



823858

FOLLOW UP REQUEST

CONT CARE CND KSR INS PVT SPEC SVT

SP CODE 64055 BIL BDM DWA CHAR X JOHN TOPE OSAG GRAN CHEY DWRV GDBN SWAN BLDR CSPG PUBL CANON CITY WAB ZONE SITE

SURFACE FROM Home Hospital Nursing Home Other CITY: INDEPENDENCE Bed Confined Below/Mile Anket
Williams & Co OSAZIE INDEPENDENCE Trans: Request Appropriate Facility
 SURFACE TO: Home Hospital Nursing Home Other CITY: KL Trans: For Benefit of Preferred M.D.
Truman West Trans: For Request of Family
 Trans: For Care of Specialist or Availability of Special Equip.

PATIENT NAME (LAST, FIRST): Chapman, Othman E.

SEX M DATE OF BIRTH 5-19-1990 AGE 17 SOCIAL SECURITY NUMBER _____

EMPLOYER _____ TELEPHONE _____ WORKER'S COMP YES NO

PATIENT ADDRESS 1946 S. LESLIE DR. INDEPENDENCE MO 64055

HOME TELEPHONE _____ CELL PHONE/OTHER CONTACT NUMBER _____

RELIGIOUS PARTY OR NEXT OF KIN: Chapman, John E. RELATIONSHIP (CIRCLE): Policy Holder Spouse, Guardian, Son, Daughter, Other

TELEPHONE 816 694-5795

INSURANCE COMPANY _____ TELEPHONE _____ MEDICAD _____ MEDICARE _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

SUBSCRIBER _____ POLICY NUMBER _____ GROUP NUMBER _____

SECONDARY INSURANCE COMPANY _____ POLICY NUMBER _____ GROUP NUMBER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

VITAL SIGNS

TIME	BLOOD PRESSURE	PULSE (b/min)	RESP (b/min)	THORAX SCORE (0-10)	CARDIAC MONITOR	ECG	SpO2	O2 LINA	GLUCO	PUPILS (R/L)	CONA SCALE
2108	—	20	6	120	SINUS BRADYCARDIA	—	15	—	88	1/1	1/1
2122	—	50	5	200	ASYSTOLE	5	—	—	88	1/1	1/1
2135	—	70	6	100	ACCELERATED JUNCTIONAL	46	—	—	88	1/1	1/1

WOUNDS

TIME	TYPE	SITE/ROUTE	SIZE	SU	INITIALS	TIME	THERAPY	DOSE/AGE/DOSES	ROUTE	PAIN SCALE	RESPONSE	INITIALS
2115	NS	AC	14g	U	JK	2108	O2	15pm	Nb	—	UNK	WM
2117	NS	AC	14g	S	JK	2110	O2	15pm	BVM	—	UNC	WM
2120	NS	AC	18g	S	JK	2122	epi	1mg	IVP	—	—	WM
TOTAL AMOUNTS ADMINISTERED: 900cc FLIO, 706cc						2123	Atropine	1mg	IVP	—	—	WM
SWAY PROCEDURES						2127	epi	1mg	IVP	—	PULSE	WM
2115	7.5	X	—	S	MS	2127	Atropine	1mg	IVP	—	↑ HR	WM

PROCEDURE ORDERED BY: CP FACILITY: _____

DOCTOR SIGNATURE _____

DISPOSITION

COMPLETE BOTH STATEMENTS BELOW CALLED BY: CP FOR (X) EMERGENCY

IMMEDIATE OR SCHEDULED RESPONSE TO: PEDESTRIAN / MVC (DISPATCHED CHIEF COMPLAINT)

17 y/o ♂ FOUND PRONE IN STREET - APPEARS DEAD MULTIPLE EXTREMITY FRACTURES SCULPTURE @ CHEST BRUISING MODERATE BLEEDING FROM HEAD WHICH IS WRAPPED UP BY T-SHIRT PT. W/ WOUNDING @ BREAST/THORAX NOTED VISUALLY. PT. WAS STRUCK @ ESTIMATED 80 MPH OR GREATER WHILE RIDING DARK BIKE. ACCIDENT APPEARS TO BE TWISTED 3/4 CENTRAL CROWN CLOCKWISE TO CHN @ (R) SHOULDER. PULSE CHECK REVEALS SLOW PULSE. STREET CUT FROM APPROX HEAD BARRIERS AIR MOVEMENT / AIR BUBBLES GOING IN/OUT OF NARROW C-SPINE. PT. POLED TO LSIS-02-CUT-AMB. INTUBATION BY P13SD @ IV BY SUPERVISOR ET CONFIRMED @ END @ 35cm / TIDAL VOLUME @ ETED @ (R) BILATERAL BS(C) EPISASTIC / TUBE SECURED TRANSPORT - PT. ASYSTOLE CPR EPI / ATROPINE - MOD RESPNT. CPR - TUBE CONFIRMED - VET. EPI / ATROPINE - ROSE @ PT. BEING TRANSPORTED FROM MOUNTAIN & PULMONARY WOUND TO (H) ANTERIOR HIP (3) ANTERIOR - CARE IN TRANSIT DEPT. (1) Suction/ETT (2) CHEST DECOMPRESSION (3) IVS BY SUP (4) IV BY SUPERVISOR HEMO - 8mm/AVEN @ BRUISING (L) ORBIT / BRUISING CORNUS BRUISING ORAL PHARYNX/NARIS; NARIS (3) @ DEFORMITY/COMPLAINS; NARIS SINUS/ASYSTOLE/AJ; CHEST MULTIPLE INVISIBLE (R) CHEST BRUISING UPON INTUBATION & BS (R) / DECOMPRESSION - RESOLVED; PELVIS - PAINFUL WOUND ANTERIOR @ HIP COMPLETELY UNSTABLE; EXT BILATERAL TIBIA FIBULA FXS / UMBIL FXS BILATERAL LOCATED @ 100-150yds FROM PT. - DESTROYED

ATTENDING PHYSICIAN: [Signature] NARRATIVE (Use if Applicable) _____

PHYSICIAN: UNK ALLERGIES: UNK

MEDS: UNK FIELD ADDRESS: MULT 54 STROM TRUMAN

TRIP: 126392

DATE: 11-8-07

ACCOUNT NUMBER: 1145360

CHEF/COMPLAINANT: [Signature]

ICD9 PRIMARY: 427.5

ICD9 SECONDARY: 95.84

AMBULANCE NUMBER: 317

CAT NUMBER: 911

ORDERED BY: 911

REFERENCE NUMBER: UNK

ATTENDING MD: UNK

Emergency Light/Sirens Used: Y N Change Y N

Emergency Light/Sirens Used: Y N Change Y N

TOTAL MILEAGE: 12.8

TIMES RECEIVED: 2103

ALERT: 2103

ENROUTE: 2104

ARRIVAL: 2106 / 2107

DEPART: 2120

ARRIVAL: 2135

DEPART: 2207

TRAFFIC CONDITIONS: LIGHT NORMAL HEAVY ROAD WET ROAD ICE ROAD SNOW

WEATHER CONDITIONS: CLEAR OVERCAST RAIN SNOW EMERGENCY DRIVING POLICY

ASSISTANCE: POLICE 100 FIRE 1 AMR AMBULANCE OTHER AMBULANCE HELICOPTER - ALL HELICOPTER - FFL

IMMOBILIZATION: BACKBOARD SCOOP KED HEAD BED/TOWEL ROLL COLLAR

HOSPITAL NOTIFICATION: MEDICAL CHANNEL BASE OPERATOR BASE PHYSICIAN AMBULANCE DISPATCH LANDLINE PHONE PATCH

CALL OUTCOME: TRANSPORT TO FACILITY CARE TRANSFERRED CANCELLED

CUSTOMER VALUABLES: WITH CUSTOMER NOT RECEIVED E.R./FLOOR DESCRIPTION: NA

CANCELLATIONS: 005 CANCELLED ENROUTE 006 FIRE REFUSAL 001 DOA 002 NO CONTACT 003 AMR REFUSAL 004 TREAT & RELEASE

