EMS Chart Narrative

Patient information	
Patient name: Juan Martinez	
Date of birth: December 30, 1957	
Gender: Male	
Allergies:	**Current medications:**
No known allergies	Lisinopril and metformin

Past medical history:
Hypertension and type 2 diabetes

Dispatch details
At 12:15 PM, EMS received a call regarding a male patient experiencing chest pain at a residential address located at 123 Main St. The call was categorized as a priority 1 dispatch, requiring an immediate response with lights and sirens. The dispatch note indicated the patient had been experiencing severe chest pain for approximately 20 minutes prior to the call.

Arrival details
EMS arrived on the scene at 12:25 PM to find the patient sitting upright in a chair inside his home. The weather was clear, and the scene was safe with no immediate hazards present. Upon arrival, Mr. Martinez appeared pale and diaphoretic, clutching his chest with his left hand. His family informed EMS that he had not received any prior first aid, and no medications had been administered before our arrival.

Assessment of patient health status
Mr. Martinez’s chief complaint was sharp chest pain radiating to his left arm, accompanied by shortness of breath and dizziness. His airway was patent, breathing was labored but present with shallow respirations, and pulses were weak but palpable. Initial vitals included a blood pressure of 180/110 mmHg, a heart rate of 110 bpm, respiratory rate of 24 breaths per minute, and an SpO2 of 91% on room air. His Glasgow Coma Scale (GCS) was 15, as he was alert and oriented but visibly distressed. The patient was pale, diaphoretic, and had tenderness on palpation over the left side of his chest. He reported a pain intensity of 8/10 on the pain scale. There were no visible signs of trauma or injury, and no recent falls or accidents were reported. His medical alert bracelet confirmed his history of diabetes and hypertension.

Treatment

Given the patient's presentation and history, EMS initiated oxygen therapy at 4 L/min via nasal cannula, and aspirin 325 mg was administered orally. Nitroglycerin was considered, but given his elevated blood pressure, further consultation with medical control was performed before administration. An EKG was performed, which showed ST elevation, indicating a possible myocardial infarction. The patient was placed in a semi-Fowler's position to improve breathing, and ongoing monitoring of vitals and EKG changes was conducted during the transport.

Transport details

The decision to transport Mr. Martinez to St. Mary's Hospital, the nearest cardiac-capable facility, was made due to his potential acute coronary syndrome. The patient was transported via ambulance, with continuous monitoring and oxygen administration en route. Departure time was 12:35 PM, and arrival at the emergency department was 12:55 PM. During transport, Mr. Martinez remained alert, though his chest pain persisted at a level of 6/10 after the aspirin. Upon arrival, the patient was handed off to the ED staff with a complete verbal report, including EKG findings and treatments rendered.

EMS provider: Gia Lopez

Signature:

Date: September 12, 2024