



EMERGENCY MEDICAL SERVICE AMBULANCE CALL REPORT

NO: 2-0724807

Date: 6/14/93 Unit: 2728 Crew #s: List driver first 2852 And 3036 Message ID # 1836

15-20 21-24 25-28 29-32 33-36

Call Location: 2728 Henry Hudson St Apt No: 5A Cross Street: W 230 St Type of Call: Uncon

Patient's Name: Speken, Seth Sex: M Age: 23 DOB: 7/19/70

Address: 2728 Henry Hudson Pkwy City: Bronx NY 10463

Prior Treatment at Scene: [Blank]

Prior CPR at Scene: Adequate? Yes [] No [] Minutes: [] PD: [] FD: [] Other: [] PD Badge #: [] Pot: []

BATCH #: 9-14

REC'D				
1003				
1008				
1002				
HOSP				
1006				

CHIEF COMPLAINT:

Head Postured out

MEDICAL If more than one checked, circle primary problem.

- 01 Airway Obstruction
- 02 Allergic Reaction
- 03 Altered Mental Status
- 04 Behavioral Disorder
- 05 Cardiac Arrest
- 06 Dizziness
- 07 Cold
- 08 Heat
- 09 Haz. Mat.
- 10 General Malaise
- 11 G.I. Distress
- 12 Bleed
- 13 Nausea / Vomiting
- 14 O.D. []
- 15 Ob / Gyn
- 16 Labor
- 17 Pain: ABO
- 18 Poison: []
- 19 Respiratory Arrest
- 20 Other: []
- 21 Respiratory Distress: []
- 22 Seizure
- 23 Shock
- 24 Stroke/C.V.A.
- 25 Syncope

- 119-130
- TRAUMA 171-182
- 01 Amputation
 - 02 Thermal
 - 03 Chem.
 - 04 Elec.
 - 05 Cardiac Arrest
 - 06 C.N.S.
 - 07 Crush
 - 08 FX/Dislocation
 - 09 Other: []
 - 10 Impaled Object
 - 11 Paralysis
 - 12 Shock
 - 13 Soft Tissue Injury
 - 14 Trauma: Blunt
 - 15 Trauma: Penetrating

Mechanism of Injury: 1 Fall 2 G.S.W. 3 Knife 4 Machinery 5 M.V.A. 6 Unarmed Assault 7 Other: []

History: 1 Asthma 2 Cardiac 3 COPD 4 CVA 5 Diabetes 6 Hypertension 7 Seizures 8 None 9 Other: []

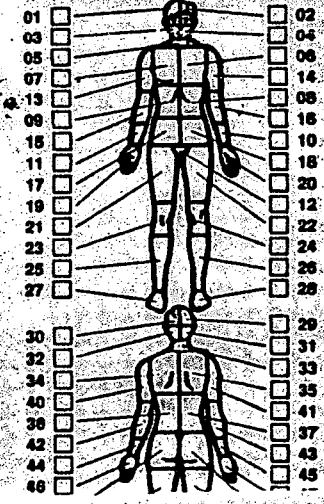
Medications: 1 None 2 Amitriptyline

Allergies: 1 None 2 [] 3 [] 4 [] 5 [] 6 [] 7 []

Presumptive Diagnosis: 1 NOG-T Distress 2 [] 3 [] 4 [] 5 [] 6 [] 7 []

COMMENTS: 23yo found Aot 3 clo N/V x 1 day. Pt denies dizziness and ABO pn, family hx.

Mark problem area(s) and check required box(es). Describe multiple areas in comments.



LOCATION OF INJURIES

Pt. L.S. Clark - Able Point tent - 17 STS
 Feet 150 - 5 ft sitting - MD Choung - 9 US

TIME	B.P.	PULSE	RESP.	GCS	TRAUMA#	SKIN MOISTURE		SKIN TEMP.		SKIN COLOR		PUPILS		MENTAL STATUS	
						1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd
285-88 287-88	150/60	130	22	15	-	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd
285-88 287-88	150/60	130	24	15	-	1 <input type="checkbox"/> Normal	1 <input type="checkbox"/> 1	1 <input type="checkbox"/> Normal	1 <input type="checkbox"/> 1	1 <input type="checkbox"/> Normal	1 <input type="checkbox"/> 1	1 <input type="checkbox"/> Normal	1 <input type="checkbox"/> 1	1 <input type="checkbox"/> Alert/Oriented	1 <input type="checkbox"/> 1
304-05 306-07	150/60	130	14	15	-	2 <input type="checkbox"/> Moist	2 <input type="checkbox"/> 2	2 <input type="checkbox"/> Cool	2 <input type="checkbox"/> 2	2 <input type="checkbox"/> Pale	2 <input type="checkbox"/> 2	2 <input type="checkbox"/> Dilated	2 <input type="checkbox"/> 2	2 <input type="checkbox"/> Disoriented	2 <input type="checkbox"/> 2
323-24 325-26	150/60	130	14	15	-	3 <input type="checkbox"/> Dry	3 <input type="checkbox"/> 3	3 <input type="checkbox"/> Warm	3 <input type="checkbox"/> 3	3 <input type="checkbox"/> Cyanotic	3 <input type="checkbox"/> 3	3 <input type="checkbox"/> Constricted	3 <input type="checkbox"/> 3	3 <input type="checkbox"/> Responsive: Voice	3 <input type="checkbox"/> 3

BLS TREATMENT
 Airway Maintenance: 01 Abd./Chest Thrust, 02 EGTA, 03 Hyperextension, 04 Modified Jaw Thrust, 05 Oral Airway, 06 Suction
 Assist Ventilation: 07 Bag Valve Mask, 08 Mouth to Mouth, 09 Positive Pressure, 10 Control Bleeding/Bandaging, 11 CPR, 12 OBS Delivery/Time
 O₂ Therapy: 10 L.P.M., 13 Cannula, 14 Partial Rebreathing Mask, 15 Ventimask
 17 Irrigation, 18 Ipecac, 19 MAST, 20 Rotating Tourniquets
 Immobilization: 21 Backboard L.S., 22 Cervical Collar, 23 Fixation Splint, 24 Sand Bags, 25 Trac. Splint
 16 Other:

1 I.V., 2 Drug Therapy, 3 Monitor, 4 Cardiovert, 5 Defibrillate, 6 ET Tube, 7 NG Tube, 8 Draw Blood:

374-378

TIME	BASIC EKG RHYTHM	OTHER FINDINGS	TREATMENT / RESPONSE
392-93 394-95	398-410	411-425	When sitting Tx on non-Ax 100 P.M. E & B H/A C Home RL pt supine
486-89 490-91	492-504	505-519	Light pale malena normal

580-81 582-83 584-598 599-613 614-673
 Telemetry Channel 675 M.C.F. 678-680
 M.C.F. Physician 684-690
 Termination Time 691-92 693-94

TRANSPORT
 Removed to Vehicle by: 1 Walked, 2 Chair, 3 Scoop/Flat/Stretcher
 No. of Pts. Removed: 01
 Transport Position: 1 Prone, 2 Supine, 3 Shock, 4 Head Elevated, 5 Left Lateral Recumbent, 6 Sitting
 Disposition: 1 Hospital #, 2 Transported by: 25x3, 3 Stand-by Only, 4 Other:
 Hospital Selection: 1 Nearest Facility, 2 Patient Choice, 3 Specialty Referral, 4 Diversion

Insurance: 1 Medicare, 2 Medicaid, 3 Blue Cross, 4 Commercial Insurance, 5 Self-Pay
 ICD Diagnostic Code: 131-133, 134-135

HOSPITAL RECEIVING AGENT
 Signature: [Signature]
AMBULANCE SUPERVISOR ONLY
 Reviewed By (Signature): [Signature] Badge #

E.D. Disposition: 1 RMA, 2 DOA, 3 Expired, 4 Discharged, 5 Transferred to other hospital, 6 Admitted - Inpatient Chart #:
 E.D. Chart No. 140-164

Invoice Number **021256**

DELTA AMBULANCE CORP.

Day Fri Date 8-27-93 Day Night Weekend Shift

AMBULANCE CALL REPORT

CALL REC'D	10-83 12:10	10-88 12:10	10-82 12:23	FINAL DEST. ARRIVAL 12:35	10-98
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PATIENT DATA NAME: <u>Seth Speken</u> D.O.B.: <u>7-19-70</u> AGE: <u>23</u> ADDRESS: <u>2728 Henry Hudson Parkway</u> <u>Bronx, NY 10463</u> NEXT OF KIN: <u>Ralph Speken MD</u> PHYSICIAN: <u>Dr. Goodman</u>				APPT. TIME CLINIC ADMISSION <input checked="" type="checkbox"/> DISCHARGE <input type="checkbox"/> OUT-PATIENT CLINIC <input type="checkbox"/> EMERGENCY <input type="checkbox"/> ONE WAY <input checked="" type="checkbox"/> ROUND TRIP <input type="checkbox"/>	INSTITUTION: <u>Alton Pavilion</u> ADDRESS: <u>5141 Buday</u> BORO: <u>N.Y.</u> APT. FL: <u>I.C.U.</u> INSTITUTION: <u>Ashley Pavilion</u> ADDRESS: <u>168st Buday</u> BORO: <u>N.Y.</u> APT. FL: <u>ILG</u>	PICKUP DESTINATION MILE FINISH MILEAGE: MILE START _____ TOTAL MILES: <u>3 miles</u>
INSURANCE DATA: <u>B.H.</u>						

PROVIDED DIAGNOSIS: Xanax Withdrawal

PAST MEDICAL HISTORY <input type="checkbox"/> Hypertension <input type="checkbox"/> Stroke <input type="checkbox"/> Seizures <input type="checkbox"/> Diabetes <input type="checkbox"/> COPD <input type="checkbox"/> Cardiac <input type="checkbox"/> Allergy <input type="checkbox"/> Other (List) <input type="checkbox"/> Medication	SYMPTOMS <input type="checkbox"/> Vomiting/Nausea <input type="checkbox"/> Weak/Faint <input type="checkbox"/> Fever <input type="checkbox"/> Chills <input type="checkbox"/> Cramps <input type="checkbox"/> Dyspnea <input checked="" type="checkbox"/> Other: <u>NAD</u>	NATURE OF PROBLEM	AID GIVEN PATIENT																							
MEDICATION TAKEN <u>Ativan</u> <u>Tylenol</u> <u>Xanax</u>	RESPONSIVENESS <input checked="" type="checkbox"/> Conscious <input type="checkbox"/> Unconscious <input type="checkbox"/> Semi-Conscious <input type="checkbox"/> Stuporous <input type="checkbox"/> Lethargic <input type="checkbox"/> Other	<input type="checkbox"/> Asthma <input type="checkbox"/> Auto Accident <input type="checkbox"/> Animal Bite <input type="checkbox"/> Abrasion-Bruise <input type="checkbox"/> Abortion <input type="checkbox"/> Bleeding <input type="checkbox"/> Burns <input checked="" type="checkbox"/> Back Injury <input type="checkbox"/> Bullet Wound <input type="checkbox"/> Cardiac <input type="checkbox"/> Convulsion	<input type="checkbox"/> Difficulty Breathing <input type="checkbox"/> Diabetic <input type="checkbox"/> OD - Poison <input type="checkbox"/> Stab Wound <input type="checkbox"/> Fracture <input type="checkbox"/> Stroke <input type="checkbox"/> Unconscious <input type="checkbox"/> Sprain <input type="checkbox"/> Dislocation <input checked="" type="checkbox"/> Other: <u>Xanax</u> <input checked="" type="checkbox"/> Other: <u>Withdrawal</u>																							
NECESSITY OF AMBULANCE: <input type="checkbox"/> PATIENT UNABLE TO AMBULATE <input type="checkbox"/> BED CONFINED - PRE & POST TRANSPORT <input type="checkbox"/> TRANSFER TO TERM CARE FACILITY <input type="checkbox"/> NO BED AVAILABLE THIS FACILITY <input type="checkbox"/> OXYGEN BEING ADMINISTERED <input checked="" type="checkbox"/> STRETCHER MEDICALLY NECESSARY <input type="checkbox"/> NEED TO REMAIN IMMOBILE <input checked="" type="checkbox"/> SERVICES UNAVAILABLE LOCAL HOSPITAL <input type="checkbox"/> OTHER (SPECIFY) _____		<table border="1"> <tr> <th>TIME</th> <th>RESP.</th> <th>PULSE</th> <th>B-P</th> <th>CONSC.</th> <th>R PUPILS</th> <th>L</th> <th>SKIN</th> </tr> <tr> <td><u>12:25</u></td> <td>RATE: <u>20</u> <input type="checkbox"/> SHALLOW <input type="checkbox"/> LABORED</td> <td><u>92</u></td> <td><u>160/100</u></td> <td><input checked="" type="checkbox"/> FULL <input type="checkbox"/> SEMI <input type="checkbox"/> UN</td> <td><input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> DILATED <input type="checkbox"/> CONSTRICTED <input type="checkbox"/> NO-REACT</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/> UNREMARKABLE <input type="checkbox"/> COOL <input type="checkbox"/> PALE <input type="checkbox"/> WARM <input type="checkbox"/> CYANOTIC <input type="checkbox"/> MOIST <input type="checkbox"/> FLUSHED <input type="checkbox"/> DRY <input type="checkbox"/> JAUNDICED</td> </tr> <tr> <td></td> <td>RATE: _____ <input type="checkbox"/> SHALLOW <input type="checkbox"/> LABORED</td> <td></td> <td></td> <td><input type="checkbox"/> FULL <input type="checkbox"/> SEMI <input type="checkbox"/> UN</td> <td><input type="checkbox"/> NORMAL <input type="checkbox"/> DILATED <input type="checkbox"/> CONSTRICTED <input type="checkbox"/> NO-REACT</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> UNREMARKABLE <input type="checkbox"/> COOL <input type="checkbox"/> PALE <input type="checkbox"/> WARM <input type="checkbox"/> CYANOTIC <input type="checkbox"/> MOIST <input type="checkbox"/> FLUSHED <input type="checkbox"/> DRY <input type="checkbox"/> JAUNDICED</td> </tr> </table>	TIME	RESP.	PULSE	B-P	CONSC.	R PUPILS	L	SKIN	<u>12:25</u>	RATE: <u>20</u> <input type="checkbox"/> SHALLOW <input type="checkbox"/> LABORED	<u>92</u>	<u>160/100</u>	<input checked="" type="checkbox"/> FULL <input type="checkbox"/> SEMI <input type="checkbox"/> UN	<input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> DILATED <input type="checkbox"/> CONSTRICTED <input type="checkbox"/> NO-REACT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> UNREMARKABLE <input type="checkbox"/> COOL <input type="checkbox"/> PALE <input type="checkbox"/> WARM <input type="checkbox"/> CYANOTIC <input type="checkbox"/> MOIST <input type="checkbox"/> FLUSHED <input type="checkbox"/> DRY <input type="checkbox"/> JAUNDICED		RATE: _____ <input type="checkbox"/> SHALLOW <input type="checkbox"/> LABORED			<input type="checkbox"/> FULL <input type="checkbox"/> SEMI <input type="checkbox"/> UN	<input type="checkbox"/> NORMAL <input type="checkbox"/> DILATED <input type="checkbox"/> CONSTRICTED <input type="checkbox"/> NO-REACT	<input type="checkbox"/>	<input type="checkbox"/> UNREMARKABLE <input type="checkbox"/> COOL <input type="checkbox"/> PALE <input type="checkbox"/> WARM <input type="checkbox"/> CYANOTIC <input type="checkbox"/> MOIST <input type="checkbox"/> FLUSHED <input type="checkbox"/> DRY <input type="checkbox"/> JAUNDICED
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COMMENTS/IMPRESSIONS: Pt is 5'9" 23y/100
W/ Xanax Withdrawal.
Pt has PMH of Crohn's Disease (Remission) Pt is
in NAD + has NKA.
Pt is conscious +
A+O x3. No difficulties during
transport. Unit # 3697414

PATIENT'S SIGNATURE	DATE
DRIVER'S NAME: <u>J. Figuer</u>	VEHICLE #: <u>102</u>
EMT'S NAME: <u>A. Altchek</u>	EMT'S #: <u>171275</u>
PATIENT RECEIVED BY: <u>Felicitia</u>	DATE: <u>8-27-93</u>

I ACKNOWLEDGE THAT I HAVE REFUSED CARE TRANSPORTATION

PATIENT'S SIGNATURE _____