Doh Test Agency

Record	test-119	**Incident**	IncidentNumber19	**Vehicle**	111111
Agency	57913	**Response**	ResponseNumber19	**Unit Call Sign**	Rescue 15

INCIDENT - 12/30/2014			
Complaint	Traffic/Transportation Incident	**Dispatch Location**	
Found to Be		**Country**	
Symptom Onset	12/30/2014 12:05:00	**Census Tract**	
Disposition	Patient Treated, Transported by Private Vehicle	**Resides in Service Area**	

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PICK UP		**DESTINATION**	
FL 32308		**/ 231001591042** FL 32308	
Response to Scene	Emergent (Immediate Response)	**Response from Scene**	Emergent (Immediate Response)
Number of Patients	Single	**Destination Type**	Hospital-Emergency Department
Mass Casualty	No	**Destination Reason**	Closest Facility
County	12001	**County**	12001
		EMS Transport Method	Ground-Ambulance
		Condition at Destination	Unchanged
Transport			
Moved to Ambulance		**Moved from Ambulance**	
Position During Transport			

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MILEAGE					
Beginning		**Destination**		**Transported**	
On-Scene		**Ending**		**Closest Facility**	

TIMES			
PSAP Call		**Dispatch Notified**	
Unit Notified	14:52:00 12/30/2014	**Dispatch Acknowledged**	
En Route	14:52:00 12/30/2014	**On Scene**	14:52:00 12/30/2014
At Patient	14:52:00 12/30/2014	**EMS Transfer**	
Destination	14:52:00 12/30/2014	**Landing Area**	
Patient Arrived		**Destination Transfer**	15:12:00 12/30/2014
In Service	15:15:00 12/30/2014	**Home Location**	
Call Completed		**Cancelled**	
Dispatch Delay	None/No Delay	**Response Delay**	None/No Delay
Scene Delay	None/No Delay	**Transport Delay**	Not Recorded
Turn-Around Delay	None/No Delay		

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PATIENT INFORMATION					
Name	REDACTED REDACTED				
Address	, FL REDACTED	**DOB**	REDACTED	**Age**	50 Years
		Gender	Female	**Race**	American Indian or Alaska Native
		SSN	REDACTED	**Weight**	
County	12001	**Relative**	,		
Census Tract					
Driver License	-				
Phone					

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MEDICAL HISTORY			
Barriers to Patient Care	Not Recorded		
Medical History/Surgeries			
Allergies - Medications			
Allergies - Environmental/Food			
Alcohol/Drug Use	Not Recorded	Physicians	
Pregnancy		Advanced Directives	
Last Oral Intake		Obtained From	
CURRENT MEDICATIONS			
Medication	**Dose**	**Units**	**Route**
IMMUNIZATIONS			
Immunization		**Date**	

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SITUATION			
Chief Complaint			
Organ System	Cardiovascular	**Anatomic Location**	Chest
Primary Symptom	Tachycardia, unspecified	**Primary Impression**	Tachycardia, unspecified
Associated Symptom	Not Recorded	**Secondary Impression**	Palpitations
Protocols	Cardiac Arrest-Ventricular Fibrillation/ Pulseless Ventricular Tachycardia		

ASSESSMENT			
ALS Assessment		**Triage Classification**	Not Recorded
Possible Injury	Unknown	**Patient Acuity**	

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SEQUENCE CHART

Date/Time	Event	Provider	Description
12/30/2014 14:54:00	Medication	(EMT-Paramedic)	Medications: Aspirin ; Prior to EMS: No ; Dosage: 560 Milligrams ; Response: Unchanged ; Complications: None ; Auth. Physician:
12/30/2014 14:55:00	12 Lead ECG Obtained	(EMT-Paramedic)	Prior to EMS: No ; Equip. Size: ; Attempts: 1 ; Successful: Yes ; Complications: None ; Response: Unchanged ; Auth. Physician:
12/30/2014 14:56:00	Vital Sign		Prior Aid: No ; ECG: Atrial Fibrillation ; ECG Type: 12 Lead-Left Sided (Normal) ; ECT Method: Not Recorded ; SBP: 180 ; DBP: 95 ; BP Method: Not Applicable ; Heart Rate: 110 ; Pulse Ox: 88 ; Respiratory: 154 ; CO2: 92 ; Glucose: 179 ; Eye: Opens Eyes spontaneously (All Age Groups) ; Verbal: Confused (>2 Years); Cries but is consolable, inappropriate interactions ; Motor: Withdrawal from pain (All Age Groups) ; Qualifiers: Not Recorded ; GS Total: 12 ; AVPU: Unresponsive ; Pain Score: 9 ; Stroke Score: Non-Conclusive Los Angeles ; Reperfusion: Possible Contraindications to Thrombolytic Use
12/30/2014 15:10:00	Airway		Device: Cricothyrotomy Tube ; Method: Auscultation ; Complications: Adverse Event from Facilitating Drugs ; Failure Reasons: Other (Not Listed)

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NARRATIVE

Test Case 119 - Patient Treated and transported by Private Vehicle

IMAGE(S)

DEPARTMENT SPECIFICS

Encounter Specific Patient Tracking Number	ems123020145791311111

MUTUAL AID

Date	Time	Agency

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INSURANCE			
Employer	,		
Transport Code		**CMS Service Level**	Not Recorded
Round Trip		**EMS Condition Code**	
Stretcher		**CMS Transportation**	
Ambulance Conditions		**Transport Authorization**	
		Prior Authorization	