



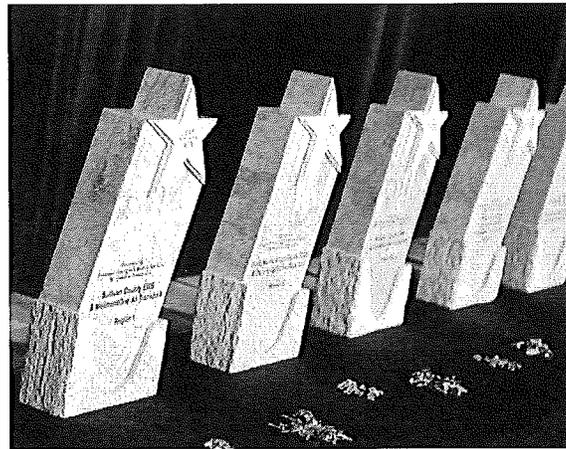
Tennessee
EMSC
Emergency Medical
Services for Children™

20 Years of Service

is proud to present the 7th Annual

EMS Star of Life

Awards Dinner and Ceremony



May 14, 2015

Rocketown

601 4th Avenue South
Nashville, TN 37203



What is the EMS Star of Life?

The EMS Star of Life event is designed to honor the accomplishments of EMS personnel from all regions of Tennessee who provide exemplary life-saving care to **adult and pediatric** patients. The goal of the award is to recognize exceptional front-line care, with a focus on agencies and providers who are the initial care responders. The ceremony will include a presentation of the actual adult or pediatric patient scenarios and reunite the EMS caregivers with the individuals they treated. Recipients will be chosen from each of the eight EMS regions in the state. This is the premier event that will kick off EMS week within the state to recognize and honor our excellent prehospital providers.

Nominate an EMS provider!

If you know a rescue or medical team that merits consideration as the regional recipient of the EMS Star of Life Award, please complete the nomination packet that follows and return it to the TN EMSC office by **February 9, 2015**.

****Note:**

The nominating crew will be disqualified from receiving the Star of Life Award if the nominated crew has been recognized for this call in a prior ceremony that would prevent them from attending the Star of Life Award Ceremony.



Tennessee Emergency Medical Services for Children Foundation takes great pleasure in sponsoring the seventh annual:

EMS Star of Life Awards Dinner & Ceremony

The **EMS Star of Life Awards** are designed to:

- HONOR** exceptional EMS personnel from each of Tennessee's eight EMS Regions.
- RECOGNIZE** Tennessee's emergency medical services systems and organizations.
- REUNITE** EMS providers with the person treated and highlight the actual patient scenario.
- GENERATE** positive media stories regarding prehospital care and the *EMS Star of Life Award*.
- MAGNIFY** the profile of National EMS Week in the State of Tennessee.

The TN EMSC EMS Star of Life Awards Committee reviews nominations and selects winners from each region based on the EMS provider's service to his/her community and commitment to saving the lives of his/her patients. In order to ensure that all qualified EMS providers are considered, we are asking for nominations for recipients of this prestigious *EMS Star of Life Award*. Please note the nomination qualifications:

- The patient encounter must have occurred during the calendar year of 2014.
- The patient can be of any age – adult or pediatric.
- The patient must be neurologically intact.
- Standards of care (protocols) are followed.
- The patient EMS run sheets and aeromedical documentation will be submitted and reviewed for completeness.
- All requested information must be submitted in order for the award to be presented.

If you know an EMS provider(s) who merits consideration as the regional recipient of the *EMS Star of Life Award*, please complete the forms enclosed and forward the appropriate information to the TN EMSC office. **Please note: It is important to have the patient sign the release form before you submit this information in order to release you and TN EMSC from any liability for reviewing these records.** Also, it is our desire to have the patient reunited with the EMS providers at the ceremony, so please discuss this with the patient and encourage them to attend with their family. Once all nominations are reviewed, the EMS Star of Life Awards Committee will notify you if your EMS personnel have been chosen.

The deadline for nomination submissions is February 9, 2015.

Thank you for supporting our efforts to honor and recognize the State of Tennessee's exceptional EMS providers! If you have any questions, feel free to contact Program Coordinator, Erin Hummeldorf erin@tnemsc.org or call 615-936-5274.

Rita Westbrook, MD
President

Rhonda G. Phillippi, RN, BA
Executive Director



EMS Star of Life NOMINATION FORM

****ALL FIELDS REQUIRED-use additional paper if necessary**

EMS Region #: 2

Patient's Name: Kaye Murrell

Patient's Diagnosis: Success Cardiac Resuscitation

Submitted by Name: Jimmy Contreras Title: Director of Training and Education

EMS Agency: First Call Ambulance Service

Address: 503 Jones Circle

City, State & Zip: Newport, TN 37821

Phone: (931)384-6169 Fax: (615)277-0642 Email: jcontreras@firstcall-ambulance.com

Please list all other AGENCIES associated with this team and their contact information:

(For example if your had air medical assist, list the agency name, person to contact, and their complete contact information)

Agency: First Call Ambulance Service

Name of Contact: Jimmy Contreras

Address: 503 Jones Circle

City, State & Zip: Newport, TN 38721

Phone: (931)384-6169 Fax: (615)277-0642 Email: jcontreras@firstcall-ambulance.com

Agency: Wings

Name of Contact: Dwanye Rowe

Address: 415 HWY 91

City, State & Zip: Elizabethton, TN 37643

Phone: (423)952-3744 Fax: (423)952-3724 Email: _____



Agency: _____

Name of Contact: _____

Address: _____

City, State & Zip: _____

Phone: () _____ Fax: () _____ Email: _____

Agency: _____

Name of Contact: _____

Address: _____

City, State & Zip: _____

Phone: () _____ Fax: () _____ Email: _____

Please provide an attached Excel sheet of each member of each team present on the call, their credentials, and their address.

Patient Name: _____

Home Mailing Address: _____

City, State, Zip: _____

Phone: () _____ Cell: ()

Email: _____

****Please ensure you fill out the Patient Consent Form that is attached.**

Date of Incident: _____

Place of Incident: _____

Please explain why you think the *EMS Star of Life Award* should be given to the nominees:

This call is a perfect example of how excellent teamwork and the chain of survival works together to save lives. Through proper education of each link in the chain everyone involved show exemplary skill in which made this a great success story. It all started with early high quality chest compressions and a rapid response by an ALS EMS unit. This will followed with Advanced Cardiovascular Life Support guidelines by trained Paramedic providing manual defibrillation, antiarrhythmic therapy and endotracheal intubation. This care was continue by Aeromedical Transportation that followed these same guidelines by using maintenance drug infusion and starting the hypothermia protocol while transporting to a qualified Heart Center. All the links of the chain of survival came together to save a life on April 16, 2014 in Newport, TN. This is why I think these healthcare providers deserve this award



Permission is hereby granted to Tennessee Emergency Medical Services for Children Foundation (TN EMSC) to utilize the information contained in the EMS run report for my care that occurred on the 16 day of April (month), 2014 (year), in Newport, Tennessee.

I understand that the EMS run report contains personal medical information that may, under state and federal laws, be considered confidential, and I hereby expressly waive my right to maintain the confidentiality of this medical information, so that the information in the EMS run report may be used by Tennessee Emergency Medical Services for Children Foundation in connection with the EMS Star of Life Award Ceremony. This release and waiver includes the potential publication of the information on television, radio and print media.

I also expressly waive any and all claims that I might have against the EMS service that prepared the EMS run report and/or against Tennessee Emergency Medical Services for Children Foundation, in connection with the use of this information for the EMS Star of Life Award Ceremony.

Jimmie Kaye Murrell / Nicole Murrell
Patient

Chandio Clark
Witness

2.6.15

Date

2.6.15

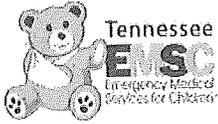
Date

Will you be able to attend the EMS Star of Life Awards Dinner & Ceremony
(Selection will not be based on attendance)

Yes

No

see attached



DEADLINE FOR SUBMISSION IS MONDAY, FEBRUARY 9, 2015

Submit Your Nomination to the TN EMSC office:

E-mail: erin@tnemsc.org

Fax: TN EMSC, 615-343-1145

Mail: TN EMSC
2007 Terrace Pl
Nashville, TN 37203

For questions please contact:

Erin Hummeldorf, BA, MPA
Program Coordinator, TN EMSC
615-936-5274
erin@tnemsc.org

Checklist to include in submission:

- Star of Life Awards Patient Consent Form
(It is a HIPPA violation to send patient records without their permission. Please allow enough time to secure the patients signature)
- Official Star of Life Awards Nomination Form
- Excel Sheet of Members of Each Organization
- Copy of Run Sheet and Aeromedical sheet if applicable
- News Articles and Photos

Attention: Team Photo (300 dpi resolution) and the following spreadsheet must be sent within 2 weeks of notification for your team to win the Star of Life Award – e-mail to erin@tnemsc.org. Disqualification will occur if materials are returned incomplete.

2007 Terrace Place, Nashville, TN 37203
Phone: 615.343.EMSC (3672) / Fax: 615.343.1145 / www.tnemsc.org

Typing and filling out this sheet completely ensures that all providers receive the necessary information for the 2015 Star of Life Awards.

Region	Title	First Name	Last Name	Credentials	Email Address	Organization	Address	City, State, Zip
2	EMT-P	Corey	Parton	EMT-P	lellison@firstcaul-ambulance.com	First Cal	503 Jones Circle Newport, TN 37821	Newport, TN 37821
2	AEMT	Donna	Sutton	AEMT	lellison@firstcaul-ambulance.com	First Cal	503 Jones Circle Newport, TN 37821	Newport, TN 37821
2	EMT-P	Chad	Still	EMT-P	lellison@firstcaul-ambulance.com	First Cal	503 Jones Circle Newport, TN 37821	Newport, TN 37821
2	AEMT	Billy	Suggs	AEMT	lellison@firstcaul-ambulance.com	First Cal	503 Jones Circle Newport, TN 37821	Newport, TN 37821
1	CC EMT-P	Nick	Collins	CC EMT-P	lellison@firstcaul-ambulance.com	Wings	1401 Old Tusculum Rd Greenville, TN 37745	Greenville, TN 37745
1	RN	Tracy	Jarnigan	RN	tracy.jarnigan@med-trans.net	Wings	1901 Old Tusculum Rd Greenville, TN 37745	Greenville, TN 37745

First Call Ambulance Medical Record

Physical or Mental Reason for Ambulance Transport:

Dispatch Info:
 Date [4] [16] [14] Run # 35120
MONTH DAY YEAR
 Unit 368 ALS/BLS xport AIS
 Origination 212 Front St. 1.37821
WITH ROOM # ZIP CODE
 Destination NMC L2 1.37821
WITH ROOM # ZIP CODE

Cardiac Arrest
 Dispatched as: Cardiac Arrest
 Beginning Miles 245922 Enroute: 1955
 Ending Miles 245940 Arrive Loc.: 2000
 Total Miles 4 Dept Loc.: 2018
 Destination: 2014
 In Service: 2014

Patient Insurance Information

Name: MURCILL KAYC
 Address: 212 Front St. Newport TN 37821
 SSN: 4158017851 Patient Phone#: 4236235208 Physician
 Policy #: CYP541345984
 Group #: 415802851A

Purpose of Transport

Cardiac Arrest

Primary Insurance: Name RCBS Policy # CYP541345984
 Address: Secondary Insurance: Name Medicare Policy # 415802851A
 Address: Group #

Section A: ACKNOWLEDGMENT OF SERVICES

I, the undersigned patient do hereby acknowledge that I received medical services from First Call Ambulance Service, LLC. on the date set forth below. I authorize release of medical information and assignment of my insurance benefits for payment directly to First Call Ambulance Service, LLC.

HIPAA

I, the undersigned patient, have received a copy of the Notice of Privacy Policy of First Call Ambulance Service, LLC.

Patient Signature: Date: Patient's Authorized Representative: Relationship:
 1. Patient's legal guardian
 2. Patient's healthcare power of attorney
 3. Person who receives govt. benefits on patient's behalf
 4. Person who arranges patient's medical appointments
 5. Representative of provider who cares for patient
 Patient was unable to sign: Greg Parks (EMT/Paramedic) Due to: Cardiac Arrest

Patient Signature: Date:

Past Medical History

Medical Illness

Alzheimer's/Dementia Quadraplegic/Para
 Asthma Renal Disease
 CAD Seizures/Epilepsy
 Cancer Stroke/CVA
 CHF Syncope
 COPD Tracheostomy
 Diabetes Mellitus Weakness
 Hemiparalysis/Plegia Cardiac arrest
 Hypertension CABG
 Pulmonary Edema

Focused Patient Survey

Time 20:12
 B/P 150/90
 Pulse 119
 R.Rate 8
 O2 Sat. % 100 Air O2 Air O2
 Time: :
 B/P: :
 Pulse: :
 R.Rate: :
 O2 Sat. %: Air O2 Air O2
 Skin/M. Pink Cyanotic Warm Cool
 Memb. Dry Diaphor Dry Diaphor
 Moist Pale Moist Pale
 Hot Hot
 Pupils L Nor Dil Con NR Irregular
 R Nor Dil Con NR Irregular

Airway

TREATMENT
 Pt. Repositioned C-Spine Control
 Modified Jaw Thrust Chin/Lift Head Tilt
 ETT PTL OPQA NPGA
 Trach Oral PTL ETT
 Assist with BVM
 Oxygen @ 15 LPM 100%
VIA
 Nasal Canula Trach mask
 NRB Nebulizer
 Mech. Vent Auto Vent/ Surevent

Breathing

ASSESS
 Patent Obstructed Vent
 ETT 7.5 size Trach. size
Effort
 Adequate Decreased Increased Absent
 Non-Labored Labored
Sounds
 Equal Unequal
 L/R
 Clear Absent Rales Ronchi Wheezes

Circulation

Pulses Strong Weak Reg. Irreg. None
 Pedal
 Radial
 Femoral
 Brachial
 Carotid
 YES Active Bleeding NO
 Controlled w/BANDAGING
 Controlled w/DIRECT PRESS.

Neuro Disability

GCS #1
Eyes
 4 Spontaneous
 3 To Speech
 2 To Pain
 1 None
Verbal
 5 Oriented
 4 Confused
 3 Inappropriate
 2 Garbled
 1 None
Motor
 6 Obeys
 5 Localizes
 4 Withdraws
 3 Flexion
 2 Extension
 1 None
 Pediatric Age Appropriate
 Time 1 23:01 (3)

Injury Site/Type

GCS #2
Eyes
 4 Spontaneous
 3 To Speech
 2 To Pain
 1 None
Verbal
 5 Oriented
 4 Confused
 3 Inappropriate
 2 Garbled
 1 None
Motor
 6 Obeys
 5 Localizes
 4 Withdraws
 3 Flexion
 2 Extension
 1 None
 Pediatric Age Appropriate
 Time 2 24:10 (3)

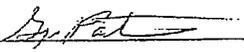
Legend
 A=Abrasion B=Burns C=Contusion D=Deformity
 H=Bleeding I=Instability L=Laceration N=Pain
 P=Penetrating R=Creptus S=Swelling T=Tenderness

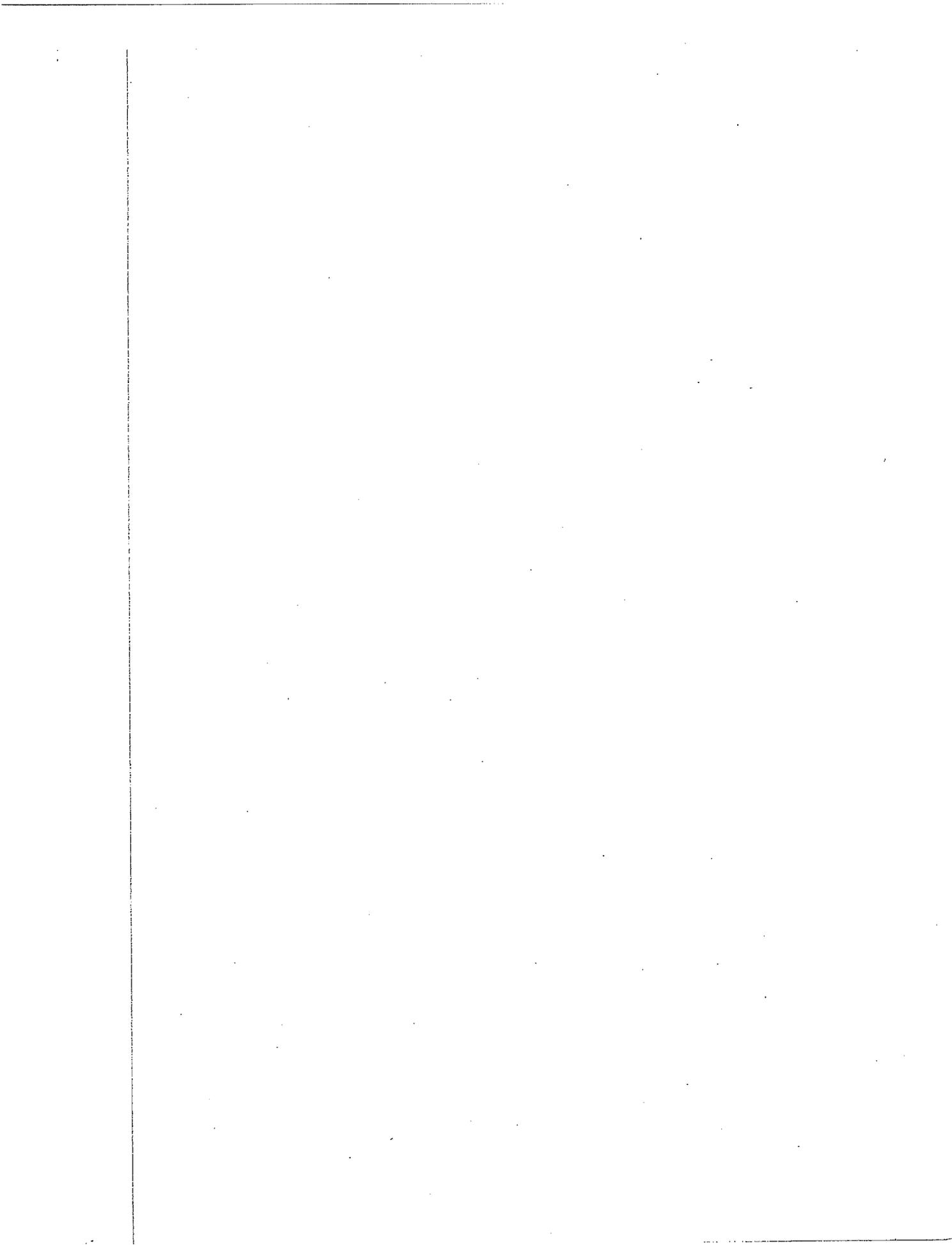
STAFF
 JPA

First Call Ambulance Service
~ Patient Report Addendum ~

Unit #: 368 Date: 4-16-14 Run#: 35120 Patient Name: Kaye Curran

Tube was seen going through vocal cords and tube was inflated with 10 cc of air. No sounds over Epigastric area noted. Good bilateral breath sounds were noted with tube fogging noted and CO₂ detector was placed on tube and good color change noted. We started an IV of NS in pt's RT EJ using 16 cc with no signs of infiltration noted. IV was secured in place by tape. Pt was reassessed and pt had rhythm change to sinus tach and pulse was noted, pt started to have spontaneous respirations at approx 8 a min we continued to ventilate via Et tube with BVM @ 15 LPM. We contacted Medical direction to see about having antiarrhythmic. Dr King advised to push 150mg of Amiodarone. Pt was administered 150mg of Amiodarone via IV push. Pt was transported Emergency to L2. Pt had good return of spontaneous circulation noted. Pt color changed and pt had good change from cyanotic to pink. Pt blood sugar was checked and revealed to be 160. Pt report was given to wings staff and pt was placed onto wings and transported to PRMC by wings no further action taken by EMS. 12 Lead was also done and showed Tach.

Primary Medic Name: Greg Perkin Primary Medic Signature:  Page ____ of ____

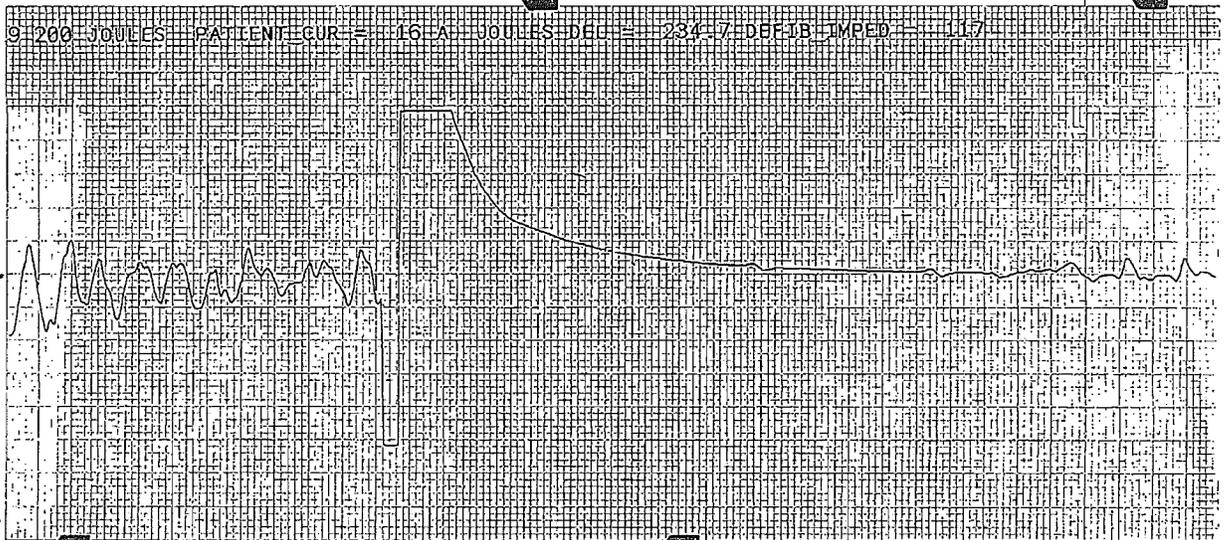


First Call Ambulance Service
Zoll M-Series Rhythm Strip Log Sheet

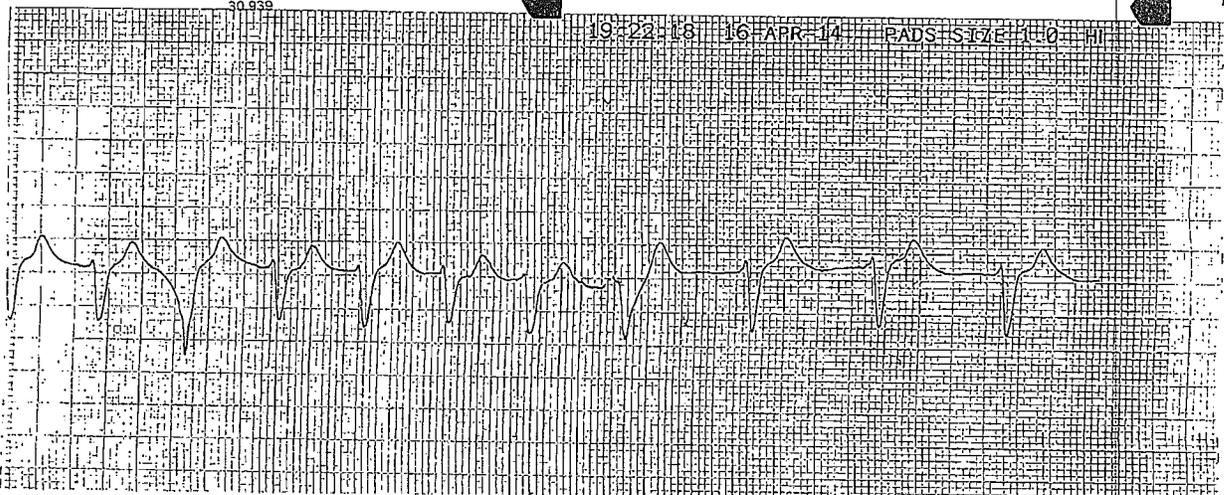
Unit #: 268 Date: 4-16-14 Rim #: 35120

Patient Name: Kyle Russell Paramedic: Greg Perley

Transport Interpretation: V-Tach



30.939
SINUS TACH

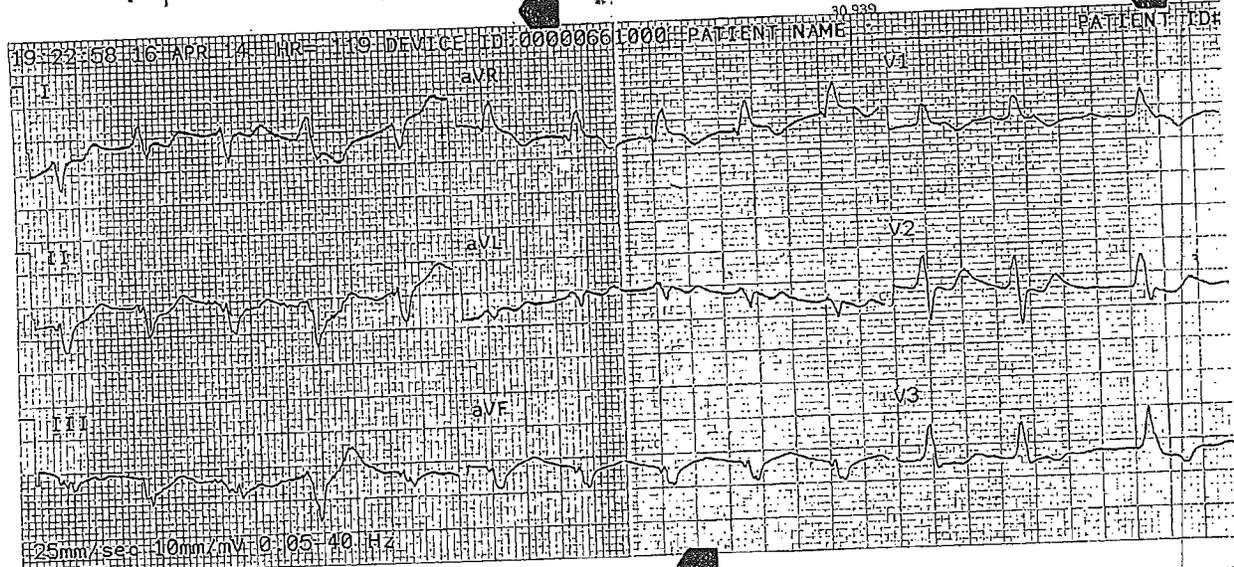


**First Call Ambulance Service
Zoll M-Series Rhythm Strip Log Sheet**

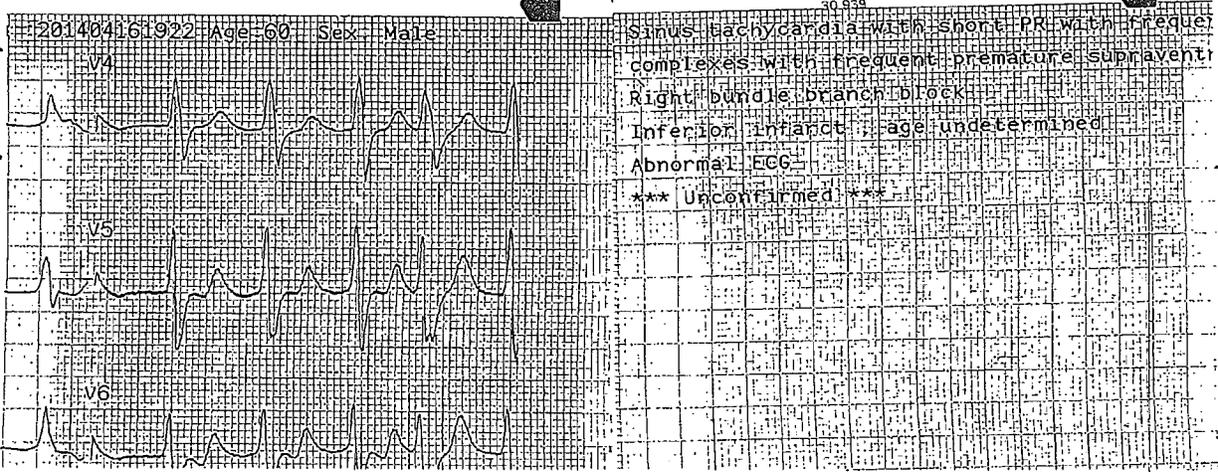
Unit# 368 Date: 4-16-14 Rm# 368

Patient Name: Kyle McVirell Paramedic: Greg Arden

Transport Interpretation: Sinus Tach

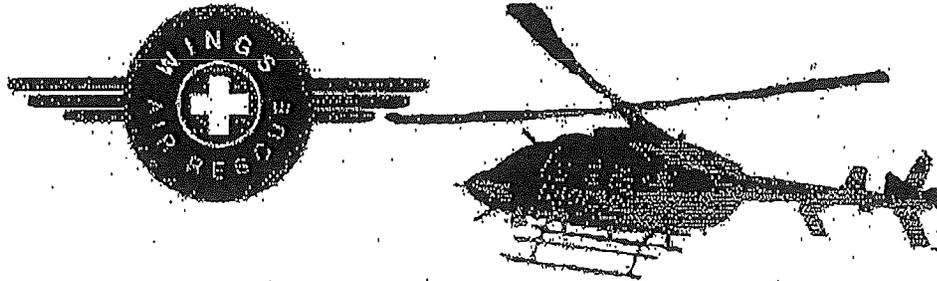


Interpretation: Sinus Tach





Wings Air Rescue
1-800-946-4701



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