| Patient Famy Chees   Posterior   Patient Famy Chees   Posterior    | Pg 1                                  | SENECA CO  | OUNTY EMS PATIENT                       | CARE REPORT  | Nο                     |
|--|---------------------------------------|--|---|--|------------------------|
| Responding   | Times Military Format Please          | Dispatched As  |   | Response Emergency Ro  | utine Unit Numb Pg 1   |
| Interest Silve   Residence   Recreational Facility   Recreational State   Recreational Stat   | Call Rec'd                            | Location of Call   |   |  |                        |
| Interest Silve   Residence   Recreational Facility   Recreational State   Recreational Stat   | Dispatched                            | Village/Twp  | 'g 1 ——                                 | County   | <del></del>            |
| Particular   Protection   Pro   | Responding                            |  |   | Inknown Other  | Mileage                |
| At Hospital   Grander   Proceeding   Post   Adverse Weather/Road   Maz-Mat   Prolonged Extric   Pg 2   Unsale Scene   Most Applicable   Other (List in Next )   Other Pg 1   Head from the procedure   Pg 2   Unsale Scene   Most Applicable   Other (List in Next )   Other Pg 2   Other   Pg 3   Other   Pg 4   Other   Pg 5   Other   Pg 6   Other   Pg 5   Other   Pg 6   Other   Pg 7    | On : Da 4                             | Recreational Facil   | lity Mine/Quarry P                      | Public/Commercial Bldg.  |                        |
| Althospital   Ganceled   PG   1   Sing Found   Standby Only   Pg   Sing Found   Standby Only   Standby Onl | Tran Pg                               |  |   |  | \ <u></u>              |
| Tourish   Patient/Faminy Lonce   Diversion   Patient/Faminy Lonce   Diversion   Patient/Faminy Lonce   Diversion   Patient/Faminy Lonce   Diversion   Protective   Pt. Vinited Diversion   Protective   Pt. Vinited Diversion   Phone   Milated   Protective   Pt. Vinited Diversion   Phone   Milated   Protective   Pt. Vinited Diversion   Pt. Vi   | At Hospital                           | Cancelled  | hing Found                              | Standby Only   |                        |
| Adverse Weather/Road   | In Service                            |  |   | ce Other (List in Narr.)   | Othe P9 1 cies         |
| Protective   Pro   |                                       |  |   |  |                        |
| Patient No.  Patient Pg    Zip   | Adverse Weather/Road                  |  |   | pable DOther:  |                        |
| Name   Phone   Phone   Age   DOB   Age   D | Marcisc Weather/Hoad                  |  |   | capieOuter:  |                        |
| Address    Patient Pg  | Name                                  |  | atient Into<br>                         | Dhana  |                        |
| City Patient Pg   Zip  | · · · · · · · · · · · · · · · · · · · |  |   | Phone  | ☐None ☐Mild            |
| CHIEF Complaint or PRIMARY Injury  | Address                               | ationt Da  |   | Age DOB  |                        |
| CHIEF Complaint or PRIMARY Injury  PG 2  PRESENTING PROBLEM (Check All That Apply)  Unconscious ** Indeptication   Manageric Reaction   General Illiness/Malaise   Disease   Mead Injury   Pd   Mead Injury   Mead Injury   Pd   Mead Injury   M | City                                  | auent Fg —   | Zip                                     | Sex Male Fem   |                        |
| PRESENTING PROBLEM (Check All That Apply)    Unconscious * Industrial Part   Pg 2   Pg 8   Pg 2   Pg 8   | SSN                                   | , nace   | Ethnic                                  | City Hispanic/Latino Non-Hispan  |                        |
| PRESENTING PROBLEM (Check All That Apply)  | CUIEE Complaint or                    | DC DC  | 2                                       |  |                        |
| Unconscious   Alergic Reaction   General Illness/Malaise   Disease   Head Injury   Cold   Haz-Mat   Haz-   | onier companie or r                   |  |   |  |                        |
| Alrway Obst Pg 2 incope   General Weakness   Fracture/Dislot   Pg 2 injury   Haz-Mat   |                                       | PRESENTING PROB  | LEM (Check All That Apply)              |  | 02                     |
| Respiratory Pg 2   |                                       | <b> </b>   | · • • • • • • • • • • • • • • • • • • • | ☐Head Injury ☐Cold   | Pg 8                   |
| Respiratory   Cardiac Related (potential)   Diabetic Related   Gastro-Intestinal Distress   Substance Abuse (potential)   Do   Diabetic Related   Do   Diabetic Related   Gastro-Intestinal Distress   Substance Abuse (potential)   Do   Diabetic Related   Do   D   |                                       |  |   |  |                        |
| Cardiac Arrest   Gastro-Intestinal Distress   Suicide (potential)   Multiple Trauma   Heat   Pg 4 Pg   | Respiratory 9 4                       | roke/CVA Poisoning (a  | accidental) 🗖 0B/GYN                    | 792  | Airway                 |
| Injury Description  Pg 2   | <b>=</b>                              | - I——  |   |  | Da 4 Da                |
| Pertinent Medical History  Publis Resp BP Pulse Ox Glucometer Temp  COPD Check Imp/Resp. Ist Zond Check Imp/Resp. BL R L  Reg./Normal And Pg 8  Redication  Pupils Skin Glasgow Coma Scale  Reg./Normal And Pg 4  Reg./Normal Blood Drawn And Pg 4  Reg./Normal Blood Drawn And Pg 4  Reg./Normal Blood Drawn And Blood Drawn And Blood Drawn Blood Drawn And Blood Drawn Blood Bl | Injury Description                    | no DRuros DRiast D   | Exposure Dilpknown D0ther               |  | = $Py4 Py$             |
| Pertinent Medical History  Vital Signs  Unable To Obtain (Document)  Time Pulse Resp BP Pulse Ox Glucometer Temp  COPD Cancil Diabr Patient Pg ulfa NKA  Pupils  Redication  Pupils  Skin Redication  Rate Pg 8  White Pg 8  Withdraws Response White Pg 8  Withdraws Response White Pg 8  Resp BP Pulse Ox Glucometer Temp Resp. Nare Reg./Normal  |                                       | g 2  | Exposure Continuent Continuent          | · · · · · · · · · · · · · · · · · · ·  | Intubation             |
| COPD   Cancr   Corn     |                                       |  | 15. A C.                                |  |                        |
| Concol   C   |                                       | 0.00000  | 366 E36 66 DOLLES                       | and the first of t |                        |
| Patient Pg   Ita   NKA   Pg 8   Pg 8   Pg 8   Pg 4   Apne   Pg 8   Pg    | -amily Physician<br>                  |  | e Pulse Resp BP                         | Pulse Ox Check Temp  | 1817 1 2nd 7           |
| Diabr   Patient Pg   ulfa   NKA   Pg 8   Pg 8  | <b>=</b> -                            | jiës   | V                                       |  | R L R L                |
| April Redication  Pupils  Skin  Pupils  Skin  Glasgow Coma Scale  Rale  Rale  Pg 8  Whe  Whe  Pg 8  Pg 8 | Diabr Patie                           | nt Paulfa NKA  | <b>D</b> - 0                            | D 0  | Reg./Normal            |
| Pupils  Pupils  Skin  Glasgow Coma Scale  Rale  Pg 8  Whe Pg 8  Wh | Other Histr                           | 9  | Pg 8                                    | rg 8   | Shalle Pa 1            |
| Pupils  Skin  Glasgow Coma Scale  Rale Pg 8  Pg 3 F L R  | Medication                            | 7  |   | $\vdash$ , $$ , $\vdash$   |                        |
| Pg 3   Temp   Moist   Color   Eye Opening   Best Motor Response   Whe   Pg 3   December   December  | Punils                                | Skin   |   | Glasgow Coma Scalo   | <b>╼</b> ╟──────────   |
| Pg 3   I   R   I   Ho   Pg 5   Normal   Pale   Cyanotic   Flushed   I   No Res   Pg 3   Obeys Command   UV/IO   Best Verbal R   Pg 8   Extension   No Response   Pg 8   I   No Response   Pg 8   I   No Response   Pg 9   I   No Response   I   I   I   No Response   I   I   I   I   I   I   I   I   I   | 4 5 6                                 | 77 900 Cakeman (C.O. K White - HARRY V. C.O. C.  | Color Eve Op                            | NO. 10 CO. S. A. Company and Co.   |                        |
| Pg 5   Ccyanotic   To Voice   Pg 3   Localizes Pain   No Res   Withdraws   Flexion   Flexion   Pg 8   Extension   No Response   Pg 9   No Response   Pg 9    |                                       | R I R Ho   | Named                                   | ntan   |                        |
| Time Solution Rate Cannula Attempts Name Blood Drawn  PQ 8  PQ 8    No Res   Withdraws   Flexion   Flexion   Flexion   Flexion   Flexion   Flexion   No Response   Flexion   No Response   Flexion   Flexion   No Response   Flexion   Flexion   No Response   Flexion   F |                                       | )<br>十一日間 Pa F   | Pale 3 🔲 🗍 To Vo                        | Dice Da 2 Uneys comma  | Observations           |
| Time Solution Rate Cannula Attempts Name Blood Drawn  PQ 8   Flexion   Flexion   Extension   No Response   Solution   Solution   Solution   Rate   Cannula   Attempts   Name   Blood Drawn   Solution   Solution  |                                       |  | I Flushed   2   I   No Pa               |  |                        |
| Time Solution Rate Cannula Attempts Name Blood Drawn  Pg 8 Extension No Response Inappropriate Ist 2nd  Image: Cannula Ist 2nd | 1/N                                   | IV/IO  |   | ·· ' <b>_</b> _, ·   |                        |
| Pg 8 Incomprehensible GCS Pg 5   | Time Solution Ba                      | A COMPANY DOWN DESCRIPTION OF THE CONTRACT OF THE COMPANY OF THE C | 200 000 000 000 000 000 000 000 000 000 | Pa 8 Textension  |                        |
| PG8 Incomprehensible GCS / Incomprehensible  |                                       | 20 El Garmana Lunguiba Marino  |   | - No Regnange  | Da Ell                 |
| - I I I I I I I I I I I I I I I I I I I  | - Pa 8 —                              |  |   | nnrohonoible   |                        |
| No Response  | - · ɔ · ·                             |  |   | esponse  |                        |
| Cardiac EKG Rhythm Time 12 Lead Other  |                                       | Cardiac  | EKG Rhythm                              |  | 7 ) htt                |
| rrest Witnessed Y/N By   | rrest Witnessed Y/N By                |  |   |  |                        |
|  | <del></del>                           | Time   |   |  |                        |
| Letter injury Location   | PR Discontinued Y/N Auth              | Pa 2   |   | Ty o ☐1st Degree   | Letter Injury Location |
| -contended Circulation V/  |                                       |  | — ☐ Bradycardia ☐ SVT/Pov ı             | ☐ 2nd Degree Type  |                        |
| pontaneous Circulation Y/N   Inne   Asystole   Paced Rhythm   3rd Degree   P-Pain D-Deformity   hythm at Hospital   PEA   PVC's   B-Burns C-Discoloration  | pontanouas on cuidifuli 1/14          | /  |   |  |                        |

## SENECA COUNTY EMS PATIENT CARE REPORT

| Patient   | Date |  |
|-----------|------|--|
| rauciit   | 5410 |  |
|           | <br> |  |
| Marrativo |      |  |

Pg 8

Pg 8

| Time   | Event  | Just.                 | Medical Refus   | sal Form |  |
|--------|--------|-----------------------|---|----------|--|
| Pg 8   |        |                       | The grave nature of my illness and/or injury have been explained to runderstand that my refusal of treatment and/or transport is against madvice and may endanger my life. The undersigned hereby releases department and Seneca County EMS, its officers, agents and employ any and all claims and damages resulting directly or indirectly in conf with the undersignee's refusal.  Please be advised, if you receive treatment for your condition you mabilled even though you were not transported. This may not be covere your insurance or by Medicare or Medicaid. |          |  |
|        |        |                       | Patient Signature   | Date     |  |
|        |        |                       | Witness Signature   |          |  |
|        | Crew M | embers and Training L | evel Paramedic AEMT EMT EMR FF  |          |  |
|        | Print  |                       | Sign  | Level    |  |
| Driver |        |                       |   |          |  |
|        |        |                       | Pa 0  | 1        |  |