



EMS Star of Life NOMINATION FORM

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

EMS Region #: 3  
Patient's Name: Tom Surface  
Patient's Diagnosis: Chest Pain/STEMI

Submitted by Name: Don Hutcheson Title: Director  
EMS Agency: Grundy Emergency Medical Service  
Address: POBox 327  
City, State & Zip: Coalmont TN 37313  
Phone: 931 592-2252 Fax: 931 592-2260 Email: grundyems@blomand.net

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: Beersheba Fire & Rescue  
Name of Contact: David Whitman  
Address: POBox 582  
City, State & Zip: Beersheba Springs TN 37305  
Phone: 931 692-3508 Fax: 931 692-3508 Email: dw.329@blomand.net

Agency: Air EVAC Lifeteam Base #44  
Name of Contact: Julie Ward  
Address: 1592 Volunteer Parkway  
City, State & Zip: Manchester, TN 37355  
Phone: 931 923-2934 Fax: ( ) Email: wardjulie@air-evac.com



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: TOM SURFACE

Home Mailing Address: 300 HARVARD AVE

City, State, Zip: NASHVILLE, TN 37205

Phone: (615) 298-5885 Cell: (615) 496-6067

Email: SurfaceTom@gmail.com

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

Date of Incident: July 4, 2014

Place of Incident: Stone Door, SOUTH CUMBERLAND RECREATION AREA  
PEARLSHIBA SPRINGS, TN





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 4<sup>th</sup> day of JULY (month), 2014 (year), in DECATUR SPRING, 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

11/15/14  
Date

11/15/14  
Date

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

Yes  
 No



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

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

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

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

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

**For questions please contact:**

Rhonda G. Phillippi, RN, BA  
Executive Director, TN EMSC  
615-343-3672  
Rhonda@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) must be sent within 2 weeks of notification for your team to win the Star of Life Award – e-mail this to [rhonda@tnemsc.org](mailto:rhonda@tnemsc.org) . Disqualification will occur if materials are returned incomplete.



*DX*

<b>1. Run Information</b> License No. EMS-9955 Run No. <u>0355</u> Permit No. 31-01- <u>19</u> Date <u>7/4/14</u>		<b>2. Times (Military)</b> Received Call <u>1558</u> Depart Station <u>1558</u> Arrived on Scene <u>1617</u> Depart Scene <u>1705</u> Arrive at Dest. <u>1710</u> Depart Dest. <u>1730</u> Back In Service <u>1730</u>		<b>3. Call Information</b> Nature of Request <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Non-Emergency Case Severity <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Non-Emergency Ambulance Dispatch From <u>Coalmont Station</u> Location of Patient <u>Bottom of Stone Door</u> Patient Transported To <u>Beersheba Ballfield</u>		<b>4. Office Number</b> Total \$ _____ Zip Code <u>37305</u> Zip Code <u>37305</u>	
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<b>5. Patient Information</b> Patient Name _____ Mailing Address _____ City / State / Zip _____ Phone No. _____ DOB _____ SSN _____		Age <u>57</u> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____		<b>6. Public Safety Assist</b> <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Police <input checked="" type="checkbox"/> First Responder <input type="checkbox"/> Rescue <input type="checkbox"/> Bystander		<b>7. Requested By</b> <input checked="" type="checkbox"/> 911 <input type="checkbox"/> County Police <input type="checkbox"/> City Police <input type="checkbox"/> Fire Department <input type="checkbox"/> Rescue Squad <input type="checkbox"/> Other _____	
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**8. Type of Call**

<input type="checkbox"/> ATV	<input type="checkbox"/> Discharge Transfer	<input type="checkbox"/> Diagnostic Testing	<input type="checkbox"/> Choking	<input type="checkbox"/> Outpatient Transfer	<input type="checkbox"/> Seizure	<input type="checkbox"/> Unc./Person Down
<input type="checkbox"/> Assault	<input checked="" type="checkbox"/> Chest Pain	<input type="checkbox"/> Fire	<input type="checkbox"/> Respiratory Distress	<input type="checkbox"/> Maternity/Childbirth	<input type="checkbox"/> Dialysis Trip Transfer	<input type="checkbox"/> ABD Pain
<input type="checkbox"/> Admission Transfer	<input type="checkbox"/> Illness	<input type="checkbox"/> Burn	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Other Trauma	<input type="checkbox"/> Dr. Appt.
<input type="checkbox"/> Inpatient Transfer	<input type="checkbox"/> Behavioral	<input type="checkbox"/> Fall	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Gunshot	<input type="checkbox"/> Stabbing	<input type="checkbox"/> Other _____

<b>9. Illness / Injury C/G</b> <u>Chest Pain</u> <u>Shortness of Breath</u> <u>Numbness/Tingling in Extremities</u>		<b>10. Mechanism</b> <input type="checkbox"/> Extrication > 30 <input type="checkbox"/> Flail Chest <input type="checkbox"/> Fall < 20 ft <input type="checkbox"/> Low Speed MVA <input type="checkbox"/> High Speed MVA <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> MVA Fatality <input type="checkbox"/> MV Ejection <input type="checkbox"/> Vehicle Intrusion		<b>11. Pt. Protection</b> <input type="checkbox"/> Lapbelt <input type="checkbox"/> Shoulder <input type="checkbox"/> Lap / Shoulder <input type="checkbox"/> Airbag <input type="checkbox"/> Helmet <input type="checkbox"/> Safety Seat <input type="checkbox"/> Unrestrained <input type="checkbox"/> Unknown		<b>12. Pt. Location</b> <input type="checkbox"/> Drive <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____		<b>13. CPR</b> Pulse Restored <input type="checkbox"/> Yes <input type="checkbox"/> No Arrest to CPR <input type="checkbox"/> < 4 <input type="checkbox"/> 4-8 <input type="checkbox"/> 8-15 <input type="checkbox"/> > 15 Arrest to Defibrillation <input type="checkbox"/> < 4 <input type="checkbox"/> 4-8 <input type="checkbox"/> 8-15 <input type="checkbox"/> > 15	
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<b>14. Receiving Nurse Signature</b> <u>[Signature]</u>		<b>15. Treating Doctor</b> _____		<b>16. PCP / Family Doctor</b> _____	
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<b>20. Vital Signs</b>						<b>17. Pupils</b>		<b>18. Skin</b>		<b>19. APGAR / Glasgow Coma / Revised Trauma</b>																																																			
Time	BP	P	R	O <sub>2</sub> Sat	EKG	Reactive	R	L	Warm	Dry	<table border="1"> <thead> <tr> <th colspan="5">APGAR Scale</th> </tr> <tr> <th></th> <th>0 pts</th> <th>1 pt</th> <th>2 pts</th> <th>1 Min.</th> <th>5 Min.</th> </tr> </thead> <tbody> <tr> <td>Heart rate</td> <td>Absent</td> <td>&lt;100</td> <td>&gt;100</td> <td></td> <td></td> </tr> <tr> <td>Resp. Effort</td> <td>Absent</td> <td>Slow, irreg.</td> <td>Strong cry</td> <td></td> <td></td> </tr> <tr> <td>Muscle Tone</td> <td>Flaccid</td> <td>Some flex.</td> <td>Act. motion</td> <td></td> <td></td> </tr> <tr> <td>Irritability</td> <td>No respon</td> <td>Some</td> <td>Vigorous</td> <td></td> <td></td> </tr> <tr> <td>Color</td> <td>Blue, pale</td> <td>Blue &amp; pink</td> <td>Fully pink</td> <td></td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">TOTAL:</td> <td></td> </tr> </tbody> </table>				APGAR Scale						0 pts	1 pt	2 pts	1 Min.	5 Min.	Heart rate	Absent	<100	>100			Resp. Effort	Absent	Slow, irreg.	Strong cry			Muscle Tone	Flaccid	Some flex.	Act. motion			Irritability	No respon	Some	Vigorous			Color	Blue, pale	Blue & pink	Fully pink			TOTAL:					
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1655	130/82	120	30	94	1st Seg.	Unreactive			Cool	Moist																																																			
1705	126/80	122	28	95	"	Dilated			Clammy																																																				
1705	110/60	118	24	97	"	Midrange			Normal																																																				
1705	118/62	118	26	97	"	Pinpoint																																																							

<b>22. Crew / Certification No. / Status (PLEASE SIGN NAME)</b>		<b>21. IV &amp; Drug Orders Given</b>	
Tech 1 <u>Reg Shadwick</u> EMT- <u>P</u> No. <u>24288</u>		<input type="checkbox"/> Verbal	<input type="checkbox"/> Protocol
Tech 2 _____ EMT- _____ No. _____		<input checked="" type="checkbox"/> Standing	
Tech 3 _____ EMT- _____ No. _____		Time	Order
Driver <u>Jeff Anderson</u> EMT- <u>Ev</u> No. <u>46733</u>		1655	1/2 500mg Cardiac Mon
		1655	02 NRB 15
		1655	IV 20g NaCl
		1656	12 Lead Stemi
		1656	4mg Morphine
		1	1

<b>26. Treatment</b>		Physician Signature <u>Matt Petulla MD.</u>	
<input type="checkbox"/> BLS	<input type="checkbox"/> Splint	<b>23. Mileage</b>	
<input checked="" type="checkbox"/> ALS1	<input type="checkbox"/> Full Spinal Immobilization	Beginning	<u>153313.0</u>
<input type="checkbox"/> ALS2	<input checked="" type="checkbox"/> RBS 109	Ending	<u>153315.1</u>
<input type="checkbox"/> ALS Specialty	<input checked="" type="checkbox"/> IV <input checked="" type="checkbox"/> SPO <sub>2</sub> Monitor	Total	<u>2.1</u>
<input type="checkbox"/> Control Bleeding	<input checked="" type="checkbox"/> 12 Lead	<b>24. Communications</b>	
<input type="checkbox"/> Airway Suctioning	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Good	<input checked="" type="checkbox"/> VHF
<input type="checkbox"/> Artificial Respiration	<input type="checkbox"/> Manual defibrillation / cardioversion	<input type="checkbox"/> UHF	<input type="checkbox"/> None
<input type="checkbox"/> Auto Defib	<input type="checkbox"/> Endotracheal intubation	<input type="checkbox"/> Poor	<input type="checkbox"/> Phone
<input type="checkbox"/> CPR	<input type="checkbox"/> Central venous line	<b>25. Run Data From Scene</b>	
<input type="checkbox"/> OB Delivery	<input type="checkbox"/> Cardiac pacing	<input checked="" type="checkbox"/> Emergency	<input type="checkbox"/> AMA Signed
<input type="checkbox"/> Extrication	<input type="checkbox"/> Chest decompression	<input type="checkbox"/> Non-Emergency	<input type="checkbox"/> No Patient
<input type="checkbox"/> Bandage	<input type="checkbox"/> Surgical airway	<input type="checkbox"/> Patient Refused	<input checked="" type="checkbox"/> Air Lifted
<input type="checkbox"/> Cold / Hot Pack	<input type="checkbox"/> Intraosseous line		
<input checked="" type="checkbox"/> Cardiac Monitor <u>1st</u>	<input checked="" type="checkbox"/> Other <u>Meds/Compst.</u>		
<input checked="" type="checkbox"/> Oxygen—NRB, Nasal, Mask: LPM <u>15</u>			
<input type="checkbox"/> Bag Mask, Oral Airway, PTL, EOA, ETT			

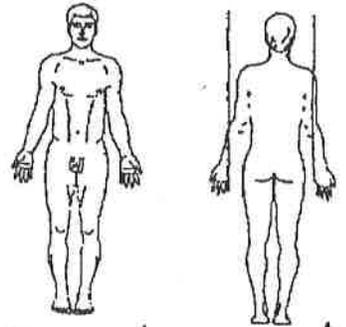
<b>GLASGOW COMA SCALE</b>			
INFANT	EYE OPENING	CHILD/ADULT	
4 Spontaneously	Spontaneously	4	
3 To speech	To command	3	
2 To pain	To pain	2	
1 No response	No response	1	
<b>BEST VERBAL RESPONSE</b>			
5 Coos, babbles	Oriented	5	
4 Irritable cries	Confused	4	
3 Cries to pain	Inappropriate words	3	
2 Moans, grunts	Incomprehensible	2	
1 No response	No response	1	
<b>BEST MOTOR RESPONSE</b>			
6 Spontaneous	Obeys commands	6	
5 Localizes pain	Localizes pain	5	
4 Withdraws from pain	Withdraws from pain	4	
3 Flexion (decerebrate)	Flexion (decerebrate)	3	
2 Extension (decerebrate)	Extension (decerebrate)	2	
1 No response	No response	1	
= TOTAL* (GCS 8? -> Intubate!) *TOTAL = <u>15</u>			

<b>REVISED TRAUMA SCALE</b>			
Respiratory Rate	10-29	4	Add Glasgow Coma Converted Scale GCS Trauma Pts. 13-15 = 4 9-12 = 3 6-8 = 2 4-5 = 1 3 = 0
	≥ 30	3	
	6-9	2	
	1-5	1	
	None	0	
Systolic BP	≥ 90	4	TOTAL = <u>12</u>
	76-89	3	
	50-75	2	
	1-49	1	
	No pulse	0	

GRUNDY EMERGENCY MEDICAL SERVICES, INC.  
PATIENT CARE RECORD

NARRATIVE

Medic 3 responded emergency traffic to Stone Door Park in Beersheba Springs for a male subject having chest pain. AOS to find out that our patient was at the bottom of the door, a nurse, several fire/rescue people, and EMT Daniel Saruqgs were with patient and preparing to carry him up. Report from Daniel stated that patient had walked to the bottom, began to have chest pain and difficulty breathing, sat on a rock and contacted 911. Once patient was on top and turned over to me, pt is A&Ox3, pearl, patent sinu, increased respiratory rate noted, shallow depth as well, radial pulses were present, strong, rapid, regular rhythm noted, skin was intact, pale, warm and moist, no obvious injuries noted, pt was loaded into park ranger vehicle for transport to Med unit, IV access had been gain by Daniel Saruqgs, 20ga cath/10gtt to the left AC site also patient had been given 324mg asa and NTG prior to being turned over to me by Daniel Saruqgs EMT IV. Pt stated he had had no relief from ~~ASA~~ NTG and ASA, we applied O2 via NRB @ 15 Lpm due to pt's respiratory effort, Pt stated that pain began suddenly, was a constant stabbing/pressure like pain that was mostly in the middle of his chest, any type of exertion worsens pain, pt stated that pain did not radiate but he did feel like his feet and hands would tingle then become numb, pt stated the pain was the worst he had ever felt and rated pain level a 10 on 1-10 scale, pain began approx 20 min. before calling 911 which would be approx 1530, Cardiac Monitor was applied 4 lead shows elevation in leads II and III, with this finding and the complaint of chest pain = associated dyspnea, a 12 lead EKG was performed and shows ST elevation in leads II, III, AVF, V3, V4, V5, V6, depression in leads, AVL, V1, V2, taking rescue time, s/s and EKG findings a decision was made to transport pt by air ambulance and called for AA44 to meet us at the Beersheba Springs LZ, Once we were at unit, pt was moved to our cot, placed supine on USB, moved to cot, secured = straps and loaded into unit, V/S were obtained and pt was transported emergency traffic to LZ, Pt had no adventitious breath sounds, clear and equal in all lobes, chest pain still present, = nitro and asa already being given, I administered 4mg morphine IVP @ 1656



## NARRATIVE

still no changes in cardiac status noted, slight drop in BP noted, also pain level  $\downarrow$  to an 8 but still present, it was a short ride to 12, upon arrival AE 44 met us crew assessed pt, I gave a full report of S/S, assessment findings, ~~and~~<sup>SS</sup> and interventions to them, Melissa Perry signed paperwork, I then turned care over, helped load pt into the helicopter and left pt in crew's care. Greg Shadwick.

