

Food and Drug Administration
Center for Food Safety and Applied Nutrition
Office of Special Nutritionals

ARMS#

12886



4 - ER URGENT

000001

Date 8 / 14 / 97	FR Agency [Redacted]	Unit Number [Redacted]	Agency Incident Number [Redacted]	Incident Location <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Public Place <input checked="" type="radio"/> Other Location
Patient Name [Redacted]	Date of Birth [Redacted]	PT Home ZIP Code [Redacted]	Sex <input checked="" type="radio"/> Male <input type="radio"/> Female	Age 17
Incident Address [Redacted]	City [Redacted]	PI # 01	PIs 01	Year <input type="radio"/> Year <input type="radio"/> Month <input type="radio"/> Day
Time Call Received by Agency 12:05:46	Time Unit Dispatched 12:06:12	Time Unit On Scene 12:09:42	Time Unit Available 12:33:20	

Chief Complaint: Light Headed - Dry throat

Estimated Time FR Personnel at Pt Side BP/Systolic: [Redacted] BP / Diastolic: 130 / 90 Paip

Initial Pulse: 104 Regular Irregular

Resp Rate: 20

PI Weight: [Redacted]

Post Medical History
 None Cardiac Diabetes
 Unknown CHF HTN
 Asthma COPD Seizure
 Cancer CVA Other

Level of Consciousness <input checked="" type="radio"/> Awake <input type="radio"/> Responds to Verbal <input type="radio"/> Responds to Pain <input type="radio"/> Unresponsive <input type="radio"/> Disoriented	Orientation <input checked="" type="radio"/> Person <input type="radio"/> Place <input type="radio"/> Time <input type="radio"/> Purpose	Skin Moisture <input type="radio"/> Normal <input checked="" type="radio"/> Dry <input type="radio"/> Moist <input type="radio"/> Diaphoretic	Skin Color <input type="radio"/> Normal <input type="radio"/> Pale <input type="radio"/> Cyanotic <input type="radio"/> Flushed <input type="radio"/> Jaundiced	Skin Temp <input type="radio"/> Warm <input checked="" type="radio"/> Hot <input type="radio"/> Cool <input type="radio"/> Cold	Pupils <input type="radio"/> PERL <input type="radio"/> Pinpoint <input type="radio"/> Midpoint <input type="radio"/> Fixed <input type="radio"/> Dilated <input type="radio"/> Unequal	Capillary Refill <input type="radio"/> Normal <input type="radio"/> Delayed <input type="radio"/> None	Treatment <input type="radio"/> CPR <input type="radio"/> Oral Airway <input type="radio"/> Nasal Airway <input type="radio"/> BVM <input checked="" type="radio"/> Oxygen at 6 L/min <input type="radio"/> Mask <input checked="" type="radio"/> Gethrie <input type="radio"/> Suction <input type="radio"/> C-Spine <input type="radio"/> Splint <input type="radio"/> Traction Splint <input type="radio"/> Dressings <input type="radio"/> Extrication <input type="radio"/> O2 Assistance <input type="radio"/> Other
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Time	BP	Pulse	Resp	Narrative
12:15	130/90	104	20	Light Headed - dry throat - (on call)
12:24	110/70	80		7:15 AM Patient took pill called Ripped Face (GUC provided) 600mg IB Prot 2 HRS Later 1200

Cardiac Arrest Prior to ALS Arrival <input type="radio"/> Yes <input checked="" type="radio"/> No	Time of Collapse Unknown <input type="radio"/>	Witnessed <input type="radio"/> No <input type="radio"/> EMS Personnel <input type="radio"/> Bystander	CPR Initiated? <input type="radio"/> No <input type="radio"/> EMS Personnel <input type="radio"/> Bystander	SAED Correctly? <input type="radio"/> Yes <input type="radio"/> No # Shocks	Return of Pulses in Field? <input type="radio"/> Yes <input type="radio"/> No	Transported To <input type="radio"/> CMH <input type="radio"/> LURMC <input type="radio"/> OVCH <input type="radio"/> PVH <input type="radio"/> SJRMC <input type="radio"/> SPWH <input type="radio"/> SVH <input type="radio"/> VCMC <input type="radio"/> LAC <input type="radio"/> SBC <input checked="" type="radio"/> AMA Signed
DNR Form Present <input type="radio"/> Yes <input checked="" type="radio"/> No	Estimated Time of Collapse [Redacted]	Estimated Time CPR Started [Redacted]	FR Defibrillation <input type="radio"/> Yes <input type="radio"/> No	Field Determination of Death <input type="radio"/> Yes <input type="radio"/> No		
Transport Agency <input type="radio"/> Gold Coast <input type="radio"/> VCFD <input checked="" type="radio"/> MedTrans <input type="radio"/> SAR <input type="radio"/> Opt	Unit # [Redacted]	Other Agency on Scene <input type="radio"/> Yes <input checked="" type="radio"/> No	Agency Name [Redacted]	Incident Location Geo Ref [Redacted]	FR Rider in Amb <input type="radio"/> Yes <input checked="" type="radio"/> No	

Crew 1/SAED Operator [Redacted] Printed Name	Crew Member 2 [Redacted] Printed Name	Crew Member 3 [Redacted] Printed Name	Crew Member 4 [Redacted] Printed Name
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LOS 7711
4/29/98
WRB (390)

Acc # _____

Date 8/14/97

Name _____

DOB _____

Time In Walkin

Appt Time _____

Wt _____

BP _____

P _____

T _____

Ht _____

Allergies: _____

Vistaril 50mg

Meds: _____

8-14-97

Complaining of nervousness, shaking, cold sweats x 1 hour. Apparently he took some weight-gaining powder this morning. States he bought it OTC at _____ He did take it on an empty stomach. No shortness of breath per se. No syncope episodes.

EXAM: He is somewhat anxious. No shortness of breath. Answers questions appropriately. Blood pressure approximately 150/90. HEENT: Pupils are equal, round, reactive to light. Extraocular muscles intact. Fundi - discs are sharp. Oral pharynx moist and clear. Neck supple. Lungs clear. Heart tachycardic, regular. Skin - somewhat clammy.

P: He is given Vistaril 50 mg. IM, repeat blood pressure approximately 140/90. Pulse approximately 88. Patient discharged home, instructions given to Mom to have him push clear fluids, bowel rest. She will check on him periodically; follow-up in the a.m. for recheck.

000003