

Tennessee

EMSC

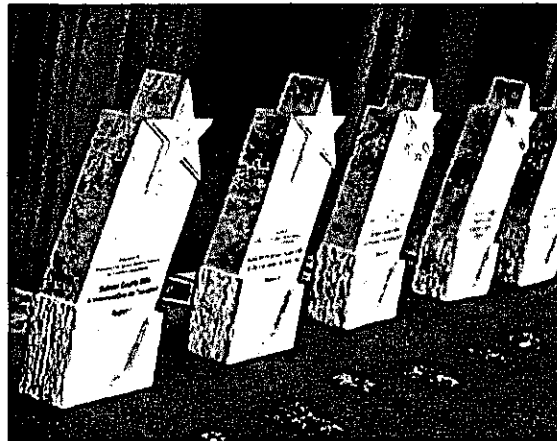
Emergency Medical  
Services for Children™

*20 Years of Service*

*is proud to present the 7th Annual*

*EMS Star of Life*

**Awards Dinner and Ceremony**



*May 14, 2015*

*Rocketown*

601 4<sup>th</sup> 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](mailto: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: Harold Grimm

Patient's Diagnosis: Cardiac Arrest

Submitted by Name: James Parker 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: jparker@mhems.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 Rescue Squad

Name of Contact: Brian Robinson, Captain

Address: 420 N. Jackson St.

City, State & Zip: MORRISTOWN, TN 37814

Phone: (423) 587-3280 Fax: (423) 585-2729 Email: rescue214@charter.net

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: Harold Grimm

Home Mailing Address: 974 Forest Dr

City, State, Zip: MORRISTOWN, TN 37814

Phone: (423) 277-0803 Cell: ( )

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

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

Date of Incident: 12-24-2014

Place of Incident: 5757 N. 3<sup>rd</sup> St Russellville, TN 37860  
Citizens Baptist Church



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 attached narrative on last page of this packet.*

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

*The crews that worked this call are of the highest caliber of men and women in training and stature of our department. They have used their knowledge & skills to attain the absolute best results on not only this, but every pt they encounter. From the response to the end result, they make not only themselves, but the service as a whole stand out among their peers. They come together & saved yet another precious life as a team. They deserve to be recognized for their unity and hard work.*

2007 Terrace Place, Nashville, TN 37203

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



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 24 day of Dec (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.

[Signature]  
Patient

[Signature]  
Witness

1/22/2015  
Date

1/22/2015  
Date

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

☒ Yes  
☐ No



---

**DEADLINE FOR SUBMISSION IS MONDAY, FEBRUARY 9, 2015**

**Submit Your Nomination to the TN EMSC office:**

**E-mail:** erin@tnemsc.org

**Fax:** TN EMSC, 615-343-1145

**Mail:** TN EMSC  
2007 Terrace Pl  
Nashville, TN 37203

**For questions please contact:**

Erin Hummeldorf, BA, MPA  
Program Coordinator, TN EMSC  
615-936-5274  
erin@tnemsc.org

**Checklist to include in submission:**

- ☒ Star of Life Awards Patient Consent Form  
(It is a HIPPA violation to send patient records without their permission. Please allow enough time to secure the patients signature)
- ☒ Official Star of Life Awards Nomination Form
- ☒ Excel Sheet of Members of Each Organization
- ☒ Copy of Run Sheet and Aeromedical sheet if applicable
- ☒ News Articles and Photos

**Attention:** Team Photo (300 dpi resolution) and the following spreadsheet must be sent within 2 weeks of notification for your team to win the Star of Life Award – e-mail to [erin@tnemsc.org](mailto:erin@tnemsc.org).  
Disqualification will occur if materials are returned incomplete.



Region	Title	First Name	Last Name	Credentials	Email Address	Organization	Address	City, State, Zip
2	Lieutenant	Jason	Fox	CCP		Morristown Hamblen EMS	419 Allison St	Morristown, TN 37814
2		Brian	Williams	AEMT		Morristown Hamblen EMS	419 Allison St	Morristown, TN 37814
2	Captain	Randy	Breeding	FF/EMR		Morristown Fire Dept	PO Box 1499	Morristown, TN 37816
2	Engineer	Keith	Rouse	FF/EMR		Morristown Fire Dept	PO Box 1499	Morristown, TN 37816
2		John	Heatherly	FF/AEMT		Morristown Fire Dept	PO Box 1499	Morristown, TN 37816
2		Caleb	Jones	FF/EMR		Morristown Fire Dept	PO Box 1499	Morristown, TN 37816
2		Joseph	Cummings	EMD		Hamblen Co. Dispatch	530 N. Jackson St	Morristown, TN 37814
2		David	Peoples	EMD		Hamblen Co. Dispatch	530 N. Jackson St	Morristown, TN 37814

Incident # 141224-0827

On Christmas Eve, Medic One was called to a possible cardiac arrest at a local church. EMD's David Peoples and Shawna Smith had given prior instructions to the bystanders at the scene on how to do CPR.

Upon Medic One's arrival they found the patient lying supine in the floor with CPR being done by a LPN Cecilia Couch, Randall Couch, CNA, Brad Winstead, VFD, Melanie Langston, OR Tech, Christa Mullins and Joshua Peirce, Rescue Squad Crewman at the scene. The family and bystanders were there when 63 year old Harold Grimm had collapsed to the floor.

Captain Joseph Cate, CCP and Lieutenant Jason Fox, CCP, were the crew for Medic One that night. Captain Cate confirmed that Mr. Grimm was indeed pulseless, but did have a bounding carotid pulse with the CPR being done. Mr. Grimm also had agonal respirations. Upon attaching the heart monitor Mr. Grimm revealed coarse ventricular fibrillation. A second crew was called for.

Lt. Fox performed a precordial thump while the pacer pads were being placed and BVM was being readied. The defibrillator was charged to 200j and the shock was delivered converting him to an asystolic rhythm.

At this point an OPA was inserted to help with bag/mask ventilations. Chest compressions were immediately restarted. A rhythm check revealed that Mr. Grimm had converted back to coarse V-Fib. A second precordial thump was delivered by Lt. Fox with no rhythm change.

The defibrillator was charged to 300j and a second shock was delivered, converting once again to asystole. CPR was continued for two minutes. A rhythm check revealed a sinus tachycardia at a rate of 114 with a strong carotid pulse. Medic Four arrived on scene to give any assistance needed.

With the help of Paramedic Andrew Smith, AEMT Pamela Osornio and RSC Peirce, Captain Cate and Lt. Fox moved Mr. Grimm and secured him to a long spine board for movement to the stretcher and to the waiting ambulance.

Inside the ambulance an IV was initiated by Lt. Fox. Realizing the need for a more secure airway, Captain Cate opened his oropharynx with a laryngoscope and found that Mr. Grimm had at some point bitten his tongue and there was blood in the airway. His airway was suctioned to remove the excess blood. When Captain Cate began to re-oxygenate him with the BVM he noticed it seemed harder to do. Mr. Grimm was attempting to breathe on his own but was still unable to protect his own airway. Mr. Grimm was not conscious at the time, it was decided by Captain Cate to attempt to intubate Mr. Grimm for his own protection, as he had no gag reflex.

At the time of the attempt, Mr. Grimm began coughing and opened his eyes. He began to have purposeful movement and a regular respiratory rate of 20 per minute. While attempting to assist

Mr. Grimm in his breathing efforts, he would not tolerate the BVM and noting a 97% oxygen saturation, Captain Cate opted for oxygen delivery from a non-rebreather mask at 15 lpm.

A second IV was started on the way to the hospital by Lt Fox. Mr. Grimm became awake and oriented and, as he felt it was difficult to breath lying down, demanded that he be moved into an upright position. Mr. Grimm became agitated and would not keep the oxygen mask in place. Captain Cate administered 5mg of Valium to Mr. Grimm to calm his irritated state. He was able to relax after receiving the Valium but continued to become more aware of his surroundings en route to the hospital.

Upon arriving at the ED, Mr. Grimm was moved to their awaiting bed, alert, conscious and oriented. Before returning to service the crew of Capt. Cate and Lt. Fox stepped into Mr. Grimm's room to wish him well and to assure him that he was in the best hands possible, Mr. Grimm was able to wish each of them a Merry Christmas.

Mr. Grimm is with us today due to quick action by the bystanders at the scene starting CPR, the phone instruction from the emergency dispatcher and skills and fast thinking of the responding crews.

From Medic One's arrival time to spontaneous return of pulse was only eight minutes. The actions performed before and during the event marking Mr. Grimm's clinical death were, without a doubt, responsible for his survival.

**Morristown Hamblen Emergency Medical**

Patient Care Record

Name: GRIMM, HAROLD

Incident #: 141224-0827

Date: 12/24/2014

Patient 1 of 1

Patient Information				Clinical Impressions	
Last	GRIMM	Address	974 FOREST DR.	Primary Impression	Cardiac Arrest
First	HAROLD	Address 2		Secondary Impression	
Middle		City	Morristown	Protocol Used	
Gender	Male	State	TN	Anatomic Position	
DOB	01/14/1951	Zip	37814	Chief Complaint	CARDIAC ARREST
Age	63 Yrs, 11 Months, 10 Days	Country	UNITED STATES	Duration	Units
Weight	400lbs - 181kg	Tel	(423)277-0803	Secondary Complaint	
Pod Color		Physician		Duration	Units
SSN	208-42-3312	Ethnicity	Not Hispanic or Latino	Patient's Level of Distress	
Race	White			Signs & Symptoms	Cardiac - Cardiac Arrest
Advanced Directive				Injury	
Resident Status				Medical/Trauma	
				Barriers of Care	
				Alcohol/Drugs	

Medication/Allergies/History	
Medications	Lisinopril, Metformin
Allergies	NKDA
History	Diabetes, Hypertension

Vital Signs															
Time	AVPU	Side	POS	BP	Pulse	RR	SPO2	ETCO2	CO	BG	Temp	Pain	GCS(E+V+M)/Qualifier	RTS	PTS
17:46	U		Lay	0/0	114 L	21							3=1+1+1	1	
17:52	P		Lay	140/80	113 R	12 A	97 Ox						6=1+1+4	10	
18:00	V		Lay	/	114 R	18 R	100 Ox						10=3+2+5		
18:05	V	L	Lay	140/80 M	105 R	20 R	100 Ox			174		10	14=4+4+6	12	
18:13	A	L	Sit	136/74 A	104 R	20 R	100 Ox					10	14=4+4+6	12	

ECG		
Time	3-Lead ECG	12-Lead ECG
17:46	V-Fib	
17:52	Sinus Tachycardia	
18:05	Sinus Tachycardia	
18:13	Sinus Tachycardia	

Flow Chart		
Time	Treatment	Provider
17:45	ALS Assessment	Cate, Joseph
17:46	Manual Defibrillation	Cate, Joseph
17:47	Manual Defibrillation	Cate, Joseph
17:47	Oxygen	FOX, JASON
17:47	OPA	Cate, Joseph
17:48	Manual Defibrillation	Cate, Joseph
17:48	Manual Defibrillation	Cate, Joseph
17:55	IV Therapy	FOX, JASON
17:56	12-Lead ECG	Cate, Joseph
18:03	Suction	Cate, Joseph
18:05	IV Therapy	FOX, JASON
18:10	Valium	Cate, Joseph

**Morristown Hamblen Emergency Medical**

Patient Care Record

Name: GRIMM, HAROLD

Incident #: 141224-0827

Date: 12/24/2014

Patient 1 of 1

Initial Assessment			
Category	Comments	Abnormalities	
Mental Status		Mental Status	⊕ Unresponsive
Skin		Skin	⊕ Cyanotic
HEENT		Head/Face	No Abnormalities
		Eyes	⊕ Right: Dilated, Right Pupil: 5-mm, Left: Dilated, Left Pupil: 5-mm
		Neck	No Abnormalities
Chest		Chest	No Abnormalities
		Heart Sounds	No Abnormalities
		Lung Sounds	⊕ LL: Clear, RU: Clear, LU: Clear, RL: Clear
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	No Abnormalities
Extremities		Left Arm	No Abnormalities
		Right Arm	No Abnormalities
		Left Leg	⊕ Edema
		Right Leg	⊕ Edema
		Pulse	⊕ Radial: Absent, Carotid: Absent
		Capillary Refill	Not Assessed
Neurological		Neurological	No Abnormalities

Assessment Time: 12/24/2014 17:45

**Morristown Hamblen Emergency Medical**

Patient Care Record

Name: GRIMM, HAROLD

Incident #: 141224-0827

Date: 12/24/2014

Patient 1 of 1

Ongoing Assessment			
Category	Comments	Abnormalities	
Mental Status		Mental Status	⊕ Confused
Skin		Skin	Not Assessed
HEENT		Head/Face	No Abnormalities
		Eyes	⊕ Left Pupil: 3-mm, Right Pupil: 3-mm
		Neck	No Abnormalities
		Chest	No Abnormalities
Chest		Heart Sounds	No Abnormalities
		Lung Sounds	⊕ RU: Clear, LU: Clear, RL: Clear, LL: Clear
		General	No Abnormalities
Abdomen		Left Upper	No Abnormalities
		Right Upper	No Abnormalities
		Left Lower	No Abnormalities
		Right Lower	No Abnormalities
		Cervical	No Abnormalities
Back		Thoracic	No Abnormalities
		Lumbar/Sacral	No Abnormalities
		Pelvis/GU/GI	No Abnormalities
Pelvis/GU/GI		Pelvis/GU/GI	No Abnormalities
Extremities		Left Arm	No Abnormalities
		Right Arm	No Abnormalities
		Left Leg	⊕ Edema
		Right Leg	⊕ Edema
		Pulse	⊕ Radial: 2+ Normal
		Capillary Refill	⊕ Right Upper: < 2 Sec, Left Upper: < 2 Sec
Neurological		Neurological	No Abnormalities

Assessment Time:

**Morristown Hamblen Emergency Medical**

Patient Care Record

Name: GRIMM, HAROLD

Incident #: 141224-0827

Date: 12/24/2014

Patient 1 of 1

## Narrative

DISPATCHED AND RESPONDED IMMEDIATELY TO STATED ADDRESS FOR POSSIBLE CARDIAC ARREST. ARRIVAL FOUND A 63 Y/O MALE LYING SUPINE IN THE FLOOR. BY STANDERS WITNESSED THE PT COLLAPSE OUT OF HIS CHAIR. CPR INSTRUCTIONS WERE GIVEN PRIOR TO EMS ARRIVAL BY 911. 911 ADVISED THAT A NURSE ON SCENE INITIATED CPR PRIOR TO EMS ARRIVAL. PT WAS UNRESPONSIVE AND HAD NO PULSES NOTED AT THE CAROTID OR RADIAL. CPR WAS PERFORMED PER AHA GUIDELINES WITH A PALPABLE CAROTID PULSE FELT WITH COMPRESSIONS. PT HAD AGONAL RESPIRATIONS. MONITOR SHOWED COURSE V-FIB. PERICARDIAL THUMP PERFORMED WHILE PACER PADS WERE PLACED. MONITOR CHARGED TO 200 J AND PT SHOCKED. PT CONVERTED TO ASYSTOLE RHYTHM. CPR IMMEDIATELY STARTED AGAIN WITH CAROTID PULSES NOTED. PURPLE OPA WAS PLACED AND PT WAS VENTILATED USING A BVM WITH 15 LPM OF O<sub>2</sub> AT A RATE OF 12 BPM. RHYTHM CHECK SHOWED PT HAD CONVERTED BACK INTO COURSE V-FIB. PERICARDIAL THUMP PERFORMED AGAIN WITH NO RHYTHM CHANGE. MONITOR CHARGED TO 300J AND PT SHOCKED AGAIN. CPR CONTINUED WITH CAROTID PULSES NOTED. PT CONVERTED TO ASYSTOLE. HIGH QUALITY CPR CONTINUED UNTIL 2 MINUTE RHYTHM CHECK. RHYTHM CHECK SHOWED A SINUS TACHYCARDIA AT A RATE OF 114. VENTILATIONS CONTINUED AT A RATE OF 12 BPM. PT WAS MOVED TO SPINE BOARD AND SECURED WITH SX3 AND PLACED ON COT. PT SECURED TO COT WITH SX5, RX2. PT AND COT SECURED IN UNIT. IV ESTABLISHED AS NOTED, NO SIGNS OF INFILTRATION OR PAIN NOTED AND SECURED WITH TEGADERM AND TAPE, ALL WITH ASEPTIC TECH. PT HAD BIT HIS TONGUE AND HAD BLOOD NOTED IN HIS ORAL PHARYNX. PT WAS SUCTIONED WITH 10 ML OF BLOOD REMOVED. NOTED RESISTANCE WHILE VENTILATING THE PT. PT WAS ATTEMPTING TO BREATHE ON HIS OWN. PT AT THIS TIME WAS NOT ABLE TO PROTECT HIS AIRWAY. ATTEMPTED TO PLACE AN ENDOTRACHEAL TUBE. ATTEMPTED INTUBATION USING A MAC 4 BLADE AND 7.5 ETT. PT WAS HYPER OXYGENATED BEFORE INTUBATION ATTEMPT. DURING ATTEMPT PT BEGAN TO COUGH AND OPENED HIS EYES. PT AT THIS TIME HAD PURPOSEFUL MOVEMENT AND WAS BREATHING AT A RATE OF 20 BPM. INTUBATION EFFORTS CEASED AND ATTEMPTED TO ASSIST PT'S RESPIRATIONS USING A BVM. PT WOULD NOT TOLERATE A BVM. PT'S SPO<sub>2</sub> WAS 97% AT THIS TIME. PT WAS PLACED ON A NRB AT 15 LPM OF O<sub>2</sub>. 2ND IV ESTABLISHED AS NOTED, NO SIGNS OF INFILTRATION OR PAIN NOTED AND SECURED WITH TEGADERM AND TAPE, ALL WITH ASEPTIC TECH. TRANSPORTED EMERGENCY TO MHHS ER. CONTINUED TO MONITOR PT DURING TRANSPORT WITH VITALS AS NOTED. PT BEGAN TO SAY HE WAS UNABLE TO BREATHE LYING DOWN AND DEMANDED EMS ALLOW HIM TO SIT UP. PT WAS REMOVED OFF SPINE BOARD AT PLACED IN HIGH FOWLERS. PT WAS AGITATED AND WOULD NOT ALLOW THE NRB TO STAY ON. EMS CONTACTED DR. LIVESAY AND REQUESTED ORDERS TO GIVE VALIUM IN ATTEMPTS TO CALM THE PT. DR. LIVESAY GAVE ORDERS OF 5 MG OF VALIUM VIA SIVP. PT WAS GIVEN 5 MG OF VALIUM VIA SIVP AND FLUSHED WITH 10 ML OF SALINE. PT SEEMED TO RELAX DURING TRANSPORT. PT WAS BECOMING MORE AWARE DURING TRANSPORT AND WOULD FOLLOW VERBAL COMMANDS. CONTINUED TO MONITOR WITH REPEAT VITALS AS NOTED. MHHS ER ADVISED OF POST CARDIAC ARREST COMING. DESTINATION PT WAS MOVED TO ROOM ED 2. PT WAS ASSISTED TO BED USING A 2 MAN DRAW SHEET METHOD AND SECURED WITH SIDE RAILS UP X 2 AND PMS X 4. PT CARE AND VERBAL REPORT GAVE TO RECEIVING NURSE AND SIGNATURE OBTAINED AT BED SIDE WITH TRANSFER OF CARE. END

## Specialty Patient - CPR

Cardiac Arrest	Yes, Prior to EMS Arrival	Presumed Cardiac	Prearrival CPR Instructions	Yes	In Field Pronouncement
Cardiac Arrest Etiology	Presumed Cardiac	First Defibrillated By	EMS	Expired	
Estimated Time of Arrest	10-15 Minutes	Time of First Defib	17:46 12/24/2014	Time	
Est Time Collapse to 911	1 Minutes	Initial ECG Rhythm	Ventricular Fibrillation	Date	
Est Time Collapse to CPR	1 Minutes	Rhythm at Destination	Sinus Tachycardia	Physician	
Arrest Witnessed By	Bystander	Hypothermia	No		
CPR Initiated By		End of Event			
Time 1st CPR		ROSC			
CPR Feedback		ROSC Time			
ITD Used		ROSC Occured			
Applied AED		Resuscitation Discontinued	17:52 12/24/2014		
Applied By		Discontinued Reason	Return of Spontaneous Circulation (pulse or BP noted)		
Defibrillated		Resuscitation	Resuscitation Attempted - Yes; Attempted Defibrillation, Attempted Ventilation, Initiated Chest Compressions		

## Specialty Patient - Trauma Criteria

Anatomic	Trauma Activation
Physiologic	Time
Mechanical	Date
Other Conditions	Trauma level
	Reason not Activated

**Morristown Hamblen Emergency Medical**

Patient Care Record

Name: GRIMM, HAROLD

Incident #: 141224-0827

Date: 12/24/2014

Patient 1 of 1

Incident Details		Destination Details		Incident Times	
Location		Disposition	Transported Lights/Siren	PSAP Call	
Address	5757 NORTH 3RD ST.	Transport Due To	Patient	Dispatch Notified	
Address 2		Transported To	M-H Healthcare System ER	Call Received	17:35:00
City	Russellville	Requested By	Family	Dispatched	17:35:00
State	TN	Destination	Hospital ER	En Route	17:35:00
Zip	37860	Address	908 W 4th North St	Resp on Scene	
Medic Unit	M1	Address 2		On Scene	17:44:00
Run Type	911 Response (Emergency)	City	Morristown	At Patient	17:44:00
Priority Scene	Lights/Sirens	State	TN	Depart Scene	18:06:00
Shift	B-shift	Zip	37814	At Destination	18:17:00
Zone	East	Zone	Central	PL Transferred	
Level of Service	Advanced Life Support	Condition at Destination	Improved	Call Closed	18:25:00
EMD Complaint	Cardiac Arrest	Destination Record #		In District	
EMD Card Number		Trauma Registry ID			

Crew Members		
Personnel	Role	Certification Level
Cate, Joseph	Lead	EMT-Paramedic-30389;
Smith, Andrew	Driver	EMT-Paramedic-36675;
FOX, JASON	2nd	EMT-Paramedic-27524;
OSORNIO, PAMELA	3rd	EMT-Intermediate-38968;

Insurance Details			
Insured's Name		Primary Payer	Dispatch Nature
Relationship To Patient		Medicare	Response Urgency
Insured SSN		Medicaid	Job Related Injury
Insured DOB		Primary Insurance	Employer
Address1		Policy #	Contact
Address2		Group #	Phone
Address3		Secondary Ins	
City		Policy #	
State		Group #	
Zip			
Country	UNITED STATES		

Mileage		Delays		Additional Agencies	
Scene	94394.0	Category	Delays	Hamblen County Sheriff	
Destination	94401.5	Response Delays	Distance		
Loaded Miles	7.5	Scene Delays	Requirement of Second Med unit		
Start	94386.0	Turn Around Delays	Documentation, Staff Delay, Equipment		
End	94401.5		Replenishment, Clean-up, Decontamination		
Total Miles	15.5				

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	
Language	en

Section I - Authorization for Billing





# Morristown Hamblen Emergency Medical

Patient Care Record

Name: GRIMM, HAROLD

Incident #: 141224-0827

Date: 12/24/2014

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

JOY GRIMM

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.



# Morristown Hamblen Emergency Medical

Patient Care Record

Name: GRIMM, HAROLD

Incident #: 141224-0827

Date: 12/24/2014

Patient 1 of 1

Printed Name

Reason unable to sign

## Facility Representative Signature

The patient named on this form was received by this facility on the date and at the time indicated above. 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.

Printed Name

Title of Representative



# Morristown Hamblen Emergency Medical

Patient Care Record

Name: GRIMM, HAROLD

Incident #: 141224-0827

Date: 12/24/2014

Patient 1 of 1

## Facility Signatures

*Nikki Lipe RN*

Receiving

NIKKI LIPE, RN

Physician/Nurse

Paperwork Received

Airway Confirmation

## Provider Signatures

*Joseph Cate CCP*

Lead Provider

Joseph Cate

Certification Level

EMT-Paramedic-30389;

*Jason Fox 332*

Provider

JASON FOX

Certification Level

EMT-Paramedic-27524;

Provider

Certification Level

Provider

Certification Level