

Kettering Fire Department

EMS Incident/Patient Care Report

Printed: 02/08/2019 At: 1308

Mileage Start: 79,471.10
Finish: 79,476.80
Total: 5.70

State ID: 57-023	State: Oh	Incident Date: 02/07/2019	Day: Thursday	Incident Number: 19 - 000920 - 001
Census Tract: 39113021502 (2415)				Alarm Date/Time: 02/07/2019 10:14:27

Incident Location/Information

Bus./Common: WOMEN'S MED CENTER	Entered By: KFD0149 - MCCARTHY, KELLY M FF Paramedic
Address: 1401 E STROOP RD , KETTERING, 45429	
County: Montgomery	Location Type: Other ambulatory health services establishments
Dispatch Nature: [REDACTED]	Shift On Duty: 2nd Platoon
Weather: Clear	Service Requested: 911 Response (Scene) With Transport
Dispatch Delay: None	District: Station 35
Aid Type: None	EMD Performed: Yes, with Pre-Arrival Instructions

Patient Information

Name: [REDACTED]	Entered By: KFD0149 - MCCARTHY, KELLY M FF Paramedic
Address: [REDACTED]	
Phone Number: [REDACTED]	Date Of Birth/Age: [REDACTED] Sex: [REDACTED] SSN/ID: [REDACTED]
Drivers License: [REDACTED]	State: [REDACTED]
Resident Status: [REDACTED]	

Information 1

First Unit On Scene: Quint 36	With Patient: 02/07/2019 1024	First Unit Care:
Trans. Level Of Care: Basic Life Support, Emergency		Care Provided By: Medic 37
Destination Determ.: Family Choice		Transported To: Hospital
Barriers To Care: Unconscious		Transport Mode: Lights And Sirens
Disposition: Patient Treated, Transported by this EMS Unit		Receiving Facility: MIAMI VALLEY HOSPITAL

Information 2

Primary Impression: [REDACTED]	
Secondary Impression: [REDACTED]	
Chief Complaint: [REDACTED]	Chief Complaint Detail: [REDACTED]
Chief Comp. Onset: [REDACTED]	Body Weight (KG): [REDACTED] Chief Complaint Loc: [REDACTED]
Primary Symptom: [REDACTED]	Associated Symptom: [REDACTED]
Chief Complaint Sys: [REDACTED]	Advanced Directives: [REDACTED]
Primary Physician: [REDACTED]	
Patient Refusal Type: [REDACTED]	Alcohol/Drug Use: [REDACTED]

Vital Signs

Time	BP	Pulse	Resp.	P Ox.	Gluc.	Cap	Level Of Consciousness	EKG Rhythm/Interpretation/EKG Type	GCS Temp
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

* Indicates Prior to EMS Arrival

GCS Information

Time	Eye	Verbal	Motor	Score	Qualifier	GCS Type: Adult
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

* Indicates Prior to EMS Arrival

Lung Assessments

Time	Resp	Effort	Lung Sounds Left	Lung Sounds Right
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

* Indicates Prior to EMS Arrival