

Prehospital Care Report Summary

Los Angeles Fire Department

Date: 12/21/2019 Call #: Booklet: Branch: Time Zone: America/Los_Angeles

Call Information:

Disposition:

Run Type:

Distress Level:

Run Type to Scene:

Incident Facility:

Incident Location: 10200 N SEPULVEDA BL - Mission Hills, CA 91345-2623 (Los Angeles County)

Incident Location Type:

Patients Transported

In My Unit:

Patients at Scene:

Time On Scene:

Time to Destination:

Total Time of Run:

Prov	A/B/H	Unit	Disp	Arrival	At Pt	Left	At Fac	Fac Equip	Avail
CI	ALS1								
CI	ALS					ND	NA	NA	

Receiving Facility: -

Facility Address:

VIA: ALS

Transport To: Other

Reason: No Specialty Center Required

Registration # NA

Online Medical Control

Authorization Type: On-Line

Medical Facility: NPI:

Loaded Mileage: N/A

Crew Members: (DH), , EMT Paramedic, EMT Basic(DOC) , EMT Basic, EMT Paramedic(DS)

Moved to Amb By: Transport Position: From Amb By:

Call Origin: N/A Lights/Siren:

Patient Information:

Name:

Address:

Phone:

Email:

SSN: --

Driver License:

Local Resident:

Veteran:

DOB: Gender:

Age:

Weight: Broselow:

Other Contact Info

Name:

Relationship:

Phone:

Cell Phone:

Current Meds:

Env Allergies:

Med Allergies:

Patient Physician:

Advanced Directives:

PMH:

Comment:

Patient Physical Limitations:

Comment:

Comments:

Comments:

Comments:

Payer Information:

Priority:

Name:

Type:

Policy #:

Group #:

Policy Holder: , Apt ,

Phone:

DOB:

Relationship of Patient to Insured:

Advance Beneficiary Notice

Not a Medical Necessity:

Mileage Beyond Closest Appropriate Facility:

Requested Service:

Representative Relation:

Non Covered Service:

Preferred Physician:

Clinical:

Onset Date/Time:

Dispatch Reason (EMD):

Medical Need:

Chief Complaint (Primary):

Duration:

Provider Impression:

Mechanism of Injury:

Protocol 1:

Protocol 2:

Assessments:

Time	Employee	Type	Summary
		ABC	<u>Pertinent Negatives:</u> Airway: General: Patent Breathing: Rate: Quality: Lung Sounds: Left: Lung Sounds: Right: Clear Circulation: General: Skin Color: Skin Temperature: Skin Condition: Skin Capillary Refill:
		Neurological	<u>Mental Status:</u> AVPU: <u>Pertinent</u> <u>Negatives:</u> Neurological:
		Neurological	<u>Mental Status:</u> Neurological: AVPU: <u>Pertinent</u> <u>Negatives:</u> Neurological:

Vitals:

Time	Employee	Summary
		BP: Pulse: Resp: Effort: SPO2: Environment: ECG Rhythm: Blood Sugar: Pain: Glasgow Coma Score: Glasgow Qualifier:
		BP: Pulse: Resp: Effort: SPO2: Environment: ECG Rhythm: Blood Sugar: Pain: Glasgow Coma Score: 15 RTS: Glasgow Qualifier:

BP:
Pulse:
Resp: Effort:
SPO2: Environment:
ECG Rhythm:
Blood Sugar:
Pain:
Glasgow Coma Score: 15 RTS: Glasgow Qualifier:

Treatments/Medications:

Time	Employee	Summary
		Treatment- IV LINE (ALS) Success: PTA: PTA Administered By: IV Size: IV Site: IV Total Fluid: IV Primary Purpose: Level: ALS1

Supply

Qty Supply

ECG Device Incident Number:

Narrative History Text:

Unable to Sign:

Unable to Sign Reason:

Authorized Representative:

Authorized Representative Signature:

Secondary Documentation:

Secondary Documentation Signature:

Comment:

Auth Signature: Privacy Sig: Unable to Sign: Refused to Sign:

Signature Image(s):

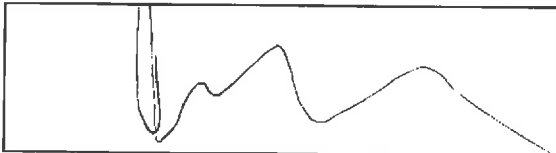
Authorization Signature



Privacy Notice Signature



Receiving RN / MD Signature - RN - 12/21/2019 10:48



Technician Signature - - 12/21/2019 17:53

