

Tennessee

EMSC

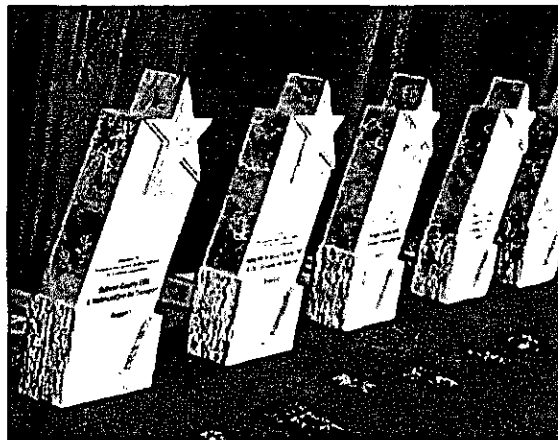
Emergency Medical
Services for Children™

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: Beulah Wilder

Patient's Diagnosis: Cardiac Arrest

Submitted by Name: James Purkey Title: Deputy Director

EMS Agency: MORRISTOWN Hamblen EMS

Address: 419 Allison St

City, State & Zip: MORRISTOWN, TN 37814

Phone: (423) 587-3280 Fax: (423) 585-2729 Email: jpurkey@mhemsc.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: MORRISTOWN Fire Department

Name of Contact: Clark Taylor, Deputy Chief

Address: PO Box 1499

City, State & Zip: MORRISTOWN, TN 37816

Phone: (423) 585-4651 Fax: (423) 585-4362 Email: ctaylor@myMORRISTOWN.com

Agency: Hamblen County 911

Name of Contact: Eric Carpenter, Director

Address: 530 N. Jackson St.

City, State & Zip: MORRISTOWN, TN 37814

Phone: (423) 585-2700 Fax: (423) 585-2704 Email: ecarpenter@hamblen911.org



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: Beulah Wilder

Home Mailing Address: 7781 Lane St

City, State, Zip: Whitesburg, TN 37891

Phone: (423) 736-3927 Cell: ()

Email: _____

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

Date of Incident: 11-12-2014

Place of Incident: 526-B S. Liberty Hill Rd MORRISTOWN, TN 37814



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.

Please see the narrative attached to the last page of this document

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

The ambulance and fire crews that encountered this patient worked together to bring her back for the best possible result.

The skills and training these men and women have come from long hours of study, dedication + hard work and compliment not only themselves, but their peers. They deserve this award for showing their skills, compassion + teamwork in a very stressful situation.



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 12 day of Nov (month), 2014 (year), in Morristown, 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.

Brendah J. Wilcher
Patient

[Signature]
Witness

1-26-15
Date

1-26-15
Date

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

☐ Yes
☐ No



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.

Region	Title	First Name	Last Name	Credentials	Email Address	Organization	Address	City, State, Zip
2	Captain	Joseph	Cate	CCP		Morristown Hamblen EMS	419 Allison St	Morristown, TN 37814
2	Lieutenant	Jason	Fox	CCP		Morristown Hamblen EMS	419 Allison St	Morristown, TN 37814
2		Andrew	Smith	Paramedic		Morristown Hamblen EMS	419 Allison St	Morristown, TN 37814
2		Pamela	Osornio	AEMT		Morristown Hamblen EMS	419 Allison St	Morristown, TN 37814
2		Joshua	Pierce	RS Crewman		Morristown Rescue Squad	419 Allison St	Morristown, TN 37814
2		David	Peoples	EMD		Hamblen Co. Dispatch	530 N. Jackson St	Morristown, TN 37814
2		Shawna	Smith	EMD		Hamblen Co. Dispatch	530 N. Jackson St	Morristown, TN 37814
2								

Incident: 141112-0426

On November 12, 2014 Medic one, responding to a call overheard another call dispatched by Joe Cummings and David Peoples at Central Dispatch, as "unconscious but breathing", knowing they were closer than the ambulance that was originally dispatched they diverted from their original call to intercept the second call for help.

Lt. Jason Fox, CCP, AEMT Brian Williams and EMT-B Intern Mackinzie Koors, arrived at the same time with Morristown Fire Department, Engine One, consisting of Captain Randy Breeding, Engineer Keith Rouse, FF/AEMT John Heatherly and FF Caleb Jones.

As both crews entered the home, they found 78 year old Beulah Wilder sitting somewhat upright in a chair, unconscious and unresponsive. She was cyanotic and had no pulses.

Mrs. Wilder had been visiting her friend at this residence and complained of heartburn shortly before losing consciousness in the chair.

While the MFD crew moved Mrs. Wilder to the floor, beginning CPR, Lt. Fox began to ready his heart monitor and airway adjuncts. An OPA was placed and used with a BVM by the crew of MFD and ventilations were started. The effectiveness of compressions was checked with good carotid pulses.

The heart monitor was attached to Mrs. Wilder revealing ventricular fibrillation, the defibrillator was charged to 200j, the shock was delivered and Mrs. Wilder's heart immediately converted to a PEA rhythm. Chest compressions were resumed. During this time, there was a notable change in the rhythm on the heart monitor. Mrs. Wilder was back in V-Fib. Another shock of 300j was delivered, and chest compressions were again restarted.

During this time, AEMT Williams established an IV in Mrs. Wilders arm and a normal saline fluid bolus was administered. Upon attempting intubation, Mrs. Wilder's glottic opening could not be visualized; Lt. Fox backed out from the attempt and re-oxygenated her. Attempting a second time with a Grandview laryngoscope blade was to no avail; Mrs. Wilder's anatomy was not allowing Lt. Fox confirmation of intubation. Lt. Fox backed out with the laryngoscope and began prepping the CombiTube for insertion.

During this time, a pulse check was performed, Mrs. Wilder was found to have a strong radial and carotid pulse, however, she had no signs of spontaneous respirations. The CombiTube was inserted and secured giving Mrs. Wilder a patent and viable airway.

She was then log rolled onto a long spine board for transfer to the stretcher and the waiting ambulance. Once inside the ambulance, a 12 lead ECG was done during transport, revealing Atrial Fibrillation with occasional ST segment depression.

Morristown Hamblen Emergency Department was contacted and advised of the post cardiac arrest and the cath lab was requested. During the transport Mrs. Wilder began to have purposeful movement in her lower extremities and her pupils were noted to be equal and reactive. Mrs. Wilder was delivered to the MHHS ED staff with a full report.

After receiving Mrs. Wilder in the ED she was sent to the cath lab and stents were placed opening the blockages in the heart.

Lt. Fox, doing a follow-up on Mrs. Wilder went to check on her at the hospital, expecting to find her lying in a CCU room recovering from her recent struggle. He walked past a somewhat familiar lady using a walker to get around down the hallway and suddenly realized it was Mrs. Wilder that he had just witnessed marching by him.

After introducing himself to her and her son, and asking about her condition, she thanked him, hugged him and gave her praise to everyone at the MHEMS and the MFD, but mostly to God in Heaven for the miracle that became her new lease on life.

Within five minutes after arrival the Mrs. Wilder's side, she had been defibrillated twice and had a viable pulse capable of sustaining life. This had been only ten minutes after the 911 system was activated.

**Morristown Hamblen Emergency Medical**

Patient Care Record

Name: WILDER, BEULAH

Incident #: 141112-0426

Date: 11/12/2014

Patient 1 of 1

Patient Information				Clinical Impression	
Last	WILDER	Address	7781 Lane St	Primary Impression	Cardiac Arrest
First	BEULAH	Address 2		Secondary Impression	
Middle	J	City	Whitesburg	Protocol Used	
Gender	Female	State	TN	Anatomic Position	
DOB	11/11/1936	Zip	37891	Chief Complaint	cardiac arrest
Age	78 Yrs, 0 Months, 1 Days	Country	UNITED STATES	Duration	Units
Weight	220lbs - 100kg	Tel	(423)736-3927	Secondary Complaint	
Ped Color		Physician	Unknown,	Duration	Units
SSN	404-46-3456	Ethnicity	Not Hispanic or Latino	Patient's Level of Distress	
Race	White				
Advanced Directive					
Resident Status					
				Signs & Symptoms	Cardiac - Ventricular Fibrillation
				Injury	
				Medical/Trauma	
				Barriers of Care	
				Alcohol/Drugs	

Medication/Allergies/History	
Medications	Unknown
Allergies	Unknown
History	Unknown

Vital Signs															
Time	AVPU	Side	POS	BP	Pulse	RR	SPO2	ETCO2	CO	SG	Temp	Pain	GCS(E+V+M)/Qualifier	RTS	PTS
17:03	U		Lay	0/P	A	0 R	0					0	3=1+1+1/NQ		
17:23	U	L	Lay	116/60 M	100	12 V	99 Ox			269		0	3=1+1+1/I	8	
17:27				/	90	16	99	46							
17:29	U	L	Lay	153/91 A	93 R	23 V	99 Ox	45				0	3=1+1+1/I	8	

ECG		
Time	3-Lead ECG	12-Lead ECG
17:03	V-Fib	
17:23	Atrial Fibrillation	MI Suspected; a-fib frequent st depression
17:29	Atrial Fibrillation	

Flow Chart			
Time	Treatment	Description	Provider
17:01	CPR	Comments cpr initiated due to pt having no palpable carotid pulse, no signs of life; Patient Response: Improved;	WILLIAMS, BRIAN
17:01	OPA	Comments large OPA and BVM connected to high flow oxygen at 15 lpm; Patient Response: Improved;	Koors, Mckenzie
17:01	ALS Assessment	Comments pt unresponsive in v-fib; Patient Response: Unchanged;	FOX, JASON
17:03	Manual Defibrillation	Joules 200; Patient Response: Improved;	FOX, JASON
17:04	Manual Defibrillation	Joules 300; Patient Response: Improved;	FOX, JASON
17:06	IV Bolus	Forearm-Right; Normal Saline; Total Fluid 500; Patient Response: Improved; Successful;	WILLIAMS, BRIAN
17:06	Orotracheal Intubation	7.5; Complications: Unable To Visualize; Patient Response: Not Applicable; Unsuccessful;	FOX, JASON
17:08	Spinal Immobilization	Long Spine Board; Comments pt secured to lsb with straps x 3; Patient Response: Unchanged;	FOX, JASON
17:09	Combitube	41; Placed At 23 cm; Placement Verification: Waveform CO2, No Epigastric Sounds, Chest Rise, Lung Sounds, Patient Response: Improved; Successful;	FOX, JASON
17:17	Suction	Comments 25 cc of secretions; Contents Other; Amount 25; Patient Response: Improved;	FOX, JASON

**Morristown Hamblen Emergency Medical**

Patient Care Record

Name: WILDER, BEULAH

Incident #: 141112-0426

Date: 11/12/2014

Patient 1 of 1

Initial Assessment			
Category	Comments	Abnormalities	
Mental Status		Mental Status	⊕ Unresponsive
Skin		Skin	⊕ Cyanotic, Pale
HEENT		Head/Face	No Abnormalities
		Eyes	⊕ Right Pupil: 5-mm, Right: Non-Responsive, Left: Non-Responsive, Left Pupil: 5-mm
		Neck	No Abnormalities
Chest		Chest	No Abnormalities
		Heart Sounds	Not Assessed
		Lung Sounds	⊕ LL: Absent, RL: Absent, LU: Absent, RU: Absent
Abdomen		General	No Abnormalities
		Left Upper	No Abnormalities
		Right Upper	No Abnormalities
		Left Lower	No Abnormalities
		Right Lower	No Abnormalities
Back		Cervical	No Abnormalities
		Thoracic	No Abnormalities
		Lumbar/Sacral	No Abnormalities
Pelvis/GU/GI		Pelvis/GU/GI	Not Assessed
Extremities		Left Arm	No Abnormalities
		Right Arm	No Abnormalities
		Left Leg	No Abnormalities
		Right Leg	No Abnormalities
		Pulse	⊕ Radial: Absent, Carotid: Absent
		Capillary Refill	Not Assessed
Neurological		Neurological	No Abnormalities

Assessment Time: 11/12/2014 17:01

**Morristown Hamblen Emergency Medical**

Patient Care Record

Name: WILDER, BEULAH

Incident #: 141112-0426

Date: 11/12/2014

Patient 1 of 1

Narrative

EMS WAS DISPATCHED AND RESPONDED IMMEDIATELY TO THE REPORT OF UNRESPONSIVE. UPON ARRIVAL FOUND A 78 YEAR OLD FEMALE SITTING IN A CHAIR. PT WAS UNRESPONSIVE, PALE, CYANOTIC WITH NO PALPABLE PULSES AT THE CAROTID OR RADIAL AND HAD NO RESPIRATIONS. PT WAS PLACED IN THE FLOOR AND CPR WAS INITIATED PER THE AMERICAN HEART ASSOCIATION GUIDELINES AT 100 COMPRESSIONS A MINUTE WITH 12 VENTILATIONS A MINUTE USING A BVM, LARGE OPA AND HIGH FLOW OXYGEN AT 15 LPM. EFFECTIVENESS OF COMPRESSIONS WAS CONFIRMED PERIODICALLY WITH A PALPABLE CAROTID PULSE DURING COMPRESSIONS. WITNESS ON SCENE REPORTED THE PT "CAME OVER TO VISIT AND WAS COMPLAINING OF HEARTBURN BEFORE SHE WENT UNRESPONSIVE." PT WAS CONFIRMED TO BE IN VENTRICULAR FIBRILLATION AND DEFIBRILLATED AT 200 J. PT CONVERTED INTO PEA AT 26 A MINUTE WITH NO PALPABLE PULSE. CPR WAS RESUMED PER AHA GUIDELINES. WHILE DOING CHEST COMPRESSION, NOTICED A RHYTHM CHANGE ON THE MONITOR, PT CONFIRMED TO BE IN VENTRICULAR FIBRILLATION AND DEFIBRILLATED AT 300 J FOLLOWED BY 2 MINUTES OF EFFECTIVE CPR. B. WILLIAMS ESTABLISHED A 20 GAUGE IV OF NS AT 20 CC/KG IN THE RIGHT FOREARM X 1 ATTEMPT WITH NO SIGNS OF INFILTRATION AND WAS SECURED WITH TEGADERM, ALL WITH ASEPTIC TECH. PT WAS HYPEROXYGENATED, ATTEMPTED ENDOTRACHEAL INTUBATION USING A 7.5 ETT AND MAC 4 BLADE WITHOUT SUCCESS DUE TO BEING UNABLE TO VISUALIZE THE GLOTTIC OPENING. THE USE OF CRICOID PRESSURE WAS UNSUCCESSFUL. PT WAS HYPEROXYGENATED A SECOND TIME BEFORE ATTEMPTING TO INTUBATE THE PATIENT FOR A SECOND TIME. THE SECOND ATTEMPT WAS WITH A GRANDVIEW BLADE, CRIC PRESSURE AND A 7.5 ETT. CONTINUED TO BE UNABLE TO VISUALIZE THE VOCAL CORDS. PULSE CHECK AT THE CAROTID AND RADIAL REVEALED A STRONG PALPABLE PULSE (ROSC), HOWEVER THE PT REMAINED UNRESPONSIVE WITH NO SIGNS OF RESPIRATIONS. HYPEROXYGENATED THE PT WHILE PREPARING A SIZE 41 COMBITUBE FOR INSERTION. THE DISTAL END WAS LUBRICATED WITH A WATER BASED JELLY AND INSERTED UNTIL THE TEETH WERE BETWEEN THE BLACK LINES (ESTIMATED 23 CM) WHEN VENTILATING OVER TUBE 1, NO EPIGASTRIC SOUNDS WERE HEARD AND HAD BI LATERAL BREATH SOUNDS. COMBI-TUBE WAS THEN SECURED WITH A PURPOSE MADE TUBE TAPER. PT WAS THEN LOG ROLLED ONTO A LSB AND SECURED WITH STRAPS X 3. PT WAS THEN MOVED TO COT BY LSB AND SECURED WITH RAILS X 2 AND STRAPS X 5. PT AND COT WERE SECURED IN THE AMBULANCE. PT HAD A BGL OF 269 mg/DL. 12 LEAD EKG REVEALED ATRIAL FIBRILLATION WITH OCCASIONAL ST DEPRESSION. PT WAS PLACED ON WAVEFORM CAPNOGRAPHY WITH AN INITIAL READING OF 51. MHER WAS CONTACTED AND ADVISED OF POST CARDIAC ARREST AND THE CATH LAB WAS REQUESTED. CONTINUED TO MONITOR AND ASSESS THE PATIENT DURING EMERGENT TRANSPORT TO MHER AND HER VITALS WERE AS LISTED. PT CONTINUED TO HAVE A STRONG PALPABLE CAROTID PULSE WITH AGONAL RESPIRATION AT LESS THAN 6 A MINUTE. PTS PUPILS WERE AT 6MM AND REACTIVE. PT HAD SOME MOVEMENT NOTED IN BOTH LOWER EXTREMITIES. UPON ARRIVAL AT DESTINATION, PT WAS MOVED TO BED IN ED-1 BY LSB. VERBAL REPORT AND PT CARE WAS GAVE TO DR. HARRELL AT BEDSIDE. PTS SKIN COLOR AND CONDITION HAD IMPROVED AND PT CONTINUED TO HAVE A PALPABLE CAROTID AND RADIAL PULSE. PT WAS TRANSPORTED 2 MILES BY EMS TO MHER PER PROTOCOL. SIGNATURES WERE OBTAINED FROM STAFF. PT WAS UNABLE TO SIGN DUE TO BEING UNRESPONSIVE AS WITNESSED BY STAFF.

DELAYED ON SCENE DUE TO PT CARE.

DELAYED AT DESTINATION DUE TO STAFF DELAYS AND RESTOCK.

PCR WAS TRANSMITTED BEFORE SIGNING OR TYPING THE RECEIVING NURSES NAME. THIS PATIENT CARE REPORT WAS COMPLETED BY JASON FOX CC-P STATE NUMBER, TN 27524 AND THE RECEIVING NURSE WAS LISA BALL RN.

Specialty Patient - CPR

Cardiac Arrest	Yes, Prior to EMS Arrival	Prescribed CPR Instructions	No	In Field Pronouncement	
Cardiac Arrest Etiology	Presumed Cardiac	First Defibrillated By	EMS	Expired	No
Estimated Time of Arrest	4-6 Minutes	Time of First Defib	17:03 11/12/2014	Time	
Est Time Collapse to 911	1 Minutes	Initial ECG Rhythm	Ventricular Fibrillation	Date	
Est Time Collapse to CPR	5 Minutes	Rhythm at Destination	Atrial Fibrillation/Flutter	Physician	
Arrest Witnessed By	Bystander	Hypothermia	No		
CPR Initiated By	EMS	End of Event	Ongoing Resuscitation in ED		
Time 1st CPR	17:02 11/12/2014	ROSC	Yes, Prior to ED Arrival and at the ED		
CPR Feedback	Yes	ROSC Time	17:05 11/12/2014		
ITD Used	No	ROSC Occured	After EMS Defib shock		
Applied AED	No	Resuscitation Discontinued	17:05 11/12/2014		
Applied By		Discontinued Reason	Return of Spontaneous Circulation (pulse or BP noted)		
Defibrillated	No	Resuscitation	Resuscitation Attempted - Yes; Attempted Defibrillation, Attempted Ventilation, Initiated Chest Compressions		

**Morristown Hamblen Emergency Medical**

Patient Care Record

Name: WILDER, BEULAH

Incident #: 141112-0426

Date: 11/12/2014

Patient 1 of 1

Incident Details		Destination Details		Incident Times	
Location		Disposition	Transported Lights/Siren	PSAP Call	
Address	526-B South Liberty Hill Rd	Transport Due To	Protocol	Dispatch Notified	
Address 2		Transported To	M-H Healthcare System ER	Call Received	16:55:00
City	Morristown	Requested By	Bystander	Dispatched	16:55:00
State	TN	Destination	Hospital ER	En Route	16:55:00
Zip	37814	Address	908 W 4th North St	Resp on Scene	
Medic Unit	M1	Address 2	ED-1	On Scene	17:00:00
Run Type	911 Response (Emergency)	City	Morristown	At Patient	17:01:00
Priority Scene	Lights/Sirens	State	TN	Depart Scene	17:22:00
Shift	B-shift	Zip	37814	At Destination	17:27:00
Zone	Central	Zone	Central	PT Transferred	
Level of Service		Condition at Destination		Call Closed	17:51:00
EMD Complaint		Destination Record #		In District	
EMD Card Number		Trauma Registry ID			

Crew Members		
Personnel	Role	Certification Level
FOX, JASON	Lead	EMT-Paramedic-27524;
Rouse, Kevin	Driver	
WILLIAMS, BRIAN	2nd	
Koors, Mckenzie	3rd	
Breeding, Randy	Other - First Responder	
Heatherly, John	Other - First Responder	

Insurance Details					
Insured's Name	BEULAH J WILDER	Primary Payer	Insurance	Dispatch Nature	
Relationship To Patient	Self	Medicare		Response Urgency	Immediate
Insured SSN	404-46-3456	Medicaid		Job Related Injury	No
Insured DOB	11/11/1936	Primary Insurance	Humana Insurance -	Employer	
Address1	7781 Lane St	Policy #	H07153599	Contact	
Address2		Group #		Phone	
Address3		Secondary Ins			
City	Whitesburg	Policy #			
State	TN	Group #			
Zip	37891				
Country	UNITED STATES				

Mileage		Delays		Additional Agencies	
Scene	91093.0	Category	Delays	MFD	
Destination	91095.0	Scene Delays	Other		
Loaded Miles	2.0	Turn Around Delays	Equipment Replenishment, Clean-up, Staff Delay		
Start	91091.0				
End	91095.0				
Total Miles	4.0				

Next of Kin					
Next of Kin Name		Address1		City	
Relationship to Patient		Address2		State	
Phone		Address3		Zip	
				Country	UNITED STATES

Transfer Details			
PAN		Sending Physician	
PCS		Sending Record #	
ABN		Receiving Physician	
CMS Service Level		Condition Code	
ICD-9 Code		Condition Code Modifier	
Transfer Reason			
Other/Services			
Medical Necessity			

Billing Authorization	
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Language | en

Section I - Authorization for Billing



Morristown Hamblen Emergency Medical

Patient Care Record

Name: WILDER, BEULAH

Incident #: 141112-0426

Date: 11/12/2014

Patient 1 of 1

Privacy Practices Acknowledgment: by signing below, the signer acknowledges that (Morristown-Hamblen (MHEMS) provided a copy of its Notice of Privacy Practices to the patient or other party with instructions to provide the Notice to the patient. I authorized the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to me by MHEMS now, in the past, or in the future, until such time as I revoke this authorization in writing. I understand that I am financially responsible for the services and supplies provided to me by MHEMS, regardless of my insurance coverage, and in some cases, may be responsible for an amount in addition to that which was paid by my insurance. I agree to immediately remit to MHEMS any payments that I receive directly from insurance or any source whatsoever for the services provided to me and I assign all rights to such payments to MHEMS. I authorize MHEMS to appeal payment denials or other adverse decisions on my behalf without further authorization. I authorize and direct any holder of medical information or other relevant documentation about me to release such information to MHEMS and its billing agents, the Centers for Medicare and Medicaid Services, and/or any other payers or insurers, and their respective agents or contractors, as may be necessary to determine these or other benefits payable for any services provided to me by MHEMS, now, in the past, or in the future. A copy of this form is as valid as an original. If the patient signs with an "X" or other mark, a witness should sign below.

Signature

Billing Authorization

PT Unable to Sign

HIPAA Acknowledgement

PT Unable to Sign

Section II - Authorized Representative Signature

Complete this section only if the patient is physically or mentally unable to sign.
Authorized representatives include only the following: (Check one)

- ☐ Patient's Legal Guardian
- ☐ Patient's Medical Power of Attorney
- ☐ Relative or other person who receives benefits on behalf of the patient
- ☐ Relative or other person who arranges treatment or handles the patient's affairs
- ☒ Representative of an agency or institution that provided care, services or assistance to patient

I am signing on behalf of the patient. I recognize that signing on behalf of the patient is not an acceptance of financial responsibility for services rendered.

Signature

Printed Name

Reason unable to sign post cardiac arrest

Section III - EMS Personnel and Facility Signatures

Complete this section if the patient was mentally or physically incapable of signing, and no Authorized Representative (section II) was available or willing to sign on behalf of the patient at the time of service.

EMS Personnel Signature

My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the authorized representatives listed in Section II of this form were available or willing to sign on the patient's behalf. I am signing on behalf of the patient to authorize the submission of a claim to Medicare, Medicaid, or any other payer for any services provided to the patient by the transporting ambulance service. My signature is not an acceptance of financial responsibility for the services rendered.

A		MM DD YYYY		1		14-0011149		000		<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity		NFIRS -1 Basic	
FDID *		State *		Incident Date *		Station		Incident Number *		Exposure *			
32322		TN		11 12 2014		1		14-0011149		000			
<input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract module in Section B "Alternative Location Specification". Use only for Wildland fires.													
B Location*													
<input checked="" type="checkbox"/> Street address													
526 S LIBERTY HILL RD													
Number/Milepost Prefix Street or Highway Street Type Suffix													
<input type="checkbox"/> Intersection													
<input type="checkbox"/> In front of													
<input type="checkbox"/> Rear of													
<input type="checkbox"/> Adjacent to													
<input type="checkbox"/> Directions													
APT. B Morristown TN 37813													
Apt./Suite/Room City State Zip Code													
Cross street or directions, as applicable													
C Incident Type *													
3241 Unknown Problem													
Incident Type													
D Aid Given or Received*													
1 <input type="checkbox"/> Mutual aid received													
2 <input type="checkbox"/> Automatic aid recvd.													
3 <input type="checkbox"/> Mutual aid given													
4 <input type="checkbox"/> Automatic aid given													
5 <input type="checkbox"/> Other aid given													
N <input checked="" type="checkbox"/> None													
Their FDID Their State													
Their Incident Number													
E1 Date & Times													
Midnight is 0000													
Check boxes if dates are the same as Alarm													
Month Day Year Hr Min Sec													
11 12 2014 16:54:00													
Alarm *													
ARRIVAL required, unless canceled or did not arrive													
<input checked="" type="checkbox"/> Arrival * 11 12 2014 16:59:00													
CONTROLLED Optional, Except for wildland fires													
<input checked="" type="checkbox"/> Controlled 11 12 2014 17:33:00													
LAST UNIT CLEARED, required except for wildland fires													
<input checked="" type="checkbox"/> Last Unit													
<input checked="" type="checkbox"/> Cleared 11 12 2014 17:34:00													
E2 Shift & Alarms													
Local Option													
C 01 M													
Shift or Alarms District Platoon													
E3 Special Studies													
Local Option													
Special Study ID# Special Stud. Value													
F Actions Taken *													
81 Incident command													
Primary Action Taken (1)													
321 CPR Performed													
Additional Action Taken (2)													
30 Emergency medical													
Additional Action Taken (3)													
G1 Resources *													
<input type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used.													
Apparatus Personnel													
Suppression 0001 0004													
EMS 0001 0002													
Other													
<input type="checkbox"/> 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.													
Property \$ 000,000													
Contents \$ 000,000													
PRE-INCIDENT VALUE: Optional													
Property \$ 000,000													
Contents \$ 000,000													
Completed Modules													
<input type="checkbox"/> Fire-2													
<input type="checkbox"/> Structure-3													
<input type="checkbox"/> Civil Fire Cas.-4													
<input type="checkbox"/> Fire Serv. Cas.-5													
<input type="checkbox"/> EMS-6													
<input type="checkbox"/> HazMat-7													
<input type="checkbox"/> Wildland Fire-8													
<input checked="" type="checkbox"/> Apparatus-9													
<input type="checkbox"/> Personnel-10													
<input type="checkbox"/> Arson-11													
H1 Casualties													
None													
Deaths Injuries													
Fire													
Service													
Civilian													
H2 Detector													
Required for Confined Fires.													
1 <input type="checkbox"/> Detector alerted occupants													
2 <input type="checkbox"/> Detector did not alert them													
U <input type="checkbox"/> Unknown													
H3 Hazardous Materials Release													
N <input type="checkbox"/> None													
1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions													
2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill)													
3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container													
4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage													
5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable													
6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only													
7 <input type="checkbox"/> Motor oil: from engine or portable containers													
8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons													
0 <input type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form													
I Mixed Use Property													
NN <input type="checkbox"/> Not Mixed													
10 <input type="checkbox"/> Assembly use													
20 <input type="checkbox"/> Education use													
33 <input type="checkbox"/> Medical use													
40 <input type="checkbox"/> Residential use													
51 <input type="checkbox"/> Row of stores													
53 <input type="checkbox"/> Enclosed mall													
58 <input type="checkbox"/> Bus. & Residential													
59 <input type="checkbox"/> Office use													
60 <input type="checkbox"/> Industrial use													
63 <input type="checkbox"/> Military use													
65 <input type="checkbox"/> Farm use													
00 <input type="checkbox"/> Other mixed use													
J Property Use*													
Structures													
131 <input type="checkbox"/> Church, place of worship													
161 <input type="checkbox"/> Restaurant or cafeteria													
162 <input type="checkbox"/> Bar/Tavern or nightclub													
213 <input type="checkbox"/> Elementary school or kindergarten													
215 <input type="checkbox"/> High school or junior high													
241 <input type="checkbox"/> College, adult education													
311 <input type="checkbox"/> Care facility for the aged													
331 <input type="checkbox"/> Hospital													
Outside													
124 <input type="checkbox"/> Playground or park													
655 <input type="checkbox"/> Crops or orchard													
669 <input type="checkbox"/> Forest (timberland)													
807 <input type="checkbox"/> Outdoor storage area													
919 <input type="checkbox"/> Dump or sanitary landfill													
931 <input type="checkbox"/> Open land or field													
341 <input type="checkbox"/> Clinic, clinic type infirmary													
342 <input type="checkbox"/> Doctor/dentist office													
361 <input type="checkbox"/> Prison or jail, not juvenile													
419 <input checked="" type="checkbox"/> 1-or 2-family dwelling													
429 <input type="checkbox"/> Multi-family dwelling													
439 <input type="checkbox"/> Rooming/boarded house													
449 <input type="checkbox"/> Commercial hotel or motel													
459 <input type="checkbox"/> Residential, board and care													
464 <input type="checkbox"/> Dormitory/barracks													
519 <input type="checkbox"/> Food and beverage sales													
539 <input type="checkbox"/> Household goods, sales, repairs													
579 <input type="checkbox"/> Motor vehicle/boat sales/repair													
571 <input type="checkbox"/> Gas or service station													
599 <input type="checkbox"/> Business office													
615 <input type="checkbox"/> Electric generating plant													
629 <input type="checkbox"/> Laboratory/science lab													
700 <input type="checkbox"/> Manufacturing plant													
819 <input type="checkbox"/> Livestock/poultry storage (barn)													
882 <input type="checkbox"/> Non-residential parking garage													
891 <input type="checkbox"/> Warehouse													
936 <input type="checkbox"/> Vacant lot													
938 <input type="checkbox"/> Graded/care for plot of land													
946 <input type="checkbox"/> Lake, river, stream													
951 <input type="checkbox"/> Railroad right of way													
960 <input type="checkbox"/> Other street													
961 <input type="checkbox"/> Highway/divided highway													
962 <input type="checkbox"/> Residential street/driveway													
981 <input type="checkbox"/> Construction site													
984 <input type="checkbox"/> Industrial plant yard													
Lookup and enter a Property Use code only if you have NOT checked a Property Use box:													
Property Use 419													
1 or 2 family dwelling													
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

MI

Last Name

Suffix

Number

Prefix Street or Highway

Street Type

Suffix

Post Office Box

Apt., Suite, Room

City

State Zip Code

☐ More people involved? Check this box and attach Supplemental Forms (MFIRS-18) 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

AT 1654 E-1 WAS DISPATCHED P-1 BY 911 TO A 78 Y/O FEMALE C/O DIFFICULTY BREATHING, UNKNOWN PROBLEM. UPON ARRIVAL FOUND A 78 Y/O FEMALE IN A SEATED POSITION ON THE COUCH, PULSELESS, AND APNEIC. BYSTANDER STATED THAT THE PT HAD COMPLAINED OF BECOMING VERY NAUSEATED, AND "WENT UNCONSCIOUS". FF HEATHERLY, AND CAPT. BREEDING MOVED PT TO THE FLOOR, AND STARTED CPR. FF HEATHERLY STARTED CHEST COMPRESSIONS, WHILE CAPT. BREEDING, AND ENG. ROUSE STARTED VENTILATIONS BY BVM WITH SUPPLEMENTAL O2 @ 15 LPM. M-1 CREW ARRIVED ON SCENE, AND TOOK OVER PT CARE. E-1 CREW ASSISTED WITH PACKAGING, AND LOADING PT FOR TRANSPORT. PARAMEDIC FOX REQUESTED THAT FF HEATHERLY ASSIST WITH PT CARE DURING TRANSPORT, AND ENG K. ROUSE TO DRIVE THE MEDIC UNIT TO MHHS-ER. FF C. JONES ALSO ASSISTED WITH PT CARE DURING TRANSPORT. E-1 CREW WAS RELEASED FROM MHHS-ER BY PARAMEDIC FOX. E-1 RETURNED TO SERVICE WITH 911 @ 1734. FF EMT-IV J. HEATHERLY #29766

INITIAL SPO2-0%

POST VENTILATION SPO2-96% WITH 15 LPM O2 BY B.V.M.

NO PULSE

NO SPONTANEOUS RESPIRATIONS

G.C.S.-3

PUPILS- NON-REACTIVE

CPT R. BREEDING

ENG K. ROUSE

L Authorization

505

Officer in charge ID

Breeding, Randy H

Signature

CP1

Position or rank

Assignment

01

23

2015

Month Day Year

Check

Box if

same

as Officer

in charge.

265

Member making report ID in charge.

HEATHERLY, JOHN

Signature

FFE

Position or rank

Assignment

01

23

2015

Month Day Year

32322	TN	MM 11	DD 12	YYYY 2014	1	14-0011149	000	Complete Narrative
FDID *	State *	Incident Date *			Station	Incident Number *	Exposure *	

Narrative:

AT 1654 E-1 WAS DISPATCHED P-1 BY 911 TO A 78 Y/O FEMALE C/O DIFFICULTY BREATHING, UNKNOWN PROBLEM. UPON ARRIVAL FOUND A 78 Y/O FEMALE IN A SEATED POSITION ON THE COUCH, PULSELESS, AND APNEIC. BYSTANDER STATED THAT THE PT HAD COMPLAINED OF BECOMING VERY NAUSEATED, AND "WENT UNCONSCIOUS". FF HEATHERLY, AND CAPT. BREEDING MOVED PT TO THE FLOOR, AND STARTED CPR. FF HEATHERLY STARTED CHEST COMPRESSIONS, WHILE CAPT. BREEDING, AND ENG. ROUSE STARTED VENTILATIONS BY BVM WITH SUPPLEMENTAL O2 @ 15 LPM. M-1 CREW ARRIVED ON SCENE, AND TOOK OVER PT CARE. E-1 CREW ASSISTED WITH PACKAGING, AND LOADING PT FOR TRANSPORT. PARAMEDIC FOX REQUESTED THAT FF HEATHERLY ASSIST WITH PT CARE DURING TRANSPORT, AND ENG K. ROUSE TO DRIVE THE MEDIC UNIT TO MHHS-ER. FF C. JONES ALSO ASSISTED WITH PT CARE DURING TRANSPORT. E-1 CREW WAS RELEASED FROM MHHS-ER BY PARAMEDIC FOX. E-1 RETURNED TO SERVICE WITH 911 @ 1734.
FF EMT-IV J. HEATHERLY #29766

INITIAL SPO2-0%

POST VENTILATION SPO2-96% WITH 15 LPM O2 BY B.V.M.

NO PULSE

NO SPONTANEOUS RESPIRATIONS

G.C.S.-3

PUPILS- NON-REACTIVE

CPT R. BREEDING

ENG K. ROUSE

FF C. JONES