



**Seminole County EMS System  
Paramedic Clinical Assessment Program  
ALS Contact Form**



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| Paramedic:   | Sam Smith  |
| Mentor:  | Johnny Gage  |
| Date:  | 1/16/2014  |
| Incident Report #:   | 01-2944  |
| Chief Complaint:   | Chest Pain   |
| <b>This Section to be Completed by the Provisional Paramedic</b>           | Scene Assessment (Describe the incident): Elderly female sitting on the side of her bed in her home, stated that she was sleeping when she woke up with 8/10 sub sternal non radiating chest pain.   |
|  | Patient Assessment: Elderly female in no distress, AOx4, GCS 15, skin warm dry and pale, HEENT unremarkable, lungs clear bilat, abdomen soft non tender, pelvis unremarkable, with good PMS in all extremities. Pt stated 8/10 chest pain that has been constant for the last 15 min with mild SOB. Pt had significant cardiac HX. |
|  | Treatment of Life Threatening Conditions: Oxygen therapy via nasal cannula, ASA at 324mg for antiplatelet therapy, nitro glycerin given with chest pain decreasing to a 2/10 on each spray.  |
|  | Reassessment and Management of ABC's: all ABC's controlled by Pt with no assistance  |
|  | Parameters used in this incident (List the parameter numbers): 1.02,2.01,4.01,8.05,8.18,9.04,9.06,9.24,9.25,   |
|  | EMS Equipment (Familiarity and knowledge of the equipment used): O2 equipment, cardiac monitor, IV administration, cardiac drugs   |
|  | ALS Procedures and skills: cardiac rhythm recognition, IV administration, nitro administration, ASA administration   |
|  | Cardiac Rhythm Recognition: sinus arrhythmia, RBBB   |
|  | Knowledge and use of pharmacologic therapy: ASA for anticoagulation, O2 for oxygen saturation to the effected area of the heart, Nitro spray for dialation of coronary arteries and veins  |
|  | BLS Skills: Psychological first aid, glucose testing, O2 administration  |
| Patient Transfer and radio report: Pt transferred to FHA with out incident |  |
| <b>To be Completed by the Mentor</b>                                       | <b>Mentor Observations and Remarks:</b>  |