

# Prehospital Care Report Summary

Clark County Fire Department

Date:04/30/2021 Call #:1162387 Booklet:102285076 Branch: Station 25 Time Zone:America/Los\_Angeles

## Call Information:

**Disposition:** Treated/No Transport (AMA)  
**Unit #:** R25 - R25, Ground-Ambulance - ALS2 **Trip Type:** N/A  
**Run Type to Scene:** Emergent (Immediate Response)  
**Incident Facility:**  
**Incident Location:** 3300 E Flamingo Rd - Las Vegas, NV 89121 (Clark County)  
**Incident Location Type:** N/A

**Receiving Facility:** N/A -  
**Facility Address:**  
**Destination Type:** N/A  
**Dest. Reason:** N/A  
**Registration #** N/A

**Calculated Mileage:** N/A

**Crew Members:** Brian Bintz, Paramedic; Treyveon Evans, AEMT(DOC); Ambulance Community, No Certifications; AMR AMR, No Certifications; Ambulance Medic West, No Certifications

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

**Call Origin:** N/A **Lights/Siren:**

**# Patients Transported**  
**In My Unit:** N/A  
**# Patients at Scene:** 1

---

**Call Received:** 20:32:39  
**Dispatched:** 20:32:40  
**En Route:** 20:33:32  
**On Scene:** 20:38:09  
**Patient Contact:** 20:38:09  
**Transfer of EMS**  
**Patient Care:**  
**Left Scene:**  
**At Destination:**  
**Destination Patient**  
**Transfer of Care:**  
**In Service:** 20:45:35

---

**Time On Scene:** N/A Min  
**Time to Destination:** N/A Min  
**Total Time of Run:** 13 Min

## Patient Information:

**Name:** peggy brower  
**Address:**  
**Phone:**  
**Email:**  
**SSN:** --  
**Driver License:**

**DOB:** 12/23/1958  
**Gender:** Female  
**Age:** 62 Years  
**Weight:** 130 lbs, 58.97 kg  
**Broselow:**

## Other Contact Info

**Name:** **Phone:** **Cell Phone:**  
**Relationship:**

**Current Meds:** **Comments:**  
**Env Allergies:** **Comments:**  
**Med Allergies:** **Comments:**  
**Patient Physician:**  
**Advance Directives:**  
**PMH:**  
**Comment:**  
**Patient Physical Limitations:**  
**Comment:**

## Payer Information:

### Advance Beneficiary Notice

**Not a Medical Necessity:** No **Non Covered Service:** No  
**Mileage Beyond Closest Appropriate Facility:** No **Preferred Physician:** No  
**Requested Service:**  
**Representative Relation:**

## Clinical:

**Onset Date/Time:**  
**Dispatch Reason (EMD):** 31C-Uncons 31C-UnconsciousFaint(NonTrauma)  
**Medical Need:**

**Chief Complaint (Primary):** Alcohol Intox **Duration:**

**Provider Impression:** Alcohol intoxication

**Mechanism of Injury:**

**Protocol 1:**

**Protocol 2:**

**Assessments:**

Time	Employee	Type	Summary
20:39:00	AMR, AMR	ABC	<b>Pertinent Negatives:</b> <b>Airway: General:</b> Patent <b>Breathing: Rate:</b> Normal <b>Quality:</b> Unlabored <b>Lung Sounds: Left:</b> Clear <b>Lung Sounds: Right:</b> Clear <b>Circulation: General:</b> Normal <b>Skin Color:</b> Normal <b>Skin Temperature:</b> Normal <b>Skin Condition:</b> Normal <b>Skin Capillary Refill:</b> Normal
20:40:00	AMR, AMR	Neurological	<b>Mental Status:</b> Normal <b>Neurological:</b> All Neuro Normal <b>AVPU:</b> Alert

**Vitals:**

Time	Employee	Summary
20:40:01	AMR, AMR	<b>BP:</b> Systolic Refused/ Diastolic Refused <b>Pulse:</b> Refused <b>Resp:</b> Refused <b>Effort:</b> Normal <b>SPO2:</b> Refused <b>Blood Sugar:</b> Refused <b>Glasgow Coma Score:</b> E (4) + V (5) + M (6) = 15 - Adult

**Treatments/Medications:**

Time	Employee	Summary
------	----------	---------

**Supply**

Qty Supply

**ECG Device Incident Number:**

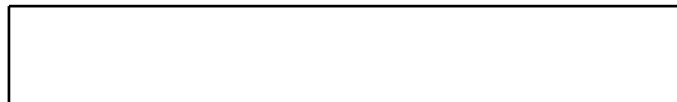
**Narrative History Text:**

R25 rived on scene to female PT who stated she drank to much tonight. PT was A&Ox4 upon arrival and did not want to be transported. PT was able to walk on her own and was being rude with certain comments. PT signed AMA with no further medical interventions needed.

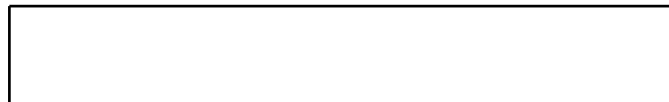
**Auth Signature:** No **Privacy Sig:** No **Unable to Sign:** No **Refused to Sign:** No

**Signature Image(s):**

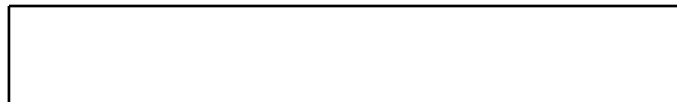
Authorization Signature



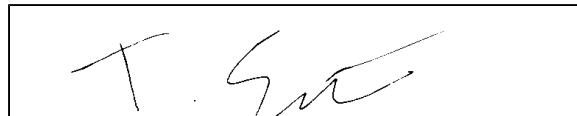
Privacy Notice Signature



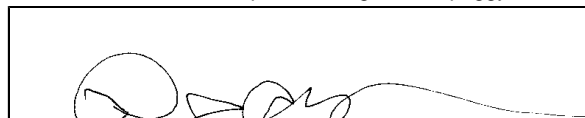
Receiving RN / MD Signature



Technician Signature - 04/30/2021 20:44



I Refuse Treatment/Transportation Signature - peggy brower - 04/30/2021 20:43



**Recommended Service Level: BLS / Dispatch Service Level: ALS**