

Patient Name: Doe, John



Prehospital Care Report

EMSIA

Incident Date: 10/16/2016

Patient Care #: SCZ16027558

Incident #: FFD161016023943

Medical Record #:

Patient Information		
Name: Doe, John	Age: 35 Years	D.O.B:
Address: unknown SANTA CRUZ, CA 95060	Gender: Male	SSN:
	Weight: KG / LB	Phone:

Patient Complaint			
Chief Complaint	Secondary Complaint	Primary Symptom	Other Symptom
GSW		CardioRespiratory Arrest	Not Known

Provider Impression		
Primary Impression	Secondary Impression	Acuity
Traumatic Injury		

Narrative

Summary of Events

E3113 was dispatched to a possible GSW to a male approx 35 y/o. Upon arrival of E3110, Pt was found lying in the street with hand cuffs on, multiple tazers still attached, a GSW to the left side of the head with brain matter exposed, rapid breathing with no movement of air, and a foreign object in his back hard in nature between the skin and ribcage. The Pt was evaluated and treatment was initiated. The Pt had involuntary jerking that made assessment difficult. The Pt soon became fully unresponsive. Resuscitation efforts were stopped due to no breathing, and a traumatic PEA rhythm of 28-38 was found. The Pt was left at scene with SCPD and Sherriffs. E3113 cleared the call.

Patient Vitals													
Time	B/P	BP Location	BP Position	Pulse	Rhythm	Resp.	Temp (F)	SpO2	SpO2 Qual.	ETCO2	GCS	Pain	B.G.
03:57			Right Lateral Recumbent	38	RR	4					4		

Head To Toe Exam

03:51

Neuro: Not Done	Skin: Normal
Left Eye: 8 mm or >	Right Eye: 8 mm or >
Head/Face: Drainage, Abnormal - See Comments, Bleeding Uncontrolled, Gunshot Wound-Entry, Gunshot Wound-Exit	Neck: Normal
Chest/Lungs: Accessory Muscles, Absent Lung Sounds-Right Side, Absent Lung Sounds-Left Side, Foreign Body	
LUQ: Normal (Soft, Non-Tender)	RUQ: Normal (Soft, Non-Tender)
LLQ: Normal (Soft, Non-Tender)	RLQ: Normal (Soft, Non-Tender)
Cervical: Normal (No Pain or Deformities)	Thoracic (Back): Foreign Body
Lumbar: Normal (No Pain or Deformities)	Pelvis: Normal
Left Arm: Absent Pulse	Right Arm: Absent Pulse
Left Leg: Normal	Right Leg: Normal

Prior Aid		
Prior Aid	Performed By	Outcome
None		

Patient Name: **Doe, John**

Procedures and Treatments

Time	Crew	Procedure	Location	Size of Equipment	Attempts	Response	Success
03:51	BT	Assessment-Adult			1		
Comment:		Pt in hand cuffs with multiple tazers intact, foreign object in his back, GSW to the left side of head above ear with brain matter exposed, with no pulse, and rapid breathing that was not moving any air.					
03:56	BT	Venous Access-Intraosseous Adult			1		Yes
03:56	BT	Airway-Bagged (via BVMask)			1	Unchanged	
Comment:		100 OPA used with BVM					

ECG Monitor

Time	ECG Type	ECG Lead	ECG Rhythm	ECG Ectopy
03:57	Cardiac Monitor	4	Pulseless Electrical Activity - PEA	

Trauma Triage Criteria

(P)hysiologic Criteria	(A)natomic Injury(ies)	(M)echanism Of Injury	Special Considerations
(P)hysiologic: Glasgow Coma Scale <= 13 (P)hysiologic: Systolic Blood Pressure < 90 mmHg (P)hysiologic: Respiratory Rate < 10 or > 29 breaths/min or need for ventilatory support (< 20 in infant aged < 1 year).	(A)natomic: All penetrating injuries to head, neck, torso, and extremities proximal to elbow or knee		

Cardiac Arrest

Cardiac Arrest: Yes, After EMS Arrival

Time of First CPR:		Time of CPR Discontinued:	
Time of First Defib Shock:		Return on Circulation:	No
Cardiac Arrest Etiology:	Trauma	Reason CPR Discontinued:	Protocol/Policy Requirements Completed
Cardiac Arrest Witness:			

Call Type and Location

Call Type: Stab/Gunshot Wound
Response Code: Code 3
Urgency:
Response: 911 Response
Location: Street or Highway
Address: [REDACTED] CHACE ST
 SANTA CRUZ, CA 95060

Call Disposition

Disposition: **Determination of Death**
Transport Code:
Destination: Coroner - Santa Cruz
 , SANTA CRUZ, CA 95060
Dest. Determination:
Diverted From:
Response Delay: Weather
Scene Delay: None
Transport Delay: None

Response Times and Mileage

Unit Dispatched: 03:42
Enroute: 03:44
At Scene: 03:50
At Patient: 03:51
Depart Scene:
Arrive Destination:
Clear Call:
Odometer Reading:

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Unit Information			
Crew Member	Level of Certification	Role	Unit Call Sign
Thomas, Brian (BT)	EMT-Paramedic	Primary Patient Caregiver	E3113
Souza, Troy (TS)	EMT-Basic	Secondary Patient Caregiver	E3113
Miles, Britten (BM)	EMT-Basic	Secondary Patient Caregiver	E3113

Technician

Patient Care Provider Statement

My signature below indicates that I have completed this Patient Care Report (PCR) or Dry Run Report (Cancel).

I Agree **I Disagree** **Not Applicable**

Signature



Printed Name Brian Thomas

Date 10/16/2016

Patient Name: **Doe, John**

Billing Information

Payment Method:

Work Related?

Medical Necessity

Medically Necessary:
Visibly Hemorrhaging:
Unconscious/Shock:
Bed Confined Before:
Bed Confined After:

Round Trip Reason:
Physical Restraints:
Hospital Admit:
Type of Transport:

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