



## EMS Star of Life NOMINATION FORM

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

EMS Region #: 2

Patient's Name: Thomas Berg

Patient's Diagnosis: Sudden Cardiac Arrest due to a 90%- 95% blockage of a coronary artery.  
Additionally, a pulmonary emboli resulted from a fractured clavicle and scalpula.

Submitted by Name: David C. Harrington Title: Battalion Chief / EMS Director

EMS Agency: City of Oak Ridge Fire Department

Address: 200 S. Tulane Avenue

City, State & Zip: Oak Ridge, TN 37830

Phone: (865) 388-2357 Fax: (865) 576-8224 Email: dharrington@oakridgetn.gov

**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: Anderson County Emergency Medical Services

Name of Contact: Nathan Sweet

Address: 314 Public Safety Lane

City, State & Zip: Clinton, TN 37716

Phone: (865) 457-8609 Fax: (865) 457-9701 Email: nsweet@andersonems.com

Agency: University of Tennessee LIFESTAR Aeromedical Services

Name of Contact: Andrew Slemp

Address: 1924 Alcoa Highway

City, State & Zip: Knoxville, TN 37920

Phone: (865) 544-9112 Fax: (865) 305-8868 Email: aslemp@utmck.edu



Agency: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Agency: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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

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Patient Name: Thomas A. Berg

Home Mailing Address: 1925 Northshore Hills Blvd.

City, State, Zip: Knoxville, TN 37922

Phone: (865) 256-6211

Email: tberg1@vols.utk.edu

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

Date of Incident: March 30, 2014

Place of Incident: Bethel Valley Road, Oak Ridge, TN



**Please provide a written narrative of the EMS run below, and attach a copy of the all EMS run sheets, aeromedical run sheets, and emergency department notes. Please include any news articles and photos. Use additional paper as necessary.**

On the beautiful sunny afternoon of March 30, 2014 in Oak Ridge, Tennessee, Thomas Berg and lifelong friend and riding partner David Smallwood were enjoying a 40 mile bicycle ride when Mr. Berg experienced an event that would change his life forever. At approximately 3:00 p.m., Mr. Berg experienced a sudden medical emergency causing him to crash his bicycle in the middle of Bethel Valley Road. Immediately after the crash his friend called 911 and reported the accident. Mr. Berg was found to be pulseless and CPR was initiated by his friend. A passerby, an off-duty DOE pro-force security guard who wouldn't give his name was driving by and witnessed Mr. Smallwood performing CPR and immediately stopped to assist in the resuscitation efforts.

At 3:11 pm, emergency responders from the City of Oak Ridge Fire Department were dispatched to the scene. During their response, Battalion Chief Marty Griffith, a Paramedic and also an Emergency Room RN, requested an updated report from Oak Ridge Dispatch on the condition of the patient. He was advised by dispatch that the patient was reportedly unresponsive. Chief Griffith immediately requested an "auto-launch" by UT LIFESTAR Aeromedical Services for a possible on-scene response for what he assumed to be a traumatic injury based on available information. At this time, it was not known by emergency response personnel that Mr. Berg was in cardiac arrest and that CPR was being performed.

Battalion Chief Griffith, the crews from Engine Company 3 and Rescue 30 from the City of Oak Ridge Fire Department arrived on scene at 3:15 pm. They observed that CPR was being performed and quickly jumped into action relieving Mr. Smallwood and the off-duty officer in their resuscitation efforts. Their initial assessment of the patient indicated that the patient was still pulseless with no respirations. After continuing good compressions, and upon the second defibrillation, the patient regained a palpable pulse along with spontaneous respirations.

Anderson County EMS arrived on-scene and assisted with resuscitation efforts. Mr. Berg was immobilized and moved directly to the awaiting helicopter, where he was flown to the University of Tennessee Medical Center. Upon arrival to the hospital, Mr. Berg was placed into a hypothermic state and then, over time, awakened to begin cardiac rehab.

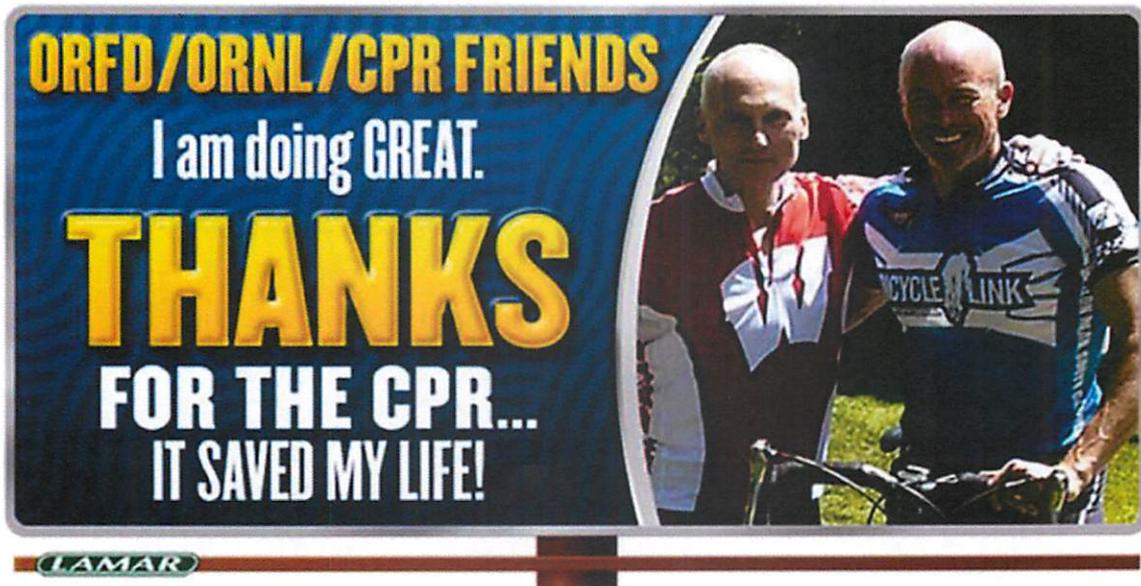
Today Mr. Berg has made a full recovery and is once again enjoying one of his many favorite hobbies, bike riding. Since the event on March 30<sup>th</sup>, 2014, Mr. Berg, his wife Karen and his 12 year-old daughter Ali have on multiple occasions visited the Oak Ridge fire station and the crew who responded to his emergency. As a special thanks to all of his rescuers, Mr. Berg went well out of his way to send a custom thank you message. The photograph below is an image of a billboard ad that Mr. Berg took out to thank everyone who came to his aid that day. Mr. Berg is pictured on the left in the billboard photo.



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

This is an excellent example of the quick response of both civilian and emergency responders coming together to initiate vital life-saving care in order to save the life of a person who experienced what otherwise would have been a fatal event. Additionally, first responders took the initiative to request aeromedical services early based upon dispatch information to further reduce the time element factor in assuring that a potentially critical patient was delivered to a Level I Trauma Center in the most expedient manner. While no one element could ultimately claim sole responsibility for the positive outcome of this event, it was the seamless cooperation and teamwork by all parties involved that resulted in Mr. Berg being able to share many more years with his family and friends.

It is my honor to nominate the following agencies and their crews for their efforts in saving the life of Mr. Thomas Berg.





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 30<sup>th</sup> day of March (month), 2014 (year), in Oak Ridge, 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.

  
Patient  
THOMAS A. DELO

  
Witness

7/22/14  
Date

7/22/14  
Date

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

Yes  
 No



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**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](mailto:erin@tnemsc.org). Disqualification will occur if materials are returned incomplete.

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
		David	Smallwood	None	engdvm@aol.com	Civilian Responder	10 Rivers Run Way	Oak Ridge	TN	37830
2	Battalion Chief	Marty	Griffith	EMT-P / RN	mgriffith@oakridgetn.gov	City of Oak Ridge Fire Department	200 S. Tulane Avenue	Oak Ridge	TN	37920
2	Captain	Eric	Mocsari	EMT-P / RN	emocsari@oakridgetn.gov	City of Oak Ridge Fire Department	200 S. Tulane Avenue	Oak Ridge	TN	37920
2	Firefighter Engineer	Thomas	Giles	AEMT	tgiles@oakridgetn.gov	City of Oak Ridge Fire Department	200 S. Tulane Avenue	Oak Ridge	TN	37920
2	Firefighter Engineer	Duane	Chase	AEMT	dchase@oakridgetn.gov	City of Oak Ridge Fire Department	200 S. Tulane Avenue	Oak Ridge	TN	37920
2	Firefighter Engineer	Steve	London	EMT-P	slondon@oakridgetn.gov	City of Oak Ridge Fire Department	200 S. Tulane Avenue	Oak Ridge	TN	37920
2	Paramedic	Natalie	Waddell	EMT-P	nwaddell@andersonems.com	Anderson County EMS	314 Public Safety Way	Clinton	TN	37716
2	Paramedic	Zach	Panter	EMT-P	zpanter@andersonems.com	Anderson County EMS	314 Public Safety Way	Clinton	TN	37716
2	Flight Paramedic	Terry	Neal	EMT-P/CC	tneal@utmck.edu	UT LIFESTAR	1924 Alcoa Hwy	Knoxville	TN	37920
2	Flight Nurse	Gary	Reams	EMT-P/CC/ RN	greams@utmck.edu	UT LIFESTAR	1924 Alcoa Hwy	Knoxville	TN	37920
2	Pilot	Jason	Lewis		jlewis@utmck.edu	UT LIFESTAR	1924 Alcoa Hwy	Knoxville	TN	37920
2	Flight Coordinator	Tim	King	EMT-P	tking@utmck.edu	UT LIFESTAR	1924 Alcoa Hwy	Knoxville	TN	37920
2	Flight Coordinator	Fred	Yahr	EMT-P	fyahr@utmck.edu	UT LIFESTAR	1924 Alcoa Hwy	Knoxville	TN	37920

**A** FDID 01442 \* State TN \* Incident Date 03 30 2014 \* Station 3 Incident Number 14-0001219 \* Exposure 000 \*  Delete  Change  No Activity NFIRS -1 Basic

**B Location\***  Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only for Wildland fires. Census Tract \_\_\_\_\_ - \_\_\_\_\_

Street address  
 Intersection Number/Milepost Prefix Street or Highway Street Type Suffix  
 In front of  
 Rear of  
 Adjacent to  
 Directions

OAK RIDGE TN 37830 - \_\_\_\_\_  
BETHAL VALLEY ROAD 100 YARDS EAST OF ALVIN WEINBERG.  
 Cross street or directions, as applicable

**C Incident Type \***  
321 EMS call, excluding vehicle  
 Incident Type

**E1 Date & Times** Midnight is 0000  
 Check boxes if dates are the same as Alarm Date. ALARM always required  
 Alarm \* 03 30 2014 15:11:22  
 ARRIVAL required, unless canceled or did not arrive  
 Arrival \* 03 30 2014 15:15:26  
 CONTROLLED Optional, Except for wildland fires  
 Controlled \_\_\_\_\_  
 LAST UNIT CLEARED, required except for wildland fires  
 Last Unit 03 30 2014 15:56:23  
 Cleared

**E2 Shift & Alarms** Local Option  
C 01 3  
 Shift or Alarms District Platoon

**D Aid Given or Received\***  
 1  Mutual aid received  
 2  Automatic aid recv.  
 3  Mutual aid given  
 4  Automatic aid given  
 5  Other aid given  
 N  None

Their FDID \_\_\_\_\_ Their State \_\_\_\_\_  
 Their Incident Number \_\_\_\_\_

**E3 Special Studies** Local Option  
 Special Study ID# \_\_\_\_\_ Special Study Value \_\_\_\_\_

**F Actions Taken \***  
321 OBTAINED VITALS  
 Primary Action Taken (1)  
324 BAG VALVE MASK - AIRWAY  
 Additional Action Taken (2)  
32 Provide basic life  
 Additional Action Taken (3)

**G1 Resources \***  
 Check this box and skip this section if an Apparatus or Personnel form is used.  
 Apparatus \_\_\_\_\_ Personnel \_\_\_\_\_  
 Suppression \_\_\_\_\_  
 EMS 0003 0005  
 Other \_\_\_\_\_  
 Check box if resource counts include aid received resources.

**G2 Estimated Dollar Losses & Values** LOSSES: Required for all fires if known. Optional for non fires. None  
 Property \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Contents \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 PRE-INCIDENT VALUE: Optional  
 Property \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Contents \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Completed Modules**  
 Fire-2  
 Structure-3  
 Civil Fire Cas.-4  
 Fire Serv. Cas.-5  
 EMS-6  
 HazMat-7  
 Wildland Fire-8  
 Apparatus-9  
 Personnel-10  
 Arson-11

**H1\* Casualties**  None  
 Deaths Injuries  
 Fire Service \_\_\_\_\_  
 Civilian \_\_\_\_\_  
**H2 Detector** Required for Confined Fires.  
 1  Detector alerted occupants  
 2  Detector did not alert them  
 U  Unknown

**H3 Hazardous Materials Release**  
 N  None  
 1  Natural Gas: slow leak, no evacuation or HazMat actions  
 2  Propane gas: <21 lb. tank (as in home BBQ grill)  
 3  Gasoline: vehicle fuel tank or portable container  
 4  Kerosene: fuel burning equipment or portable storage  
 5  Diesel fuel/fuel oil: vehicle fuel tank or portable  
 6  Household solvents: home/office spill, cleanup only  
 7  Motor oil: from engine or portable container  
 8  Paint: from paint cans totaling < 55 gallons  
 0  Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form

**I Mixed Use Property**  
 NN  Not Mixed  
 10  Assembly use  
 20  Education use  
 33  Medical use  
 40  Residential use  
 51  Row of stores  
 53  Enclosed mall  
 58  Bus. & Residential  
 59  Office use  
 60  Industrial use  
 63  Military use  
 65  Farm use  
 00  Other mixed use

**J Property Use\* Structures**

131 <input type="checkbox"/> Church, place of worship	341 <input type="checkbox"/> Clinic, clinic type infirmary	539 <input type="checkbox"/> Household goods, sales, repairs
161 <input type="checkbox"/> Restaurant or cafeteria	342 <input type="checkbox"/> Doctor/dentist office	579 <input type="checkbox"/> Motor vehicle/boat sales/repair
162 <input type="checkbox"/> Bar/Tavern or nightclub	361 <input type="checkbox"/> Prison or jail, not juvenile	571 <input type="checkbox"/> Gas or service station
213 <input type="checkbox"/> Elementary school or kindergarten	419 <input type="checkbox"/> 1-or 2-family dwelling	599 <input type="checkbox"/> Business office
215 <input type="checkbox"/> High school or junior high	429 <input type="checkbox"/> Multi-family dwelling	615 <input type="checkbox"/> Electric generating plant
241 <input type="checkbox"/> College, adult education	439 <input type="checkbox"/> Rooming/boarding house	629 <input type="checkbox"/> Laboratory/science lab
311 <input type="checkbox"/> Care facility for the aged	449 <input type="checkbox"/> Commercial hotel or motel	700 <input type="checkbox"/> Manufacturing plant
331 <input type="checkbox"/> Hospital	459 <input type="checkbox"/> Residential, board and care	819 <input type="checkbox"/> Livestock/poultry storage (barn)
	464 <input type="checkbox"/> Dormitory/barracks	882 <input type="checkbox"/> Non-residential parking garage
	519 <input type="checkbox"/> Food and beverage sales	891 <input type="checkbox"/> Warehouse

**Outside**

124 <input type="checkbox"/> Playground or park	936 <input type="checkbox"/> Vacant lot	981 <input type="checkbox"/> Construction site
655 <input type="checkbox"/> Crops or orchard	938 <input type="checkbox"/> Graded/care for plot of land	984 <input type="checkbox"/> Industrial plant yard
669 <input type="checkbox"/> Forest (timberland)	946 <input type="checkbox"/> Lake, river, stream	
807 <input type="checkbox"/> Outdoor storage area	951 <input type="checkbox"/> Railroad right of way	
919 <input type="checkbox"/> Dump or sanitary landfill	960 <input type="checkbox"/> Other street	
931 <input type="checkbox"/> Open land or field	961 <input type="checkbox"/> Highway/divided highway	
	962 <input type="checkbox"/> Residential street/driveway	

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:  
 Property Use 963  
Street or road in commercial  
 NFIRS-1 Revision 03/11/99

**K1 Person/Entity Involved**

Local Option \_\_\_\_\_ Business name (if applicable) \_\_\_\_\_ Area Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Check This Box if same address as incident location. Then skip the three duplicate address lines.

Mr.,Ms., Mrs. First Name THOMAS MI \_\_\_\_\_ Last Name BERG Suffix \_\_\_\_\_

Number \_\_\_\_\_ Prefix \_\_\_\_\_ Street or Highway \_\_\_\_\_ Street Type \_\_\_\_\_ Suffix \_\_\_\_\_

Post Office Box \_\_\_\_\_ Apt./Suite/Room \_\_\_\_\_ City OAK RIDGE

State TN Zip Code 37830

More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary

**K2 Owner**  Same as person involved? Then check this box and skip The rest of this section.

Local Option \_\_\_\_\_ Business name (if Applicable) \_\_\_\_\_ Area Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr.,Ms., Mrs. First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Number \_\_\_\_\_ Prefix \_\_\_\_\_ Street or Highway \_\_\_\_\_ Street Type \_\_\_\_\_ Suffix \_\_\_\_\_

Post Office Box \_\_\_\_\_ Apt./Suite/Room \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

**L Remarks**

Local Option \_\_\_\_\_

ON 03/30/2014 at 15:11:22 DISPATCHED TO BETHAL VALLEY ROAD 100 YARDS EAST OF ALVIN WEINBERG./OAK RIDGE, TN 37830. LOCATION IS A Street or road in commercial area. THE INCIDENT TYPE WAS DETERMINED TO BE A(N): EMS call, excluding vehicle accident with injury. REPORT OF A BICYCLE ACCIDENT WITH AN UNCONSIIOUS PERSON.

15:15:26 ARRIVED ON SCENE. ON ARRIVAL WE FOUND A MALE PT LYING IN THE ROAD WITH 2 BYSTANDERS DOING CPR. ONE BYSTANDER WAS WITH THE PT WHEN HE WENT DOWN. THE WITNESS REPORTED THE PT FELL FROM HIS BIKE STRIKING HIS HEAD AND WAS UNRESPONSIVE AT THAT TIME. THEY STARTED CPR IMMEDIATLY. THE PT WAS UNRESPONSIVE, GCS 3, C SPINE WAS CONTROLLED, THE PT WAS PULSELESS WITH AGONAL RESPIRATIONS AT 6/MIN, CHEST COMPRESSIONS WERE STARTED, AN 80MM OPA WAS INSERTED AND RESPIRATIONS ASSISTED WITH THE BVM AT 12/MIN WITH 15L/MIN OF O2. THE AIRWAY WAS PATENT AS INDICATED BY CLEAR BILATERAL LUNG SOUNDS AND GOOD CHEST RISE. NO UNCONTROLLED BLEEDING WAS NOTED. DEFIB PADS WERE APPLIED TO THE CHEST AND AFTER 5 CYCLES OF COMPRESSIONS AND VENTILATIONS A RHYTHM ANALYSIS WAS CONDUCTED. IT WAS NOTED THAT THE PT WAS IN V-FIB, THE DEFIBRILLATOR WAS CHARGED TO 200J BIPHASIC ENERGY AND THE SHOCK DELIVERED. CPR WAS STARTED AT 30 COMPRESSIONS TO 2 VENTILATIONS. AN IV ATTEMPT IN THE RIGHT AC WITH A 14GA FAILED. AN IO WAS PLACED IN THE LEFT TIBIA. PLACEMENT WAS CONFIRMED BY ASPIRATION AND GOOD FLOW WITH NO EXTRAVASION. AFTER 5 CYCLES OF CPR A RHYTHM ANALYSIS WAS CONDUCTED AND THE PT WAS FOUND TO BE IN V-FIB. THE DEFIBRILLATOR WAS CHARGED TO 200J BIPHASIC ENERGY AND THE SHOCK DELIVERED. CPR WAS STARTED AT 30 COMPRESSIONS TO 2 VENTILATIONS. 1 AMP OF EPINEPHRINE 1:10000 WAS GIVEN VIA IO FOLLOWED BY A FLUID BOLUS. AFTER 5 CYCLES OF CPR A RYTHMN ANALYSIS WAS CONDUCTED AND THE PT WAS FOUND TO BE IN V-FIB THE DEFIBRILLATOR WAS CHARGED TO 200J BIPHASIC AND THE SHOCK DELIVERED. CPR WAS STARTED A 30 COMPRESSIONS TO 2 VENTILATIONS. DURING THEIS CYCLE IT WAS NOTED THE PT WAS INCREASING RESPIRATIONS. A PULSE CHECK AT THIS TIME NOTED STRONG RADIALS BILATERLY AT A RATE OF APPROX 90/MIN. COMPRESSIONS WERE STOPPED

**L Authorization**

4071 GRIFFITH, MARTY BC F-4 03 30 2014  
 Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if  3562 MOCSARI, ERIC M CP E-3 03 30 2014  
 as Officer Member making report ID Signature Position or rank Assignment Month Day Year in charge.

01442

FDID \*

TN

State \*

MM DD YYYY

3

30

2014

Incident Date \*

3

Station

14-0001219

Incident Number \*

000

Exposure \*

Complete  
Narrative**Narrative:**

ON 03/30/2014 at 15:11:22 DISPATCHED TO BETHAL VALLEY ROAD 100 YARDS EAST OF ALVIN WEINBERG./OAK RIDGE, TN 37830. LOCATION IS A Street or road in commercial area. THE INCIDENT TYPE WAS DETERMINED TO BE A(N): EMS call, excluding vehicle accident with injury. REPORT OF A BICYCLE ACCIDENT WITH AN UNCONSIIOUS PERSON.

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AT THIS POINT WE CHECKED A BLOOD GLUCOSE AND IT WAS 60. VS P 90, R 12  
BP UNABLE TO OBTAIN.

ON SECONDARY SURVEY PUPILS WERE FIXED AT 7MM AND NON REACTIVE. AN OPA WAS NOTED IN PLACE AND THE PT WAS BEING VENTILATED VIA BVM, NO DCAP BTLS NOTED ON THE HEAD. NECK, NO DCAP BTLS WAS NOTED, TRACH WAS MIDLINE WITH NO JVD. CHEST, ABRASIONS NOTED ON THE LEFT UPPER CHEST BLEEDING CONTROLLED. ABDOMEN WAS SOFT AND NON DISTENDED. PELVIS STABLE. LOWER EXT ABRASIONS NOTED ON THE KNEES BILATERLY WITH AN IO PLACED IN THE LEFT TIBIA. UPPER EXT NO DCAP BTLS NOTED, AN IV WAS NOTED IN THE LEFT FA. PULSES WERE NOTED BILATERLY +1.

A C-COLLAR WAS PLACED AND THE PT LOG ROLLED MAINTAINING SPINAL ALIGNMENT. NO PROBLEMS NOTED ON THE BACK. THE PT WAS LOG ROLLED BACK ONTO A LSB AND CID APPLIED THE PT HEAD WAS SECURED TO THE BOARD AND 3 STRAPS APPLIED. THE PT WAS THEN MOVED TO THE EMS COT AND THE PT TRANSFERED TO LIFESTAR 4. CARE WAS THEN TRANSFERED TO LIFESTAR 4 THE PT WAS LOADED VIA 4 PERSON LIFT. THE AIRCRAFT DEPARTED WITHOUT INCIDENT.

AWATING PATIENT DEMOGRAPHIC AT THIS TIME.

THE FOLLOWING ACTIONS WERE PERFORMED:

**Narrative:**

OBTAINED VITALS  
BAG VALVE MASK - AIRWAY PLACEMENT  
Provide basic life support (BLS)  
DEFIBRILLATION  
CARDIAC MONITORING  
GLUCOSE TESTING  
INTRAVENOUS ACCESS  
INTRAOSSEOUS ACCESS  
ADMIN. EPINEPHRINE 1:10,000  
LANDING ZONE SETUP

Units responding were:

Unit E-3 responded.  
Unit F-4 responded.  
Unit R-30 responded.

PT. WAS TRANSPORTED TO UTMCK VIA LIFESTAR 4.

15:56:23 ALL UNITS BACK IN SERVICE.

03/30/2014 22:52:10 ERIC MOCSARI

01442

FDID

TN

State

3

Incident Date

30

2014

3

Station

14-0001219

Incident Number

000

Exposure

Responding  
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
E-3 PUMPER, E-3	15:11:22	15:11:22	15:15:26	15:56:23

Staff ID\Staff Name	Activity	Rank	Position	Role
3562 MOCSARI, ERIC M	EMERGENCY MEDICA	Captain		
3999 GILES, THOMAS J	EMERGENCY MEDICA	Fire Fighte		
4476 CHASE, DUANE	EMERGENCY MEDICA	Firefighter		

F-4 BAT. CHIEF, F-4	15:11:22	15:11:22	15:15:26	15:56:23
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Staff ID\Staff Name	Activity	Rank	Position	Role
4071 GRIFFITH, MARTY	EMERGENCY MEDICA	Battalion C		

R-30 LIGHT RESCUE, R-30	15:11:22	15:11:22	15:15:26	15:56:23
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Staff ID\Staff Name	Activity	Rank	Position	Role
4433 LONDON, STEVEN A	EMERGENCY MEDICA	Firefighter		