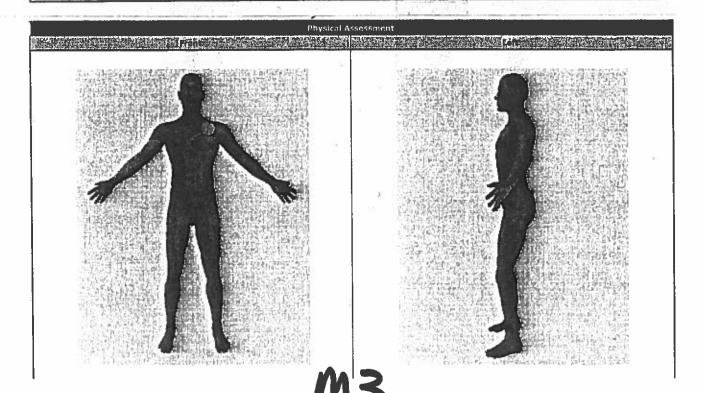
Narrative

Summary of Eventual Control of the C

Called to the content preserve for the 26 y/o who attempted suicide by stabbing himself in the chest. Upon arrival bystanders waved craws down path and led police to pt. The pt was lying on the ground with his ciothing soaked in blood. The pt was lying on an off-path wallding trail. Pedastrians wallding the trail came upon pt and he told them he was attempting suicide. Upon assessment the pt had ciothed blood across his chest. The pt admitted to trying to end his life by stabbing himself in the chest with a kitchen knife approximately 5 hours prior. The pt also admitted to attempting to cut his wrists resulting in superficial lacerations. Pt claims to have thrown knife into woods. The pt claims he attempted suicide by consuming 1/2 bottle of rum, taking 120 Aleva, and then stabbing himself in the chest and cutting his wrists. The pt was brought to the ambulance by placing him on the cot and wheeling him through the trail. Upon reaching the ambulance, pts vitals were assessed. Pt did not have a pelpable radial pulse nor a patpable BR. The pt did have a carotid pulse. The pts wounds were assessed. The stab wound was approximately 1 1/2" puncture wound to 1, pectoral region. The pt claims the knife did not go through his ribs. The pt denied any difficulty breathing. Initially pts skin parameters were pale and pt was cool to the touch, Two IVs were established and fluids were administered. NWCH was contected with radio report of pt being transported to LGH. En route to LGH a palpable pulse and BP were established. Also pts skin parameters improved. Pt care was transferred to Trauma tasm at LGH.

ALL TIMES AND WEIGHTS ARE APPROXIMATE.

		Prior Aid	# 6		
Prior Ale				Performed By	Outebries
None,		Not sent agains. I		WA,	N/A
		Safety Equipment	Used		
Not Applicable			Test messages	· 人名 · · · · · · · · · · · · · · · · · ·	
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Induction:	SHIDT BEICH	Influenciate III			
1 Yand	Thorax party, such a production of a com-	Bleeding ControlledSab wound to L	pectoral region:	union was the Stanica per two year.	





Incident Date: Call # Patient Care #: 1/1 Patient Information Name: Y Ages 9 Years D.O.8 Gender: Female SSN: Address Weights 31.751 KG / 70.00 LB Races **Phones** Ethnicitys Call Type and Location Call Disposition Response Times and Mileage Call Type: Traffic / Transportation Disposition: BLS Treat / 1st Resp. Arr.s Accident Transport PSAPI 14:54 Incident #10 Resp. Modet Lights and Siren Resp. Modes Lights and Siren Disp. Notified: **Urgency**: Destination: Lutheran General Unit Disp.: 14:55 Hospital, Park Ridge, Responses 911 Response Enroute: 14:57 Start Miles Location: Street or Highway IL 60068 At Scene: 15:05 Scane Mileat 0.0 To Scenar Dest. Determ.: Closest Facility At Patient: 15:05 **Diverted From** Depart: 15:18 Dispatch Delay: None Arrive Dest: 15:29 Dest. Hiles Response Delay: None In Service: 16:27 Scane Dalay: None In Quarters: **End Miless** To End: Transport Delays None Cancelled TurnAround None Call Sign: Delay: Veh. #g Patient Barriers: None Veh. Type: Ambulance **Primary Role: ALS Ground Transport** First Responder Agencies#: Not Applicable STATE THE COMPANY AND ADDRESS OF THE PARTY O Primary Caregiver Oriver Only EMT-Basic Fire Company Fire Company EMT-Basic Fire Company Personal Protective Equipment Used: Gloves Call Information Destination Name: Lutheran General Hospital Rasponse Request: 911 Response (Scane) Destination Type: Hospital Response Disposition: BLS Treat / Transport **Destination Determination: Closest Pacility** Lights Sirens To Scene: Lights and Siren Vehicle Type: Ambulance Lights Sirens From Scenes Lights and Siren Fectors Affecting Responses None **Patient Condition** Provider Impressions Traumatic Injury Chief Compleint: HEAD PAIN X Onset Date/Times at 14:54 Alcohol/Drug Uses Injury Intent: Accidental / Unintentional Cause of Injury: Motor Vahicle Traffic Accident Dispatch Reason: Traffic / Transportation Accident Primary Symptom Other Associated Symptoma





t Applicable	Week - 19 19 //		No. 15 Value				
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About one foot of intrusion into the passenger compartment on the left side of vehicle. Pts mother states pt was awake and answering all her questions on scene. Pt c/o back pain and pain to the back of her head. Pt also has pain to her left wrist. No deformity. SMV intact. Pt also has abrasions on her right cheek, nose, chin, and both knees. Pt has a hernatoma on her forehead as well. Secondary assessment was unremarkable. Abdomen was soft and tender, Luthern General contacted and no further orders given. Pt transported to er in stable condition.

45

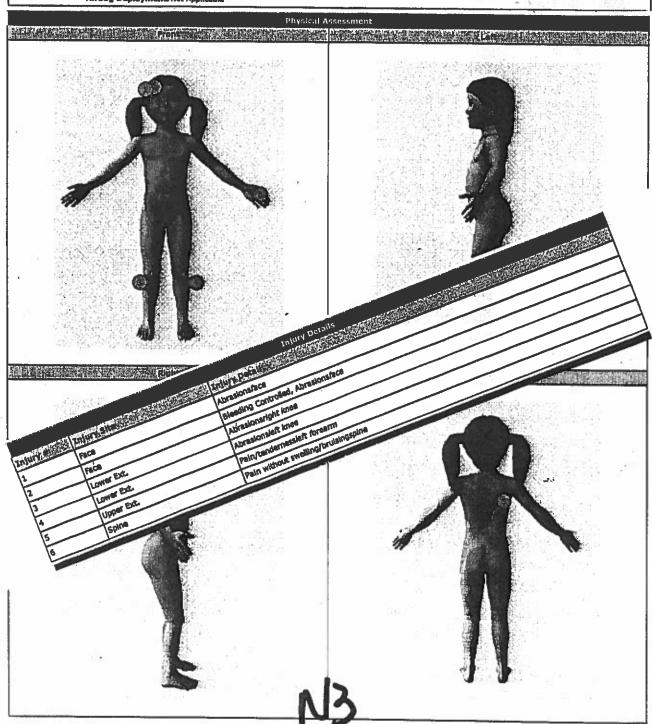
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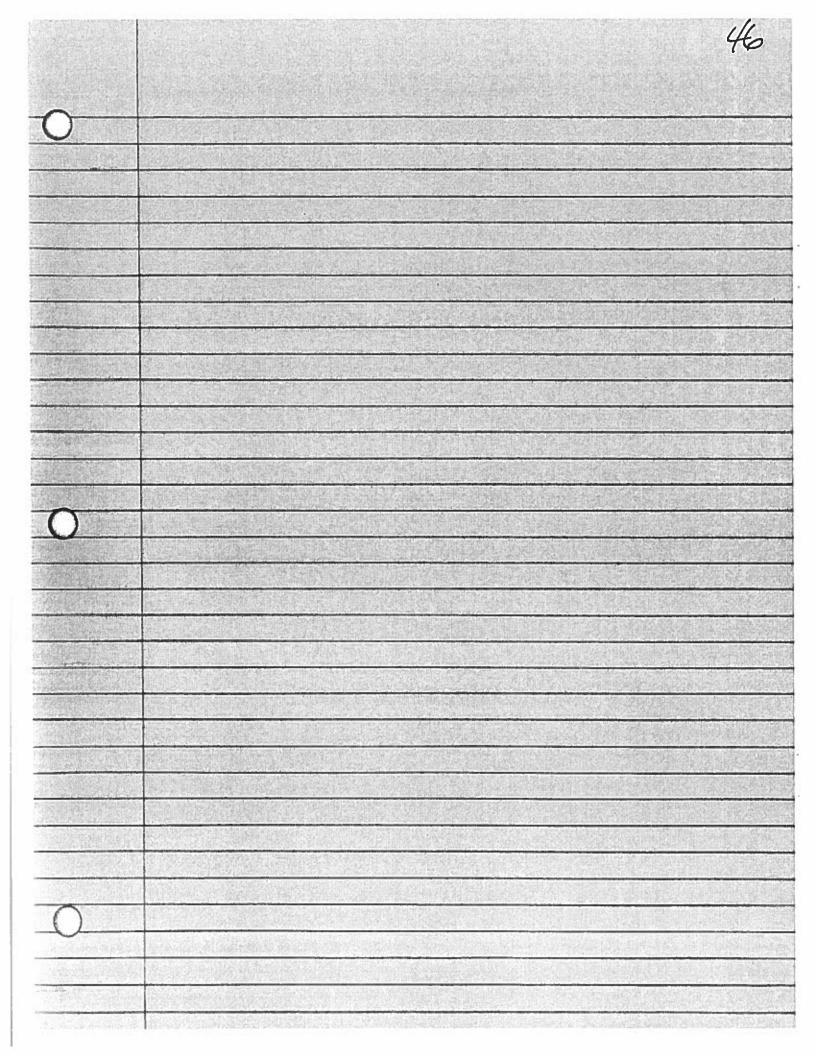
Vehicular Injury Indicators: Ejection, Reliover/Roof Deformity, Space Intrusion > 1 Foot
Area of Vehicle Impacted: Left Front, Left Side, Rollover

Seat Row Location of Patients 2

Airbag Deployments Not Applicable

Position of Patients Not Known





Northwest Community EMS System – CE/QI – March 2015 - Trauma Case Review

Name		Employer		Date				
What SOP(s)	should be used to treat this pt?		<u> </u>					
Primary Assessment	 Airway – patent? Breathing – adequate? O2 sat >94%? EtCO2? Circulation – pulse? Skin, color, temp, moisture? S/S shock? Bleeding? Disability – GCS? SMR? bG if GCS <15/AMS? 	Exceptional Comments:	Met Standards	Opportunity for improvement				
Initial Treatment (ITC)	 Hypoxia treated? Airway - adjunct needed? Breathing - O2/PPV needed? Bleeding controlled? Shock treated? (SBP targets: 80 penetr, 90 blunt, >110 TBI) 	Exceptional Comments:	○Met Standards	Opportunity for improvement				
Scene Time & Transport	Scene time <10 min?Explained if >10 min?Appropriate destination?	Exceptional Comments:	Met Standards	Opportunity for improvement				
Secondary & Repeat Assessment	 VS WNL? Repeated? Pain? Head (HEENT, face, eyes/pupils, nose, mouth, ears, scalp) Neck (spine, trachea, jugular veins) Chest (inspect, palpate, auscultate) Abdomen/pelvis (inspect, palpate) Upper/Lower Extr (inspect, palp, PMS) Back (inspect & palpate) 	Exceptional Comments:	OMet Standards	Opportunity for improvement				
SOP Specific Treatment	Appropriate?Missing/Not done?	Exceptional Comments:	Met Standards	Opportunity for improvement				
Docu- mentation	MOI described?Assessment?Tx?	Exceptional Comments:	Met Standards	Opportunity for improvement				
What aspect of	f assessment/treatment was <u>done best?</u>							
What aspect of	What aspect of assessment/treatment had the greatest opportunity for improvement?							
How could doo	cumentation have been improved? Was i	nfo in narrative th	at has an incomplete	/blank predefined field?				
Is there a SOP	that needs clarification? Improvement?							

#	Done Well	Opportunity for Improvement
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