

Medications: None Stated.

CLINICAL IMPRESSION

Primary Assessment: Toxicological -- Illicit Drug(s)
Secondary Assessment

TRAUMA TRIAGE

CRAMS Score:
Physiological Criteria:
Anatomic Criteria :
Mechanism :
Discretionary Criteria:
Paramedic Judgment:

PATIENT FINDINGS

PTA Time: By:

Pt. Position: N/A	Pulse	Skin
Blood Pressure: N/A / N/A	Rate: N/A	Color: N/A
	Regularity: N/A	Temp: N/A
	Strength: N/A	Moisture: N/A
	Location: N/A	Cap Refill: N/A

Cardiac Rhythm

Rate: N/A
ECG: N/A
Ectopy: N/A

12Lead Interpretation:
N/A

GCS
Eyes: N/A
Verbal: N/A
Motor: N/A
Total:

Level of Consciousness
Respond To: N/A
Pupils: N/A

Respiratory
Rate: N/A
Effort: N/A
Depth: N/A
SAO2: N/A

ETCO2
CO2 Value: N/A
CO2 Color: N/A
Lung Sounds
Right: N/A
Left: N/A

Acuity: N/A Comments:

PHYSICAL FINDINGS

Head Neg
Face neg, not pinpoint, lips bloody
Neck Not Assessed
Chest neg
Back Not Assessed
Arm (s) abrasions on elbows
Abdomen Not Assessed
Pelvis Not Assessed
Leg (s) Neg
Skin pale warm dry
Neuro Exam Not Assessed

TREATMENT AND RESPONSE

PTA	Time	Medic	Procedure
<input type="checkbox"/>	1728	Hergert, Tamara,AMR	Vital Sign/ECG - BP: 110 / 73 , Pulse 100 . Respirations: 18 .
<input type="checkbox"/>	1730	Hergert, Tamara,AMR	Blood Glucose - 119 mg/dL.

000716

TIENT DISPOSITION

Disposition: Treated -- Refused Tra
Est Time Death: 0
Mode of Transport:
Air Request By:
Reason For Air:
Destination Decis:
Hosp Divert From:

Receiving Hospital:
Other Hospital:
Personal Items:
First Respond Assist:
Base Hospital: MRH
Base Hosp Contact:
Base Contact Time:

MD Consult:
Base Phycsian:
Transport Priority:
Change In Priority:
MileageScene:
Mileage Hospital:
Total Mileage: 0.00

Physician Order:

1st Attendant: Hergert, Tamara, A 2nd Attendant: Stucker, Kevin, AMR 3rd Attendant: Hospital Signature:

Number: 109859
Certification:

Number: 127291
Certification:

000717

9/17/2006

PATIENT UNABLE TO SIGN

Patient doe,John

is unable to sign because

The following representative's signature on behalf of the patient does not constitute acknowledgement of financial responsibility for the services rendered to the patient.

Date: 9/17/2006

By:

Relationship to Patient:

Address:

PATIENT UNABLE TO SIGN/NO REPRESENTATIVE AVAILABLE

Patient doe,John

is unable to sign because

No patient representative is available/willing to sign on behalf of the patient. The following representative's signature on behalf of the patient does not constitute acknowledgement of financial responsibility for the services rendered to the patient.

Date: 9/17/2006

By :

Name of Medical Transport Personnel:

PersonelTitle:

Name of Operation Site:

Multnomah AMR

9/17/2006

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Date: 9/17/2006

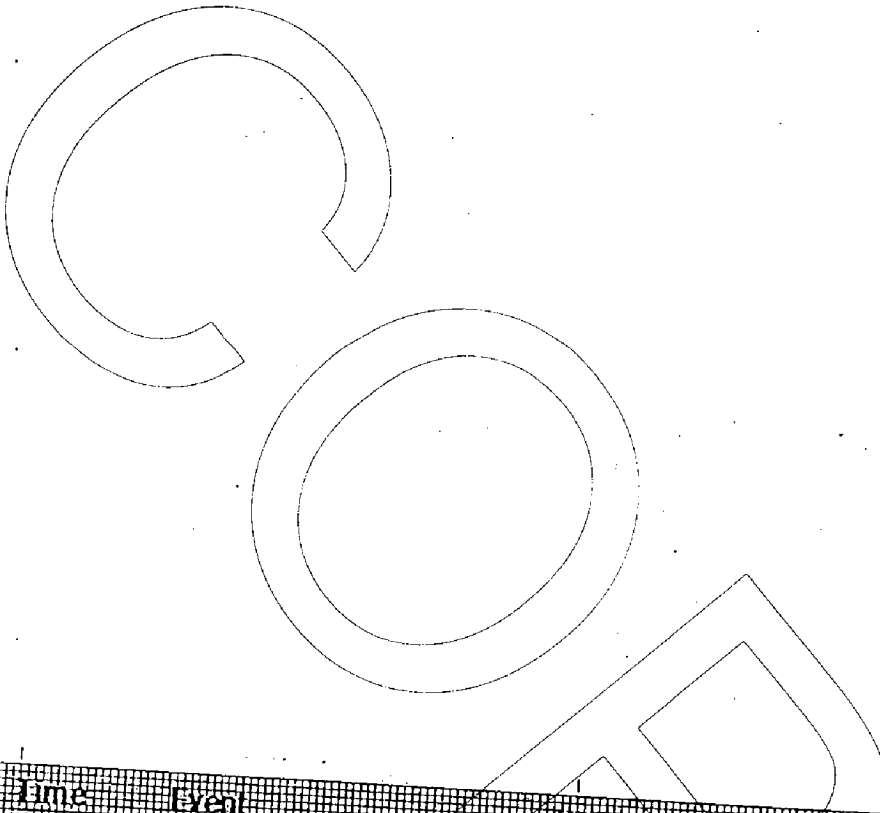
By :

Name of Medical Transport Personnel:

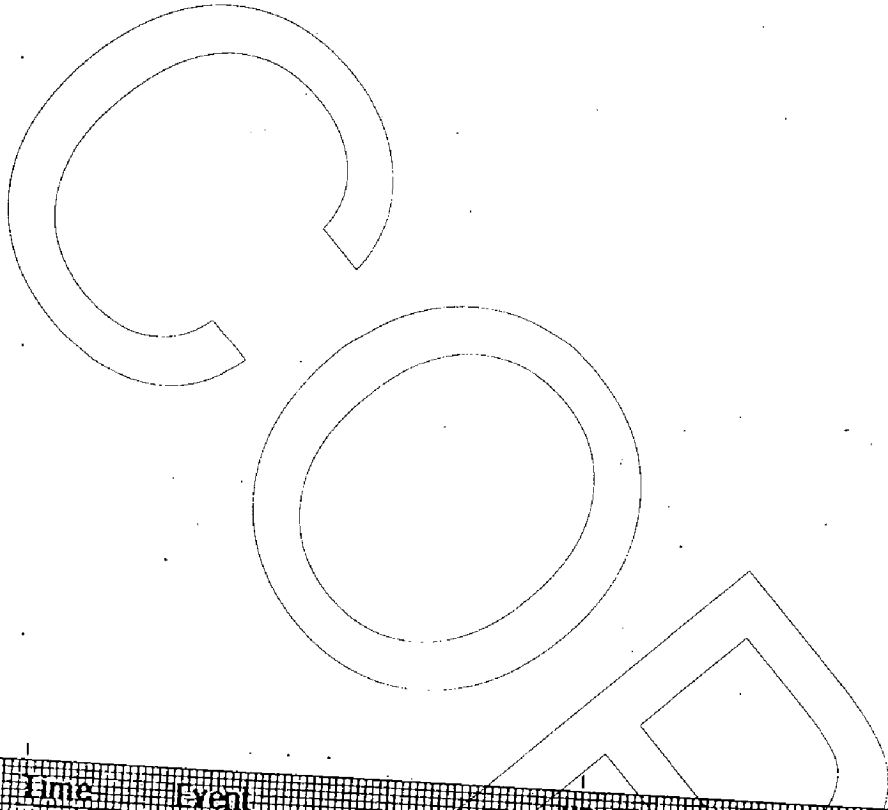
PersonelTitle:

Name of Operation Site:

Multnomah AMR

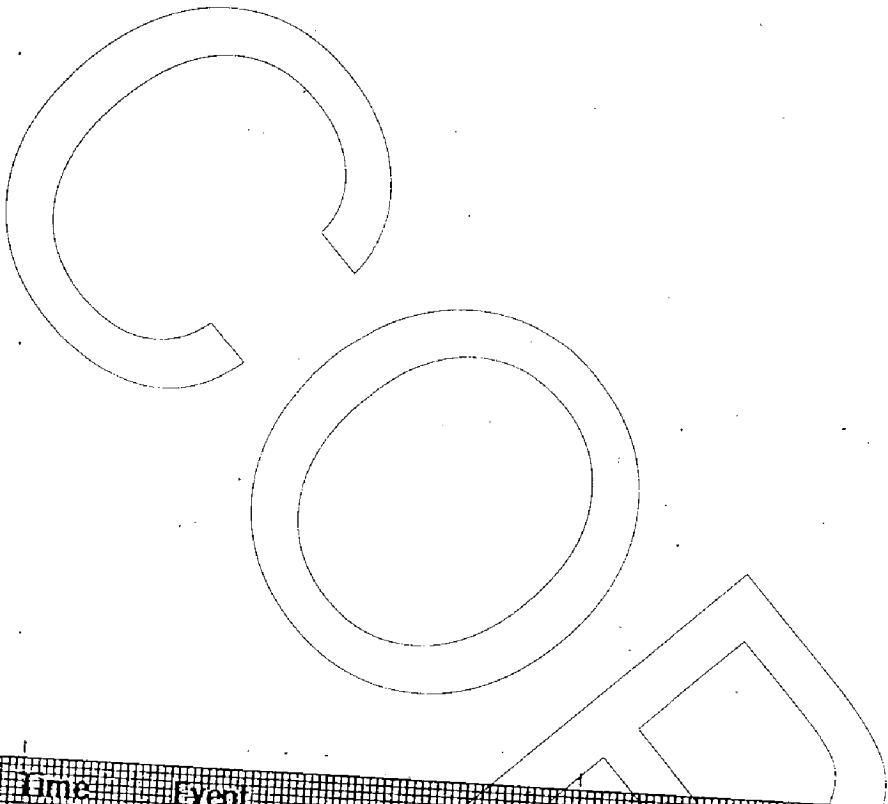


Time	Event	HR	RIBP (mmHg)	PPV	Code
17:24:34	Power On				
17:25:52	KID				
18:53:22	Power Off		110/33/45		Code Summary Complete
17:24:34					
300					
300					
3					
30:08:18					
3					
01:34:30					
17:24:34					



Time	Event	HR	Code
17:24:31	Power Off	NIBP	Summary Complete
17:25:52			
18:53:04		10/93/8/100	
17:24:31			
800			
800			
0			
10:38:00			
0			
11:54:30			
21:29:42			

P/N 805319



Time	Event	HR	Code
17:24:34	Event 0	NIBP (mmHg) PR	Summary
17:25:32	NIBP	193/107/98	Complete
18:53:04	Power Off		
17:24:34			
300			
300			
0			
80.00.00			
0			
01:34:30			
02:03:20			