

Sample Call Report

- S - Medic one dispatched emergency traffic ref unresponsive subject. Notified enroute the scene was potentially unsafe, therefore staged at a safe distance until scene secured by police. Upon arrival there are several syringes full of a brown liquid on scene, as well as a white powdery substance arranged in lines on a table, and several cleaning chemicals in the immediate area.
- C- Unresponsive patient
- H- Pt friends on scene state he has been "partying all day". They left momentarily and returned to find him like this. There is no further information available regarding patient history or possible causes.
- A- U/A found a male patient in his late 20's supine on floor unresponsive to all stimuli with slow snoring and gurgling respirations. BBS present bilaterally, BS on left diminished as compared to the right, with /rhonchi noted to the L lower lobe. There are no retractions or use of accessory muscles in respiratory effort. Chest expansion is symmetrical without paradoxical movement, flail segments, discoloration, hueing, bruising, or other signs of trauma noted. There is no bony instability to the chest wall. There is no tracheal deviation, or JVD. Skin is fair, warm, and dry. Radial and carotid pulses present and equal at 2+. There is no major external hemorrhage. Nail beds are pink and cap refill < 2 sec. ABD is soft without painful response to light and deep palpation of all quadrants. There is bruising to the L lower quadrant, there is no other hueing, bruising, echymosis, or other discoloration noted to the ABD. Pelvis is firm and stable x 3 axis. C-Spine inline without deformity or step-offs noted. Pupils equal, round, and reactive but sluggish at 5 mm, consensual reflexes intact. There is no drainage from the ears, nose or mouth. There is no bony instability or trauma noted to the face or skull. There are no burns to the lips or mouth. There is an odor of an alcoholic beverage about the patient's person. Upper and lower extremities are unremarkable for deformity or traumatic injury bilaterally. There are no needle marks noted to the extremities, or other signs of parental substance administration. There is no response to painful stimuli in the extremities. Pulses present and equal in all four extremities. Babinski reflexes are abnormal. Back: An area of ecchymosis approximately 16 cm x 4 cm in size is found on the L mid-scapular line approximately the level of the 5th to 6th rib. There is no other trauma, injuries, or discoloration noted. Spine is inline without deformities or step-offs noted.
- R- Due to unknown etiology of the call C-spine manually stabilized immediately upon arrival on scene and maintained until patient is secured to a LSB with C-collar and CSID in place. Airway manually position with trauma jaw thrust and emesis suctioned, with resolution to both snoring and gurgling. OPA is

placed and pt respirations assisted at 12 with BVM and 100% O2. Rapid trauma assessment performed with findings as above. Pt transferred to LSB and secured in full spinal immobilization (LSB, C-collar, CSID) Pt transferred to unit and transport initiated. Enroute detailed assessment performed with findings as above. Pt intubated with a 7.5 ETT to secure airway. Same secured at 22cm at the incisors. Tube placement is confirmed by visualization of the vocal cords, equal presence of bilateral breath sounds without epigastric sounds, and an ETCO2 reading of 34. Tube placement is confirmed after each move of the patient. Monitor shows NSR without ectopy, pulses match monitor, O2 sat 96%, ETCO2 34. IV NS 18g L AC, administered 250 cc bolus. CBG 65. Administered 100 mg Thiamine IV, 25 g D50 IV, and 2 mg Narcan IV without change in patient status. Pt skin color decreases, O2 sat 88%, ETCO2 28, and BVM compliance becomes difficult. Upon re-assessment breath sounds absent on L, there is no JVD or tracheal deviation. 10 g IV catheter placed in the L chest wall on the midclavicular line at the 2nd intercostal space with a release of air noted. BVM compliance returns to normal and skin color improves after decompression. BS on the L improve however remain diminished as compared to the R. Continued to monitor and reassess patient enroute. Administered 2nd 250 cc NS bolus. There is no further change in condition. Pt remains unresponsive to all stimuli.

T Pt. transported emergency traffic to GMH with findings and treatment as above. Patient care was transferred to GMH ER room 2 with full report given to Dr. Smith. Pt belongings transferred to Monica Saad, RN.