



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: _____

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

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.

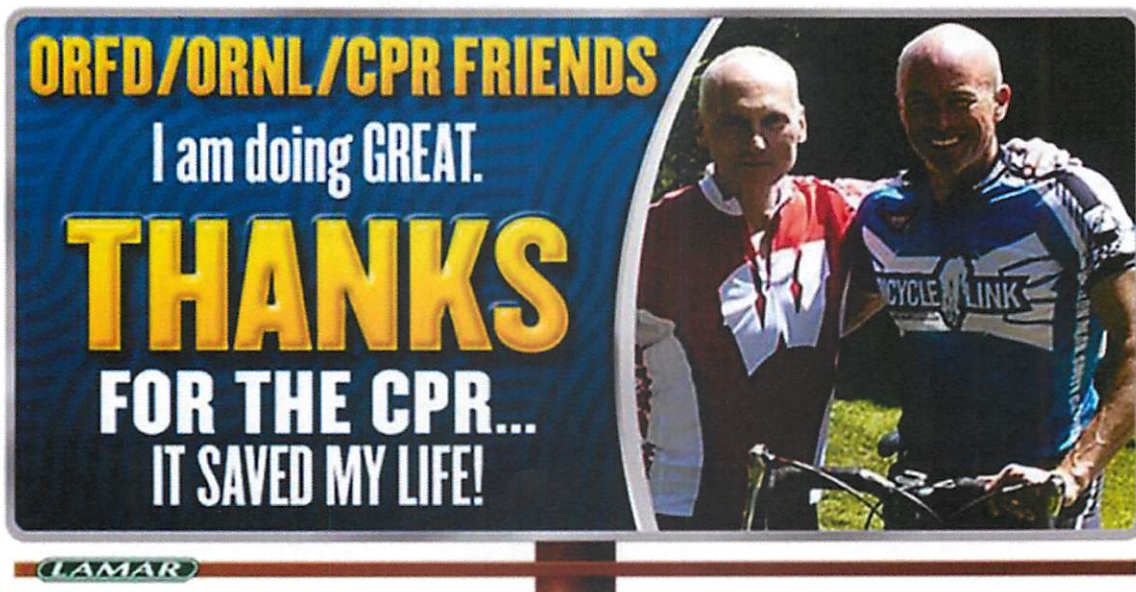
Today Mr. Berg has made a full recovery and is once again enjoying one of his many favorite hobbies, bike riding. Since the event on March 30th, 2014, Mr. Berg, his wife Karen and his 12 year-old daughter Ali have on multiple occasions visited the Oak Ridge fire station and the crew who responded to 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 30th 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. Berg

7/22/14
Date


Witness

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



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.

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	Panther	EMT-P	zpanther@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		MM DD YYYY 01442 TN 03 30 2014	Station 3	Incident Number 14-0001219	Exposure 000	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic
B Location*		<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.					
<input type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input checked="" type="checkbox"/> Directions		Number/Milepost Prefix Street or Highway Street Type Suffix Apt./Suite/Room City State Zip Code OAK RIDGE TN 37830 BETHAL VALLEY ROAD 100 YARDS EAST OF ALVIN WEINBERG. Cross street or directions, as applicable					
C Incident Type *		E1 Date & Times				E2 Shift & Alarms	
321 EMS call, excluding vehicle Incident Type		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 _____				Local Option C 01 3 Shift or Alarms District Platoon	
D Aid Given or Received*		E3 Special Studies					
1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recv. 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				Local Option Special Study ID# Special Study Value	
F Actions Taken *		G1 Resources *		G2 Estimated Dollar Losses & Values			
321 OBTAINED VITALS Primary Action Taken (1) 324 BAG VALVE MASK - AIRWAY Additional Action Taken (2) 32 Provide basic life Additional Action Taken (3)		<input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression _____ EMS 0003 0005 Other _____ <input type="checkbox"/> Check box if resource counts include aid received resources.		LOSSES: Required for all fires if known. Optional for non fires. None Property \$ _____, 000, 000 Contents \$ _____, 000, 000 PRE-INCIDENT VALUE: Optional Property \$ _____, 000, 000 Contents \$ _____, 000, 000			
Completed Modules		H1* Casualties		H3 Hazardous Materials Release		I Mixed Use Property	
<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 checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		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		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 container 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		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		341 <input type="checkbox"/> Clinic, clinic type infirmary		539 <input type="checkbox"/> Household goods, sales, repairs			
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		342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1-or 2-family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarding 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		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			
Outside		936 <input type="checkbox"/> Vacant lot		981 <input type="checkbox"/> Construction site			
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		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		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 963 Street or road in commercial			

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 BERG Last Name _____ 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

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

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

01442

FDID

*

TN

State *

MM

3

DD

30

YYYY

2014

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 UNCONSCIOUS 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 BILATERALLY 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 BILATERALLY +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 TRANSFERRED TO LIFESTAR 4. CARE WAS THEN TRANSFERRED TO LIFESTAR 4 THE PT WAS LOADED VIA 4 PERSON LIFT. THE AIRCRAFT DEPARTED WITHOUT INCIDENT.

AWAITING PATIENT DEMOGRAPHIC AT THIS TIME.

THE FOLLOWING ACTIONS WERE PERFORMED:

01442	TN	MM 3	DD 30	YYYY 2014	3	14-0001219	000	Complete Narrative
FDID *	State *	Incident Date *		Station	Incident Number *	Exposure *		

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

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

Staff ID\Staff Name	Activity	Rank	Position	Role
4433 LONDON, STEVEN A	EMERGENCY MEDICA	Firefighter		