

AMBULANCE PATIENT RECORD
 AID AMBULANCE SERVICE
 1401 MORGAN ST.
 CORPUS CHRISTI, TEXAS

00988

PLEASE PRINT LEGIBLY, ONE CHARACTER PER BLOCK

PATIENT'S CODE: _____

DATE OF RUN: 02/04/83
 TIME AMBULANCE DISPATCHED: 201325
 TIME ARRIVED AT SCENE: 201610
 TIME DEPARTED SCENE: 204010
 TIME ARRIVED AT DESTINATION: 204430
 TIME RETURNED TO SERVICE: 212800

PATIENT INFORMATION
 LAST NAME: WANDA
 FIRST NAME: CLEO
 SEX: F
 AGE: 24
 BIRTHDAY: FEB 24
 TELEPHONE: 8841194
 ZIP CODE: 78402
 CITY: SHAMROCK
 STATE: TX

IDENT INFORMATION
 LOCATION OF INCIDENT: Somershamrock 2602 SPID
 TYPE OF CALL: EMERGENCY
 POLICE AT SCENE? YES 19
 TRACT: 19
 POLICE AT SCENE? NO 1
 YES 2
 NO 3

NON-TRANSPORT CODE: 1
 NON-TRANSPORT CODE: 2
 NON-TRANSPORT CODE: 3

ILLNESS OR INJURY: 12
 INJURY SITES: 12
 INJURY TYPES: 12

GIVEN TO PATIENT: _____
 BEFORE EMT ARRIVAL: _____
 AIRWAY: _____
 OXYGEN: _____
 CPR: _____
 CONTROL BLEEDING: _____
 REMOVE FROM VEHICLE: _____
 BANDING: _____
 PLINTING: _____
 OTHER (DESCRIBE): _____

CONTROLLED BLEEDING:
 BANDAGING:
 COLD APPLICATION:
 SPINAL IMMOBILIZATION:
 LIMB SPLINTS:
 TRACTION APPLIED:
 PATIENT RESTRAINTS:
 PSYCHOLOGICAL FIRST-AID:
 OBSTETRICAL DELIVERY:
 TRANSPORTATION ONLY:
 SUCTIONED AIRWAY:
 AIRWAY TUBE:
 ENDOTRACHEAL TUBE:

ARTIFICIAL RESPIRATION:
 OXYGEN:
 DEFIBRILLATOR:
 MONITOR (CARDIAC):
 CARDIOPULMONARY RESUSCITATION:

TIME STARTED: 203
 MEDICATIONS: NUCES 1 AMP (NAHCO3 1AMP)
 TYPE AND DOSAGE: 1 AMP x 2
 IV FLUIDS: _____
 OTHER (EXPLAIN): INSURE PULSE

REFUSAL OF SERVICE
 Ambulance Service has offered to transport me to the health facility of my choice in Nueces County. I have refused that offer.

SUPPLIES USED: _____

EXTRICATION PERFORMED?
 1 YES 2 NO

RADIO CONTACT WITH HOSPITAL?
 1 YES 2 NO

TELEMETRY USED?
 1 YES 2 NO

CREW
 ATTENDANT: M. W. Johnson 21917
 ATTENDANT: G. L. Masco 24117
 DRIVER: J. J. Venecek SEAMT

AMBULANCE NR: 05 DISPATCHED FROM: 08
 CHARGES: 20
 REGULAR RUN CHARGE: 60.00
 OUT-OF-CITY CHARGE: _____
 OTHER CHARGES: _____
 TOTAL: 60.00

REGULAR SERVICE RENDERED TO: _____
 DATE: 19 _____

SIGNATURE OF AMBULANCE ATTENDANT OR OTHER AUTHORIZED COLLECTOR: _____