

Name: [REDACTED]

Incident #: 210006932

Date: 06/24/2021

Patient 1 of 1

Patient Information				Clinical Impression			
Last	[REDACTED]	Address	[REDACTED]	Primary Impression	[REDACTED]		
First	[REDACTED]	Address 2	[REDACTED]	Secondary Impression	Dizziness		
Middle	[REDACTED]	City	[REDACTED]	Protocol Used	Abdominal Pain		
Gender	Female	State	[REDACTED]	Anatomic Position	General/Global		
DOB	[REDACTED]	Zip	[REDACTED]	Onset Time			
Age	[REDACTED]	Country	US	Last Known Well			
Weight	[REDACTED]	Tel		Chief Complaint	[REDACTED]		
Pedi Color		Physician		Duration	[REDACTED]	Units	[REDACTED]
SSN	[REDACTED]	Ethnicity	[REDACTED]	Secondary Complaint	[REDACTED]		
Race	[REDACTED]			Duration	[REDACTED]	Units	[REDACTED]
Advance Directives				Patient's Level of Distress			
Resident Status				Signs & Symptoms	[REDACTED]		
				Injury	--		
				Additional Injury			
				Mechanism of Injury			
				Medical/Trauma	Medical		
				Barriers of Care	None Noted		
				Alcohol/Drugs	None Reported		
				Pregnancy	No		
				Initial Patient Acuity	Emergent (Yellow)		
				Final Patient Acuity	Emergent (Yellow)		
				Patient Activity			

Medication/Allergies/History	
Medications	[REDACTED]
Allergies	[REDACTED]
History	[REDACTED]
Last Oral Intake	[REDACTED]

Vital Signs															
Time	AVPU	Side	POS	BP	Pulse	RR	SPO2	ETCO2	CO	BG	Temp	Pain	GCS(E+V+M)/Qualifiers	RTS	PTS
13:17	[REDACTED]	[REDACTED]	Lay	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]			[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
13:24	[REDACTED]	[REDACTED]	Lay	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]			[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Flow Chart			
Time	Treatment	Description	Provider
13:13	[REDACTED]	[REDACTED]	BOVA, RICHARD

Initial Assessment			
Category	Comments	Abnormalities	
Mental Status		[REDACTED]	[REDACTED]
Skin		[REDACTED]	[REDACTED]
HEENT		[REDACTED]	[REDACTED]
Chest		[REDACTED]	[REDACTED]

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Initial Assessment			
Category	Comments	Abnormalities	
Abdomen		[REDACTED]	[REDACTED]
		[REDACTED]	[REDACTED]
		[REDACTED]	[REDACTED]
		[REDACTED]	[REDACTED]
		[REDACTED]	[REDACTED]
		[REDACTED]	[REDACTED]
Back		[REDACTED]	[REDACTED]
		[REDACTED]	[REDACTED]
		[REDACTED]	[REDACTED]
Pelvis/GU/GI		[REDACTED]	[REDACTED]
Extremities		[REDACTED]	[REDACTED]
		[REDACTED]	[REDACTED]
		[REDACTED]	[REDACTED]
		[REDACTED]	[REDACTED]
		[REDACTED]	[REDACTED]
Neurological		[REDACTED]	[REDACTED]

Assessment Time: 06/24/2021 13:13:02

**Narrative**

E2 dispatched for [REDACTED].  
E2 ATF female pt. laying in chair in room at doctor office. Female pt. was A&O x 4 with airway, breathing, and circulation in-tact. Crew introduced and consent for care was given by pt.

[REDACTED]. After procedure was finished, [REDACTED].

[REDACTED]. No other complaints at this time.

Pt. vitals obtained and noted in report. [REDACTED]

STAR EMS unit 622 arrived and care was transferred with a oral report.  
E2 assisted pt. to STAR stretcher without incident and assisted moving pt. to ambulance without incident.

[REDACTED]

E2 clear without incident.  
END.

Incident Details		Destination Details		Incident Times	
Location Type	Doctor's Office / Clinic	Disposition	Patient Treated, Transferred Care to Another EMS Professional - EMS Provider (Ground) - STAR	PSAP Call	12:58:02
Location	Northland Family Planning	Transport Due To	Patient's Choice, Closest Facility	Dispatch Notified	
Address	24450 EVERGREEN RD	Transported To		Call Received	12:58:02
Address 2	220	Requested By		Dispatched	12:59:51
Mile Marker		Destination		En Route	13:00:33
City	Southfield	Department		Staged	
County	Oakland	Address		Resp on Scene	
State	MI	Address 2		On Scene	13:10:02
Zip	48075	City		At Patient	13:13:00
Country	US	County		Care Transferred	
Medic Unit	E2	State		Depart Scene	13:28:00
Medic Vehicle	E2	Zip		At Destination	
Run Type	911 Response	Country	US	Pt. Transferred	13:28:00
Response Mode	Non-Emergent	Zone		Call Closed	13:30:39
Shift	A-Unit	Condition at Destination		In District	
Zone	Sta. 1	Destination Record #		At Landing Area	
Level of Service	Basic Life Support	Trauma Registry ID			
EMD Complaint	No Other Appropriate Choice	STEMI Registry ID			



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Incident Details		Destination Details		Incident Times	
EMD Card Number		Stroke Registry ID			
Dispatch Priority	Priority 3 (Lower Acuity)				

Crew Members		
Personnel	Role	Certification Level
BOVA, RICHARD	Lead	EMT-Paramedic - 1752969
GAGE, AARON	Driver	EMT-Paramedic - 1711324

Insurance Details					
Insured's Name		Primary Payer		Dispatch Nature	
Relationship		Medicare		Response Urgency	
Insured SSN		Medicaid		Job Related Injury	
Insured DOB		Primary Insurance		Employer	
Address1		Policy #		Contact	
Address2		Primary Insurance Group Name		Phone	
Address3		Group #		Mileage to Closest Hospital	
City		Secondary Ins			
State		Policy #			
Zip		Secondary Insurance Group Name			
Country		Group #			

Mileage		Delays		Additional Agencies	
Scene		Category	Delays		
Destination		Dispatch Delays	None/No Delay		
Loaded Miles		Response Delays	None/No Delay		
Start		Scene Delays	None/No Delay		
End		Turn Around Delays	None/No Delay		
Total Miles					