



## EMS Star of Life NOMINATION FORM

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

EMS Region #: \_\_\_\_\_

Patient's Name: Pamela Breedwell

Patient's Diagnosis: Acute Inferior Myocardial Infarction

Submitted by Name: Beth Clark Title: Paramedic/Account Executive

EMS Agency: American Medical Response of TN, Inc.

Address: 425 Old Riceville Road Suite 3

City, State & Zip: Athens, TN 37303

Phone: (423) 507-1434 Fax: (423) 507-1435 Email: lorrene.clark@amr.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: Park West Medical Center

Name of Contact: Christine Woods

Address: 9352 Park West Blvd.

City, State & Zip: Knoxville, TN 37923

Phone: (865) 313-1328 Fax: (865) 313-1322 Email: chender1@covhlth.com

Agency: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ 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: Pamela Breedwell  
Home Mailing Address: 324 Lynwood Drive  
City, State, Zip: Athens, TN 37303  
Phone: (423) 745-1762 Cell: ( ) 423-462-4523  
Email: \_\_\_\_\_

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

Date of Incident: 11-25-2014  
Place of Incident: 1031 W. Madison Ave  
Athens, TN 37303



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.

Crew was dispatched to a Physician's Office for a female patient with chest pain. Upon arrival they found a 52 yo F who began having chest pain just prior to arrival to her physician's office while walking. She was determined to have an abnormal EKG. The crew while enroute requested aeromedical to be on standby. Upon arrival the crew assessed the patient, recieved report and prepared for transport. The patient was conscious and alert and upon placing the patient on the cardiac monitor and 12 lead the patient was found to have ST changes. Upon discussions of the findings the patient requested ground transport to Parkwest for possible MI. Patient's repeat EKG 12 lead showed increase in ST elevation suspicious of an inferior MI recognized by the medic. During the transport serial 12 leads cont.

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

This call and crew are a great example of why we put on our uniforms and sacrifice time away from our families to care for others. This crew without a doubt made lifesaving and lifechanging decisions in the care of this patient. The quick recognition of the MI, proper treatment and transport quickly to a cardiac facility directly affected this patient's great outcome. The times on this call prove that even when your 56 miles from the closest cath lab we can make decisions to save lives.

cont. pg. 2

cont. - Why the EMS Star of Life Award should be given  
 This patient was cathed, stented and was afforded the opportunity to spend Thanksgiving with her husband, two children and family. On Nov. 29<sup>th</sup> just 4 days after her arrest event and cath, she had a mutual friend contact me because she wanted to meet her angels on earth. On Dec 4<sup>th</sup> only 8 days later in the presence of their families the crew and our entire staff were blessed with a visit from Mrs. Breedwell and what an emotional, sincere blessing it was for everyone. Tears of joy were shed and hugs were shared and that is what Emergency Medical Services is about! That is why we do what we do!

Call Times!

Door to Balloon - 36 min.

Dispatch - 12:33

Enroute - 12:33

On Scene - 12:34

Transport - 12:52

Destination - 13:36

\* Records from Parkwest are being requested \*  
 -delayed due to patient unable to sign consent due to vacation. \*

Continued - EMS Run pg 2

were performed and a code STEMI alert was sent to Parkwest as were her 12 leads transmitted to Parkwest. Morphine was given for increased pain just prior to arrival with some relief. Upon arrival to the ED the crew was met by staff who advised they were preparing to get the patient into the cath lab. While in the ED giving report and moving the patient to their bed, the patient became incoherent and then went unresponsive, patient on the monitor was found to be in V-Fib, she was defibrillated and CPR was started, upon next rhythm check she was defibrillated and then was found to be in a sinus rhythm with a pulse, patient became alert and was talking to the crew just prior to being taken to the cath lab.



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**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) must be sent within 2 weeks of notification for your team to win the Star of Life Award – e-mail this to erin@tnemsc.org . Disqualification will occur if materials are returned incomplete.



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 \_\_\_\_\_ day of \_\_\_\_\_ (month), 2014 (year), in \_\_\_\_\_, 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.

Pam Breedbell

Patient

Jouene E Clark

Witness

January 21, 2015

Date

1-21-15

Date

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

- Yes  
 No



# Parkwest

MEDICAL CENTER

*Treated Well. Well Treated.*

December 1, 2014

Jamie Nichols  
AMR McMinn County  
425 Old Riceville Rd. Suite 3  
Athens, TN 37303

Dear Jamie,

Thank you for your recent referral of Pamela Breedwell on November 24, 2014. Due to your rapid transport, the patient received timely evaluation and treatment. The patient was found to be experiencing an Acute Inferior Myocardial Infarction.

Upon arrival to Parkwest the patient was quickly evaluated and entered into our STEMI Management Program. The patient was immediately transferred to our Cardiac Catheterization Lab under the care of Dr. Ayaz Rahman. In the Cath Lab, the patient was found to have a 100% occlusion of the right coronary artery. The myocardial infarction was treated with percutaneous angioplasty and a drug eluting stent. The door to balloon time was 36 minutes.

On follow-up, the patient stable. The prognosis is good and the patient was discharged on November 27, 2014.

As always, we appreciate and value your commitment to excellent patient care. Parkwest is committed to being your hospital of choice for Cardiovascular Excellence. If you have any questions or would like any further follow up, please contact Christy Woods, RTR/CV MHA, in our STEMI Management Center at (865) 373-1328.

Thank you,

Darrell Brackett  
Director of Cardiovascular Services



**AMR OF TENNESSEE  
PRE-HOSPITAL CARE REPORT**

Case #: 1414274

Unit ID: 903

Date: 11/25/2014

SERVICE	DISPATCH INFORMATION	TIMES
<b>FROM:</b> 1031 W. MADISON AVE. ATHENS, TN 37303 (MEDICAL - CLINIC/OFFICE)	□ <b>RESPONSE MODE:</b> LIGHTS AND SIREN <b>TRANSPORT MODE:</b> LIGHTS AND SIREN <b>ALS ASSESSMENT:</b> AMR PARAMEDIC <b>DISPOSITION:</b> TRANSPORTED - TO HOSPITAL ER/ED	<b>CALL RECEIVED:</b> 12:31:00 <b>DISPATCHED:</b> 12:33:00 <b>ENROUTE:</b> 12:33:00 <b>AT SCENE:</b> 12:34:00
<b>TO:</b> PARKWEST MEDICAL CENTER 9352 Park West Blvd. KNOXVILLE, TN 37923 (MEDICAL - HOSPITAL)	<b>RESPONDER(S) ON SCENE:</b> AMR	<b>AT PT SIDE:</b> 12:34:00 <b>TRANSPORT:</b> 12:52:00 <b>ARRIVAL:</b> 13:36:00
<b>ROOM/DEPT:</b> ED RM. <b>DESTINATION DECISION:</b> PATIENT/FAMILY REQUEST		<b>AVAILABLE:</b> 15:09:00 <b>SCENE MILES:</b> 100.8 <b>DEST MILES:</b> 151.2 <b>TOTAL MILES:</b> 50.4

**PATIENT DEMOGRAPHICS**

<b>NAME:</b> BREEDWELL, PAMELA R	<b>DOB:</b> 4/10/1962
<b>ADDRESS:</b> 324 LYNWOOD DR.	<b>AGE:</b> 52
<b>CITY, STATE ZIP:</b> ATHENS, TN 37303 USA	<b>GENDER:</b> FEMALE
<b>PHONE:</b> (423)745-1762	<b>ETHNICITY:</b> CAUCASIAN
<b>CELL PHONE:</b>	
<b>SSN:</b> xxxx-xx-2773	
<b>INSURANCE</b>	<b>POLICY</b>
BC BS OF TENNESSEE	BOA385705274243
	<b>GROUP</b>
	380
<b>RESPONSIBLE PARTY:</b> BREEDWELL, PAMELA	<b>NAME OF EMPLOYER:</b>
<b>PHONE:</b> (423)745-1762	<b>EMPLOYER PHONE:</b>
<b>HOSPITAL MRN:</b>	
<b>HOSPITAL FIN:</b>	

**MEDICAL HISTORY**

**HISTORY OBTAINED FROM:** PATIENT, HEALTH CARE PERSONNEL

**MEDICAL HISTORY:** HYPERTHYROID

**ALLERGIES:** MEDICATION, SULFA

**ALLERGY DESCRIPTION:**

**MEDICATIONS:** SYNTHROID

**ADVANCED DIRECTIVES:** NONE

**DOES THE PATIENT DISPLAY/COMPLAIN OF ANY OF THE FOLLOWING SYMPTOMS?** FALSE

- FEVER/CHILLS
- HEADACHE, JOINT OR MUSCLE ACHES
- WEAKNESS OR FATIGUE
- STOMACH PAIN, DIARRHEA, OR VOMITING
- ABNORMAL BLEEDING

**HISTORY OF PRESENT ILLNESS:**

**CHIEF COMPLAINTS**

PT. STATED COMPLAINT: CHEST PAIN, CHIEF COMPLAINT CATEGORY: CHEST PAIN, ONSET: ACUTE, DURATION OF COMPLAINT: 30, DURATION UNIT: MINUTES, PROVOCATION: NONE, QUALITY: CRUSHING, RADIATES TO: NONE, COMMENTS: SUDDEN ONSET OF S/S CRUSHING CP, 7/10, WHILE WALKING SHOPPING, APPROX. 30-45 MIN. PRIOR TO OUR ARRIVAL. NOTHING WORSENS PAIN AND IS NON-RADIATING.

CONTRIBUTING FACTORS: PATIENT DENIES ALCOHOL/DRUG USE

ENVIRONMENTAL FACTORS: NOT APPLICABLE

FACTORS IMPACTING CARE: NONE

**PHYSICAL FINDINGS**

WEIGHT: 132 LBS; 59 KG

**PHYSICAL ASSESSMENT**

HEAD: SYMMETRIC APPEARANCE

NECK: NO JVD

CHEST: SYMMETRIC WITH BILATERAL CHEST RISE

ABDOMEN: SOFT, NON-TENDER

PELVIS: STABLE

BACK: SYMMETRIC

EXTREMITIES: FULLY INTACT, PURPOSEFUL MOVEMENT

**GASTRO:**

TIME OF LAST INTAKE/MEAL: 6, DURATION: HOURS, GI SYMPTOMS: MILD NAUSEA, BOWEL CARE: BM PRN

**GENITAL/URINARY:**

DIAPER WORN?: NO, URINARY STATUS: VOIDS PRN, URINE COLOR: YELLOW, URINE TURBIDITY: CLEAR

**IMPRESSION**

PRIMARY IMPRESSION: CARDIAC - ACUTE MI - INFERIOR STEMI

SECONDARY IMPRESSION: CARDIAC - CHEST PAIN

OTHER IMPRESSION: MILD NAUSEA

**VITAL SIGNS**

TIME	BLOOD PRESSURE	PULSE	RESP	GLASCOW COMA SCALE				EKG	SP02	BLOOD GLUCOSE	PAIN SCALE
				E	V	M	TOTAL				
12:34										3 /10	
12:40								Normal Sinus Rhythm	95 %		
12:47										1 /10	
12:48								Normal Sinus Rhythm			
12:50								Normal Sinus Rhythm			
12:51	151/92 (112)	58	16	4	5	6	15	Normal Sinus Rhythm	109		
12:54									99 %		
12:58								Normal Sinus Rhythm			
13:01	139/94 (109)	70	16	4	5	6	15				
13:05										6 /10	
13:06	146/96 (113)	68	18	4	5	6	15				
13:09								Normal Sinus Rhythm			
13:11									98 %		
13:16	152/93 (113)	60	16	4	5	6	15				
13:26	160/90 (113)	68	18	4	5	6	15		98 %		
13:30								Normal Sinus Rhythm			
13:36										6 /10	
12:58										3 /10	
13:13								Normal Sinus Rhythm			
13:36									98 %		

## TREATMENTS

PTA	TIME	CAREGIVER	PROCEDURE
X		WATKINS, DARREN,AMR	VITAL SIGNS -
X			GLASGOW COMA SCALE GCS SCORE: 15
			VITALS BP: 134/72; PULSE: 60; PULSE REGULARITY: REGULAR; PULSE STRENGTH: NORMAL; PULSE TAKEN AT: RADIAL; RESPIRATORY RATE: 18; RESPIRATORY DEPTH: NORMAL; RESPIRATORY EFFORT: NORMAL; PATIENT POSITION: SITTING
	12:34	WATKINS, DARREN,AMR	PAIN SCALE 3 ON A SCALE OF 10
	12:34	WATKINS, DARREN,AMR	SKIN ASSESSMENT CAPILLARY REFILL: <2 SECONDS; NORMAL COLOR; ; NORMAL MOISTURE; ; WARM TEMPERATURE
	12:40	WATKINS, DARREN,AMR	EKG/ECG INDICATION: CHEST PAIN; TYPE: 4 LEAD; CLINICIAN INTERPRETATION: NORMAL SINUS RHYTHM; ECTOPY: NONE; ELEVATION: FALSE; DEPRESSION: FALSE; EKG TRANSMITTED: YES
	12:40	WATKINS, DARREN,AMR	PULSE OXIMETRY 95%; ON ROOM AIR
	12:40	WATKINS, DARREN,AMR	MEDICATION ADMINISTRATION OXYGEN; 4; LPM; NASAL CANNULA; RESULT AFTER: IMPROVED
	12:47	MARTIN, PATRICK,AMR	VASCULAR ACCESS INDICATION: PER PROTOCOL; TYPE: HEP/SALINE LOCK; SITE: ANTECUBITAL-LEFT; GAUGE: 18; ATTEMPTS: 1; RESULT AFTER: UNCHANGED; SUCCESSFUL
	12:47	WATKINS, DARREN,AMR	PAIN SCALE 1 ON A SCALE OF 10
	12:48	WATKINS, DARREN,AMR	EKG/ECG INDICATION: CHEST PAIN; TYPE: 12 LEAD; CLINICIAN INTERPRETATION: NORMAL SINUS RHYTHM; ECTOPY: NONE; ELEVATION: FALSE; DEPRESSION: FALSE; SUSPECTED STEMI: NO STEMI; EKG TRANSMITTED: YES
	12:48	WATKINS, DARREN,AMR	BLOOD DRAW INDICATION: CLINICAL IMPRESSION; GAUGE: 18; SITE: ANTECUBITAL-LEFT; ATTEMPTS: 1; RESULT AFTER: UNCHANGED; PROCEDURE AUTHORIZATION: PROTOCOL(STANDING ORDER)
	12:50	WATKINS, DARREN,AMR	EKG/ECG INDICATION: CHEST PAIN; TYPE: 12 LEAD; CLINICIAN INTERPRETATION: NORMAL SINUS RHYTHM; ECTOPY: NONE; ELEVATION: FALSE; DEPRESSION: FALSE; SUSPECTED STEMI: INFERIOR; MONITOR INTERPRETATION: MEETS ST ELEV. MI CRITERIA, SR, INFERIOR ST ELEV; EKG TRANSMITTED: YES; FURTHER INTERPRETATION: ELEVATION COMMENTS: SLIGHT ST ELEVATION IN LEAD III
	12:51	WATKINS, DARREN,AMR	EKG/ECG INDICATION: CHEST PAIN; TYPE: 12 LEAD; CLINICIAN INTERPRETATION: NORMAL SINUS RHYTHM; ECTOPY: NONE; ELEVATION: FALSE; DEPRESSION: FALSE; SUSPECTED STEMI: INFERIOR; MONITOR INTERPRETATION: MEETS STEMI CRITERIA, SR, INFERIOR ST ELEV.; EKG TRANSMITTED: YES; FURTHER INTERPRETATION: ELEVATION, DEPRESSION, ECTOPY COMMENTS: ELEVATION IN LEADS III & AVF. DEPRESSION IN LEADS I, AVL, & V2.
	12:51	WATKINS, DARREN,AMR	LUNG SOUNDS UPPER RIGHT LUNG: CLEAR; UPPER LEFT LUNG: CLEAR; LOWER RIGHT LUNG: CLEAR; LOWER LEFT LUNG: CLEAR
	12:51	WATKINS, DARREN,AMR	BLOOD GLUCOSE BLOOD GLUCOSE READING/LEVEL: 109
	12:51	WATKINS, DARREN,AMR	VITAL SIGNS -
			GLASGOW COMA SCALE GCS EYES: 4; GCS VERBAL: 5; GCS MOTOR: 6; GCS SCORE: 15
			VITALS BP: 151/92; PULSE: 58; PULSE REGULARITY: REGULAR; PULSE STRENGTH: NORMAL; PULSE TAKEN AT: RADIAL; RESPIRATORY RATE: 16; RESPIRATORY DEPTH: NORMAL; RESPIRATORY EFFORT: NORMAL; PATIENT POSITION: SEMI-FOWLERS
	12:54	WATKINS, DARREN,AMR	PULSE OXIMETRY 99%; ON O2
	12:54	WATKINS, DARREN,AMR	MEDICATION ADMINISTRATION ONDANSETRON 2MG/ML VIAL; 4; MG; INTRAVENOUS; ANTECUBITAL-LEFT; RESULT AFTER: IMPROVED
	12:58	WATKINS, DARREN,AMR	EKG/ECG INDICATION: CHEST PAIN; TYPE: 12 LEAD; CLINICIAN INTERPRETATION: NORMAL SINUS RHYTHM; ECTOPY: NONE; ELEVATION: FALSE; DEPRESSION: FALSE; SUSPECTED STEMI: INFERIOR; MONITOR INTERPRETATION: MEETS STEMI CRITERIA, SR, INFERIOR ST ELEV; EKG TRANSMITTED: YES; FURTHER INTERPRETATION: DEPRESSION, ELEVATION COMMENTS: ELEVATION IN LEADS II, III, & AVF. DEPRESSION LEADS I, AVL, V2, V4, & V5.

13:01	WATKINS, DARREN,AMR	<b>VITAL SIGNS -</b> <b>GLASGOW COMA SCALE</b> GCS EYES: 4; GCS VERBAL: 5; GCS MOTOR: 6; GCS SCORE: 15 <b>VITALS</b> BP: 139/94; PULSE: 70; PULSE REGULARITY: REGULAR; PULSE STRENGTH: NORMAL; PULSE TAKEN AT: RADIAL; RESPIRATORY RATE: 16; RESPIRATORY DEPTH: NORMAL; RESPIRATORY EFFORT: NORMAL; PATIENT POSITION: SEMI-FOWLERS
13:03	WATKINS, DARREN,AMR	<b>VASCULAR ACCESS</b> INDICATION: PER PROTOCOL; TYPE: HEP/SALINE LOCK; SITE: ANTECUBITAL-RIGHT; GAUGE: 18; ATTEMPTS: 2; RESULT AFTER: UNCHANGED COMMENTS: 2ND UNSUCCESSFUL ATTEMPT WAS IN R HAND W/ #20 IV CATH
13:05	WATKINS, DARREN,AMR	<b>PAIN SCALE</b> 6 ON A SCALE OF 10
13:06	WATKINS, DARREN,AMR	<b>VITAL SIGNS -</b> <b>GLASGOW COMA SCALE</b> GCS EYES: 4; GCS VERBAL: 5; GCS MOTOR: 6; GCS SCORE: 15 <b>VITALS</b> BP: 146/96; PULSE: 68; PULSE REGULARITY: REGULAR; PULSE STRENGTH: NORMAL; PULSE TAKEN AT: RADIAL; RESPIRATORY RATE: 18; RESPIRATORY DEPTH: NORMAL; RESPIRATORY EFFORT: NORMAL; PATIENT POSITION: SEMI-FOWLERS
13:09	WATKINS, DARREN,AMR	<b>EKG/ECG</b> INDICATION: CHEST PAIN; TYPE: 12 LEAD; CLINICIAN INTERPRETATION: NORMAL SINUS RHYTHM; ECTOPY: NONE; ELEVATION: FALSE; DEPRESSION: FALSE; SUSPECTED STEMI: INFERIOR; MONITOR INTERPRETATION: MEETS STEMI CRITERIA, SR, INFERIOR ST ELEV; EKG TRANSMITTED: YES; FURTHER INTERPRETATION: ELEVATION, DEPRESSION COMMENTS: ELEVATION LEADS II, III, & AVF. DEPRESSION LEADS I, AVL, & V2.
13:10	WATKINS, DARREN,AMR	<b>MEDICATION ADMINISTRATION</b> MORPHINE 10MG/ML VIAL; 2; MG; INTRAVENOUS; ANTECUBITAL-LEFT; RESULT AFTER: UNCHANGED; WASTED DRUG AMOUNT: 0
13:11	WATKINS, DARREN,AMR	<b>PULSE OXIMETRY</b> 98%; ON O2
13:16	WATKINS, DARREN,AMR	<b>VITAL SIGNS -</b> <b>GLASGOW COMA SCALE</b> GCS EYES: 4; GCS VERBAL: 5; GCS MOTOR: 6; GCS SCORE: 15 <b>VITALS</b> BP: 152/93; PULSE: 60; PULSE REGULARITY: REGULAR; PULSE STRENGTH: NORMAL; PULSE TAKEN AT: RADIAL; RESPIRATORY RATE: 16; RESPIRATORY DEPTH: NORMAL; RESPIRATORY EFFORT: NORMAL; PATIENT POSITION: SEMI-FOWLERS
13:19	WATKINS, DARREN,AMR	<b>MEDICATION ADMINISTRATION</b> MORPHINE 10MG/ML VIAL; 2; MG; INTRAVENOUS; ANTECUBITAL-LEFT; RESULT AFTER: IMPROVED; WASTED DRUG AMOUNT: 0
13:19		<b>FACILITY ACTIVATION</b> TIME ACTIVATED: NOV 25 2014 1:19PM; ACTIVATION TYPE: STEMI ALERT; ACTIVATION METHOD: RADIO; COMMENTS: CONTACTED PARKWEST MEDICAL CENTER ED BY RADIO AND GAVE FULL VERBAL REPORT & DID A TRANSMISSION FROM THE LIFEPAK CARDIAC MONITOR OF ALL EKG'S & VITALS TO THE ED.
13:26	WATKINS, DARREN,AMR	<b>PULSE OXIMETRY</b> 98%; ON O2
13:26	WATKINS, DARREN,AMR	<b>VITAL SIGNS -</b> <b>GLASGOW COMA SCALE</b> GCS EYES: 4; GCS VERBAL: 5; GCS MOTOR: 6; GCS SCORE: 15 <b>VITALS</b> BP: 160/90; PULSE: 68; PULSE REGULARITY: REGULAR; PULSE STRENGTH: NORMAL; PULSE TAKEN AT: RADIAL; RESPIRATORY RATE: 18; RESPIRATORY DEPTH: NORMAL; RESPIRATORY EFFORT: NORMAL; PATIENT POSITION: SEMI-FOWLERS
13:28	WATKINS, DARREN,AMR	<b>MEDICATION ADMINISTRATION</b> MORPHINE 10MG/ML VIAL; 2; MG; INTRAVENOUS; ANTECUBITAL-LEFT; RESULT AFTER: UNCHANGED; WASTED DRUG AMOUNT: 4; NAME OF WITNESS TO DRUG WASTING: MARTIN, PATRICK,AMR; WITNESS TITLE: EMT INTERMEDIATE

13:30	WATKINS, DARREN,AMR	EKG/ECG INDICATION: CHEST PAIN; TYPE: 12 LEAD; CLINICIAN INTERPRETATION: NORMAL SINUS RHYTHM; ECTOPY: NONE; ELEVATION: FALSE; DEPRESSION: FALSE; SUSPECTED STEMI: INFERIOR; MONITOR INTERPRETATION: MEETS STEMI CRITERIA, SR, LBBB, INF ST ELEV; EKG TRANSMITTED: YES; FURTHER INTERPRETATION: ELEVATION, DEPRESSION COMMENTS: ELEVATION LEADS III & AVF. DEPRESSION LEADS I, AVL, & V2.
13:36	WATKINS, DARREN,AMR	PAIN SCALE 6 ON A SCALE OF 10
12:58	WATKINS, DARREN,AMR	PAIN SCALE 3 ON A SCALE OF 10
13:13	WATKINS, DARREN,AMR	EKG/ECG INDICATION: CHEST PAIN; TYPE: 12 LEAD; CLINICIAN INTERPRETATION: NORMAL SINUS RHYTHM; ECTOPY: NONE; ELEVATION: FALSE; DEPRESSION: FALSE; SUSPECTED STEMI: INFERIOR; MONITOR INTERPRETATION: MEETS STEMI CRITERIA, SR, INFERIOR ST ELEV; EKG TRANSMITTED: YES; FURTHER INTERPRETATION: DEPRESSION, ELEVATION COMMENTS: ELEVATION LEADS III & AVF. DEPRESSION LEADS I, AVL, & V2.
13:36	WATKINS, DARREN,AMR	PULSE OXIMETRY 98%; ON O2

**NARRATIVE**

DISPATCHED BY 911 CENTER AND WE RESPONDED IMMEDIATELY EMERGENCY TO A DOCTOR'S OFFICE FOR A FEMALE W/ CHEST PAIN. AS WE ARRIVED A STAFF MEMBER MET US AT THE DOOR AND TOLD US THE PT. WAS HAVING A HEART ATTACK SO I REQUESTED THE DISPATCH CENTER TO CHECK AVAILABILITY OF AEROMEDICAL SERVICES. UPON ARRIVAL THE STAFF GAVE US A VERBAL REPORT & PAPERWORK. SHE STATED THE PT. CAME TO THEIR OFFICE AFTER SHE BEGAN EXPERIENCING CRUSHING S/S CP WHILE SHOPPING IN LOWE'S STORE. THEY PERFORMED 12 LEAD EKG AND FOUND SLIGHT ELEVATION IN INFERIOR LEADS. THEY STATED THEY WANTED US TO TRANSPORT THE PT. TO SRMC-A ED FOR FURTHER EVALUATION & CONSIDERATION OF THROMBOLYTICS & THEN BE POSSIBLY BE TRANSPORTED ON TO PARKWEST MED. CTR., AND THEY ALSO HAD SPOKE TO DR. MARIETTA, A CARDIOLOGIST, AT PARKWEST. I STATED WE NEEDED TO PERFORM OUR ASSESSMENT AND EKG'S AND THEN MAKE FURTHER TRANSPORT DECISIONS AFTER THAT OCCURRED. SHE STATED THEY HAD ALREADY ADMINISTERED A GI COCKTAIL, ASA 325 MG & (2) NTG. WE FOUND THE PT., A 52 Y/O W/F, CAOAX4, SITTING ON EXAM TABLE, W/ C/C OF S/S NON-RADIATING, CRUSHING CP, RATED 3/10. PT. SHOWED NO SIGNS OF DISTRESS OR ANXIETY. PT. STATED ONSET WAS WHILE WALKING AROUND WHILE SHOPPING APPROX. 30-45 MIN. EARLIER, W/ NO RECENT PHYSICAL EXERTION OR EMOTIONAL DISTRESS. SHE ALSO DENIED ANY RECENT TRAUMA & HAS NO HISTORY OF CARDIAC PROBLEMS OR GERD. THE PT. SAYS NOTHING WORSENEDED THE PAIN WHICH INITIALLY WAS RATED 7/10, BUT THE PAIN ONLY EASED AFTER RECEIVING THE NTG. PT. DID ADMIT TO SEVERE DIAPHORESIS AT ONSET BUT SUBSIDED. SHE DENIED HAVING ANY DYSPNEA OR NAUSEA. SIGNIFICANT FAMILY HISTORY INCLUDES HER FATHER DIED FROM HAVING A HEART ATTACK AT THE AGE OF 52. PT. DOES NOT SMOKE & DRINKS ALCOHOL SOCIALLY, BUT DENIES RECREATIONAL DRUG AND ALCOHOL USE OR PRESCRIPTION DRUG ABUSE TODAY. SAMPLE AS NOTED. ALS ASSESSMENT: HEENT CLEAR W/ PERRL. CHEST CLEAR W/ CEBBS. ABD. SOFT, NON-TENDER, & NON-DISTENDED. PELVIS & ALL EXTREMITIES CLEAR W/ GOOD PMS & ROM W/ NO EDEMA PRESENT. BACK & BUTTOCKS CLEAR. SKIN WARM/DRY/PINK & CRT < 2. SKIN TURGOR NL. ALL OTHER UNREMARKABLE & VITALS/D-STICK AS NOTED. WE IMMEDIATELY INITIATED O2 FOR PT. @ 4 LPM VIA NC. CARDIAC MONITOR = SR W/ NO ECT. & INITIAL 12 LEAD EKG UNREMARKABLE W/ NO ST ELEV. OR DEP. MOVED PT. TO COT & PROPERLY SECURED PT. TO IT & TO AMB. IN SEMI-FOWLERS' POSITION. PT. STATED SHE WAS FEELING MUCH BETTER AND PAIN WAS NEARLY GONE AT 1/10. IV & BLOOD DRAW AS NOTED. REPEAT 12 LEAD EKG SHOWED ELEV. IN LEADS III & SLIGHTLY IN AVF & DEP. IN LEADS I, AVL, & V2. I EXPLAINED ALL OF OUR FINDINGS TO THE PT. AND TOLD HER BASED UPON OUR ASSESSMENT AND EKG'S OUR PROTOCOLS HAVE US TRANSPORT CARDIAC PT'S IN HER CONDITION/SITUATION TO A HOSPITAL W/ CARDIOLOGY W/ CAPABILITIES TO PERFORM CARDIAC CATHS, PCI, & CABG. I TOLD HER THAT I COULD CONCEDE NOT TRANSPORTING HER VIA HELICOPTER BUT RECOMMENDED SHE ALLOW US TO FOLLOW OUR PROTOCOL AND TRANSPORT HER TO PARKWEST MED. CTR. SINCE A CARDIOLOGIST THERE HAD ALREADY BEEN MADE AWARE OF HER. WITHOUT HESITATION THE PT. STATED, "WELL YEAH, OF COURSE, ABSOLUTELY, TAKE ME ON TO PARKWEST. IT DOESN'T MAKE SENSE TO WASTE TIME GOING TO HERE TO ATHENS." WE CANCELLED THE AEROMEDICAL STANDBY AND WE BEGAN TO TRANSPORT THE PT. IMMEDIATELY EMERGENCY TO PARKWEST MED. CTR. ED BY PT'S REQUEST. WE CONTINUED TO MONITOR THE PT. W/ NO PROBLEMS ENCOUNTERED. PT. BEGAN TO HAVE A MILD UPSET STOMACH AND WE ADMINISTERED ZOFRAN AS NOTED W/ IMMEDIATE RELIEF. SHORTLY AFTER WE BEGAN TRANSPORT THE PT'S PAIN BEGAN TO INCREASE AGAIN TO 3/10. WE DID NOT ADMINISTER ANY FURTHER NTG, DUE TO THE PRESENCE OF INFERIOR STEMI, AND NO ASA WAS GIVEN DUE TO PCP OFFICE HAD ALREADY ADMINISTERED TO PT. ATTEMPTS X 2 AT OBTAINING A 2ND IV WAS UNSUCCESSFUL AS NOTED. PAIN INCREASED TO 6/10 AND MORPHINE ADMINISTERED AS NOTED IN 2 MG INCREMENTS W/ NO RELIEF, W/ A TOTAL OF 6 MG GIVEN DURING TR. PT'S CP REMAINED S/S & NON-RADIATING, W/ NO DYSPNEA, AND NO OTHER CHANGES IN TR. AT HOSPITAL THE PT. CONTINUED TO TALK W/ US AND ANSWERED QUESTIONS FROM THE ED STAFF. THE STAFF INFORMED US THEY HAD RECEIVED OUR EKG TRANSMISSIONS, AND HAD ALREADY ALERTED THE CATH LAB & CARDIOLOGIST AND THEY WERE PREPARING FOR HER. WE MOVED THE PT. W/ SHEET TO BED W/ STAFF AT BOTH BEDSIDES. FULL VERBAL REPORT & PAPERWORK GIVEN TO RN A. MCPHERSON & DR. YOUNT.

**ADDENDUM**

DATE	ADDENDUM
12/19/2014 1:27:55 PM	WRONG CAD NUMBER WAS PUT IN. THE CORRECT CAD IS: 14114274.

**RUN COMPLETION**

PERSONAL ITEMS: Purse & Coat left in ED Rm. w/ staff

PRIVACY PRACTICES: THE NOTICE OF PRIVACY PRACTICES WAS UNABLE TO BE PROVIDED

AMERICAN MEDICAL RESPONSE  
PRE-HOSPITAL CARE REPORT SIGNATURES  
MCMINN

Case #: 1414274

Unit ID: 903

Date: 11/25/2014

AMR CREW MEMBERS

CREW 1

NAME: WATKINS, DARREN, AMR

NUMBER: 19748

CERTIFICATION: Paramedic

*D. S. Watkins*

CREW 2

NAME: MARTIN, PATRICK, AMR

NUMBER: 36093

CERTIFICATION: EMT Intermediate

*P. Martin*

DESTINATION

TURNED OVER TO: ABRAM MCPHERSON, RN

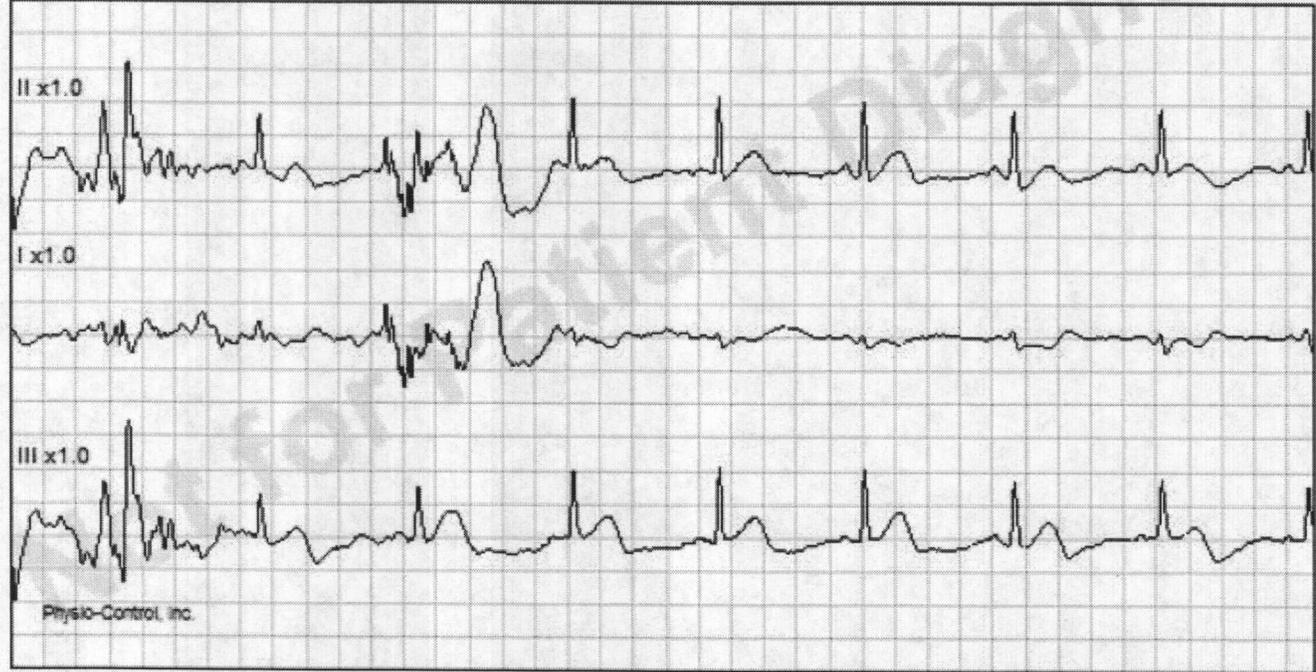
Case number: 1414274

Unit: 903

Document: Initial Rhythm

Name:	Initial Rhythm	12:40:24 PM	SpO2-PR	95-66
ID:	112514123941		SpCO	3
Patient ID:			SpMet	—
Incident ID:				
Location:				
Age: 52	Sex: F			
11/25/2014				

▼ Initial Rhythm



25mm/sec  
ECG 1-30Hz Paddles 2.5-30Hz

LP156690 AMR 6045 3207410-008 LP1539476690

Case number: 1414274

Unit: 903

Document: Print Summary

Name:

ID:

Patient ID:

Incident ID:

Location:

Age: 52

11/25/2014

112514123941

Sex: F

Print 1

12:40:52 PM

HR

60

SpO2-PR

96-85

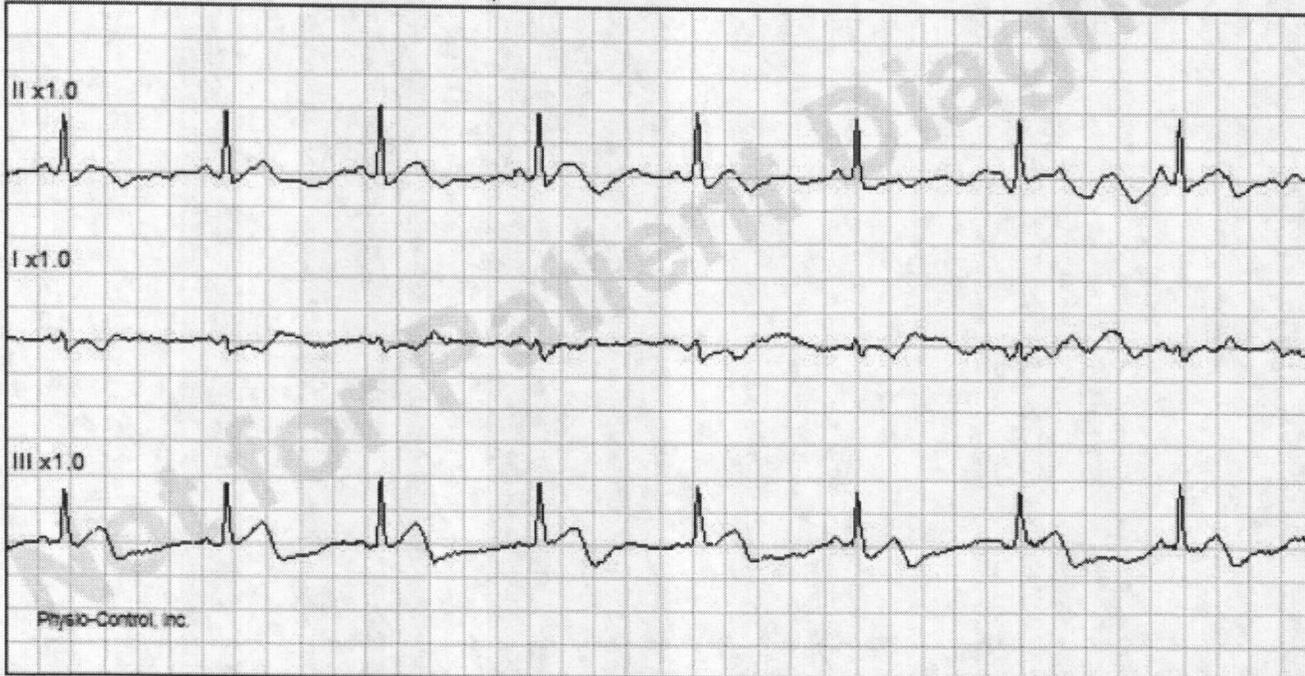
SpCO

2

SpMet

—

Print 1 ▼



25mm/sec

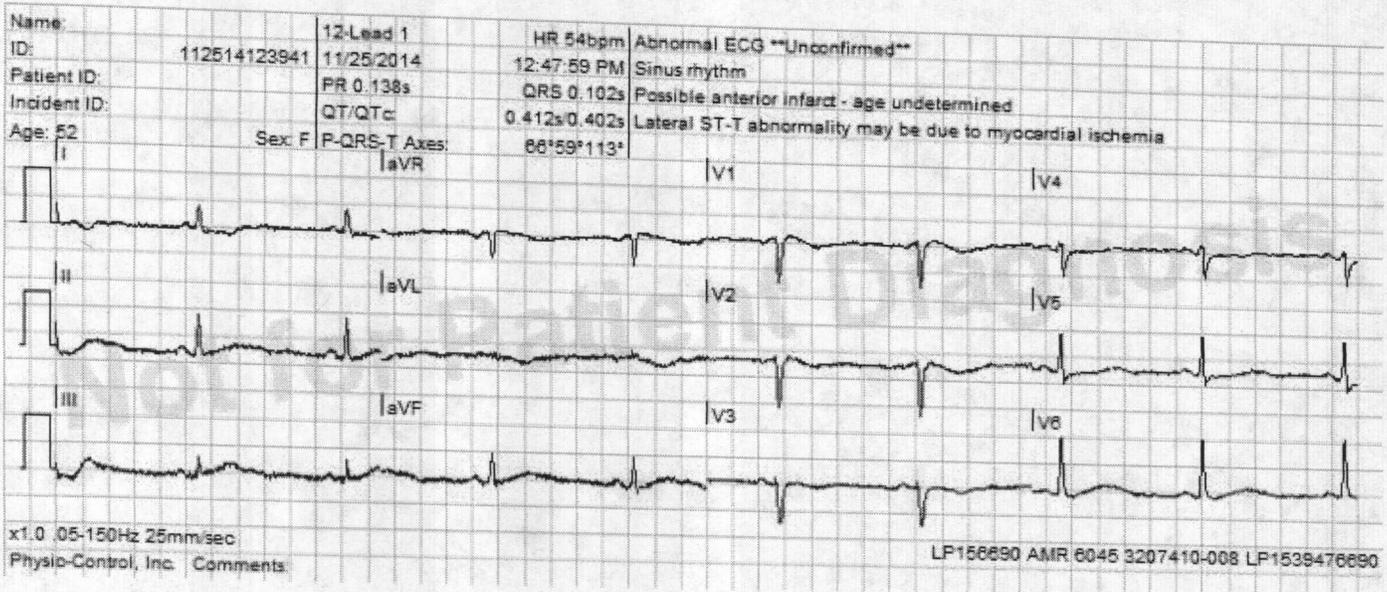
ECG 1-30Hz Paddles 2.5-30Hz

LP156690 AMR 6045 3207410-008 LP1539476690

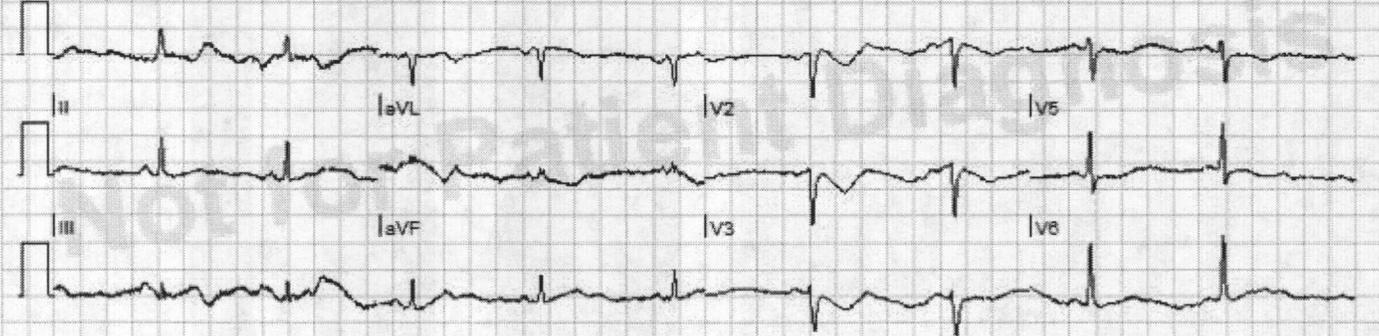
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Unit: 903

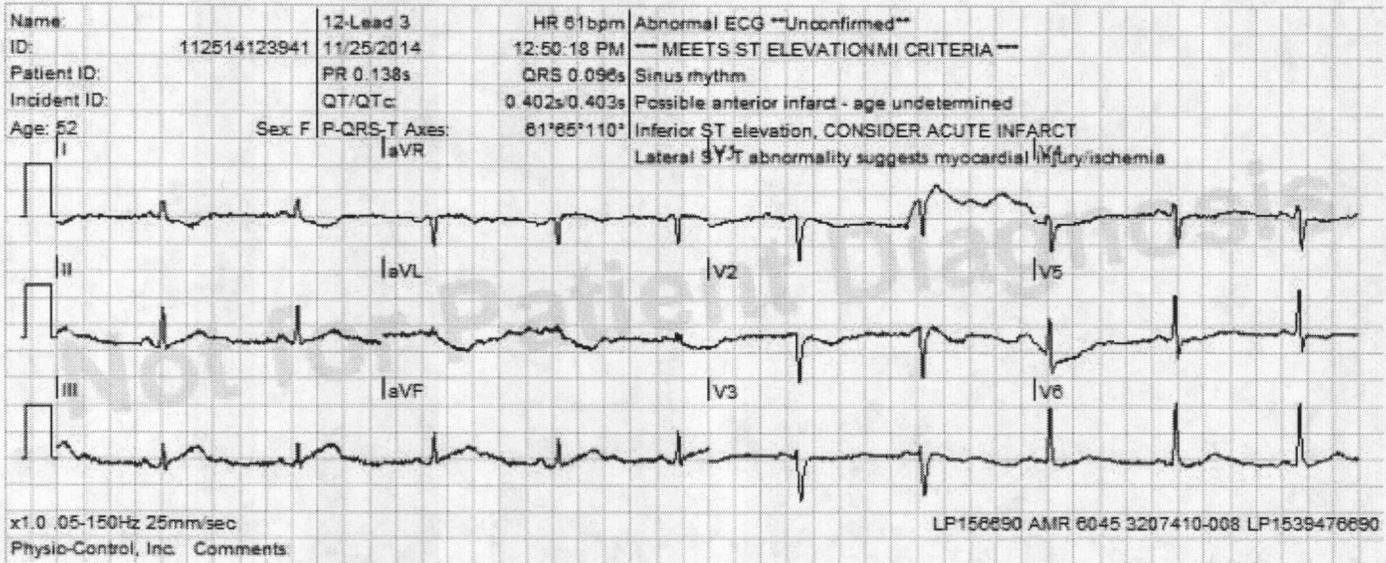
Document: 12 Lead



Name:	12-Lead 2	HR 58bpm	Abnormal ECG **Unconfirmed**
ID:	112514123941	11/25/2014	12:49:20 PM
Patient ID:	PR 0.132s	QRS 0.104s	Sinus rhythm
Incident ID:	QT/QTc:	0.470s/0.467s	Possible anterior infarct - age undetermined
Age: 52	Sex: F	P-QRS-T Axes:	68°50°87°
	I	aVR	V1
	II	aVL	V2
	III	aVF	V3
			V4
			V5
			V6



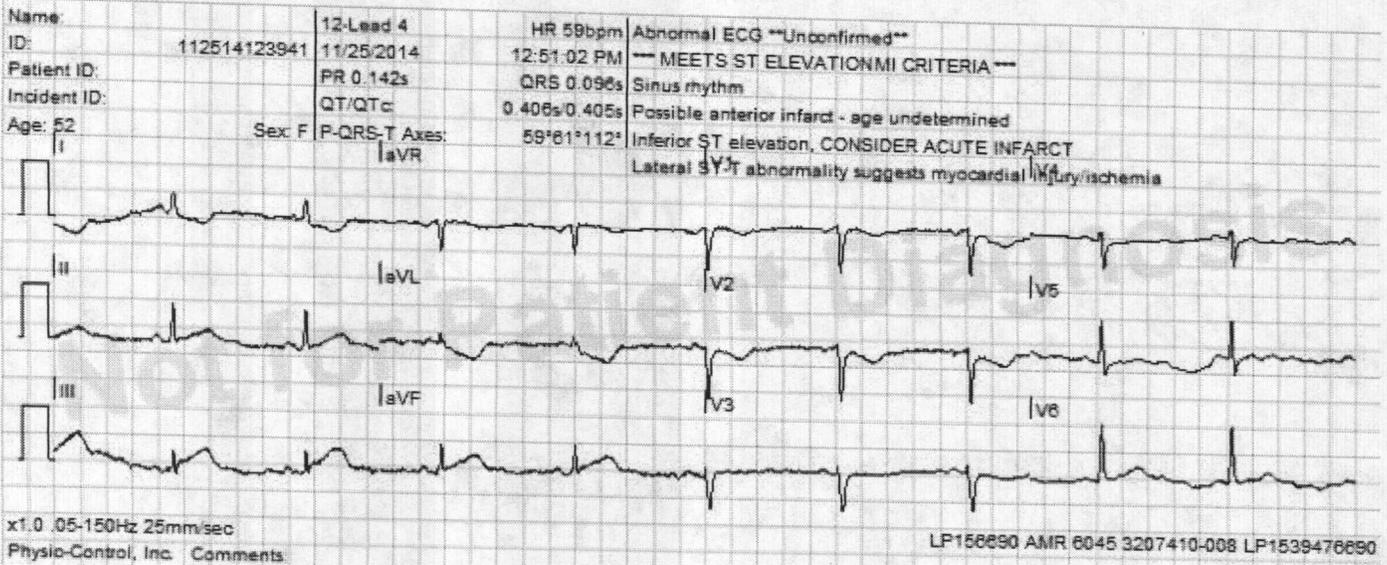
x1.0 05-150Hz 25mm/sec  
 Physio-Control, Inc. Comments  
 LP156690 AMR 6045 3207410-008 LP1539476690

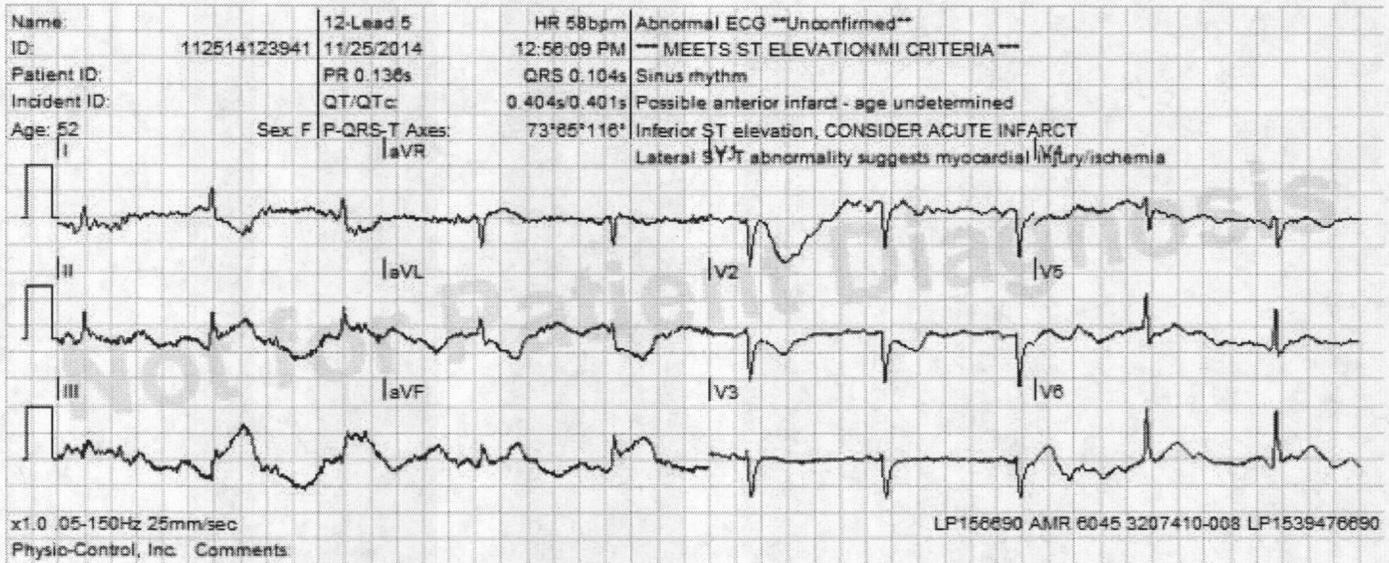


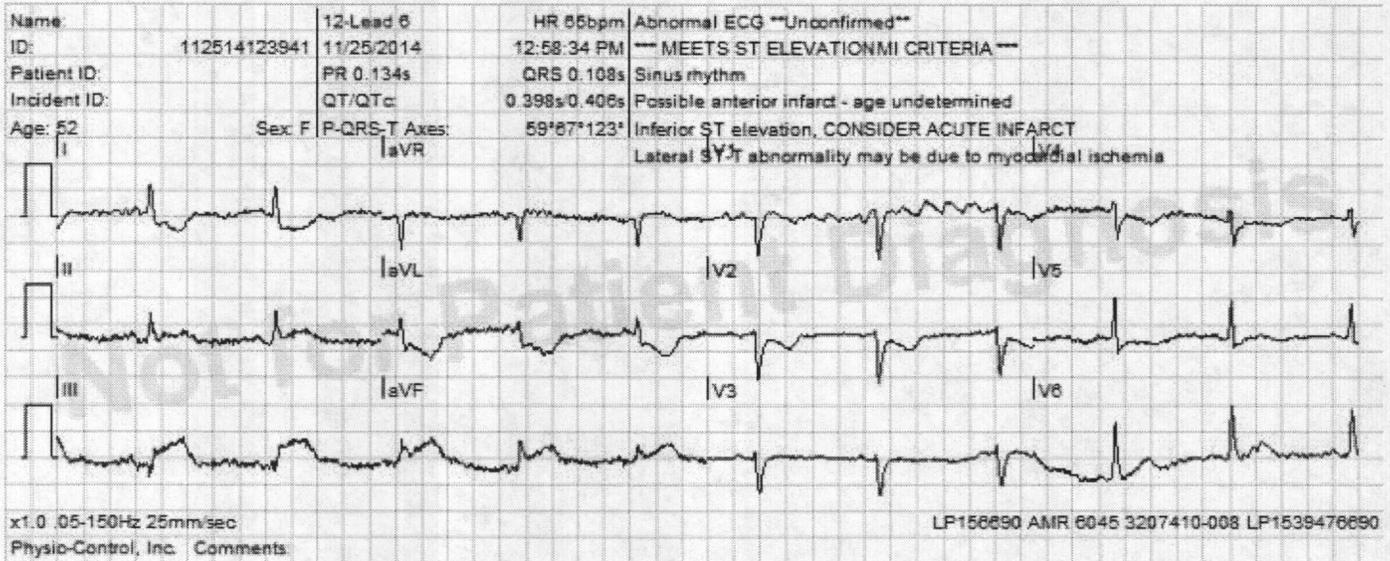
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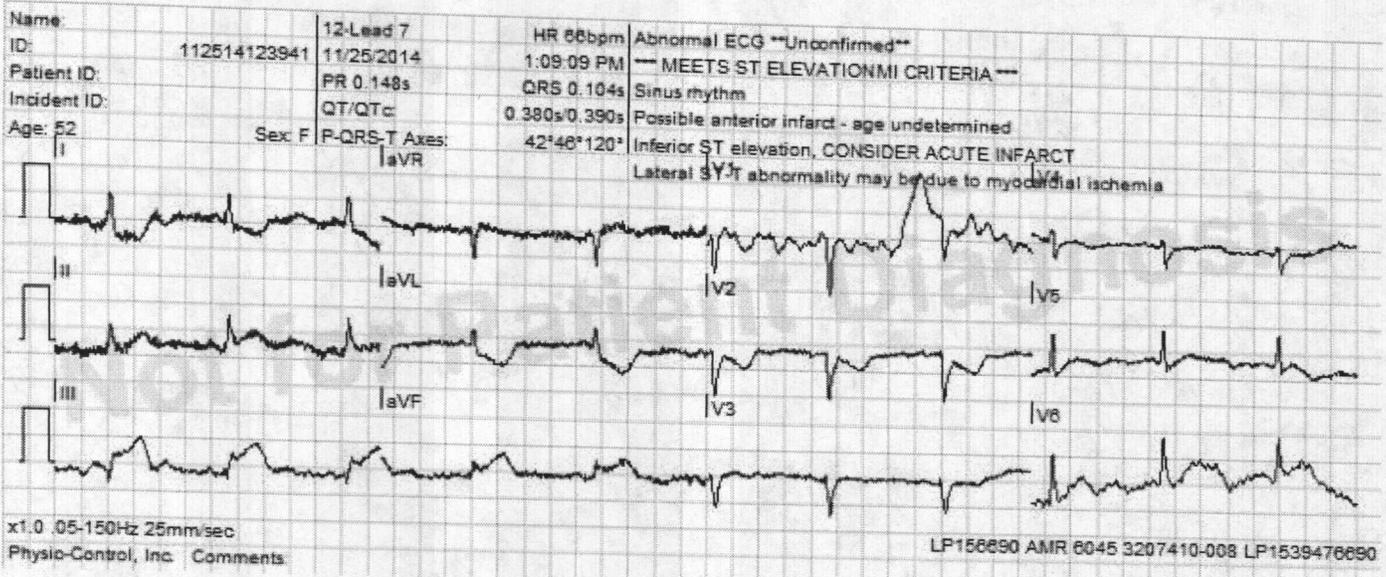
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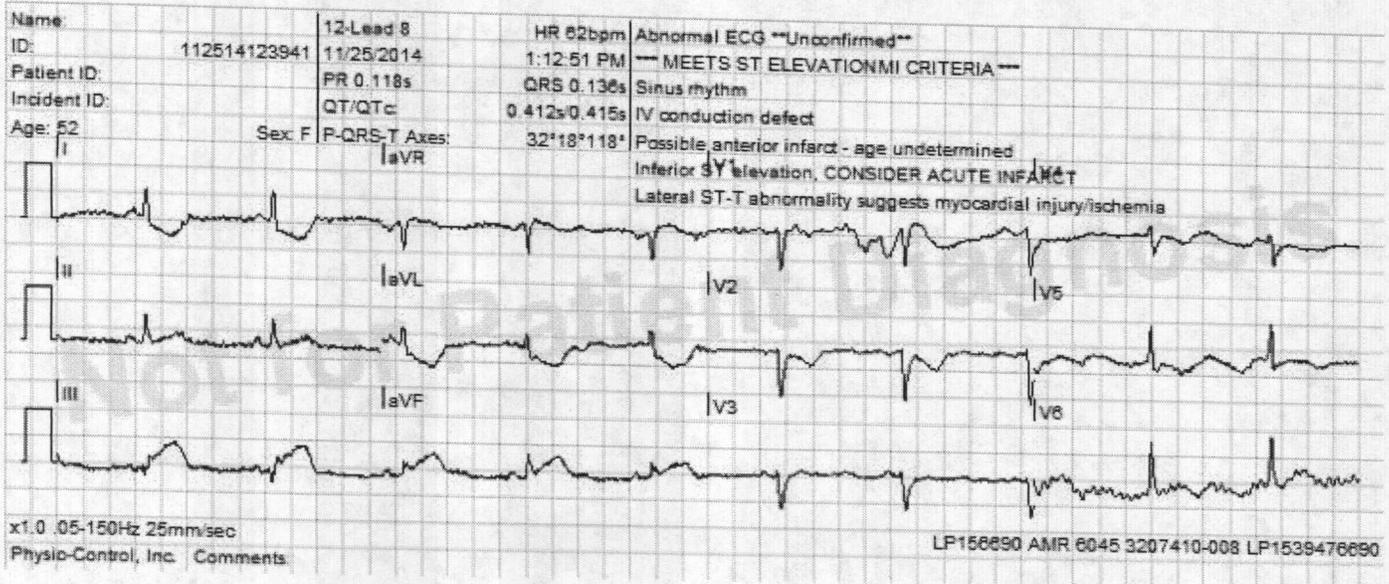


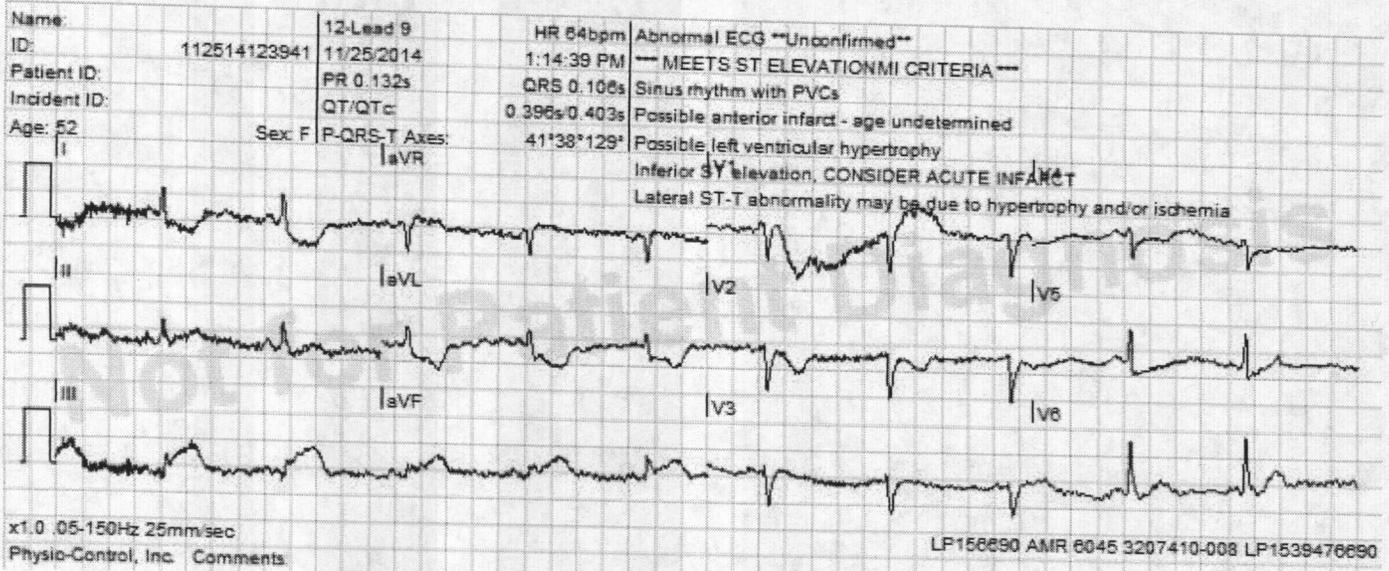


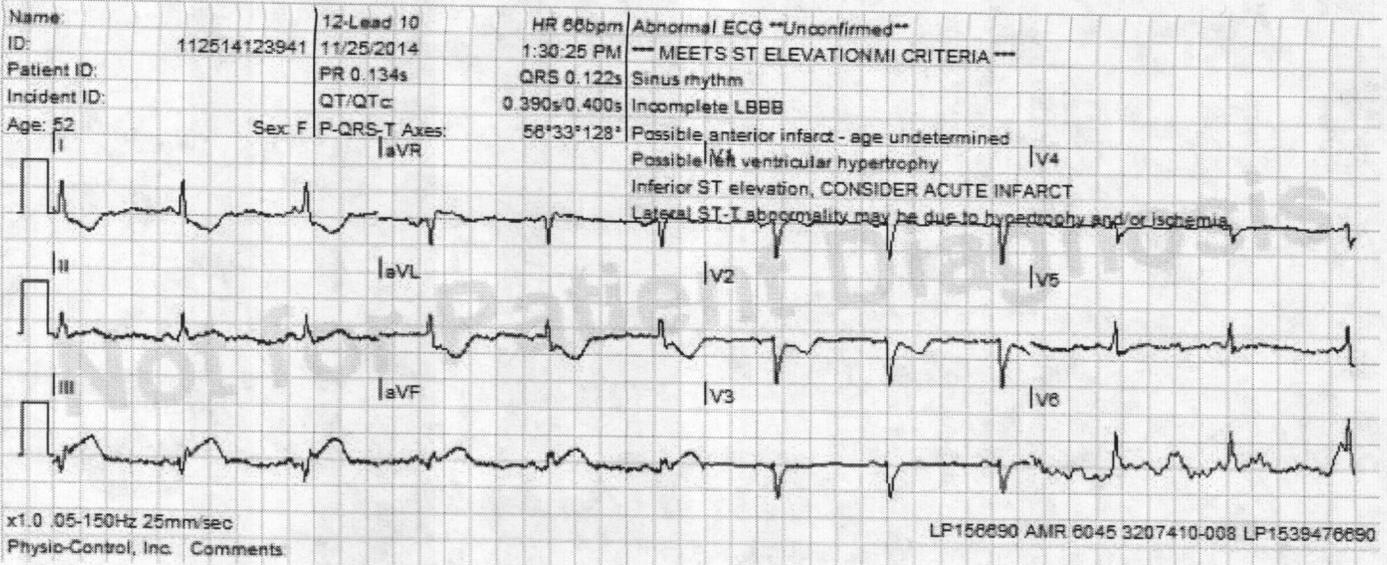
Case number: 1414274

Unit: 903

Document: 12 Lead







McMinn Medical Group PLLC  
1031 West Madison Ave  
Athens, TN 37371-0070  
Phone: 423-745-6575 Fax: 423-744-7762

November 25, 2014

Available Demographic Information

PATIENT

PAMELA R BREEDWELL (DOB: 4/10/1962, SS #: 410292773 ID: 4496  
F)  
324 LYNNWOOD DR  
ATHENS, TN 37303  
(423) 462-4523  
Cell: (423) 462-4523  
OTHER  
Work Phone: (423) 435-0370  
Employer Name: CAMELLIA  
Race: White  
Ethnicity: Not Hispanic or Latino  
Language Preference: English

INSURANCE INFORMATION

Blue Cross and Blue Shield of Tennessee / Blue Cross and Blue Shield of Tennessee (Primary)  
ID # BOA385705274243  
Group #: 380  
Subscriber: RANDALL BREEDWELL  
Subscriber DOB: 6/24/1960  
Subscriber Patient Rel: Spouse  
Usual Copay: 0.00  
1 CAMERON HILL CIRCLE  
SUITE 0002  
CHATTANOOGA, TN, 37402-0002  
(800) 924-7141  
Notes:

*CP Sudden onset  
some ASA 325mg 12<sup>30</sup>  
NH x 1*

*BP 134/72  
Sat 98%  
p40*

Printed By: Jennifer Axley, LPN 11/25/2014 12:33:00 PM

Amazing Charts

Page 1 of 1

The information on this page is CONFIDENTIAL. Any release of this information requires the expressed written authorization of the patient listed above.

Employee	Rank	Address
Darren Watkins	Paramedic	305 Wolf Creek Road, Murphy, NC 28906
Patrick Martin	AEMT	465 Arbor Pointe Trail, Dayton, TN 37321