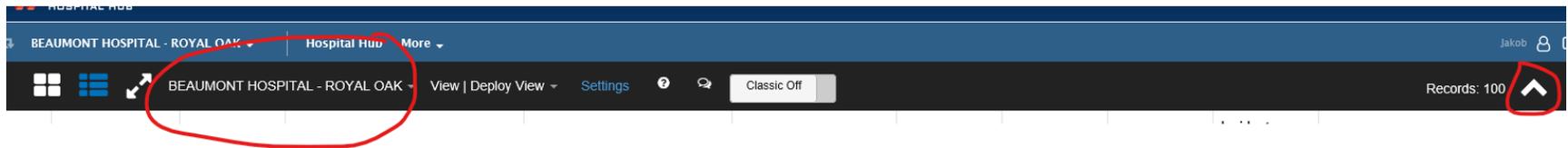


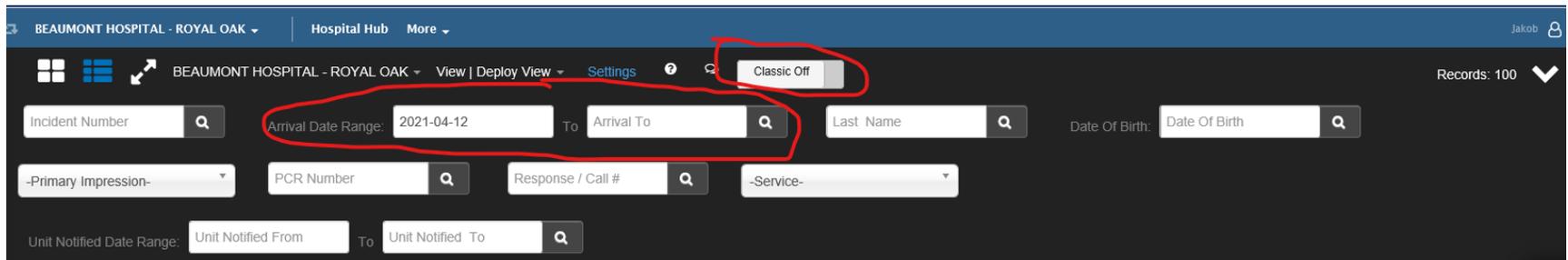
Hospital Hub Dashboard.



Make Sure you have selected the correct campus.

On the Right-hand side click on the Up arrow.

The Dashboard updates every two minutes. This is normal, but it does make finding the right record tricky.



Make sure "Classic Off" is selected.

Look up patients by Date range.

Arrival Date Range: This date is based off the date of hospital arrival.

Practice Case

MRN 5175805

Arrives on 5/2/2021 at 9:31 PM

Waterford FD.

WATERFORD REGIONAL FIRE DEPARTME...	Trauma/Injury: Unspecified Injur...
--	--

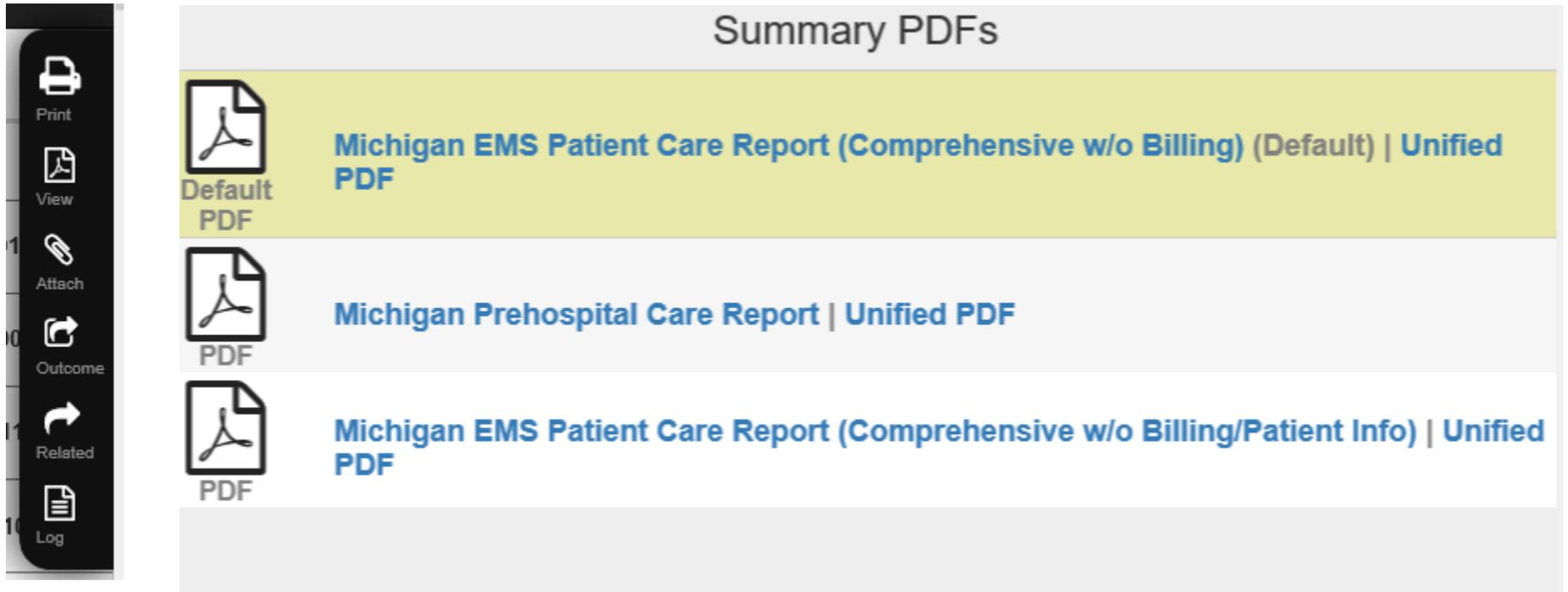
Incident Date	Arrival Date ▼
05/02/2021 21:36	05/02/2021 22:23
05/02/2021 21:04	05/02/2021 21:29

The Incident Date is the time EMS was Dispatched

The Arrival Date is the time EMS arrived at your facility

Click on "View." Then wait for PDF's to load.

Select "Comprehensive w/o Billing" PDF



The screenshot shows a software interface. On the left is a vertical sidebar with five icons and labels: 'Print' (printer icon), 'View' (document icon), 'Attach' (paperclip icon), 'Outcome' (curved arrow icon), and 'Related' (straight arrow icon). Below these is a 'Log' icon (document with lines). The main area is titled 'Summary PDFs' and contains three rows of PDF report options, each with a PDF icon and the text 'PDF' below it:

- Michigan EMS Patient Care Report (Comprehensive w/o Billing) (Default) | Unified PDF** (highlighted in yellow)
- Michigan Prehospital Care Report | Unified PDF**
- Michigan EMS Patient Care Report (Comprehensive w/o Billing/Patient Info) | Unified PDF**

Save instructions

Use Print icon to save.

Select Page range for original EMS PCR.

Printer Drop down: "Print To PDF."



Michigan EMS Patient Care Report (Comprehensive w/o Billing)

Patient

Name: [REDACTED] DOB: [REDACTED] Age: [REDACTED]
 Address: [REDACTED] Gender: Male Race: White

Phone Numbers

Patient's Phone Number	Type
(231) 445-4406	Home

Situation

Dispatch Complaint: MVC / Transportation Incident EMD Performed: No
 Dispatch Priority: Critical (Priority 1) Patient Activity: Not Recorded
 Symptom Onset: 05/02/2021 21:00:00 Triage: Not Recorded
 Initial Acuity: Critical (Red)

Patient Complaints

Complaint Type	Complaint	Duration
Chief (Primary)	POSSIBLE HEAD INJURY	5 Minutes
Secondary	MULTIPLE MAJOR DISTRACTING INJURIES TO EXTREMITIES	5 Minutes

Complaint Location: General/Global or Multiple Locations Complaint System: Musculoskeletal / Skin
 Possible Injury: Yes Cardiac Arrest: No
 Alcohol/Drug Use: No Apparent or Pt Denies

SYMPTOMS PROVIDER IMPRESSIONS
 Primary Symptom: Unspecified multiple injuries Primary Impression: Trauma/Injury: Head/Scalp
 Other Symptoms: Neuro: Altered Mental Status Other Impressions: Not Recorded

Injury

Cause: Motor Vehicle Crash, motorcycle
 Mechanism: Blunt
 Trauma Criteria: Two or more proximal long-bone fractures; Systolic Blood Pressure <90 mmHg; Glasgow Coma Score <14
 Injury Risk Factors: Not Recorded; EMS Provider Judgment; Auto v. Pedestrian/Bicyclist Thrown, Run Over, or > 20 MPH Impact
 Vehicle Impact Area: 3
 Patient Location: Front Seat-Left Side (or motorcycle driver)
 Safety Equipment: None

Cardiac Arrest

Arrest Date/Time: Not Applicable / Not Known Etiology: Not Applicable Witnessed By: Not Applicable
 CPR Prior to EMS: Not Applicable
 AED Prior to EMS: Not Applicable
 Resuscitation by EMS: Not Applicable Type of CPR: Not Applicable
 1st Arrest Rhythm: Not Applicable
 ROSC: Not Applicable
 Rhythm at Dest: Not Applicable Reason: Not Applicable
 Discontinued: Not Applicable
 Date/Time: Not Applicable
 End of Arrest Event: Not Applicable

Narrative

S9 AND R3 AT 14 Y/O M PT LAYING SUPINE IN THE ROADWAY W/ A GCS OF 5. S9 WAS HOLDING C-SPINE AND BREATHING FOR THE PT USING A BVM. NOT ATTACHED TO O2. PT HAD BEEN RIDING A MOPED AND BASED UPON THE EXTENT OF READILY APPARENT INJURIES THE PT SUSTAINED, IT APPEARED AS THOUGH THE PT MAY HAVE BEEN STRUCK BY THE VEHICLE INVOLVED, POSSIBLY BROADSIDE, AND ASSUMED AT THE POSTED SPEED LIMIT 45 MPH. THE PT WAS NOT WEARING A HELMET, C-SPINE PRECAUTIONS WERE TAKEN AND HELD THROUGHOUT C-COLLAR BEING ESTABLISHED AND THE PT BEING LIFTED ONTO COT IN SUPINE POSITION. THE PT HAD BLOOD AROUND THE OCCIPITAL REGION OF THE HEAD, BUT LONG HAIR PREVENTED AN ACCURATE ASSESSMENT ALTHOUGH THERE DID NOT APPEAR TO BE AND DEPRESSED SKULL FRACTURE OR PENETRATING TRAUMA. PT CHEST WALL APPEARED TO BE STABLE, AND HAD AN OBVIOUS L RADIAL/ULNAR FRACTURE WAS NOTED. PT'S PELVIS STABLE, AND HAD TWO BI-LAT OPEN FEMUR FRACTURES, AND TIB/FIB FRACTURE OF THE R LEG. PT WAS LOADED ON TO THE STRETCHER AND INTO BACK OF R3. JUST PRIOR TO ARRIVAL AN 18 G IV WAS EST IN THE L AC READY TO ADMIN NS IF NEEDED.

EN ROUTE, EMS ASSISTED THE PT'S SHALLOW RESPIRATIONS W/ BVM ON 10 LPM OF O2. LS WERE CLR. BI-LAT UPON AUSCULTATION AND O2 SAT WAS 94%. ONE MORE 18 G IV WAS EST IN THE R AC TO ADMIN NS. PEDS DEFIB PADS AND 4 LD, WERE ATTACHED TO THE PT AND PT'S RHYTHM WAS FOUND TO BE ST AT 120 BPM, AND INTERMITTENTLY IT WOULD BECOME NSR ABOVE 60 BPM AND BELOW 70 BPM. PT'S BP WAS ATTEMPTED TO BE AUSCULTATED BUT COULD NOT BE OBTAINED. PT DID HAVE A RADIAL PULSE CONFIRMED IN THE R WRIST, UNABLE TO OBTAIN IN THE LEFT. PT'S GCS DID IMPROVE TO A 7 ENROUTE, WITH THE PT'S EYES STARTING TO OPEN. RESPIRATIONS INCREASED TO 16 BPM AND PT WAS PLACED LOW FLOW O2 VIA NC TO MAINTAIN O2 SAT OF 94%. UPON ARRIVAL AT ER, PT CARE WAS TRANSFERRED TO ER POST VERBAL REPORT TO MD AND ER.

Incident Date: 05/02/2021 Patient: [REDACTED] Printed: 06/22/2021 09:43
 21:01:41
 Incident #: 210004216 PCR #: f6cc3d83ec114f4da0b6ad1c013a055a Response #: 210004216

Weight: Not Recorded kg

Length Based Tape Measure: Not Recorded

Pregnant: No

Barriers to Care: Unconscious

Current Medications

Medication	Dosage	Route
Unable to Complete		

Medication Allergies

Unable to Complete

Medical History: Unable to Complete

Advance Directives: Not Recorded

Assessments

Exams

Time
21:06:30
21:13:00

Assessment Summary

05/02/2021 21:06:30

<i>Location</i>	<i>Description</i>	<i>Detailed Findings</i> <i>Details</i>
Skin	Pale	
Mental Status	Unresponsive	
Head	Bleeding Controlled	
Eye: Left: Right:	3-mm 3-mm	
Chest/Lungs	Abrasion Breath Sounds-Normal-Left Breath Sounds-Normal-Right Breath Sounds-Absent-Right Breath Sounds-Normal-Right Breath Sounds-Absent-Right [Exam Finding Not Present] Breath Sounds-Wheezing-Inspiratory - Left [Exam Finding Not Present] Breath Sounds-Absent-Right [Exam Finding Not Present] Breath Sounds-Absent-Left [Exam Finding Not Present] Breath Sounds-Rales-Right [Exam Finding Not Present] Breath Sounds-Rhonchi-Right [Exam Finding Not Present] Breath Sounds-Wheezing-Inspiratory - Right [Exam Finding Not Present] Breath Sounds-Decreased Right [Exam Finding Not Present] Breath Sounds-Decreased	

Left [Exam Finding Not Present]
Breath Sounds-Rhonchi-Left [Exam Finding Not Present]
Breath Sounds-Rhonchi-Right [Exam Finding Not Present]
Breath Sounds-Rales-Right [Exam Finding Not Present]
Breath Sounds-Rales-Left [Exam Finding Not Present]
Breath Sounds-Wheezing-Inspiratory - Left [Exam Finding Not Present]
Breath Sounds-Wheezing-Inspiratory - Right [Exam Finding Not Present]
Breath Sounds-Decreased Left [Exam Finding Not Present]
Breath Sounds-Decreased Right [Exam Finding Not Present]
Breath Sounds-Rales-Left [Exam Finding Not Present]
Breath Sounds-Rhonchi-Left [Exam Finding Not Present]

Abdomen

Upper Leg

Leg-Upper-Left: Fracture-Closed
Normal [Exam Finding Not Present]
Leg-Upper-Right: Normal [Exam Finding Not Present]
Fracture-Closed

Lower Leg

Leg-Lower-Right: Fracture-Closed

Upper Arm

Forearm

Forearm-Left: Fracture-Closed

Back/Spine

Normal Findings

Neurological; Neck; Heart;
Abdomen (Generalized, Left Lower Quadrant, Left Upper Quadrant, Right Lower Quadrant, Right Upper Quadrant); Pelvis;
Upper Leg (Leg-Upper-Left, Leg-Upper-Right); Upper Arm (Arm-Upper-Left); Forearm (Forearm-Right);
Back/Spine (Cervical-Midline, Thoracic-Midline);

Not Done

Face; Back/Spine (Lumbar-Midline);

Mental Status	Unresponsive
Eye Left:	PERRL
Chest/Lungs	Normal Not Done
Abdomen	
Upper Leg	
Upper Arm	
Back/Spine	

Normal Findings

Skin; Head; Face; Neck; Heart;
Abdomen (Generalized, Left Lower Quadrant, Left Upper Quadrant, Right Lower Quadrant, Right Upper Quadrant); Pelvis;
Upper Leg (Leg-Upper-Left, Leg-Upper-Right); Upper Arm (Arm-Upper-Left);
Back/Spine (Cervical-Midline, Thoracic-Midline, Lumbar-Midline);

Not Done

Neurological; Eye (Right); Upper Arm (Arm-Upper-Right);

Vital Signs

Time	PTA	BP	HR	Rhythm	SpO2	RR	Effort	ETCO2	Glucose	Temp	AVPU	Pain	Stroke
21:07:00	No	80 / 120	Regular	87	14	Labored	Not Recorded	Not Recorded	Not Recorded	Unresponsive	Not Recorded	Not Recorded	Not Applicable
21:12:17	No	82 / 64	Regular	97	14	Normal	Not Recorded	Not Recorded	Not Recorded	Unresponsive	Not Recorded	Not Recorded	Not Applicable

Glasgow Coma Score

Date/Time	PTA	Total GCS	GCS-Eye	GCS-Verbal	GCS-Motor	GCS-Qualifier
21:07:00	No	5	1 - No Eye Movement when Assessed	1 - No Verbal Response (All Age Groups)	3 - Flexion to Pain (All Age Groups)	Not Recorded
21:12:17	No	7	2 - Opens Eyes to Painful Stimulus	1 - No Verbal Response (All Age Groups)	4 - Withdraws from Pain (All Age Groups)	Not Recorded

Cardiac Rhythms

Time	Cardiac Rhythm / Electrocardiography (ECG)	ECG Type	Method of Interpretation	PTA
21:07:00	Sinus Tachycardia	4 Lead	Manual Interpretation	No
21:12:17	Sinus Rhythm	4 Lead	Manual Interpretation	No

Activities

Protocols		Age Category
Protocol	Traumatic Brain Injury	Not Recorded

Medications							
Time	Medication	Route	Dosage	Response	Complications	Crew	PTA
21:05:50	Oxygen	Inhalation	10 LPM (Liters Per Minute [gas])	Improved	None	KLEIST, ALEXANDER	No
21:15:00	Oxygen	Inhalation	2 LPM (Liters Per Minute [gas])	Unchanged	None	KLEIST, ALEXANDER	No

Procedures									
Time	Procedure	Size of Equipment	Location	Attempts	Success	Response	Complications	Crew	PTA

Incident Date: 05/02/2021 21:01:41
 Incident #: 210004216
 Patient: [REDACTED]
 PCR #: f6cc3d83ec114f4da0b6ad1c013a055a
 Printed: 06/22/2021 09:43
 Response #: 210004216

Waterford Regional Fire Department									
21:06:17	Musculoskeletal: Spinal Immobilization, Cervical		Not Recorded	1	Yes	Unchanged	None	CONNELL, BRYAN	No
21:07:00	Vascular Access: Vein, Extremity	18 ga	Antecubital-Left	1	Yes	Unchanged	None	RIGG, ADAM	No
21:09:11	Vascular Access: Vein, Extremity	18 ga	Antecubital-Right	1	Yes	Unchanged	None	CONNELL, BRYAN	No

Response

Unit Call Sign: R3
 Service Requested: 911 Response (Scene)
 Level of Care: ALS-Paramedic
 Dispatch Priority: Critical (Priority 1)
 Response Mode: Emergent (Immediate Response)
 Vehicle #: R3
 Response #: 210004216
 Primary Role: Ground Transport
 First Unit on Scene: Yes
 Additional Mode Descriptors: Intersection Navigation-Against Normal Light Patterns; Lights and Sirens

Crew Member	Level of Certification	Role
CONNELL, BRYAN	EMT-P	On Scene - Primary Patient Caregiver ; Transport - Primary Patient Caregiver
FORTNEY, DREW	EMT-P	Response - Driver/Pilot ; Transport - Driver/Pilot
KLEIST, ALEXANDER	EMT-P	Other
RIGG, ADAM	EMT-P	Other

Scene

Location Type: Street, highway and other paved roadways as the place of occurrence of the external cause
 Incident Address: Not Recorded
 S TELEGRAPH RD&VOORHEIS RD
 Charter Township of Waterford, Michigan 48328
 42.6295274,-83.3253936
 # Patients at Scene: Single
 MCI: No



Patient Care Record

Incident #: 210004216

Date: 05/02/2021

Patient 1 of 1

Patient Information				Clinical Impression			
Last	██████	Address	██████	Primary Impression	Injury of Head		
First	██████	Address 2		Secondary Impression			
Middle		City	Pontiac	Protocol Used	Head Trauma		
Gender	Male	State	MI	Anatomic Position	General/Global		
DOB	██████	Zip	48341	Onset Time	21:00:00 05/02/2021		
Age	██████	Country	US	Chief Complaint	POSSIBLE HEAD INJURY		
Weight	██████	Tel	2314454406	Duration	5	Units	Minutes
Pedi Color		Physician		Secondary Complaint	MULTIPLE MAJOR DISTRACTING INJURIES TO EXTREMITIES		
SSN	██████	Ethnicity	Not Hispanic or Latino	Duration	5	Units	Minutes
Race	White			Patient's Level of Distress	Severe		
Advance Directives				Signs & Symptoms	Injuries - Multiple injuries Cognitive Functions and Awareness - Altered mental status		
Resident Status	Out of Township			Injury	Motorized Vehicle Accident - Moped traffic accident injures occupant - Street or Highway - 05/02/2021		
				Additional Injury			
				Mechanism of Injury	Blunt		
				Medical/Trauma	Trauma		
				Barriers of Care	Unconscious		
				Alcohol/Drugs	None Reported		
				Pregnancy	No		
				Initial Patient Acuity	Critical (Red)		
				Final Patient Acuity			
				Patient Activity			

Medication/Allergies/History	
Medications	Unable to Obtain - Other Reason
Allergies	Unable to Obtain - Other Reason
History	Unable to Obtain - Other Reason
Last Oral Intake	

Vital Signs															
Time	AVPU	Side	POS	BP	Pulse	RR	SPO2	ETCO2	CO	BG	Temp	Pain	GCS(E+V+M)/Qualifier	RTS	PTS
21:07	Unresponsive		Lay	80/P	120 R	14 R	87 Rm						5=1+1+3	8	
21:12	Unresponsive		Lay	82/P	64 R	14 R	97 Ox						7=2+1+4	9	

ECG			
Time	Type	Rhythm	Notes
21:07	4-Lead	Sinus Tachycardia	DEFIB PADS CONNECTED IN CONJUNCTION WITH 4 LD
21:12	4-Lead	Sinus Rhythm	

Flow Chart			
Time	Treatment	Description	Provider
21:05	Oxygen	Bag Valve Mask (BVM); Flow Rate: 10 lpm; Patient Response: Improved; Successful; Complication: None;	KLEIST, ALEXANDER
21:06	Spinal Motion Restriction	Cervical Collar; Comments: POSITION OF NECK NEARLY PREVENTED C-COLLAR FROM BEING APPLIED, IT WAS ASSUMED THE PT HAD A C-SPINE INJ.; Patient Response: Unchanged; Successful; Complication: None;	CONNELL, BRYAN
21:07	IV Therapy	18 ga; Antecubital-Left; Normal Saline (.9% NaCl); Total Fluid: 250; Patient Response: Unchanged; Successful; Complication: None;	RIGG, ADAM
21:09	IV Therapy	18 ga; Antecubital-Right; Normal Saline (.9% NaCl); Total Fluid: 250; Patient Response: Unchanged; Successful; Complication: None;	CONNELL, BRYAN
21:15	Oxygen	Nasal Cannula (NC); Flow Rate: 2 lpm; Patient Response: Unchanged; Successful; Complication: None;	KLEIST, ALEXANDER

Initial Assessment

Appendix

IV fluid is not reported in the Michigan EMS Patient Care Report.

Non-Transporting unit records will also be in HUB. We only want Transport records.

Patient list is based on destination location entered by EMS. A record may still exist on the EMS side.

Useful for figuring out which LSA transported your patient.