

DATE 10/05/2019	SERVICE / AGENCY Attleboro Fire Department	RUN NO. 1900006047	VEHICLE Rescue One	SERVICE LEVEL	7003674									
NAME *****		Crew Members ***** (P)		Call Recvd Dispatch	14:35 14:35	Med. Rec. #								
HOME ADDRESS *****		***** (P)		Respond	14:37	Mileage Start	0.00							
CITY STATE ZIP ***** ** *****		***** (P)		On Scene	14:39	Destination	0.70							
INCIDENT ADDRESS *****		SS # *****	TELEPHONE # *****	At Patient	14:39	End								
CITY STATE ZIP Attleboro MA 02703		INSURANCE *****	POLICY NUMBER *****	Leave Scene	14:46	Loaded Miles	0.70							
Pri 1	AGE 39	D.O.B. *****	SEX F	LOCAL MD *****	REASON FOR CALL Hemorrhage		Gynecological Emergency							
ALLERGIES: (None)														
MEDICATIONS: Methadone, Gabapentin														
HISTORY: Other														
Dispatched to Four Women at 150 Emory St for a hemorrhaging patient.  u/a: 39 y female found on procedure table with clinic staff attending to her.  hpi: Patient was undergoing abortion procedure when she began to hemorrhage from her cervix, staff estimated approximately 2 liters of blood lost.  pe: Patient presented as alert with active GU hemorrhaging. No other signs of illness or injury. 2 IVs already established by staff with Pitocin being administered. Vitals in normal range and sinus rhythm on 4 lead. Doctor states the patient is bleeding around a tamponade balloon.  tx: Patient moved to stretcher, secured and loaded for ALS transport to Sturdy. Patient transported ALS to Sturdy, transferred to bed in room 12, report given and care transferred to Sturdy staff.  end run NAM				Time	Proc / Med	EMT	Dose	Route	Location					
Time	LOC	Pulse	BP	Resp	Pupils	BG	Skin	SAO2	CO2	EMT	Pain	EKG	GCS	RTS
14:47	A	82	100/66	14	PERL,			99		****		NSR		
TIME:	COMM METHOD:	DESTINATION: SMH		DISPOSITION: Treated, Transported by EMS										
PRIMARY CREW MEMBER:		SECONDARY CREW MEMBER:			RECEIVED BY:			MEDICAL CONTROL:						
*****		*****			*****			*****						
Dept. Use												PATIENT SIGNATURE		
I acknowledge that I am legally responsible for the ambulance services provided to me. I request payment of authorized Medicare benefits and/or other insurance benefits be made on my behalf to Attleboro Fire Department for any ambulance services furnished to me by Attleboro Fire Department, whether in the past, now or in the future. I authorize any holder of medical information about me or other relevant documentation about me to release to the Centers for Medicare and Medicaid Services and its agents and contractors, any and all appropriate third party payers and their respective agents and contractors, as well as Attleboro Fire Department, any information or documentation in their possession needed to determine these benefits and/or the benefits payable for related services, whether in the past, now or in the future.												Not Signed - Due to Distress Level *****		
I acknowledge that I have been provided with a copy of Attleboro Fire Department's Notice of Privacy Practices on this date. In the event I have not been provided with a copy of Attleboro Fire Department's Notice of Privacy Practices on this date, I hereby consent to the electronic delivery of said Notice of Privacy Practices.														