

# Transport



Patient Info	
Record Number:	300-14-390190A
Patient Name	Surface, Thomas
Patient Form	Adult
Patient Gender	Male
Patient Weight	90.0 kg
Patient Age	57 Years
Patient DOB	1957-04-19
Patient Race	Caucasian

Transport Info	
Transport Date	2014-07-04
Mission Type	Scene Call - Medical
Unit:	R1-AE044 - N239AE
Call Type	Emergency Rotor - Scene
Base	AE044 Coffee Co
Controlling MD	Giles, Scott
Rec. Hosp. MR #:	0039526743
Transport Team	
PM	Ball, Timothy
RN	Perry, Melissa

Sending and Receiving			
Sending LZ	BEERSHBA SPGS - GRUNDY - TN	Receiving LZ	Hamilton County-TN
Sending Facility	BEERSHBA SPGS - GRUNDY - TN	Receiving Facility	Memorial Hospital-Chattanooga TN
Sending MD		Receiving MD	
Sending Unit	Scene Call	Receiving Unit	Emergency Department - Adult

Reason for Transport (medical necessity determination)	
Sending	Patient was located at the scene of incident/accident
Receiving	Specialty Services Required: Cardiac - Interventional
Transport	Transport by another method to the appropriate facility would take too long
CAMTS	AMI requiring treatment not available at the referring facility

Transport Details	
Patient Consent	Implied: There are extenuating circumstances
Trauma Alert Activated	No
EMS local protocol utilized	N/A
Level of Care PTA	ALS
Outcome of PTA Aid	Unchanged
Procedures	
Intravenous Therapy	1
12 Lead	3

Impressions Detail	
Rank	Detail
1	Impression is STEMI; Inferior MI

## Patient Medical

Chief Complaint	Sudden onset chest pain sub sternal while hiking in the woods.
Medical Transfer:	Cardiac : Chest Pain
Medication Allergies	NKDA



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Medical History	None
Surgical History	None
Infection History	None

## *Transport*

Dispatch Times	
Time of Call	07/04 16:07 CDT
Time Dispatch	07/04 16:49 CDT
Time Enroute	07/04 16:55 CDT
Arrive Scene	07/04 17:09 CDT
Depart Scene	07/04 17:23 CDT
Arrive Facility	07/04 17:45 CDT
Depart Facility	07/04 18:27 CDT

Clinical Times	
Rendezvous	07/04 17:11 CDT
Depart with Patient	07/04 17:20 CDT
Accepting Unit	07/04 17:52 CDT
Signover	07/04 17:55 CDT

## History of Present Illness/Injury

57 year old male was hiking today when he began to experience a sudden onset chest pain. Pain was dull pressure in nature. Onset was estimated one hour prior AEL flight crew arrival. Pain radiates from sub-sternal to left neck. Pain is 9 out of 10 on pain scale. Patient denies any previous medical history, NKDA, and no medications.

### Incident Information

Scene	County of Incident: grundy.
Regulatory	Number of patients at scene: Single.
Procedures	Procedures: Backboard,IV. Interventions: Medications.

### Transport Information

		Transport Position	5 Point Harness,Supine
Altitude	3300	Cabin Pressure	
Transport Loading	Hot Loaded	Signed Over to	Mellissa McElroy, RN
Transport Device	Aircraft stretcher,Backboard	Condition at Signover	Improved
NVG Utilized	No		

Safety briefing given by Timothy Ball [PM] to Patient. Ear protection supplied to patient. Safety straps used to secure patient for transport. Stretcher and/or Isolette secured for transport.

### Course/Signover/Followup

Report given to receiving team



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Fluid I/O			
Fluid	PTA	Enroute	Total
IVF	525	25	550
Blood			
Urine			
Emesis/NG	0	25	25
EBL			

### *Prior To Arrival* Procedures (PTA)

12 Lead	17:05 CDT Jul 04, 2014 12 Lead performed by EMS Provider. Revealed: 89 bpm, Normal Sinus, Right axis deviation: +90 to +180 degrees. Ischemia/Infarct/Injury: ST segment elevation. Tracing consistent with Inferiolateral MI. Comments: No artifact observed.
12 Lead	17:06 CDT Jul 04, 2014 12 Lead performed by EMS Provider. Revealed: 90 bpm, Normal Sinus, Normal Axis: -30 to +90 degrees. Ischemia/Infarct/Injury: ST segment elevation. Tracing consistent with Inferiolateral MI. Comments: No artifact observed.
Intravenous Therapy	20G Left AC IV initiated by EMS Provider. Dressing: Taped. NS. TKO.

### *Crew* Physical Exams

Neuro	Awake, alert, oriented X3, full recall of event. PERRL, moves all extremities.
Skin	Appearance: Pale. Peripheral Temperature: Cool. Moisture: Diaphoretic. Capillary Refill: Less than 2 seconds.
HEENT	No visible trauma, normocephalic, airway clear, No bleeding or discharge from ears, nose and mouth [Lemon assessment performed: L- Normal. E- 3-3-2. M- Grade 2. O- No obstruction noted. N- Full range of motion. Based on assessment patient does not appear to be a difficult airway. ]
Neck	No visible trauma, Supple, trachea midline
Chest	Breathing: Labored. Breath Sounds: Clear to auscultation. Symmetry: Normal
Cardiac	Perfusion: 3+ Normal, Capillary refill < 2 seconds, Equal lower body, Equal upper body. Monitored Rhythm: Normal Sinus Rhythm. Thrombolytic Screen: No Contraindications.
Abdominal	No visible trauma, nondistended, soft, normal active bowel sounds throughout.
Pelvis	No visible trauma, No pelvic instability
GU	Not examined: Deferred to receiving institution, Due to patient condition/severity: Urgent assessment required.
Back	No visible trauma
Extremities	No visible trauma, without deformity, full range of motion. CMS intact.



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## Procedures

12 Lead	17:46 CDT Jul 04, 2014 12 Lead performed by Timothy Ball [PM]. Revealed: 89 bpm, Normal Sinus, Normal Axis: -30 to +90 degrees. Ischemia/Infarct/Injury: ST segment elevation. Tracing consistent with Inferior MI. Comments: Lead placement verified, No artifact observed.
12 Lead	17:22 CDT Jul 04, 2014 12 Lead performed by Timothy Ball [PM]. Revealed: 88 bpm, Normal Sinus, Normal Axis: -30 to +90 degrees. Ischemia/Infarct/Injury: ST segment elevation. Tracing consistent with Inferior MI. Comments: Lead placement verified, No artifact observed.
12 Lead	17:31 CDT Jul 04, 2014 12 Lead performed by Melissa Perry [RN]. Revealed: 88 bpm, Normal Sinus, Normal Axis: -30 to +90 degrees. Ischemia/Infarct/Injury: ST segment elevation. Tracing consistent with Inferior MI. Comments: Lead placement verified, No artifact observed.
Intravenous Therapy	17:27 CDT Jul 04, 2014 20G Right Forearm IV initiated by Melissa Perry [RN]. Failed attempts: 1.

## Labs

Date/Time	Lab Set	Comment		
07/04 17:27 CDT	Other			
Lab	Value	PTA	POC	i-STAT Number
RBC	114 per hpf	Yes	No	

## Scores

Time	Total	Glasgow Scores	RTS Scores	Sedated/ Paralyzed	Comments
07/04 17:11 CDT	Glasgow = 15 RTS = 12	Eyes = 4, Verbal = 5, Motor = 6	Cardio = 4, Resp = 4, Coded = 7.84	No/ No	
07/04 17:40 CDT	Glasgow = 15 RTS = 12	Eyes = 4, Verbal = 5, Motor = 6	Cardio = 4, Resp = 4, Coded = 7.84	No/ No	
07/04 17:26 CDT	Glasgow = 15 RTS = 12	Eyes = 4, Verbal = 5, Motor = 6	Cardio = 4, Resp = 4, Coded = 7.84	No/ No	
07/04 17:53 CDT	Glasgow = 15 RTS = 12	Eyes = 4, Verbal = 5, Motor = 6	Cardio = 4, Resp = 4, Coded = 7.84	No/ No	



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<b>Name</b>	<b>Thomas Surface</b>
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## Vital Signs

### Primary

Time	07/04 17:10 CDT(PTA)	07/04 17:20 CDT	07/04 17:25 CDT	07/04 17:30 CDT	07/04 17:35 CDT	07/04 17:40 CDT	07/04 17:45 CDT	07/04 17:50 CDT
<b>Pulse</b>	90	94 (Regular)	90 (Regular)	88 (Regular)	89 (Regular)	97 (Regular)	96 (Regular)	96 (Regular)
<b>Monitor</b>	Normal Sinus Rhythm	Normal Sinus Rhythm	Normal Sinus Rhythm	Normal Sinus Rhythm	Normal Sinus Rhythm	Normal Sinus Rhythm	Normal Sinus Rhythm	Normal Sinus Rhythm
<b>BP</b>	110/60 (Manual Cuff)	117/84 (Right Arm, Automated Cuff)	153/94 (Right Arm, Automated Cuff)	142/88 (Right Arm, Automated Cuff)	137/88 (Right Arm, Automated Cuff)	136/84 (Right Arm, Automated Cuff)	132/86 (Right Arm, Automated Cuff)	99/84 (Right Arm, Automated Cuff)
<b>Mean BP</b>	77 mmHg	95 mmHg	114 mmHg	106 mmHg	104 mmHg	101 mmHg	101 mmHg	89 mmHg
<b>Pulses Ox</b>	100%	100%	100%	100%	100%	100%	100%	100%
<b>Pulse Ox site</b>	Finger	Finger	Finger	Finger	Finger	Finger	Finger	Finger
<b>Resp.</b>	22	22	22	20	20	20	22	22
<b>Pain</b>	9	9	9	9	9	9	9	9
<b>Skin Color</b>		Pale	Pale	Pale	Pale	Pale	Pale	Pale
<b>Cap refill</b>		2 secs.	2 secs.					
<b>Temp</b>			97.6f		98f		97.8f	
<b>Temp Method</b>			Temporal		Temporal		Temporal	
<b>Env. Temp</b>			76.1f		75.2f		74.4f	
<b>R pupil size</b>		4 mm	4 mm					
<b>R pupil response</b>		Reactive	Reactive	Reactive	Reactive	Reactive	Reactive	Reactive
<b>L pupil size</b>		4 mm	4 mm					
<b>L pupil response</b>		Reactive	Reactive	Reactive	Reactive	Reactive	Reactive	Reactive
<b>Responsiveness</b>	Alert	Alert	Alert	Alert	Alert	Alert	Alert	Alert
<b>Resp. effort</b>	Labored	Labored	Labored	Labored	Labored	Labored	Labored	Labored
<b>07/04 17:10 CDT(PTA)</b>	Prior to AEL flight crew arrival.							



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## Vital Signs (cont.)

Primary	
Time	07/04 17:55 CDT
Pulse	90 (Regular)
Monitor	Normal Sinus Rhythm
BP	132/80 (Right Arm, Automated Cuff)
Mean BP	97 mmHg
Pulses Ox	100%
Pulse Ox site	Finger
Resp.	20
Pain	9
Skin Color	Pale
Cap refill	2 secs.
R pupil size	4 mm
R pupil response	Reactive
L pupil size	4 mm
L pupil response	Reactive
Responsiveness	Alert
Resp. effort	Labored
07/04 17:55 CDT	Receiving facility vitals.

## Medications

-	Medication: 324 mg of Aspirin given as Single Dose Prior to Arrival by EMS Provider via Oral. Complications: None.
Jul 04, 2014 17:29:54 CDT	Medication: 10 mcg/min of Nitroglycerin given as IV Drip Transport Time by Timothy Ball [PM] via Intravenous (IV). Authorization: Protocol (Standing Order). Complications: None. Response was: Improved. Notes: For desired effect.
Jul 04, 2014 17:29:54 CDT	Medication: 4 mg of Zofran given as Single Dose Transport Time by Melissa Perry [RN] via Intravenous (IV). Authorization: Protocol (Standing Order). Complications: None. Response was: Improved. Notes: For desired effect.

## Oxygen Therapy

-	Performed by: EMS Provider. Locale: Prior to Arrival. Delivery device: Non rebreather mask. Flow Rate: 15 lpm. Comments: O2 is continued by AEL flight crew..
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## Event Log

Time	Details
07/04 16:55 CDT	Other: Aircraft N239AE has departed AE-44 helipad, en route to Grundy EMS LZ for a patient flight.
07/04 17:09 CDT	Other: Aircraft has landed safely. Flight crew is departing the aircraft to rendezvous with patient in the ambulance.
07/04 17:11 CDT	Other: Flight crew has made patient contact with universal precautions utilized in Grundy EMS medic 3. Flight crew assessment has been initiated with report underway from Grundy EMS.



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## Event Log (cont.)

Time	Details
07/04 17:12 CDT	Patient Condition Update PTA EKG consistent with Inferolateral MI. 4-5mm elevation noted in II, III, AVF, with lateral extension V5, V6. Right sided EKG was performed PTA also with positive right sided involvement. 57 year old male was hiking today when he began to experience a sudden onset chest pain. Pain was dull pressure in nature. Onset was estimated one hour prior AEL flight crew arrival. Pain radiates from sub-sternal to left neck. Pain is 9 out of 10 on pain scale. Patient denies any previous medical history, NKDA, and no medications.
07/04 17:13 CDT	Patient Condition Update Patient is receiving O2 by NRB @ 15 LPM. O2 is continued due patient having labored respirations. Vitals are check and WNL. Map of 95 is noted at this time, O2 Sat's 100%. CEBBS x 4 lobes are present with bilateral chest rise and fall. Patient received NTG 0.4mg PTA of Grundy EMS from bystander who witnessed the event. Grundy EMS administered ASA 324 mg oral PTA. No further NTG 0.4mg tabs are given by EMS due to positive right sided EKG. AEL will establish NTG drip at aircraft.
07/04 17:15 CDT	Other: LEMON assessment performed. L: Normal. E: 3-3-2. M: Grade 2. O: No obstruction noted. N: Full neck mobility. Based on assessment patient's airway can be obtained if required during flight.
07/04 17:17 CDT	IV Site Checked IV site checked. IV 20g left FA flushes easily with good blood return. No signs or symptoms of infiltration are noted. Normal saline is reduced from wide open to KVO.
07/04 17:18 CDT	Loaded/Unloaded from/to vehicle. Flight crew assessment has been completed. Patient has been secured to the aircraft stretcher for transport.
07/04 17:20 CDT	Other: Flight crew is now transporting patient to the aircraft.
07/04 17:21 CDT	Loaded/Unloaded from/to vehicle. Patient has been loaded onto the aircraft and secured with continuous patient monitoring provided. Safety checks are underway prior to departure. O2 by NRB is continued at 15 LPM due to labored respirations.
07/04 17:22 CDT	Other: EKG is acquired. EKG noted STEMI, ST elevation in leads II, III, AVF without lateral extension from PTA EKG's. Inferior MI noted. Transmission to Memorial Emergency department was attempted but failed due to poor cellphone service.
07/04 17:23 CDT	Other: Aircraft is now en route to Erlanger with patient, crew, and equipment secure on board.
07/04 17:25 CDT	Other: NTG drip is primed and pump prepared due to MAP of 114 and no relief in chest pain. AEL will monitor the effects of NTG drip due to possible right sided involvement.
07/04 17:27 CDT	Other: Attempt for 2nd IV is made by Melissa Perry, RN x 1 without success. No further attempts are made.
07/04 17:29 CDT	Other: Nitroglycerin is established to patient by IV pump via T. Ball. NTG is started at 10mcg/min per protocol.
07/04 17:29 CDT	Other: Patient is given Zofran 4mg due to new onset of nausea without vomiting.
07/04 17:32 CDT	Other: Radio report is called to Memorial Emergency Department and notified of incoming STEMI.
07/04 17:35 CDT	Patient Condition Update NTG is effective in lowering MAP. AEL flight crew will continue to assess. Patient remains alert. No real change in patients condition is noted. Sinus Rhythm is noted with ST elevation as only ectopy noted. Continued assessment is performed. Patient's airway remains open. Patient still rates pain at 9 out of 10 despite NTG drip. Decision to increase NTG drip at next pressure check is made by AEL flight crew to treat both MAP greater than 100 and continued chest pain.

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## Event Log (cont.)

Time	Details
07/04 17:37 CDT	Other: AEL flight crew is patched through by Cencom to receiving Cardiologist for further Q/A about patient's condition so a cath lab can be set up. Post AEL radio report no further questions are asked by receiving cardiologist.
07/04 17:41 CDT	Patient Condition Update NTG is increased to 20mcg/min due to MAP just above 100 @ 103. Patient will be monitored for adverse effects. NSR is noted on cardiac monitor. Patient remains alert cool, pale, diaphoretic. NRB is continued. O2 saturation is at 100%. Discussion to lower O2 concentrations is made by AEL flight crew, but due to continued labored respirations NRB is left in place.
07/04 17:45 CDT	Other: Aircraft has landed safely on the helipad of Memorial Hospital with patient, crew, and equipment secure on board. Aircraft shutdown is underway. Patient has become nauseated with vomiting. Estimated 25 ml emesis noted. Patient remained alert.
07/04 17:47 CDT	Loaded/Unloaded from/to vehicle. Aircraft shutdown has been completed. Patient has been removed from the aircraft and placed on EMS stretcher for transport to the Emergency Department by ambulance with help of Memorial EMS.
07/04 17:48 CDT	Loaded/Unloaded from/to vehicle. 1748 Patient is loaded into Memorial EMS Medic 5 for transport to ER from helipad. Patient remains alert. Pain is continued and non-changed from initial assessment.
07/04 17:51 CDT	Other: Patient pressure @ 1745 was just lowered from MAP of 103 down to 101 post increase in NTG to 20mcg/min. At last pressure check 1750 patient's blood pressure dropped over 30 points systolic from 132 down to 99. Due to fear for continued trend suspected from Inferior MI with right sided involvement and increased NTG dose, NTG drip is lowered back to 10mcg/min.
07/04 17:52 CDT	Loaded/Unloaded from/to vehicle. Patient has arrived in the Emergency Department, and has been placed in the bed of room T1. IV remains patent.
07/04 17:55 CDT	Report/Communications to Receiving MD; Unit or other. Report has been provided to Mellissa McElroy, RN in written and verbal form with questions answered. Transfer of care has now been completed.

## Chronological

Time	Details
07/04 16:55 CDT	Event Log: Other:. Aircraft N239AE has departed AE-44 helipad, en route to Grundy EMS LZ for a patient flight..
07/04 17:09 CDT	Event Log: Other:. Aircraft has landed safely. Flight crew is departing the aircraft to rendezvous with patient in the ambulance..
07/04 17:10 CDT	110/ 60 90 22 100% mm Hg Prior to AEL flight crew arrival.
07/04 17:11 CDT	Event Log: Other:. Flight crew has made patient contact with universal precautions utilized in Grundy EMS medic 3. Flight crew assessment has been initiated with report underway from Grundy EMS..
07/04 17:11 CDT	GCS: 15
07/04 17:11 CDT	Rendezvous



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Time	Details
07/04 17:12 CDT	Event Log: Patient Condition Update. PTA EKG consistent with Inferolateral MI. 4-5mm elevation noted in II, III, AVF, with lateral extension V5, V6. Right sided EKG was performed PTA also with positive right sided involvement. 57 year old male was hiking today when he began to experience a sudden onset chest pain. Pain was dull pressure in nature. Onset was estimated one hour prior AEL flight crew arrival. Pain radiates from sub-sternal to left neck. Pain is 9 out of 10 on pain scale. Patient denies any previous medical history, NKDA, and no medications..
07/04 17:13 CDT	Event Log: Patient Condition Update. Patient is receiving O2 by NRB @ 15 LPM. O2 is continued due patient having labored respirations. Vitals are check and WNL. Map of 95 is noted at this time, O2 Sat's 100%. CEBBS x 4 lobes are present with bilateral chest rise and fall. Patient received NTG 0.4mg PTA of Grundy EMS from bystander who witnessed the event. Grundy EMS administered ASA 324 mg oral PTA. No further NTG 0.4mg tabs are given by EMS due to positive right sided EKG. AEL will establish NTG drip at aircraft..
07/04 17:15 CDT	Event Log: Other:. LEMON assessment performed. L: Normal. E: 3-3-2. M: Grade 2. O: No obstruction noted. N: Full neck mobility. Based on assessment patient's airway can be obtained if required during flight..
07/04 17:17 CDT	Event Log: IV Site Checked. IV site checked. IV 20g left FA flushes easily with good blood return. No signs or symptoms of infiltration are noted. Normal saline is reduced from wide open to KVO..
07/04 17:18 CDT	Event Log: Loaded/Unloaded from/to vehicle.. Flight crew assessment has been completed. Patient has been secured to the aircraft stretcher for transport..
07/04 17:20 CDT	117/ 84 94 22 100% mm Hg
07/04 17:20 CDT	Event Log: Other:. Flight crew is now transporting patient to the aircraft..
07/04 17:20 CDT	Depart with Patient
07/04 17:21 CDT	Event Log: Loaded/Unloaded from/to vehicle.. Patient has been loaded onto the aircraft and secured with continuous patient monitoring provided. Safety checks are underway prior to departure. O2 by NRB is continued at 15 LPM due to labored respirations..
07/04 17:22 CDT	17:22 CDT Jul 04, 2014 12 Lead performed by Timothy Ball [PM]. Revealed: 88 bpm, Normal Sinus, Normal Axis: -30 to +90 degrees. Ischemia/Infarct/Injury: ST segment elevation. Tracing consistent with Inferior MI. Comments: Lead placement verified, No artifact observed.
07/04 17:22 CDT	Event Log: Other:. EKG is acquired. EKG noted STEMI, ST elevation in leads II, III, AVF without lateral extension from PTA EKG's. Inferior MI noted. Transmission to Memorial Emergency department was attempted but failed due to poor cellphone service..
07/04 17:23 CDT	Event Log: Other:. Aircraft is now en route to Erlanger with patient, crew, and equipment secure on board..
07/04 17:25 CDT	153/ 94 90 22 100% mm Hg
07/04 17:25 CDT	Event Log: Other:. NTG drip is primed and pump prepared due to MAP of 114 and no relief in chest pain. AEL will monitor the effects of NTG drip due to possible right sided involvement..
07/04 17:26 CDT	GCS: 15
07/04 17:27 CDT	17:27 CDT Jul 04, 2014 20G Right Forearm IV initiated by Melissa Perry [RN]. Failed attempts: 1.
07/04 17:27 CDT	Event Log: Other:. Attempt for 2nd IV is made by Melissa Perry, RN x 1 without success. No further attempts are made..



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## Chronological (cont.)

Time	Details
07/04 17:29 CDT	Event Log: Other:. Nitroglycerin is established to patient by IV pump via T. Ball. NTG is started at 10mcg/min per protocol..
07/04 17:29 CDT	Event Log: Other:. Patient is given Zofran 4mg due to new onset of nausea without vomiting..
07/04 17:29 CDT	Nitroglycerin 10 mcg/min For desired effect
07/04 17:29 CDT	Zofran 4 mg For desired effect
07/04 17:30 CDT	142/ 88    88    20    100%    mm Hg
07/04 17:31 CDT	17:31 CDT Jul 04, 2014 12 Lead performed by Melissa Perry [RN]. Revealed: 88 bpm, Normal Sinus, Normal Axis: -30 to +90 degrees. Ischemia/Infarct/Injury: ST segment elevation. Tracing consistent with Inferior MI. Comments: Lead placement verified, No artifact observed.
07/04 17:32 CDT	Event Log: Other:. Radio report is called to Memorial Emergency Department and notified of incoming STEMI..
07/04 17:35 CDT	137/ 88    89    20    100%    mm Hg
07/04 17:35 CDT	Event Log: Patient Condition Update. NTG is effective in lowering MAP. AEL flight crew will continue to assess. Patient remains alert. No real change in patients condition is noted. Sinus Rhythm is noted with ST elevation as only ectopy noted. Continued assessment is performed. Patient's airway remains open. Patient still rates pain at 9 out of 10 despite NTG drip. Descission to increases NTG drip at next pressure check is made by AEL flight crew to treat both MAP greater than 100 and continued chest pain..
07/04 17:37 CDT	Event Log: Other:. AEL flight crew is patched through by Cencom to receiving Cardiologist for further Q/A about patient's condition so a cath lab can be set up. Post AEL radio report no furthers questions are asked by receiving cardiologist..
07/04 17:40 CDT	136/ 84    97    20    100%    mm Hg
07/04 17:40 CDT	GCS: 15
07/04 17:41 CDT	Event Log: Patient Condition Update. NTG is increased to 20mcg/min due to MAP just above 100 @ 103. Patient will be monitored for adverse effects. NSR is noted on cardiac monitor. Patient remains alert cool, pale, diaphoretic. NRB is continued. O2 saturation is at 100%. Discussion to lower O2 concentrations is made by AEL fight crew, but due to continued labored respirations NRB is left in place..
07/04 17:45 CDT	132/ 86    96    22    100%    mm Hg
07/04 17:45 CDT	Event Log: Other:. Aircraft has landed safely on the helipad of Memorial Hospital with patient, crew, and equipment secure on board. Aircraft shutdown is underway. Patient has become nauseated with vomiting. Estimated 25 ml emesis noted. Patient remained alert..
07/04 17:46 CDT	17:46 CDT Jul 04, 2014 12 Lead performed by Timothy Ball [PM]. Revealed: 89 bpm, Normal Sinus, Normal Axis: -30 to +90 degrees. Ischemia/Infarct/Injury: ST segment elevation. Tracing consistent with Inferior MI. Comments: Lead placement verified, No artifact observed.
07/04 17:47 CDT	Event Log: Loaded/Unloaded from/to vehicle.. Aircraft shutdown has been completed. Patient has been removed from the aircraft and placed on EMS stretcher for transport to the Emergency Department by ambulance with help of Memorial EMS..



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### Chronological (cont.)

Time	Details
07/04 17:48 CDT	Event Log: Loaded/Unloaded from/to vehicle.. 1748 Patient is loaded into Memorial EMS Medic 5 for transport to ER from helipad. Patient remains alert. Pain is continued and non-changed from initial assessment..
07/04 17:50 CDT	99/ 84 96 22 100% mm Hg
07/04 17:51 CDT	Event Log: Other:. Patient pressure @ 1745 was just lowered from MAP of 103 down to 101 post increase in NTG to 20mcg/min. At last pressure check 1750 patient's blood pressure dropped over 30 points systolic from 132 down to 99. Due to fear for continued trend suspected from Inferior MI with right sided involvement and increased NTG dose, NTG drip is lowered back to 10mcg/min..
07/04 17:52 CDT	Event Log: Loaded/Unloaded from/to vehicle.. Patient has arrived in the Emergency Department, and has been placed in the bed of room T1. IV remains patent..
07/04 17:52 CDT	Accepting Unit
07/04 17:53 CDT	GCS: 15
07/04 17:55 CDT	132/ 80 90 20 100% mm Hg Receiving facility vitals.
07/04 17:55 CDT	Event Log: Report/Communications to Receiving MD; Unit or other.. Report has been provided to Mellissa McElroy, RN in written and verbal form with questions answered. Transfer of care has now been completed..
07/04 17:55 CDT	Signover

Intercept Documentation	
Was the patient brought to the aircraft by Ground Ambulance	Yes
EMS Agency: Grundy County EMS-TN	Intercept Location: Grundy Pella 3
Was the patient taken from the aircraft by Ground Ambulance	Yes
EMS Agency: Memorial EMS	Intercept Location: Memorial hospital-LZ

