

HEALTH OF VIRGINIA
HOSPITAL PATIENT CARE REPORT

Q 147156

Agency # 08047754 Incident in CITY COUNTY of: VA Beach HEAL. DEPARTMENT FORM # 12282008
 Agency VBNAS Agency # 320 Unit # 8292 Agency Use # 5-6

LOCATION TYPE		TYPE OF SERVICE		INCIDENT DISPOSITION	
1 Home/Residence	7 Public Building	1 Scene	1 Treated, Transported EMS	6 Patient Refused Care	
2 Farm	8 Residential Institution	2 Unsched Interfacility Transfer	2 Treated, Transferred Care	7 Dead at Scene	
3 Mine/Quarry	9 Educational Institution	3 Sched Interfacility Transfer	3 Treated, Transported Private Vehicle	8 Cancelled	
4 Industrial Place/Premises	10 Other Specified Location	4 Standby	4 Treated and Released	9 No Patient Found	
5 Recreation Place	11 Unspecified Location	5 Rendezvous	5 No Treatment Required	NA Not Applicable	
6 Street/Highway	NA Not Applicable	NA Not Applicable		U Unknown	

TIMES (24 Hour Format)

2	3	1	6
2	3	1	7
2	3	1	9
2	3	2	2
2	3	2	2
2	3	2	9
2	3	3	2

TIME OF CAL DISPATCHED RESPONDING ARRIVE SCENE ARRIVE PATIENT LEAVE SCENE ARRIVE DESTINATION LEAVE DESTINATION RETURN SERVICE

AIC J.R. Dickey ID # 800612 FR EMT ST EN CT P RN MD OTH NA 921058
 Att 1 V. Roeder ID # 801574 FR EMT ST EN CT I P RN MD OTH NA
 Att 2 G. Greenhaw ID # 802373 FR EMT ST EN CT I P RN MD OTH NA
 Operator J. Heattwell ID # 801080 FR EMT ST EN CT I P RN MD OTH NA
 Operator B. Collins ID # 700291 FR EMT ST EN CT I P RN MD OTH NA

Patient's Name Cameron Crockett SSN 957749785 Patient's FIPS 51810
 Address 928 EARL OF ESSEX AVE City VA Beach State VA Zip 23451
 Spouse _____ Parent/Guardian _____
 Patient's Phone Number _____
 Allergies UNAV
 Med UNAV
 Patient's Physician _____
 Other Personnel 214/EMSS
 Fire COBI/LOB/BATA1/FS03
 Law Officer _____
 AGE 20 Year Mon Day Unk
 DOB 09/15/1988
 WT _____ LB KG
 Race Code 1
 Gender Code 1
 ADDITIONAL FOR DISPATCH
 PATIENTS COMPLAINT

TYPE OF CALL			PRE-EXISTING CONDITION		
1 Accident/Industrial/Construction	7 Mutual Aid	1 Asthma	7 Chronic Renal Failure	0 Other:	
2 Accident/MVC	8 Public Service	2 Diabetes	8 Cancer		
3 Assault	9 Standby	3 Tuberculosis	9 Hypertension		
4 Fire	10 Transport/Routine	4 Emphysema	10 Psychiatric Problems		
5 Injury Not Listed	0 Other:	5 Chronic Resp Failure	11 Seizure Disorder	NA Not Applicable	
6 Medical Emergency		6 Heart Disease	12 Tracheostomy	Unknown	

HISTORY OF PRESENT ILLNESS/PHYSICAL EXAM/OTHER INFORMATION: POB, PB WAS ALERT AND COMBATIVE w/ PD OFFICERS. MV HIT A TREE ON THE PASSENGER SIDE DOOR. PASSENGER AND SEAT PUSHED INTO TOWARDS SCENE. PASSENGER WAS DECEASED ON SCENE. PB WAS PLACED ONTO BACKBOARD, WHILE BEING REMOVED FROM VEHICLE FROM BACK WINDOW BY PD OFFICERS. PB WOULD NOT ANSWER QUESTIONS, ATTEMPTED TO APPLY C-COLLAR HE REFUSED. APPLIED STRAPS AND HELD MANUAL C-SPINE DURING TRANSPORT. TRANSPORTED TO SUBHQ CALLED CON REPORT, COMPLETED TRAUMA ASSESSMENT. REMOVED SHIRT AND ATTEMPTED TO REMOVE TROUSERS, NOTED LACERATION TO (L) ELBOW, (L) HAND, (L) ARM. HE HAD NO COMPLAINTS OF PAIN. TOWNSHIP w/ AN NURSE/DOCTOR STAFFED 800 333

Time	LOC	Pulse	Respirations	BP	Perfusion	Pupils	EKG	Defib Joules	Pulse Ox	Glucose	GCS Score
23:28	<input checked="" type="checkbox"/> Alert <input type="checkbox"/> Voice <input type="checkbox"/> Pain <input type="checkbox"/> Unresp	Rate: <u>100</u> <input type="checkbox"/> Not Obtained <input type="checkbox"/> Unable To	Rate: <u>20</u> <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Increased, not labored <input type="checkbox"/> Increased/labored OR Decreased/fatigued <input type="checkbox"/> Absent	<input type="checkbox"/> Palpated <input type="checkbox"/> Not Obtained <input checked="" type="checkbox"/> Unable To	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Decreased <input type="checkbox"/> Not Obtained	<input checked="" type="checkbox"/> PERL <input type="checkbox"/> R > L <input type="checkbox"/> L > R <input type="checkbox"/> DIL <input type="checkbox"/> CON <input type="checkbox"/> UNREACT			<u>98%</u>		EYE: <u>4</u> VERBAL: <u>5</u> MOTOR: <u>6</u> TOTAL: <u>15</u>
	<input type="checkbox"/> Alert <input type="checkbox"/> Voice <input type="checkbox"/> Pain <input type="checkbox"/> Unresp	Rate: _____ <input type="checkbox"/> Not Obtained <input type="checkbox"/> Unable To	Rate: _____ <input type="checkbox"/> Normal <input type="checkbox"/> Increased, not labored <input type="checkbox"/> Increased/labored OR Decreased/fatigued <input type="checkbox"/> Absent	<input type="checkbox"/> Palpated <input type="checkbox"/> Not Obtained <input type="checkbox"/> Unable To	<input type="checkbox"/> Normal <input type="checkbox"/> Decreased <input type="checkbox"/> Not Obtained	<input type="checkbox"/> PERL <input type="checkbox"/> R > L <input type="checkbox"/> L > R <input type="checkbox"/> DIL <input type="checkbox"/> CON <input type="checkbox"/> UNREACT					EYE: _____ VERBAL: _____ MOTOR: _____ TOTAL: _____
	<input type="checkbox"/> Alert <input type="checkbox"/> Voice <input type="checkbox"/> Pain <input type="checkbox"/> Unresp	Rate: _____ <input type="checkbox"/> Not Obtained <input type="checkbox"/> Unable To	Rate: _____ <input type="checkbox"/> Normal <input type="checkbox"/> Increased, not labored <input type="checkbox"/> Increased/labored OR Decreased/fatigued <input type="checkbox"/> Absent	<input type="checkbox"/> Palpated <input type="checkbox"/> Not Obtained <input type="checkbox"/> Unable To	<input type="checkbox"/> Normal <input type="checkbox"/> Decreased <input type="checkbox"/> Not Obtained	<input type="checkbox"/> PERL <input type="checkbox"/> R > L <input type="checkbox"/> L > R <input type="checkbox"/> DIL <input type="checkbox"/> CON <input type="checkbox"/> UNREACT					EYE: _____ VERBAL: _____ MOTOR: _____ TOTAL: _____
	<input type="checkbox"/> Alert <input type="checkbox"/> Voice <input type="checkbox"/> Pain <input type="checkbox"/> Unresp	Rate: _____ <input type="checkbox"/> Not Obtained <input type="checkbox"/> Unable To	Rate: _____ <input type="checkbox"/> Normal <input type="checkbox"/> Increased, not labored <input type="checkbox"/> Increased/labored OR Decreased/fatigued <input type="checkbox"/> Absent	<input type="checkbox"/> Palpated <input type="checkbox"/> Not Obtained <input type="checkbox"/> Unable To	<input type="checkbox"/> Normal <input type="checkbox"/> Decreased <input type="checkbox"/> Not Obtained	<input type="checkbox"/> PERL <input type="checkbox"/> R > L <input type="checkbox"/> L > R <input type="checkbox"/> DIL <input type="checkbox"/> CON <input type="checkbox"/> UNREACT					EYE: _____ VERBAL: _____ MOTOR: _____ TOTAL: _____