

# 1

NWCEMSS Paramedic Student v1.4

Patient Information

Age: 48 Years

Gender: Male  
Weight: 136.1 kg

Call Type/Location/Disposition

Call Type: Breathing Problem

Incident Number: [REDACTED]

Call Sign: [REDACTED]

Unit Disp.: 07/31/2021 18:02:10  
Enroute: 07/31/2021 18:02:58  
At Scene: 07/31/2021 18:07:30  
At Patient: 07/31/2021 18:07:48  
Depart: 07/31/2021 18:25:30  
Arrive Dest.: 07/31/2021 18:30:57  
Transfer of Care: 07/31/2021 18:41:04

Disposition: Treat & Transport ALS by this unit

Patient Condition

Complaint Type	Complaint	Duration
Chief (Primary)	Shortness of breath	45 Minutes
Primary Symptom: Shortness of breath	Barriers to Patient Care: Obesity	
Other Symptoms: Weakness	Alcohol/Drug Use: No indicated drug/alcohol use	
Date/Time of Symptom Onset: 07/31/2021 17:22:48		

Provider Impression

Protocols Used	Protocol Age Category
Initial Medical Care (8 / 9)	General
Primary Impression: Cardiogenic shock	Initial Patient Acuity: Critical / Red Final Patient Acuity: Red - Emergent / Unstable

Narrative

[REDACTED] responded to the Pt with SOB. Upon arrival Pt was found sitting in a chair A/Ox4. Pt was slow to respond, pale, diaphoretic and weak. Pt said symptoms started approximately 45 minutes ago. Pt vitals were assessed. Pt was found to be in IVR. A 12-lead was taken and IVR was confirmed and no ST elevation was found. Crew began pacing and confirmed electrical and mechanical capture. An IV was started and fluid bolus given. Pt was helped onto the stair chair and moved outside to the stretcher. Pt was moved to the ambulance. Inside the ambulance Pt vitals were reassessed. [REDACTED] was contacted and a cardiac alert was called. Upon arrival of [REDACTED] transport was initiated. While enroute a second IV was established and Norepinephrine was administered. Pt vitals were reassessed. Upon arrival to ER, Pt was taken to bed 3 and report given to RN. Care transferred to RN. [REDACTED]

Past Medical History

Patient Medications			
Medication	Dosage	Route	Current Medication Comments
carvedilol			
Losartan			
atorvastatin			
Spirolactone			
Clonidine			
Cardizem			

Medication Allergies

Medication Allergies	Medication Allergy Comments
Penicillin	
Medical History: CV - Hypertension; Endocrine - Diabetes Type II	Other Past Medical History: Stents x4
Medical History Patient; Family Obtained From:	Advance Directives: Not Applicable

Assessments

Head Exam

Destination Patient Transfer of Care Date/Time: 07/31/2021 18:41:04

Date Printed: 10/11/2021 10:21

Incident #: [REDACTED]

**Date/Time of Assessment** 18:08:00 **Head Assessment** Normal

Face Exam

**Date/Time of Assessment** 18:08:00 **Face Assessment** Normal

Eye Exam

**Date/Time of Assessment** 18:08:00 **Eye Exam Summary** Eye - Bilateral: Reactive Eye - Left: Reactive Eye - Right: Reactive

Chest/Lungs Exam

**Date/Time of Assessment** 18:08:00 **Chest/Lungs Assessment** Breath Sounds Clear & Equal

Skin Exam

**Date/Time of Assessment** 18:08:00 **Skin Assessment** Cold; Clammy; Diaphoretic; Pale

Mental Status Exams

**Date/Time of Assessment** 18:08:00 **Mental Status Assessment** Oriented-Event; Oriented-Time; Oriented-Person; Oriented-Place; Slowed Processing / Response

Neuro Exams

**Date/Time of Assessment** 18:08:00 **Neurological Assessment** Normal Speech

Vitals

Time	PTA	Crew	Position	AVPU	BP	MAP	Method	Pulse	Strength	Rhythm	Resps	Effort	SpO2
18:08:48	No	[REDACTED]	Sitting / Fowlers	Alert	104 / 64	77	Cuff - Auscultated	20	Weak	Irregularly Irregular	24	Normal	95 Room Air
18:13:48	No	[REDACTED]	Sitting / Fowlers	Alert	84 / 50	61	Cuff - Automated	70	Weak	Regular	24	Normal	96 Room Air
18:18:48	No	[REDACTED]	Sitting / Fowlers	Alert	80 / 40	53	Cuff - Auscultated	70	Weak	Irregularly Irregular	24	Normal	95 Room Air
18:23:48	No	[REDACTED]	Sitting / Fowlers	Alert	80 / 40	53	Cuff - Auscultated	70	Weak	Irregularly Irregular	24	Normal	95 Room Air
18:28:48	No	[REDACTED]	Sitting / Fowlers	Alert	84 / 52	63	Cuff - Auscultated	70	Weak	Irregularly Irregular	24	Normal	95 Room Air

Time	PTA	GCS Motor	GCS Verbal	GCS Eye	GCS	GCS Qual	BG	BG H/L	Temp	Temp Method	ETCO2	Pain Score	Pain Type	Stroke Score	Stroke Type
18:08:48	No	6 - Obeys commands	5 - Oriented	4 - Opens spontaneously	15	Accurate with no influence						0	Numeric (0-10)		
18:13:48	No	6 - Obeys commands	5 - Oriented	4 - Opens spontaneously	15	Accurate with no influence	450					0	Numeric (0-10)		
18:18:48	No	6 - Obeys commands	5 - Oriented	4 - Opens spontaneously	15	Accurate with no influence						0	Numeric (0-10)		
18:23:48	No	6 - Obeys commands	5 - Oriented	4 - Opens spontaneously	15	Accurate with no influence						0	Numeric (0-10)		
18:28:48	No	6 - Obeys commands	5 - Oriented	4 - Opens spontaneously	15	Accurate with no influence						0	Numeric (0-10)		

Interventions

Medications

Time	Crew	Medication	Route	Dosage	Response	PTA	Medication Comments
07/31/2021 18:13:48	[REDACTED]	Normal saline	IV	500 mL / hour	Unchanged	No	
07/31/2021 18:27:48	[REDACTED]	Norepinephrine	IV	8 mcg / min	Improved	No	

Procedures

Time	Crew	Name	Location	Size of Equipment	Attempts	Response	Success	Procedure Comments
07/31/2021 18:11:48	[REDACTED]	IV - Peripheral	Antecubital-Left	18	1		Yes	
07/31/2021 18:26:48	[REDACTED]	IV - Peripheral	Antecubital-Left	20	1		Yes	

EKG

EKG

Time	EKG Lead	EKG Interpretation	EKG Cause for Change	EKG Comments	Type of Shock	Shock or Pacing Energy	Pacing Rate
07/31/2021 18:11:48	12 Lead	Abnormal ecg unconfirmed, possible idioventricular rhythm with slow ventricular response, left axis deviation, IV conduction defect, lateral infarct-age undetermined, possible anteroseptal infarct- age undetermined, inferior st abnormality suggests myocardial injury/ischemia.					

Destination Patient Transfer of Care 07/31/2021 18:41:04  
Date/Time:

Date Printed: 10/11/2021 10:21

Incident #: [REDACTED]

07/31 Pads  
/2021  
18:12:  
48

90 70

**Vitals**

Date/Time Vital Signs Taken	Cardiac Rhythm / Electrocardiography (ECG)	ECG Type	Method of ECG Interpretation
18:08:48	Idioventricular	4 Lead	Human Interp
18:13:48	Pacemaker - Ventricular	4 Lead	Human Interp
18:18:48	Pacemaker - Ventricular	4 Lead	Human Interp
18:23:48	Pacemaker - Ventricular	4 Lead	Human Interp
18:28:48	Pacemaker - Ventricular	4 Lead	Human Interp

**Stemis**

STEMI 12 Lead ECG Used?	STEMI Probable?	STEMI 12 Lead ECG Interpreted By	STEMI 12 Lead ECG Transmitted	STEMI Triage Criteria
No	No	EMT-Paramedic	No	

**Cardiac Arrest**

Cardiac Arrest: No

Therapeutic Hypothermia Initiated: No

**Patient Transport/Positioning**

Destination/Transferred To, Name: [REDACTED] Reason for Choosing Destination: Closest Facility Type of Destination: Hospital ED Hospital Capability: Hospital (General)

**Hospital Team Activations**

Destination Team Pre-Arrival Alert or Activation	Date/Time of Destination Prearrival Alert or Activation
Cardiac / STEMI Alert (Verbal)	18:22:08

**Injury Information**

Work-Related Illness/Injury: No

**Unit Personnel**

**Crew Members**

Crew Member	License Level	Role
[REDACTED]	Paramedic	Fire Company ; Scene - Secondary Caregiver
[REDACTED]	Paramedic	Fire Company ; Scene - Secondary Caregiver ; Driver - Transport
[REDACTED]	Paramedic	Scene - Secondary Caregiver ; Transport -Secondary Caregiver
[REDACTED]	Paramedic	Driver - Response ; Scene - Primary Caregiver ; Transport - Primary Caregiver
[REDACTED]	Paramedic	Fire Company ; Scene - Secondary Caregiver
[REDACTED]	Paramedic	Fire Company ; Scene - Secondary Caregiver
[REDACTED]	Paramedic	Fire Company ; Scene - Secondary Caregiver

Destination Patient Transfer of Care Date/Time: 07/31/2021 18:41:04

Date Printed: 10/11/2021 10:21

Incident #: [REDACTED]

# #2

### Patient Information

Age: 61 Years

Gender: Female  
Weight: 90.7 kg

### Call Type/Location/Disposition

Call Type: Transfer /  
Interfacility

Incident Number: [REDACTED]

Call Sign: [REDACTED]

Unit Disp.: 03/13/2021  
10:33:44

Enroute: 03/13/2021  
10:35:19

At Scene: 03/13/2021  
10:39:23

At Patient: 03/13/2021  
10:40:00

Depart: 03/13/2021  
10:59:23

Arrive Dest.: 03/13/2021  
11:01:14

Transfer of Care: 03/13/2021  
11:02:00

Disposition: Treat & Transport ALS by this unit

### Patient Condition

Complaint Type	Complaint	Duration
Chief (Primary)	allergic reaction	10 Minutes
Primary Symptom: Syncope and collapse	Barriers to Patient Care: None	
	Alcohol/Drug Use: No indicated drug/alcohol use	
Date/Time of Symptom Onset: 03/13/2021 10:30:00		

### Provider Impression

Protocols Used	Protocol Age Category
Initial Medical Care (8 / 9)	General
Primary Impression: Anaphylactic shock	Initial Patient Acuity: Critical / Red Final Patient Acuity: Red - Emergent / Unstable

### Narrative

[REDACTED] called for pt who was possibly having an allergic reaction. UOA pt found on bathroom floor of dental office. Staff stated pt had received a dose of Amoxicillin, and shortly after began to feel ill and went to the bathroom. Staff stated while inside they heard her collapse. Staff stated pt was unresponsive and moaning. Crews found pt in respiratory distress, unresponsive, and moaning. Seconds later pt became completely unresponsive with agonal respirations. IM EPI .3 given. Crews began to ventilate with BVM and Nasal. Crews unable to get ET tube due to swelling of the tongue face. I-gel was placed in shortly after. 12 lead read (Abnormal ECG, Unconfirmed, Probable Sinus Tachycardia). ALS care was provided, Anaphylactic, Allergic reactions SOP followed. [REDACTED] contacted with report, no further orders. Transport with out incident. Care handed over to ER Doctor, RN, and ER staff.

### Past Medical History

Medication	Dosage	Route	Current Medication Comments
Metoprolol			
Fluoxetine			
meloxicam			
Aspirin			
Hydrochlorothiazide			
atorvastatin			
Amlodipine			
Alprazolam			

Medication Allergies	Medication Allergy Comments
Penicillin	
Medical History: CV - Hypertension	Other Past Medical History: High cholesterol, anxiety
Medical History: Health Care Personnel Obtained From:	Advance Directives: Not Applicable

Destination Patient Transfer of Care 03/13/2021 11:02:00  
Date/Time:

Date Printed: 10/11/2021 10:20

Incident #: [REDACTED]

**Vitals**

Time	PTA	Crew	Position	AVPU	BP	MAP	Method	Pulse	Strength	Rhythm	Resps	Effort	SpO2
10:40:00	No	[REDACTED]	Supine	Unresponsive	134 / 98	110	Cuff - Auscultated	144	Strong	Regular	10	Labored	96 Room Air
10:41:15	No	[REDACTED]	Supine	Unresponsive	140 / 90	107	Cuff - Automated	142	Strong	Regular	6	Weak / Agonal	97 Room Air
10:46:11	No	[REDACTED]	Supine	Unresponsive	150 / 102	118	Cuff - Auscultated	142	Strong	Regular	10	Normal	99 High FIO2 (10-25 LPM)
10:52:19	No	[REDACTED]	Supine	Unresponsive	146 / 104	118	Cuff - Automated	140	Strong	Regular	10	Assisted	99 High FIO2 (10-25 LPM)
10:58:45	No	[REDACTED]	Supine	Unresponsive	148 / 118	128	Cuff - Automated	150	Strong	Regular	10	Assisted	100 High FIO2 (10-25 LPM)

Time	PTA	GCS Motor	GCS Verbal	GCS Eye	GCS	GCS Qual	BG	BG H/L	Temp	Temp Method	ETCO 2	Pain Score	Pain Type	Stroke Score	Stroke Type
10:40:00	No	2 - Extension to pain	2 - Incomprehensible sounds	1 - No eye opening	5	Accurate with no influence			36.7	Tympanic		Unable to Complete			
10:41:15	No	1 - No Motor Response	1 - No verbal/vocal sounds	1 - No eye opening	3	Accurate with no influence	92					Unable to Complete			
10:46:11	No	1 - No Motor Response	1 - No verbal/vocal sounds	1 - No eye opening	3	Accurate with no influence									
10:52:19	No	1 - No Motor Response	1 - No verbal/vocal sounds	1 - No eye opening	3	Accurate with no influence									
10:58:45	No	1 - No Motor Response	1 - No verbal/vocal sounds	1 - No eye opening	3	Accurate with no influence						Unable to Complete			

**Interventions**

Time	Crew	Medications				Response	PTA	Medication Comments
		Medication	Route	Dosage				
03/13/2021 10:41:11	[REDACTED]	Epinephrine 1 mg / 1 mL	IM	0.3 mg	Unchanged	No		
03/13/2021 10:47:02	[REDACTED]	Diphenhydramine	IO	50 mg	Unchanged	No		
03/13/2021 10:48:52	[REDACTED]	Epinephrine 1 mg / 10 mL	IO	0.1 mg	Unchanged	No		
03/13/2021 10:50:51	[REDACTED]	Epinephrine 1 mg / 10 mL	IO	0.1 mg	Unchanged	No		
03/13/2021 10:52:50	[REDACTED]	Epinephrine 1 mg / 10 mL	IO	0.1 mg	Unchanged	No		
03/13/2021 10:54:29	[REDACTED]	Epinephrine 1 mg / 10 mL	IO	0.1 mg	Unchanged	No		
03/13/2021 10:56:16	[REDACTED]	Epinephrine 1 mg / 10 mL	IO	0.1 mg	Unchanged	No		
03/13/2021 10:59:37	[REDACTED]	Epinephrine 1 mg / 10 mL	IO	0.1 mg	Unchanged	No		

**Procedures**

Time	Crew	Name	Location	Size of Equipment	Attempts	Response	Success	Procedure Comments
03/13/2021 10:42:09	[REDACTED]	Assist Ventilation - BVM			1	Improved	Yes	
03/13/2021 10:45:54	[REDACTED]	IO - Intraosseous Access			1	Unchanged	Yes	
03/13/2021 10:47:16	[REDACTED]	Orotracheal Intubation Video Assisted			1	Unchanged	No	
03/13/2021 10:51:42	[REDACTED]	I-Gel Airway Insertion			1		Yes	

**EKG**

Time	EKG Lead	EKG Interpretation	EKG Cause for Change	EKG Comments	Type of Shock	Shock or Pacing Energy	Pacing Rate
03/13/2021 10:57:44	12 Lead	Abnormal ECG, Unconfirmed, probable Sinus Tachycardia					

**Vitals**

Date/Time	Vital Signs Taken	Cardiac Rhythm / Electrocardiography (ECG)	ECG Type	Method of ECG Interpretation
10:40:00		Sinus Tachycardia	4 Lead	Human Interp
10:41:15		Sinus Tachycardia	4 Lead	Human Interp
10:52:19		Sinus Tachycardia		Human Interp
10:58:45		Sinus Tachycardia	4 Lead	Human Interp

**Cardiac Arrest**

Cardiac Arrest: No

Therapeutic No Hypothermia Initiated:

**Patient Transport/Positioning**

Destination Patient Transfer of Care Date/Time: 03/13/2021 11:02:00

Date Printed: 10/11/2021 10:20

Incident #: [REDACTED]

Destination/Transferred To, Name: [REDACTED]

Reason for Choosing Closest Destination: Facility

Type of Destination: Hospital ED

Hospital Capability: Hospital (General)

**Injury Information**

Work-Related No  
Illness/Injury:

**Unit Personnel**

**Crew Members**

Crew Member	License Level	Role
[REDACTED]	Paramedic	Scene - Primary Caregiver ; Transport - Primary Caregiver
[REDACTED]	Paramedic	Driver - Response ; Scene - Secondary Caregiver ; Transport -Secondary Caregiver
[REDACTED]	Paramedic	Fire Company ; Scene - Secondary Caregiver ; Driver - Transport
[REDACTED]	Paramedic	Fire Company ; Scene - Secondary Caregiver
[REDACTED]	Paramedic	Fire Company ; Scene - Secondary Caregiver ; Transport -Secondary Caregiver
[REDACTED]	Paramedic	Fire Company ; Scene - Secondary Caregiver
[REDACTED]	Paramedic	Fire Company ; Scene - Secondary Caregiver ; Transport -Secondary Caregiver
[REDACTED]	Paramedic	Fire Company ; Scene - Secondary Caregiver
[REDACTED]	Paramedic	Fire Company ; Scene - Secondary Caregiver

Destination Patient Transfer of Care 03/13/2021 11:02:00  
Date/Time:

Date Printed: 10/11/2021 10:20

Incident #: [REDACTED]

# #3

## NWCEMSS Paramedic Student v1.4

### Patient Information

Age: 84 Years

Gender: Male  
Weight: 90.7 kg

### Call Type/Location/Disposition

Call Type: Unconscious

Incident Number: [REDACTED]

Call Sign: [REDACTED]

Unit Disp.: 02/20/2021  
22:31:22

Enroute: 02/20/2021  
22:32:56

At Scene: 02/20/2021  
22:36:49

At Patient: 02/20/2021  
22:41:00

Depart: 02/20/2021  
23:02:54

Arrive Dest.: 02/20/2021  
23:11:54

Transfer of Care: 02/20/2021  
23:14:00

Disposition: Treat & Transport ALS by this unit

### Patient Condition

#### Complaint Type

Chief (Primary)

#### Complaint

Septic shock

#### Duration

15 Minutes

Primary Symptom: Dyspnea

Barriers to Patient Care: None

Other Symptoms: Fever  
Date/Time of Symptom Onset: 02/20/2021 22:26:00

Alcohol/Drug Use: No indicated drug/alcohol use

### Provider Impression

#### Protocols Used

Initial Medical Care (8 / 9)

#### Protocol Age Category

General

Primary Impression: Severe sepsis with septic shock

Initial Patient Acuity: Critical / Red  
Final Patient Acuity: Red - Emergent / Unstable

### Narrative

Upon arrival to scene EMS found the pt. laying in bed on a ventilator unresponsive. The pt.'s nurse stated that the pt. has had a fever for 2 days and became unresponsive tonight with abnormal breathing. The pt. had a negative COVID test on 2/15/21. The pt. was given ALS and IMC care. The pt. was found with a fever, low blood pressure, high pulse and rapid breathing so a Sepsis Alert was called. ER contacted and informed of the pt.'s condition, EMS also requested permission to access the pt.'s PICC line but the request was denied. The pt. was bagged to the ER via BVM and O2 sats did improve. The pt. was transported to ER and pt. care given to ER nurse.

### Past Medical History

#### Patient Medications

##### Medication

##### Dosage

##### Route

##### Current Medication Comments

Lasix  
Fentanyl  
DuoNeb  
Glucagon  
Heparin  
Vancomycin  
Levofloxacin

#### Medication Allergies

##### Medication Allergies

No Known Drug Allergy

##### Medication Allergy Comments

Medical History: Resp - Tracheostomy; Neuro - Epilepsy (Generalized Seizures); Endocrine - Diabetes Type II; Resp - COPD; CV - Heart Failure

Other Past Medical History: Respiratory Failure

Medical History Obtained From: Medical Records or Alert Card; Health Care Personnel

Advance Directives: Not Applicable

### Assessments

Destination Patient Transfer of Care Date/Time: 02/20/2021 23:14:00

Date Printed: 10/11/2021 10:48

Incident #: [REDACTED]

**Face Exam**  
**Date/Time of Assessment** 22:45:20 **Face Assessment** Normal

**Eye Exam**  
**Date/Time of Assessment** 22:45:20 **Eye Exam Summary** Eye - Bilateral: Reactive Eye - Left: Reactive Eye - Right: Reactive

**Chest/Lungs Exam**  
**Date/Time of Assessment** 22:45:20 **Chest/Lungs Assessment** Breath Sounds-Decreased Left; Breath Sounds-Decreased Right

**Extremities Exam**  
**Date/Time of Assessment** 22:45:20 **Extremities Exam Summary**  
 Knee - Knee-Left: Normal Knee - Knee-Right: Normal  
 Lower Leg - Leg-Lower-Left: Normal Lower Leg - Leg-Lower-Right: Normal  
 Foot - Foot-Left: Normal Foot - Foot-Right: Normal Foot - Toe-1st (Big)-Left: Normal Foot - Toe-1st (Big)-Right: Normal  
 Foot - Toe-2nd-Left: Normal Foot - Toe-2nd-Right: Normal Foot - Toe-3rd-Left: Normal Foot - Toe-3rd-Right: Normal  
 Foot - Toe-4th-Left: Normal Foot - Toe-4th-Right: Normal Foot - Toe-5th (Smallest)-Left: Normal  
 Foot - Toe-5th (Smallest)-Right: Normal Foot - Leg-Left: Normal Foot - Leg-Right: Normal  
 Upper Arm - Arm-Upper-Left: Normal Upper Arm - Arm-Upper-Right: Normal  
 Elbow - Elbow-Left: Normal Elbow - Elbow-Right: Normal  
 Forearm - Forearm-Left: Normal Forearm - Forearm-Right: Normal  
 Wrist - Wrist-Left: Normal Wrist - Wrist-Right: Normal  
 Hand - Finger-2nd (Index)-Left: Normal Hand - Finger-2nd (Index)-Right: Normal Hand - Finger-3rd (Middle)-Left: Normal  
 Hand - Finger-3rd (Middle)-Right: Normal Hand - Finger-4th (Ring)-Left: Normal Hand - Finger-4th (Ring)-Right: Normal  
 Hand - Finger-5th (Smallest)-Left: Normal Hand - Finger-5th (Smallest)-Right: Normal Hand - Hand-Left: Normal  
 Hand - Hand-Right: Normal Hand - Thumb-Left: Normal Hand - Thumb-Right: Normal Hand - Arm-Left: Normal  
 Hand - Arm-Right: Normal

**Skin Exam**  
**Date/Time of Assessment** 22:45:20 **Skin Assessment** Dry; Hot

**Mental Status Exams**  
**Date/Time of Assessment** 22:45:20 **Mental Status Assessment** Unresponsive

**Neuro Exams**  
**Date/Time of Assessment** 22:45:20 **Neurological Assessment** Not Done

Vitals														
Time	PTA	Crew	Position	AVPU	BP	MAP	Method	Pulse	Strength	Rhythm	Resps	Effort	SpO2	
22:44:09	No	[REDACTED]	Sitting / Fowlers	Unresponsive	88 / 52	64	Cuff - Auscultated	104	Strong	Regular	22	Assisted	98	High FiO2 (10-25 LPM)
22:59:54	No	[REDACTED]	Sitting / Fowlers	Unresponsive	94 / 54	67	Cuff - Auscultated	106	Strong		22	Assisted	92	High FiO2 (10-25 LPM)
23:11:28	No	[REDACTED]	Sitting / Fowlers	Unresponsive	94 / 54	67	Cuff - Auscultated	102	Strong		22	Assisted	99	High FiO2 (10-25 LPM)

Time	PTA	GCS Motor	GCS Verbal	GCS Eye	GCS	GCS Qual	BG	BG H/L	Temp	Temp Method	ETCO2	Pain Score	Pain Type	Stroke Score	Stroke Type
22:44:09	No	1 - No Motor Response	1 - No verbal/vocal sounds	4 - Opens spontaneously	6	Accurate with no influence			39.2	Skin / Non-Contact IR	Unable to Complete				
22:59:54	No	1 - No Motor Response	1 - No verbal/vocal sounds	4 - Opens spontaneously	6	Accurate with no influence			39.2	Skin / Non-Contact IR	50				
23:11:28	No	1 - No Motor Response	1 - No verbal/vocal sounds	4 - Opens spontaneously	6	Accurate with no influence			39.2	Skin / Non-Contact IR	50				

What was the Wave Form on ETCO2?: Unable to Determine

Interventions							
Medications							
Time	Crew	Medication	Route	Dosage	Response	PTA	Medication Comments
02/20/2021 22:40:19	[REDACTED]	Oxygen	Bag Valve Mask (BVM)	15 LPM	Improved	Yes	

EKG			
Vitals			
Date/Time	Vital Signs Taken	Cardiac Rhythm / Electrocardiography (ECG)	ECG Type / Method of ECG Interpretation
22:44:09		Sinus Tachycardia	4 Lead / Human Interp
22:59:54		Sinus Tachycardia	4 Lead / Human Interp

Destination Patient Transfer of Care Date/Time: 02/20/2021 23:14:00  
 Date Printed: 10/11/2021 10:48  
 Incident #: [REDACTED]



23:11:28

Sinus Tachycardia

4 Lead

Human Interp

**Cardiac Arrest**

Cardiac Arrest: No

Therapeutic No  
Hypothermia  
Initiated:

**Patient Transport/Positioning**

Destination/Transferred To, Name: [REDACTED] Reason for Choosing Closest Destination: Facility Type of Destination: Hospital ED Hospital Capability: Hospital (General)

**Hospital Team Activations**

Destination Team Pre-Arrival Alert or Activation Sepsis Alert (Verbal) Date/Time of Destination Prearrival Alert or Activation 23:01:00

**Injury Information**

Work-Related No  
Illness/Injury:

**Unit Personnel**

**Crew Members**

Crew Member	License Level	Role
[REDACTED]	Paramedic	Scene - Primary Caregiver
[REDACTED]	Paramedic	Fire Company
[REDACTED]	Paramedic	Driver - Response ; Scene - Secondary Caregiver

Destination Patient Transfer of Care Date/Time: 02/20/2021 23:14:00

Date Printed: 10/11/2021 10:48

Incident #: [REDACTED]

#4

NWCEMSS Paramedic Student v1.4

Patient Information

Age: 33 Years

Gender: Male  
Weight: 99.8 kg

Call Type/Location/Disposition

Call Type: Motor Vehicle Crash

Incident Number: [REDACTED]

Call Sign: [REDACTED]

Unit Disp.: 09/05/2021 00:54:53

Enroute: 09/05/2021 00:55:00

At Scene: 09/05/2021 01:07:16

At Patient: 09/05/2021 01:09:00

Depart: 09/05/2021 01:34:32

Arrive Dest.: 09/05/2021 01:47:31

Transfer of Care: 09/05/2021 01:49:01

Disposition: Treat & Transport ALS by this unit

Other Agencies On Scene

Other EMS or Public Safety Agencies at Scene

Type of Other Service at Scene

EMS Agency (Mutual Aid Received)

Law Enforcement

EMS Agency (Mutual Aid Received)

EMS Agency (Mutual Aid Received)

Patient Condition

Complaint Type

Complaint

Duration

Chief (Primary)

"My chest hurts."

10 Minutes

Primary Symptom: Chest pain - other

Barriers to Patient Care: None

Other Symptoms: Abdominal tenderness

Alcohol/Drug Use: Patient Admits to Alcohol Use

Date/Time of Symptom Onset: 09/05/2021 00:59:00

Provider Impression

Protocols Used

Protocol Age Category

Initial Trauma Care (8 / 9)

General

Primary Impression: Chest pain (non-cardiac)

Secondary Impression: Injury of abdomen

Initial Patient Acuity: Critical / Red  
Final Patient Acuity: Red - Emergent / Unstable

Narrative

[REDACTED] dispatched to the above address for multiple vehicle collision. UOA, instructions were given from [REDACTED] to [REDACTED] on which patient to assess and treat. UOA, the patient was found laying supine outside his vehicle on the ground, with c-spine being held by fire company. C-collar, scoop stretcher and head blocks applied to the patient. The patient's cloths were cut off on scene to reveal any initial trauma emergencies. The patient was A&O 4/4, with a GCS of 15. The pt. complained of chest and abdominal pain. Initial vitals and assessment obtained on scene. The patient appeared to be in moderate distress, w/ no noticeable injuries seen upon inspection. The pt. had a strong smell of alcohol on his breath. The patient stated he was drinking beer, but unable to tell ems how many. The patient stated he was the driver of the truck that was hit head on in a motor vehicle collision. The patient stated the airbags deployed and that he was wearing his seat belt at the time of incident. The pt.'s truck appeared to have heavy damage noted to the front end of the pt.'s truck. Ems did not notice any signs of intrusions to the pt.'s driver or passenger side door. The patient was moved to the stretcher via scoop stretcher, and placed supine in full head and neck immobilization. 12 lead, vitals, and detailed trauma assessment obtained in the ambulance. Multiple manual blood pressures obtained on scene and in route due to inconsistency of monitor reading compared to auscultation of the pt.'s blood pressure. 18G Iv established before leaving to [REDACTED]. The pt.'s vitals were monitored every 5 minutes while in route to [REDACTED]. While in route to [REDACTED] the pt.'s blood pressure started to deteriorate, in which warm IV fluids were given. Due to the pt.'s Iv being positional, ems had to hold the patient arm straight in order to get fluids to go in. Long arm board applied to pt.'s right arm, in effort to keep the pt.'s arm straight, with no success. A total of 500ml of warm IV fluid with pressure infuser given during transport. The patient stated he was only able to take shallow breaths due to pain. At no point in time did the pt. meet level one criteria, due to the pt.'s GCS of 15 and presentation. Pt. made aware that fentanyl was being withheld due to the patient's blood pressure being to low. [REDACTED] OLMC contacted with the patient's HPI, vitals, assessment and interventions. [REDACTED] had no further questions or orders. Vitals and assessment monitored closely will in route. While pulling into [REDACTED] ambulance bay the patient complained of increasing chest pain. Upon auscultation of the pt.'s lung, the patient's left lower lobe had become diminished. The patient was taken to Er room 6 where report was given to [REDACTED] nurses and Doctor. [REDACTED] had no further questions at this time. The Patient admitted to the Er doctor that he was in fact the passenger of the truck at the time of impact, not the driver like he initially reported to EMS on scene. RN signature obtained and pt.'s wallet and belongings left with the pt. Ambulance restocked and returned to service. EOR. [REDACTED]

Destination Patient Transfer of Care 09/05/2021 01:49:01  
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Incident #: [REDACTED]

Past Medical History

Patient Medications

Medication	Dosage	Route	Current Medication Comments
Metformin			

Medication Allergies

Medication Allergy Comments

Medication Allergies

Pt Denies Rx Allergies

Medical History: Endocrine - Diabetes Type I

Other Past Medical History: Pt stated he was drinking, unknown amount when asked by ems.

Medical History Patient Obtained From:

Advance Directives: Not Applicable

Assessments

Head Exam

Date/Time of Assessment	Head Assessment
01:11:00	Normal
01:35:00	Normal

Face Exam

Date/Time of Assessment	Face Assessment
01:11:00	Normal ; Symmetrical
01:35:00	Normal

Eye Exam

Date/Time of Assessment	Eye Exam Summary
01:11:00	Eye - Bilateral: PERRL, 4-mm
01:35:00	Eye - Bilateral: PERRL, 4-mm

Neck Exam

Date/Time of Assessment	Neck Assessment
01:11:00	Normal / Trachea Midline
01:35:00	Normal / Trachea Midline

Chest/Lungs Exam

Date/Time of Assessment	Chest/Lungs Assessment	Chest Exam Details
01:11:00	Breath Sounds Clear & Equal ; Pain	
01:35:00	Breath Sounds=Equal ; Pain	
01:46:00	Breath Sounds=Equal ; Breath Sounds-Absent-Left	The pt.'s apex of his lungs were bilaterally clear. The pt.'s left lower lobe was becoming diminished from previous auscultation. Lower right lobe was clear.

Abdominal Exam

Date/Time of Assessment	Abdomen Exam Summary
01:11:00	Abdomen - Generalized: Pain
01:35:00	Abdomen - Generalized: Pain
01:46:00	Abdomen - Generalized: Pain

Pelvis / GI Exam

Date/Time of Assessment	Pelvis/Genitourinary Assessment
01:11:00	Normal
01:35:00	Normal

Extremities Exam

Date/Time of Assessment	Extremities Exam Summary
01:11:00	Shoulder - Shoulder-Left: Normal Shoulder - Shoulder-Right: Normal Hip - Hip-Left: Normal Hip - Hip-Right: Normal Upper Leg - Leg-Upper-Left: Normal Upper Leg - Leg-Upper-Right: Normal Knee - Knee-Left: Normal Knee - Knee-Right: Normal Lower Leg - Leg-Lower-Left: Normal Lower Leg - Leg-Lower-Right: Normal Upper Arm - Arm-Upper-Left: Normal Upper Arm - Arm-Upper-Right: Normal Elbow - Elbow-Left: Normal Elbow - Elbow-Right: Normal Forearm - Forearm-Left: Normal Forearm - Forearm-Right: Normal Wrist - Wrist-Left: Pulse-Normal Wrist - Wrist-Right: Pulse-Normal Hand - Hand-Left: Normal Hand - Hand-Right: Normal Hand - Arm-Left: Normal Hand - Arm-Right: Normal

01:35:00

Shoulder - Shoulder-Left: Normal Shoulder - Shoulder-Right: Normal  
Hip - Hip-Left: Normal Hip - Hip-Right: Normal  
Upper Leg - Leg-Upper-Left: Normal Upper Leg - Leg-Upper-Right: Normal  
Knee - Knee-Left: Normal Knee - Knee-Right: Normal  
Lower Leg - Leg-Lower-Left: Normal Lower Leg - Leg-Lower-Right: Normal  
Foot - Foot-Left: Normal Foot - Foot-Right: Normal  
Upper Arm - Arm-Upper-Left: Normal Upper Arm - Arm-Upper-Right: Normal  
Elbow - Elbow-Left: Normal Elbow - Elbow-Right: Normal  
Forearm - Forearm-Left: Normal Forearm - Forearm-Right: Normal  
Wrist - Wrist-Left: Normal Wrist - Wrist-Right: Normal  
Hand - Hand-Left: Normal Hand - Hand-Right: Normal Hand - Arm-Left: Normal Hand - Arm-Right: Normal

**Back / Spine Exam**

Date/Time of Assessment

**Back and Spine Exam Summary**

01:11:00  
01:35:00

Back/Spine - Back-General: Normal ; non tender upon palpation.  
Back/Spine - Back-General: Normal ;  
no pain upon asking pt., unable to palpate due to pt position on scoop stretcher.

**Skin Exam**

Date/Time of Assessment

**Skin Assessment**

01:11:00  
01:35:00  
01:46:00

Clammy ; Cool  
Clammy ; Cool  
Clammy ; Cool

**Mental Status Exams**

Date/Time of Assessment

**Mental Status Assessment**

01:11:00  
01:35:00

Oriented-Event ; Oriented-Person ; Oriented-Place ; Oriented-Time  
Oriented-Event ; Oriented-Person ; Oriented-Place ; Oriented-Time

**Neuro Exams**

Date/Time of Assessment

**Neurological Assessment**

**Neurological Exam Details**

01:11:00  
01:35:00

Normal Speech  
Normal Speech  
pt. appeared to have normal speech, but smelled of alcohol.

**Vitals**

Time	PTA	Crew	Position	AVPU	BP	MAP	Method	Pulse	Strength	Rhythm	Resps	Effort	SpO2
01:17:01	No				98 / 64	75	Cuff - Auscultated	122			22		96
01:26:01	No		Supine	Alert	88 / 44	59	Cuff - Automated	126	Strong	Regular	22	Labored	96 Room Air
01:29:00	No		Supine	Alert	104 / 86	92	Cuff - Auscultated	122	Strong	Regular	20	Labored	95 Room Air
01:32:00	No		Supine	Alert	93 / 45	61	Cuff - Automated	130			22	Normal	100 Room Air
01:34:00	No		Sitting / Fowlers	Alert	129 / 76	94	Cuff - Automated	131	Strong	Regular	22	Labored	94 Room Air
01:38:00	No		Sitting / Fowlers	Alert	85 / 59	68	Cuff - Automated	131	Strong	Regular	24	Labored	95 Room Air
01:42:00	No		Supine	Alert	75 / 51	59	Cuff - Automated	135			24	Labored	93 Low FiO2 (1-6 LPM)
01:47:00	No		Supine	Alert	75 / 51	59	Cuff - Automated	137			24	Labored	95 Low FiO2 (1-6 LPM)

Time	PTA	GCS Motor	GCS Verbal	GCS Eye	GCS	GCS Qual	BG	BG H/L	Temp	Temp Method	ETCO2	Pain Score	Pain Type	Stroke Score	Stroke Type
01:17:01	No						324								
01:26:01	No	6 - Obeys commands	5 - Oriented	4 - Opens spontaneously	15	Accurate with no influence					26	5	Numeric (0-10)		
01:29:00	No	6 - Obeys commands	5 - Oriented	4 - Opens spontaneously	15	Accurate with no influence						5	Numeric (0-10)		
01:32:00	No	6 - Obeys commands	5 - Oriented	4 - Opens spontaneously	15	Accurate with no influence					23				
01:34:00	No	6 - Obeys commands	5 - Oriented	4 - Opens spontaneously	15	Accurate with no influence					23	5	Numeric (0-10)		
01:38:00	No	6 - Obeys commands	5 - Oriented	4 - Opens spontaneously	15	Accurate with no influence					25				
01:42:00	No	6 - Obeys commands	5 - Oriented	4 - Opens spontaneously	15	Accurate with no influence					20	5	Numeric (0-10)		
01:47:00	No	6 - Obeys commands	5 - Oriented	4 - Opens spontaneously	15	Accurate with no influence						5	Numeric (0-10)		

What was the Wave Square Decreasing Form on ETCO2?:

**Interventions**

Time	Crew	Medication	Route	Dosage	Response	PTA	Medication Comments
09/05/2021 01:33:00		Normal saline	IV	200 mL total volume infused	Unchanged	No	
09/05/2021 01:39:00		Normal saline	IV	300 mL total volume infused	Unchanged	No	

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**Procedures**

Time	Crew	Name	Location	Size of Equipment	Attempts	Response	Success	Procedure Comments
09/05/2021 101:12:00	[REDACTED]	Cervical Spine Motion Restriction		scoop stretcher, head blocks, and head taped to co	1	Unchanged	Yes	full spine motion restriction, w/ c-collar and head blocks..
09/05/2021 101:27:00	[REDACTED]	IV - Peripheral	Antecubital-Right Antecubital-Right	18	1		Yes	

**EKG**

Time	EKG Lead	EKG Interpretation	EKG Cause for Change	EKG Comments	Type of Shock	Shock or Pacing Energy	Pacing Rate
09/05/2021 01:26:26	12 Lead	Abnormal finding for 18-39 male Sinus tachycardia	Initial Rhythm	Sinus tachycardia			
09/05/2021 01:48:11	12 Lead	Abnormal finding for 18-39 male Sinus tachycardia		Sinus tachycardia.			

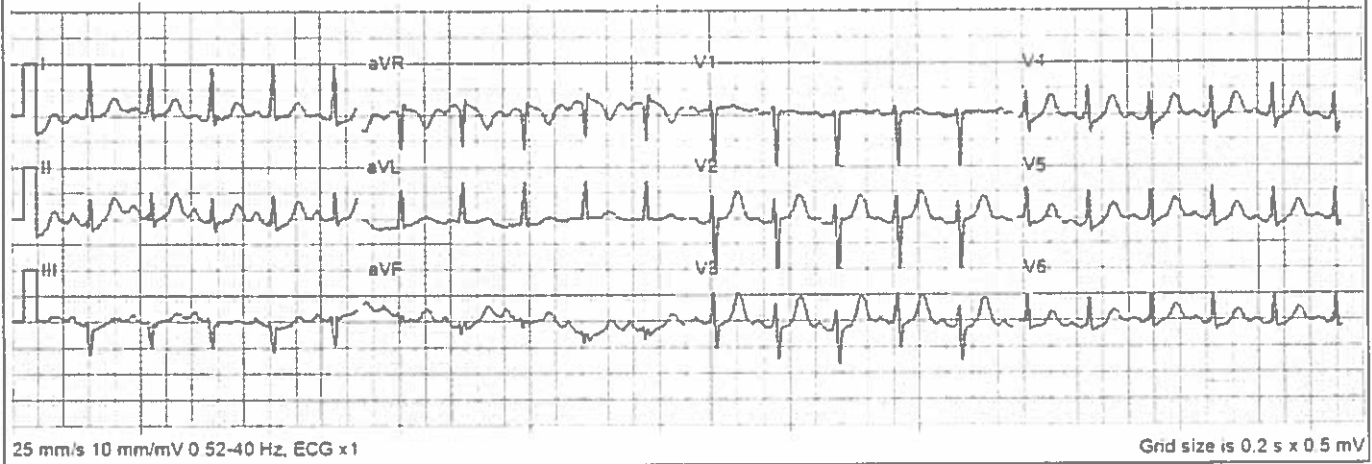
**Vitals**

Date/Time	Vital Signs Taken	Cardiac Rhythm / Electrocardiography (ECG)	ECG Type	Method of ECG Interpretation
01:26:01		Sinus Tachycardia	4 Lead	Human Interp
01:29:00		Sinus Tachycardia	4 Lead	Human Interp
01:32:00		Sinus Tachycardia	4 Lead	Human Interp
01:34:00		Sinus Tachycardia	4 Lead	Human Interp
01:38:00		Sinus Tachycardia		Human Interp
01:42:00		Sinus Tachycardia	4 Lead	Human Interp
01:47:00		Sinus Tachycardia	4 Lead	Human Interp

**Waveforms**

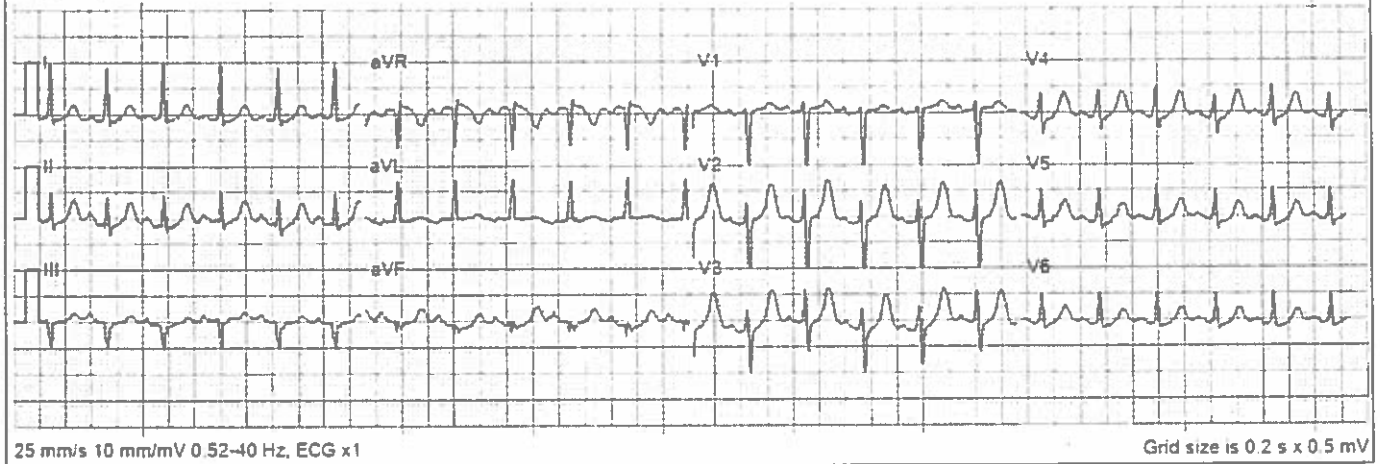
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File Name: ZOLL\_20210905012626\_12ld.png

01.26.26 9/5/2021



Time: 09/05/2021 01:48:11  
File Name: ZOLL\_20210905014811\_12ld.png

01.48.11 9/5/2021



### Cardiac Arrest

Cardiac Arrest: No

Therapeutic Hypothermia Initiated: No

### Patient Transport/Positioning

Destination/Transferred To, Name: [REDACTED] Reason for Choosing Destination: [REDACTED] Closest Facility: [REDACTED] Type of Destination: Hospital ED Hospital Capability: Hospital (General)

### Injury Information

Cause of Injury: Motorcycle in unspecified traffic MVC

Mechanism of Injury: Blunt

Trauma Center Criteria: Not Applicable  
Location of Patient in Vehicle: Front Row Passenger

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Work-Related No  
Illness/Injury:

Airbag Deployment: Airbag  
Deployed  
Side; Airbag  
Deployed  
Front; Airbag  
Deployed  
Other (knee,  
air belt, etc.)

Use of Occupant  
Safety Equipment: Shoulder and  
Lap Belt  
Used

**Unit Personnel**

**Crew Members**

Crew Member	License Level	Role
[REDACTED]	Paramedic	Scene - Secondary Caregiver
[REDACTED]	Paramedic	Scene - Primary Caregiver ; Transport - Primary Caregiver
[REDACTED]	Paramedic	Scene - Secondary Caregiver ; Driver - Response ; Driver - Transport
[REDACTED]	Paramedic	Fire Company
[REDACTED]	Paramedic	Fire Company
[REDACTED]	Paramedic	Fire Company
[REDACTED]	Paramedic	Fire Company

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Incident #: [REDACTED]

