



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 37821

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

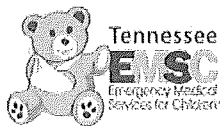
Agency: Wings

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 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 April 16, 2014 at 19:55 First Call ALS Unit 368 was dispatched to a Cardiac Arrest with CPR in Progress. Unit 332 quickly responded to provide back on the call, the two units arrived on scene together. When the crews went inside they noticed a 64 year old female patient laying supine on the floor in the living room of the residence with the patient's daughter performing chest compressions. The patient was apneic, pulseless and cyanotic. The crew immediately took over CPR and placed defibrillator pads on the pt. This revealed the pt was in Ventricular Tachycardia without a pulse. The pt was defibrillated at 200 joules. The crew quickly continued CPR and placed the pt on a Long Spine board and secured her to the cot with five straps and two rails and moved her to the ambulance to prepare for transport. After two minutes of high quality chest compressions the pt rhythm checked showed PEA and CPR was continued. PT was then intubated with a 7.5 ETT and confirmation was made using colorimetric device and confirming breath sounds. Ventilations were started with a bag mask valve with 100% O2 at 15lpm at a rate of 8 per minute. IV access was obtained by using 16 gauge needle in the patients right External Juggular with Normal Saline. After interventions and two more minutes of CPR rhythm checked showed a Sinus Tachycardia rhythm verified by patient have a carotid pulse. Medical Control was contacted and Dr. King advised EMS crew to give a 150mg bolus of Amiodarone. The patient was transported Emergency Traffic to L-Z 2. Pt skin color started to turn pink and had a good radial pulse. Vital Signs were checked and showed a blood pressure of 150/90 with a pulse of 119 and pulse oximeter of 100%. Respirations were still be control through the BVM and ETT at a rate of 8. Wings Aeromedical Unit arrived at the L-Z to take over patient care and to fly the patient to Physicians Regional Medical Center in Knoxville. The flight crew continued pt care and placed the patient on Mechanical Ventilation for transport. They started an Amiodarone Maintenance Infusion and placed cold packs on pt to start the hypothermia protocol. The flight crew took the pt to the ICU where pt care was turned over the awaiting hospital staff.

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

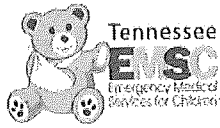


No

See attached

2007 Terrace Place, Nashville, TN 37203

Phone: 615.343.EMSC (3672) / Fax: 615.343.1145 / www.tnemsc.org



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
2	EMT-P	Corey	Parton	EMT-P	lellison@firstcaul-ambulance.com	First Cal	503 Jones Circle Newport, TN 37821	
2	AEMT	Donna	Sutton	AEMT	lellison@firstcaul-ambulance.com	First Cal	503 Jones Circle Newport, TN 37821	
2	EMT-P	Chad	Still	EMT-P	lellison@firstcaul-ambulance.com	First Cal	503 Jones Circle Newport, TN 37821	
2	AEMT	Billy	Suggs	AEMT	lellison@firstcaul-ambulance.com	First Cal	503 Jones Circle Newport, TN 37821	
1	CC EMT-P	Nick	Collins	CC EMT-P	lellison@firstcaul-ambulance.com	Wings	1901 Old Tusculum Rd Greenville, TN 37745	
1	RN	Tracy	Jarnigan	RN	tracy.jarnigan@med-tran.net	Wings	1901 Old Tusculum Rd Greenville, TN 37745	

First Call Ambulance Medical Record				Physical or Mental Reason for Ambulance Transport:				
Dispatch Info:	Date [4] [16] [14] Run # 35120 <small>MONTH DAY YEAR</small>			Cardiac Arrest			Dispatched as:	
	Unit 368 ALS/BLS xport AIS			Cardiac Arrest			Beginning Miles 245922	
	Origination 212 Front St. 1.37821 <small>WITH ROOM # ZIP CODE</small>			Ending Miles 245940			Enroute: 1955	
	Destination NMC L2 1.37821 <small>WITH ROOM # ZIP CODE</small>			Total Miles 4			Arrive Loc.: 2000 Dept Loc.: 2015 Destination: 2014 In Service: 2041	
Patient Insurance Information								
Name: KAYC		Address: 212 Front St. Newport TN 37821		SSN: 4158017851		Physician: 4236235208		
Purpose of Transport: Cardiac Arrest		Employer: _____		Policy #: CYP841345984		Group #: 415802851A		
Primary Insurance: Name: RCBS		Secondary Insurance: Name: Medicare		Policy #: _____		Group #: _____		
Section A: ACKNOWLEDGMENT OF SERVICES				HIPAA				
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.				I, the undersigned patient, have received a copy of the Notice of Privacy Policy of First Call Ambulance Service, LLC.				
Patient Signature _____		Date _____		Patient Signature _____		Date _____		
Patient's Authorized Representative _____		Relationship _____		Patient Signature _____		Date _____		
Patient was unable to sign: GARY PARKER (EMT/Paramedic)		Due to: Cardiac Arrest		Patient Signature _____		Date _____		
Past Medical History				Focused Patient Survey				
Medical Illness <input type="checkbox"/> Alzheimers/Dementia <input type="checkbox"/> Quadraplegic/Para <input type="checkbox"/> Asthma <input type="checkbox"/> Renal Disease <input type="checkbox"/> CAD <input type="checkbox"/> Seizures/Epilepsy <input type="checkbox"/> Cancer <input type="checkbox"/> Stroke/CVA <input type="checkbox"/> CHF <input type="checkbox"/> Syncope- <input type="checkbox"/> COPD <input type="checkbox"/> Tracheostomy <input checked="" type="checkbox"/> Diabetes Mellitus <input type="checkbox"/> Weakness <input type="checkbox"/> Hemiparalysis/Plegia <input checked="" type="checkbox"/> Cardiac stent <input type="checkbox"/> Hypertension <input checked="" type="checkbox"/> CABG <input type="checkbox"/> Pulmonary Edema <input type="checkbox"/> _____				Vitals Time 20:12 B/P 150/90 Pulse 119 R.Rate 8 O2 Sat. % 100 <input type="checkbox"/> Air <input type="checkbox"/> O2 Time _____ B/P _____ Pulse _____ R.Rate _____ O2 Sat. % _____ <input type="checkbox"/> Air <input type="checkbox"/> O2 Skin/M. <input type="checkbox"/> Pink <input type="checkbox"/> Cyanotic <input checked="" type="checkbox"/> Pink <input type="checkbox"/> Cyanotic Memb. <input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Dry <input type="checkbox"/> Diaphor <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Diaphor <input type="checkbox"/> Moist <input type="checkbox"/> Pale <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Pale <input type="checkbox"/> Hot Pupils L <input checked="" type="checkbox"/> Nor <input type="checkbox"/> Dil <input type="checkbox"/> Con <input checked="" type="checkbox"/> N/R <input type="checkbox"/> Irregular R <input type="checkbox"/> Nor <input type="checkbox"/> Dil <input type="checkbox"/> Con <input checked="" type="checkbox"/> N/R <input type="checkbox"/> Irregular				
Airway <input type="checkbox"/> Pt. Repositioned <input type="checkbox"/> C-Spine Control <input type="checkbox"/> Modified Jaw Thrust <input type="checkbox"/> Chin/Lift Head Tilt <input checked="" type="checkbox"/> ETT <input type="checkbox"/> PTL <input type="checkbox"/> OPQA <input type="checkbox"/> NPGA <input type="checkbox"/> Trach <input type="checkbox"/> Oral <input type="checkbox"/> PTL <input type="checkbox"/> ETT <input checked="" type="checkbox"/> Assist with BVM <input type="checkbox"/> Oxygen @ 15 LPM 100%		Breathing <input checked="" type="checkbox"/> Patent <input type="checkbox"/> Obstructed <input type="checkbox"/> Vent <input checked="" type="checkbox"/> ETT 7.5 size <input type="checkbox"/> Trach. size Effort <input type="checkbox"/> Adequate <input type="checkbox"/> Decreased <input type="checkbox"/> Increased <input type="checkbox"/> Absent <input type="checkbox"/> Non-Labored <input type="checkbox"/> Labored Sounds <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal L <input type="checkbox"/> Clear <input type="checkbox"/> Absent R <input type="checkbox"/> Rales <input type="checkbox"/> Ronchi <input type="checkbox"/> Wheezes		Circulation Pulses Strong Weak Reg. Irreg. None <input type="checkbox"/> Pedal <input type="checkbox"/> Radial <input type="checkbox"/> Femoral <input type="checkbox"/> Brachial <input type="checkbox"/> Carotid <input checked="" type="checkbox"/> YES <input type="checkbox"/> Active Bleeding <input checked="" type="checkbox"/> NO <input type="checkbox"/> Controlled w/BANDAGING <input type="checkbox"/> 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 <input type="checkbox"/> Age Appropriate Time 1 20:01 (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 <input type="checkbox"/> Age Appropriate Time 2 20:10 (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								

		Run # <u>35120</u>																																															
Treatment		ECG																																															
<input checked="" type="checkbox"/> IV Access <input checked="" type="checkbox"/> Endo. Intubation <input checked="" type="checkbox"/> Rhythm Interp. <input checked="" type="checkbox"/> Defibrillation <input checked="" type="checkbox"/> Cardioversion <input checked="" type="checkbox"/> Pacing <input checked="" type="checkbox"/> Decompression <input checked="" type="checkbox"/> Glucose Reading: #1 <u>HT</u> #2 <u></u>	IV P H # of Attempts <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td></td><td></td><td></td> </tr> <tr> <td>1</td><td>2</td><td></td><td></td><td></td><td></td> </tr> </table> <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5+</td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td></td> </tr> </table> <input type="checkbox"/> Left <input type="checkbox"/> Right	1	2	3				1	2					1	2	3	4	5+	1	2	3	4		<input checked="" type="checkbox"/> 3 Lead ECG <input checked="" type="checkbox"/> 12 Lead ECG <input type="checkbox"/> Transmitted <table border="1"> <tr> <td>1</td><td>2</td><td>3</td> <td>1</td><td>2</td><td>3</td> </tr> <tr> <td><input type="checkbox"/> NSR</td><td><input type="checkbox"/> Asystole</td><td><input type="checkbox"/> Atrial Fibr.</td> <td><input type="checkbox"/> PEA/EMD</td><td><input type="checkbox"/> PVCs</td><td><input type="checkbox"/> Sinus Bradycardia</td> </tr> <tr> <td><input type="checkbox"/> Atrial Flutter</td><td><input type="checkbox"/> AV Block</td><td><input type="checkbox"/> Idioventricular</td> <td><input type="checkbox"/> Sinus Tachycardia</td><td><input type="checkbox"/> SVT</td><td><input type="checkbox"/> V. Fibrillation</td> </tr> <tr> <td><input type="checkbox"/> Junctional</td><td><input type="checkbox"/> Paced</td><td><input type="checkbox"/> PACs</td> <td><input type="checkbox"/> V. Tachycardia</td><td><input type="checkbox"/> Other</td><td></td> </tr> </table>	1	2	3	1	2	3	<input type="checkbox"/> NSR	<input type="checkbox"/> Asystole	<input type="checkbox"/> Atrial Fibr.	<input type="checkbox"/> PEA/EMD	<input type="checkbox"/> PVCs	<input type="checkbox"/> Sinus Bradycardia	<input type="checkbox"/> Atrial Flutter	<input type="checkbox"/> AV Block	<input type="checkbox"/> Idioventricular	<input type="checkbox"/> Sinus Tachycardia	<input type="checkbox"/> SVT	<input type="checkbox"/> V. Fibrillation	<input type="checkbox"/> Junctional	<input type="checkbox"/> Paced	<input type="checkbox"/> PACs	<input type="checkbox"/> V. Tachycardia	<input type="checkbox"/> Other		Infused Fluids Type Amount in CCs TKO <input checked="" type="checkbox"/> Normal Saline <u>400</u> <input type="checkbox"/> <input type="checkbox"/> Ringer's Lac. <input type="checkbox"/> <input type="checkbox"/> DSW <input type="checkbox"/> <input type="checkbox"/> Other-DOC <input type="checkbox"/>
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Endotracheal Intubation		IV-IO		IV Drips	
Size Used <u>7.5</u>	<input checked="" type="checkbox"/> End Tidal CO2 Det. Used Color Change From <u>Purple</u> → <u>Yellow</u> <input type="checkbox"/> No change-DOCUMENT	IV/IO Sites <u>IV</u> <u>At EJ</u>	Gauge <u>16ga</u>	Drug <u></u> Rate <u></u> Drug <u></u> Rate <u></u> Drug <u></u> Rate <u></u> Drug <u></u> Rate <u></u>	Tied @ <u>2.4</u> cm at teeth <input type="checkbox"/> Purple <input type="checkbox"/> Yellow

Medications					
1. Adenocard 2. Duoneb 3. Amiodarone 4. ASA 5. Atropine 6. Benadryl 7. 50% Dextrose 8. Diazepam 9. Epi.(1:1000) 10. Epi (1:10,000) 11. Furosemide 12. Lidocaine 13. MgSO4 14. Morphine 15. Narcan 16. NTG Spray 17. Other <u></u> 18. Other <u></u>					
Drug # Route Admin. By IV P Dose/Time Response	Current Medications				
	<u>3 IV <input checked="" type="checkbox"/> 150mg/12012 Improved</u> <u></u> <input type="checkbox"/> <u></u> <u></u> <u></u> <u></u> <input type="checkbox"/> <u></u> <u></u> <u></u> <u></u> <input type="checkbox"/> <u></u> <u></u> <u></u>				
	<u>Tekturner, pakil, Metformin, Xanax,</u> <u>Hydrocodone, celexa, ASA</u>				
	Med Allergies? <u>NKA</u>				

NARRATIVE	
Receiving Hosp. <u>NMC L2</u>	Orders from <input type="checkbox"/> Rec. Hosp. <input type="checkbox"/> Medical Control <input checked="" type="checkbox"/> Protocol

Unit 368 was dispatched Emergency to a report of a pt who was in cardiac Arrest. Unit 332 responded for backup unit 368 and 332 both arrived on scene and found a unresponsive, pulseless, Apneic, cyanotic 64 yof pt lying supine in living room with CPR beginning performed by pt's daughter. Pt's daughter stated pt was getting ready to eat supper and went into cardiac Arrest pt had down time of 5mins before Arrival. We took over pt care and took over CPR and pt was placed onto LSB with straps in place. Pt was placed onto cot with straps. Defib pads were placed onto pt showed a v tach with out a pulse pt was Defibrillated @ 200 J. Pt went into PEA and CPR was continued. Pt was Intubated using Mac 4 blade. Entered the rt side of the mouth sweeping to the lt till vocal cords came into view pt was Intubated using 7.5 Et tube.


Primary Medic Lic <u>3-128908</u> Name <u>My Pat</u>	1-EMT 3-EMT-IV Driver Lic <u>2-130322</u> Name <u>Dom Sato</u>	Other Crew Facility/Agency & Name with License Level <u>ASH 33119 Wrentham</u>
--	---	--

To the best of my knowledge, this patient has the following items in their possession upon arrival at destination: <input checked="" type="checkbox"/> NONE	Signature of medical staff, family member accepting patient/personal items/paperwork <u>X [Signature] T Jaraquin</u>
--	---

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 ET 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 1600. 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 Patten Primary Medic Signature: 

Page ____ of ____

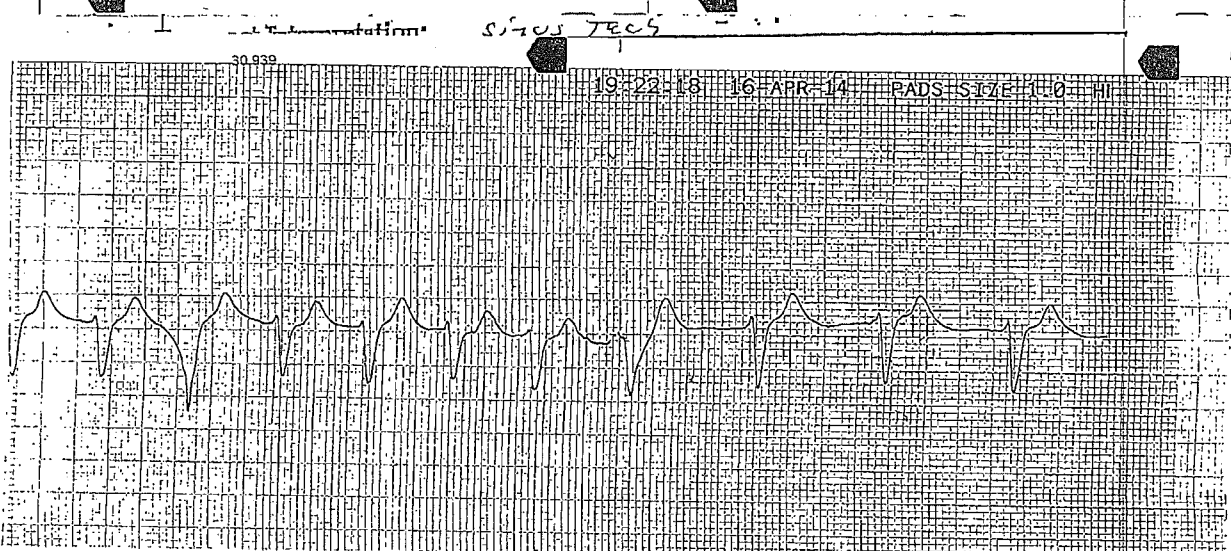
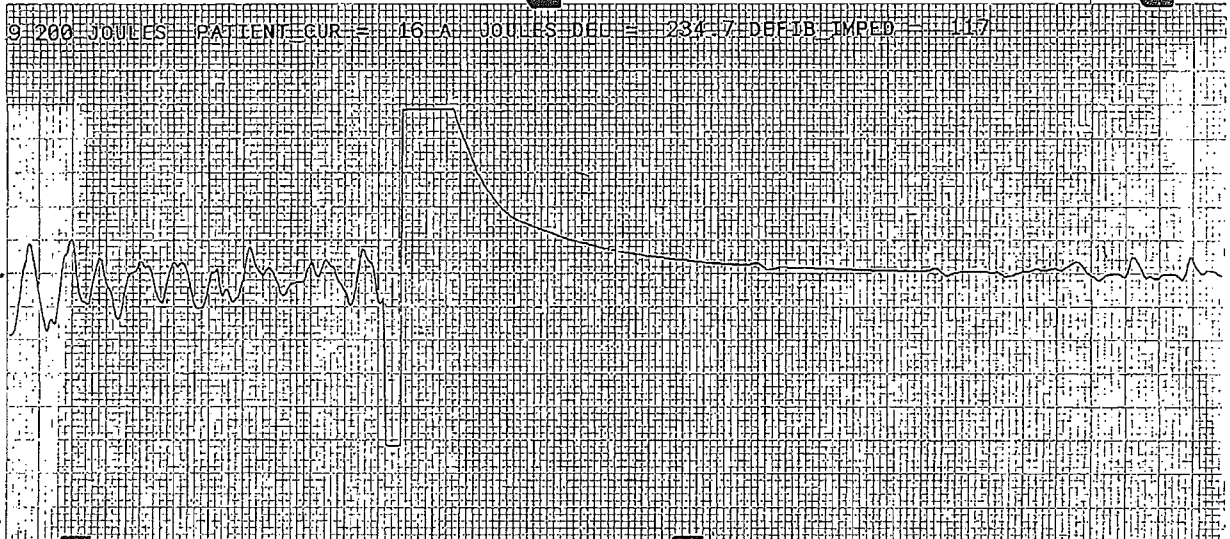


First Call Ambulance Service
Zoll M-Series Rhythm Strip Log Sheet

Unit # 368 Date: 4-16-14 Rtn # 35120

Patient Name: Kyle Turner Paramedic: Greg Porten

Transport Interpretation: V-Tach



Zoll M-Series Rhythm Strip Log Sheet

Unit #. 368

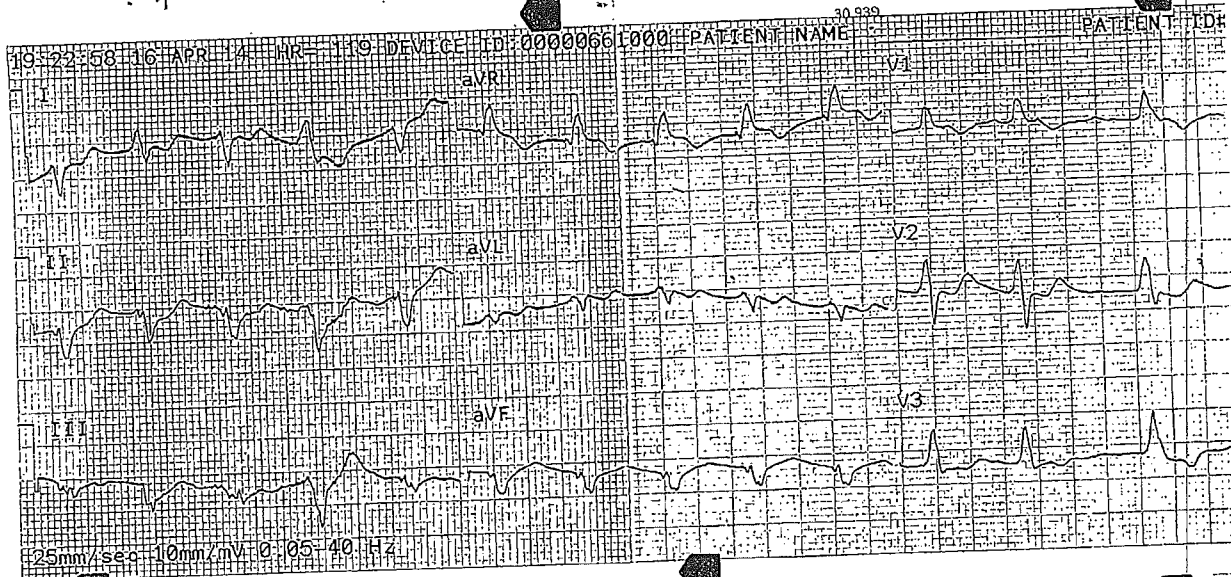
Date: 4-16-14

Rm# 368

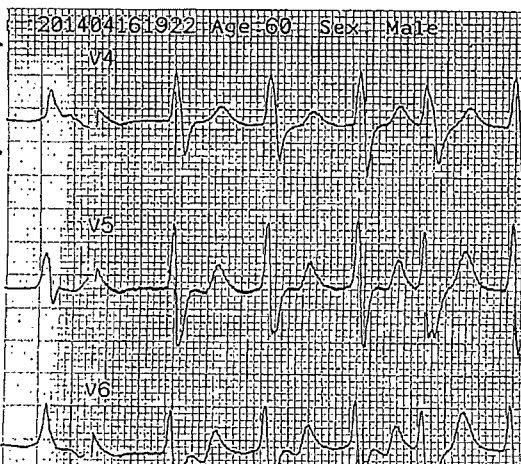
Patient Name: Kaye Merrill

Paramedic: Greg Anthony

Transport Interpretation:



International Sinus Tech



Sinus bradycardia with short PR with frequent
complexes with frequent premature supraventricular
Right bundle branch block
Inferior infarct, age undetermined
Abnormal ECG
*** Unconfirmed ***



Wings Air Rescue
1-800-946-4701



Facsimile transmittal

To: First Call

Fax: 423-586-5979

From: Wings 2

Date: 4/16/14

Re:

Pages: 0

Cc:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please recycle

Comments: Scene flight. Thankful

CONFIDENTIALITY NOTE: The document(s) accompanying this facsimile transmission contains information which is confidential. This information is intended for the use of the individual name(s) on this facsimile. If you are not the intended recipient, be aware that any disclosure, copying, distributions or use of the contents of this facsimile information is prohibited. If you have received this facsimile in error, please notify me immediately by facsimile at the number shown or via phone. Please delete it from your files if you are not the intended recipient. Thank you.

confidential