

EMS REPORT FORM PAGE 2

Date 06/25/09 Prov. Code \_\_\_\_\_ Sequence # CC 408789  
 Patient Name Jackson Incident # 512

VITALS	Time	B/P	Pulse	Resp	GCS E M V	MEDS	Time	TM#	EKG	Meds/ Defib	Dose	Route	Result
	1311	<u>0</u>	<u>0</u>	<u>0</u>	<u>111</u>		1311	1	ASY	<u>0</u>	Epi	<u>1mg</u>	IV
1300	<u>0</u>	<u>0</u>	<u>0</u>	<u>111</u>	1312		ASY	<u>0</u>	ATr	<u>1mg</u>	IV	<u>N</u>	
					1313		ASY	<u>0</u>	BIC	<u>50</u>	IV	<u>N</u>	
									<u>0</u>				
									<u>0</u>				
									<u>0</u>				
									<u>0</u>				

Additional Comments:  
 After no response from patient after two rounds of RX: UCLA considered discontinuation of tx. DR Murray (PMD) stated he would assume responsibility of call, spoke with UCLA via phone, Dr Murray assumed control, patient was transferred from stairs to ambulance and transported to UCLA. Enroute UCLA Recontacted advised of patient status, 3rd round of tx/RX, no change in status - capnography 0.26, heard bilate lung sounds, DR Murray on board ambulance throughout transport. All RX/TX during transport under order of DR Murray.

FIELD TRANSFER OF PATIENT CARE

Date <u>6/25/09</u>	Time Left Scene <u>1307</u>	Sending Provider/Unit _____
Patient Name <u>Michael Jackson</u>	Time at Rec. Facility <u>1313</u>	Seq # _____ <small>From original form</small>
Age <u>50</u> Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Rec. Facility <u>818</u>	Receiving Provider/Unit _____
		Seq # _____ <small>If new form started</small>

VITALS	Time	B/P	Pulse	Resp	GCS E M V	MEDS	Time	TM#	EKG	Meds/ Defib	Dose	Route	Result
											<u>0</u>		
									<u>0</u>				
									<u>0</u>				

Patient Condition on Transfer/Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature #1 \_\_\_\_\_ Signature #2 \_\_\_\_\_ Reviewed By \_\_\_\_\_

H-1993-1 (Rev. 10/01)

HIGHLY CONFIDENTIAL

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