



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 10 day of January (month), 2014 (year), in Med. Snville, 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.

Laurenna Nijon  
Patient

Linda B. Dijk  
Witness wife

1/31/2015  
Date

1/31/2015  
Date

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



Yes



No

2007 Terrace Place, Nashville, TN 37203

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



## EMS Star of Life NOMINATION FORM

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

EMS Region #: 2  
Patient's Name: Lawrence Nixon  
Patient's Diagnosis: CPR, Inferior Depression, ROSC

Submitted by Name: David Williams Title: Training Director  
EMS Agency: Monroe County EMS  
Address: 103 College St Suite 24  
City, State & Zip: Madisonville TN 37354  
Phone: (615) 201-7047 Fax: ( ) Email: d32300@gmail.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: \_\_\_\_\_  
Name of Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Agency: \_\_\_\_\_  
Name of Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

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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) 1.	EMT-P	Travis	Wade	Critical Care NREMT-P	Supermedicj@gmail.com	Monroe	Monroe EMS, 103 College St South Madisonville, TN 37354	
(2) 2.	Heath Lisk - EMT-IV			EMT-IV	heath_lisk2000@yahoo.com	Monroe EMS, 103 College St South Madisonville, TN 37354		
(2) 3.	Eddie McCormick			CC EMT-P	Mcems407@gmail.com	Monroe EMS, 103 College St South Madisonville, TN 37354		





Agency: Monroe County EMS

Name of Contact: David Williams

Address: 103 College St Suite 24

City, State & Zip: Madisonville TN

Phone: (423) 442-4063 Fax: (423) 442-8098 Email: d32700@gmail.com

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: Lawrence Nixon

Home Mailing Address: 185 Ingram Rd.

City, State, Zip: Madisonville, TN 37354

Phone: (423) 442-5492 Cell: 423-404-3456

Email: \_\_\_\_\_

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

Date of Incident: 1/10/2014

Place of Incident: Rt 185 Ingram Rd.  
Madisonville, TN 37354



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 1/10/2014 Ems unit 432 responded to male pt having chest pain at his Res. Upon arrival found male pt sitting in his floor c/o chest pain. Pt placed on NRB 15 Lpm. Pt moved to cot by pt cary. Pt on cot semi-fowlers. Pt placed in unit 432, Pt became unresponsive. Pt placed on cardiac monitor. Pt V-fib CPR Started @ 0105 Am, Pt has no pulse. Pt Shocked @ 200j. No pulse CPR continued. 0107 am no pulse, V-fib, 2nd Shock @ 200j. CPR continued. 0109 am, no pulse. Pt V-fib. Pt Shocked @ 200j. CPR cont. Pt 02 Set @ 97% oral airway with Bvm. 02 Set never dropped below 97% entire call. 0113, no pulse. V-fib, Shocked @ 200j. CPR cont. 0115, Pt has strong pulses sinus tach on Cardiac monitor. Pt tx to Parkwest. Pt RST. Pt 12 lead showed Inferior depression. Pt Intubated maintained 97% O2. Pt had strong pulses upon arrival of Ed @ Parkwest. Further Report on attached Run Report.

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

Ithin Travis Wade is an exceptional person with each pt he encounters. Travis has a sacred heart with each and every person. He shows compassion toward everyone, he is a proven hero and possesses all the qualities. He shows intelligence, warmth, compassion, and humanity toward all his patients. I really do not think that you have any one more deserving than him. It is difficult to sum it up: but we can say, "An Angel walks amongst us."

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

PRID:28115147

Run #:40489

Service: Monroe County EMS

Base: MADISONVILLE - Medic 434

Unit: Truck 434

Shift: B

Dispatched As: Chest Pain

Mass Casualty: No

Type of Svc: Scene Unscheduled

Response Code: Lights and Siren

Mode to Ref: Lights / Sirens

Moved Via: Stretcher

Position: Supine

Outcome: Treated, Transported by EMS

Amb. Transport Code: Initial Trip

Date: January 10, 2014

Team: Critical Care

Crew 1: Primary Caregiver

\*Wade, Travis

EMT-P

Crew 2: Driver

Lisk, Heath

EMT-IV

Crew 3: Secondary Caregiver

\*McCormick, Eddie

EMT-P

\* designates an ALS Provider

Mode to Rec: Lights / Sirens

Moved From: Stretcher

Pt. Condition: Improved

Ref Other Type: Residence

Location: 185 INGRAM RD

185 INGRAM RD

Vonore, TN 37885

Receiving: Hospital

Fort Sanders Park West Hospital

Emergency Department

9352 Park West Blvd.

P.O. Box 22993

Knoxville, TN 37923-4325

(865) 693-5151

Last Name: NIXON First: LAWRENCE Middle: W

Address: 185 INGRAM RD

City: Madisonville ST: TN Zip: 37354

County: Monroe

Citizenship: United States

Phone: (423) 442-5492

DOB: 12/06/1944 SSN: 408-68-5093

Age: 69y Sex: M Weight: 200 kg

Height:

Subscriber: No

Race: White, non-Hispanic

DNR Orders: None

Barriers to Care: Unconscious

Billing Information:

Company	Group	ID
HUMANA ADV	Q6459002	H50954468

## Odometer

## Times

Start: 79.6

Dispatch: 00:49

At Ref: 86.7

EnRoute: 00:49

At Rec: 124.7

At Ref: 00:58

End: 124.7 At Patient: 00:58

Id Miles: 38.0

Leave Ref: 01:06

Tot Miles: 45.1

At Rec: 01:52

Available: 03:02

Consent Signed: No

PCS / Medical Necessity Signed: No

Primary Method of Payment: Insurance

## Payment Information

CMS Condition: Chest Pain (non-traumatic)

## Scene Information

Description: 434 RESPONDED TO PT RES FOR MALE PT HAVING CHEST PAIN. UPON ARRIVAL FOUND FIRE DEPT ON SCENE WITH MALE PT SITTING IN BATH ROOM. PT AOC TIMES THREE. PT BREATHING WITH OPEN AIRWAY, LABORED WITH NRB MASK ON AT 15 LPM. PT STATED THAT HE WAS HAVING CHEST PAIN AT THIS TIME. PT AT THIS TIME BECOMING LETHARGIC. PT MOVED TO COT BY PT CARRY. PT ON COT SEMI FOWLERS WITH RAILS UP AND STRAPS SECURED. EN ROUTE TO TRUCK PT BECAME UNRESPONSIVE. PT IN UNIT 434, PT LOST PULSE AND WITH NO RESPIRATIONS. CPR STARTED AT 0105 AM. PT PLACED ON CARDIAC MONITOR WITH DEFIB PADS. ORAL AIRWAY PLACED IN PTS AIRWAY WITH BVM WITH HIGH FLOW O2. 0107 NO PULSE, PT IN VFIB. PT SHOCKED AT 200 J. CPR CONTINUED AT THIS TIME. PULSE CHECK AT 0109, NO PULSE. PT VFIB ON MONITOR. PT SHOCKED. 2ND SHOCK. CPR CONTINUED. 0111 PT HAS NO PULSE AND VFIB ON MONITOR. PT 3RD SHOCK AT 200 J. CPR CONTINUED. PT BAGGED AT 10 BPM WITH HIGH FLOW O2. 0113 PT HAS NO PULSE WITH VFIB ON MONITOR. PT SHOCKED AT 200 J. CPR CONTINUED. 0115 PT HAS STRONG RADIAL AND CAROTID PULSE WITH SINUS TACH ON CARDIAC MONITOR. PT HAS RESP RATE AT 6 TIMES A MIN. IO PLACED IN PTS HUMERAL HEAD LEFT SIDE. AMIODARONE 150MG DRIP PLACED IN IO AT THIS TIME. PT HAS STRONG RADIAL PULSE AT 0118. IV PLACED ON RIGHT HAND WITH 18 GAUGE IV AT 0119 BY MCCORMICK. O2 SAT AT 0122 97 BY BVM AND ORAL AIRWAY WITH HIGH FLOW O2 ON BVM. 0126 12 LEAD ECG PLACED ON PT. PT SINUS TACH WITH INFERIOR DEPRESSION. 0121 DEST CHANGES TO PARKWEST MED. 0125 ONLINE MEDICAL CONTROL CALLED AT PARKWEST ER. MEDIC WADE ADVISED MD CUMMINGS OF PT. 12 LEAD SENT TO ER BY CARDIAC MONITOR. ADVISED MD OF PT STATUS. MD ADVISED CONTINUE WITH TREATMENT PLAN BEING GIVEN. VITALS TAKEN. HEENT IN TACT, TRACHEA MID LINE, 0 JVD. LUNGS CLEAR AND EQUAL. ABD NON DISTENDED. EXTREMITIES TIMES FOUR. AT 130 RSI PROTOCOLS FOLLOWED. VESSED 5 MG GIVEN AT 0130. 0131 NORCURON 1 MG GIVEN IV. 0133 SUCCINYLCHOLINE 100 MG GIVEN IV. PT INTUBATED AT 0134 BY MEDIC WADE WITH 7.5 ETT. PTS AIRWAYS SUCTIONED. VISUAL OF TUBE PASSING VOCAL CORDS. 10CC BULB INFLATED. PT HAS GOOD CHEST MOVEMENT WITH FOGGING OF THE TUBE. PT HAS O2 SAT OF 97%. PT ETT SECURED AT THIS TIME. COLOR METRIC PLACED ON PT ETT WITH GOOD COLOR CHANGE. PT PLACED ON CO2 DETECTOR. CO2 AT 10. PT ETT 23 AT THE TEETH. AT 0134 NORC 3 MG GIVEN BY MEDIC MCCORMICK. 0135 FENTANYL 50 MCG GIVEN BY MEDIC WADE. PT REMAINED O2 SAT AT 97%. PT SKIN PINK. PT REMAINED IN SINUS TACH. PT GIVEN N/S AT KVO. PT VITALS REASSESSED EN ROUTE WITH NO CHANGES. ONLINE MEDICAL CONTACTED AT 0141 TO UPDATE MD CUMMINGS ON PT STATUS. AT 0150 SECOND 12 LEAD TAKEN ON PT. PT HAD ECG CHANGE TO NSR. PT ETT HAD NO MOVEMENT. LUNGS SOUNDS REMAINED CLEAR AND EQUAL. PT O2 SAT AT 97%. PT TAKEN INTO ER BY COT. PT MOVED TO BED BY DRAW SHEET. PT REMAINED ON CARDIAC MONITOR. PT REMAINED AT 97% WITH BVM. PT ON BED SUPINE WITH RAILS UP AND SECURED. VERBAL REPORT GIVEN TO NURSING STAFF AND MD CUMMINGS. PT CARE TAKEN OVER BY PARKWEST ER STAFF AT THIS TIME. SIGNATURE OBTAINED BY STAFF. PT UNABLE TO SIGN DUE TO BEING INTUBATED. 434 CLEAR, END.

## Chief Complaint (Category: Chest Pain)

CHEST PAIN, CPR

Duration: 10 Minutes

Anatomic Location: Chest

ALS Assessment: Completed for Suspected Illness

Secondary Complaint

CPR

## History of Present Illness

## Medical History

Myocardial Infarction  
Obtained From: Family

## Current Medications

Unknown

## Allergies

Unknown

## Neurological Exam

Level of Consciousness: Alert

Loss of Consciousness: No

Chemically Paralyzed: No

Neurological Present: Normal

Mental Present: Normal

## Glasgow Coma Scale

E	V	M	Tot
Int: 4	5	6	= 15

## Pupils

## Left

## Right

Size: Normal Normal

React: Reactive Reactive

## Motor

## Sensory

LA: Normal Normal

RA: Normal Normal

LL: Normal Normal

RL: Normal Normal

## Airway

Status: Secured / Intubated

Secured via: Endotracheal

Tube Size: 7.5 mm, 23 cm depth

Performed By: EMS Provider

Outcome: Improved

## Respiratory

Effort: Normal

Sounds: L: Clear R: Clear

Sounds: CLEAR AND EQUAL WITH FOGGING OF THE TUBE.

Oxygen: 15 lpm via BVETT Performed By: EMS Provider

Outcome: Improved

## Cardiovascular

JVD: Not Appreciated

Cap. Refill: Less than 2 Seconds

Edema: Not Appreciated

## Pulses

## Left

## Right

Carotid: Normal Normal

Radial: Strong Strong

Femoral:

## Cardiac Arrest

Witnessed: 01:05

Who Witnessed: Health Care Worker

Etiology: Not Known

Initial  
Rhythm: Ventricular Fibrillation

CPR Started: 01:05

CPR By: BLS/ALS Unit

Resuscitation: Initiated Chest  
Compressions

First Defib: 01:07

Defib Type: Manual

Defib By: BLS/ALS Unit

ALS Initiated: 01:05  
Destination Normal Sinus  
Rhythm: Rhythm

## Injury Details

Reason for  
Encounter: Injury/Trauma  
Drugs/Alcohol?: None  
Intentional: No

## Initial Physical Findings

## Assessment

Tubes/Drains:

Skin: Dry

Skin Findings:

## IVs Prior to Assessment

IV#	Gauge	Site	Solution	Rate	Performed By	Outcome
1	18	RIGHT HAND	NS	OPEN	EMS Provider	Improved
2	14 IO	LEFT HUMERAL HEAD	NS	OPEN	EMS Provider	Improved

## Medications / Infusions Prior to Assessment

Time	IV# / Other Route	Medication	Concentration	Dose	Performed By	Outcome
01:17	IV#1	AMIODARONE		150 MG	EMS Provider	Improved
01:30	Intravenous	VERSED		5 MG	EMS Provider	Improved
01:31	IV#1	NORCURON		1 MG	EMS Provider	Improved
01:33	IV#1	SUCCINYLCHOLINE		100 MG/KG	EMS Provider	Improved
01:34	IV#1	NORCURON		9 MG	EMS Provider	Improved
01:35	IV#2	FENTANYL		50 MCG	EMS Provider	Improved

#### Impression / Diagnosis

System: Cardiovascular  
Symptoms: Pain  
Impression: Cardiac Arrest  
CMS Condition: Chest Pain (non-traumatic)

#### Activity

Time	H.R.	B.P.	MAP	SaO2	ETCO2	Resp	Rhythm	GCS	ECG Method	Prtcl	CRW*
	H.R. Method	Method	LOC			Resp Effort					
<b>Action/Comment</b>											
01:19	95	125 / 80	95	97		10	Sinus Tachycardia (REG)	1/1/1		Arrest	#1
	Electric Monitor - Cardiac	Auto. Cuff	Unresponsive			Labored					
01:30	117	184 / 106	132	97		10	Sinus Tachycardia (REG)	1/1/1		Arrest	#1
	Electric Monitor - Cardiac	Auto. Cuff	Unresponsive			Labored					
01:47	84	83 / 54	64	97	10	12	Normal Sinus Rhythm	1/2/1		Arrest	#1
	Electric Monitor - Cardiac	Auto. Cuff	Unresponsive			Assisted					
01:49	86	104 / 71	82	97	12	12	Normal Sinus Rhythm	1/1/1		Arrest	#1
	Electric Monitor - Cardiac	Auto. Cuff				Assisted					

\* Assessment made by

Wade, Travis: Electronically Signed on 01/10/2014 04:35:52 EST

Lisk, Heath: \_\_\_\_\_

McCormick, Eddie: \_\_\_\_\_