



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: dw329@blomand.net

Agency: Air EVAC Lifeteam Base #44

Name of Contact: Julie Ward

Address: 1592 Volunteer Parkway

City, State & Zip: Manchester, TN 37355

Phone: 931 723-2934 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: (415) 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
BEERSHEBA SPRINGS, TN



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



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 4th day of JULY (month), 2014 (year), in DECATUR SP, GA, 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

11/15/14
Date

[Signature]
Witness

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



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 . Disqualification will occur if materials are returned incomplete.

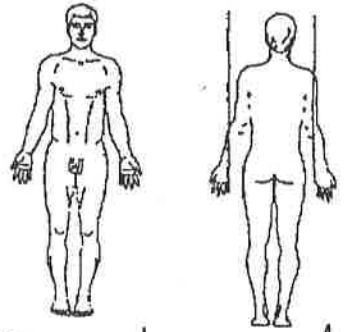
[illegible]

1. Run Information License No. EMS-9955 Run No. <u>0355</u> Permit No. 31-01- <u>19</u> Date <u>7/4/14</u>		2. Times (Military) 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>		3. Call Information 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>Boershorba Ballfield</u>		4. Office Number Total \$ <u> </u> Zip Code <u>37305</u> Zip Code <u>37305</u>	
5. Patient Information Patient Name <u> </u> Mailing Address <u> </u> City / State / Zip <u> </u> Phone No. <u> </u> DOB <u> </u> SSN <u> </u>		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 <u> </u>		6. Public Safety Assist <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Police <input checked="" type="checkbox"/> First Responder <input type="checkbox"/> Rescue <input type="checkbox"/> Bystander		7. Requested By <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 <u> </u>	
8. Type of Call <input type="checkbox"/> ATV <input type="checkbox"/> Assault <input type="checkbox"/> Admission Transfer <input type="checkbox"/> Inpatient Transfer <input type="checkbox"/> Discharge Transfer <input checked="" type="checkbox"/> Chest Pain <input type="checkbox"/> Fire <input type="checkbox"/> Illness <input type="checkbox"/> Behavioral <input type="checkbox"/> Fall <input type="checkbox"/> Choking <input type="checkbox"/> Respiratory Distress <input type="checkbox"/> Motorcycle <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Outpatient Transfer <input type="checkbox"/> Maternity/Childbirth <input type="checkbox"/> Pedestrian <input type="checkbox"/> Gunshot <input type="checkbox"/> Seizure <input type="checkbox"/> Dialysis Trip Transfer <input type="checkbox"/> Other Trauma <input type="checkbox"/> Stabbing <input type="checkbox"/> Unc/Person Down <input type="checkbox"/> ABD Pain <input type="checkbox"/> Dr. Appt. <input type="checkbox"/> Other <u> </u>							
9. Illness / Injury C/G <u>Chest Pain</u> <u>Shortness of Breath</u> <u>Numbness/Tingling in Extremities</u>		10. Mechanism <input type="checkbox"/> Extrication > 20 <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		11. Pt. Protection <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		12. Pt. Location <input type="checkbox"/> Drive <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Unknown <input type="checkbox"/> Other <u> </u>	
14. Receiving Nurse Signature <u> </u>		15. Treating Doctor <u> </u>		13. CPR Pulse Restored <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Arrest to CPR <input type="checkbox"/> < 4 <input checked="" type="checkbox"/> 4-8 <input type="checkbox"/> 8-15 <input checked="" type="checkbox"/> > 15 Arrest to Defibrillation <input type="checkbox"/> < 4 <input checked="" type="checkbox"/> 4-8 <input type="checkbox"/> 8-15 <input checked="" type="checkbox"/> > 15			
16. PCP / Family Doctor <u> </u>		20. Vital Signs Time BP P R O ₂ Sat EKG PTA. <u>130/82</u> <u>120</u> <u>30</u> <u>94</u> <u>1st Seg.</u> PTA. <u>126/80</u> <u>122</u> <u>28</u> <u>95</u> <u>"</u> <u>1655</u> <u>110/60</u> <u>118</u> <u>24</u> <u>97</u> <u>"</u> <u>1705</u> <u>112/62</u> <u>118</u> <u>26</u> <u>97</u> <u>"</u>		17. Pupils Reactive <input checked="" type="checkbox"/> R <input checked="" type="checkbox"/> L Unreactive <input type="checkbox"/> <input type="checkbox"/> Dilated <input type="checkbox"/> <input type="checkbox"/> Midrange <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Pinpoint <input type="checkbox"/> <input type="checkbox"/>		18. Skin <input checked="" type="checkbox"/> Warm <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Cool <input checked="" type="checkbox"/> Moist <input type="checkbox"/> Clammy <input checked="" type="checkbox"/> Normal	
22. Crew / Certification No. / Status (PLEASE SIGN NAME) Tech 1 <u>Reg Shadwick</u> EMT- <u>P</u> No. <u>24288</u> Tech 2 <u> </u> EMT- <u> </u> No. <u> </u> Tech 3 <u> </u> EMT- <u> </u> No. <u> </u> Driver <u>Jeffrey Anderson</u> EMT- <u> </u> No. <u>46733</u>		21. IV & Drug Orders Given <input type="checkbox"/> Verbal <input type="checkbox"/> Protocol <input checked="" type="checkbox"/> Standing Time Order <u>1655</u> <u>1/5 5162 Cardiac Mon</u> <u>1655</u> <u>02 NRB 15</u> <u>1655</u> <u>IV 20g NaCl</u> <u>1656</u> <u>12 Lead Stemi</u> <u>1656</u> <u>4mg Morphine</u> <u> </u> <u> </u>		19. APGAR / Glasgow Coma / Revised Trauma 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 response Some Vigorous Color Blue, pale Blue & pink Fully pink TOTAL <u> </u>			
26. Treatment <input type="checkbox"/> BLS <input checked="" type="checkbox"/> ALS1 <input type="checkbox"/> ALS2 <input type="checkbox"/> ALS Specialty <input type="checkbox"/> Control Bleeding <input type="checkbox"/> Airway Suctioning <input type="checkbox"/> Artificial Respiration <input type="checkbox"/> Auto Defib <input type="checkbox"/> CPR <input type="checkbox"/> OB Delivery <input type="checkbox"/> Extrication <input type="checkbox"/> Bandage <input type="checkbox"/> Cold / Hot Pack <input checked="" type="checkbox"/> Cardiac Monitor <u>1st</u> <input checked="" type="checkbox"/> Oxygen—NRB, Nasal, Mask: LPM <u>15</u> <input type="checkbox"/> Bag Mask, Oral Airway, PTL, EOA, ETT		<input type="checkbox"/> Splint <input type="checkbox"/> Full Spinal Immobilization <input checked="" type="checkbox"/> RBS <u>109</u> <input checked="" type="checkbox"/> IV <input checked="" type="checkbox"/> SPO ₂ Monitor <input checked="" type="checkbox"/> 12 Lead <input type="checkbox"/> None <input type="checkbox"/> Manual defibrillation / cardioversion <input type="checkbox"/> Endotracheal intubation <input type="checkbox"/> Central venous line <input type="checkbox"/> Cardiac pacing <input type="checkbox"/> Chest decompression <input type="checkbox"/> Surgical airway <input type="checkbox"/> Intraosseous line <input checked="" type="checkbox"/> Other <u>Meds/Compt.</u>		23. Mileage Beginning <u>153313.0</u> Ending <u>153315.1</u> Total <u>2.1</u>			
24. Communications <input checked="" type="checkbox"/> Good <input checked="" type="checkbox"/> VHF <input type="checkbox"/> Verbal <input type="checkbox"/> UHF <input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Phone		25. Run Data From Scene <input checked="" type="checkbox"/> Emergency <input checked="" type="checkbox"/> Non-Emergency <input type="checkbox"/> Patient Refused <input type="checkbox"/> AMA Signed <input type="checkbox"/> No Patient <input checked="" type="checkbox"/> Air Lifted		GLASGOW COMA SCALE INFANT EYE OPENING CHILD/ADULT 4 Spontaneously Spontaneously 4 2 To speech To command 3 2 To pain To pain 2 1 No response No response 1 BEST VERBAL RESPONSE 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 BEST MOTOR RESPONSE 6 Spontaneous Obeys commands 6 5 Localizes pain Localizes pain 5 4 Withdraws from pain Withdraws from pain 4 3 Flexion (decorticate) Flexion (decorticate) 3 2 Extension (decerebrate) Extension (decerebrate) 2 1 No response No response 1 = TOTAL* (GCS 8? - Intubate!) *TOTAL = <u>15</u>			
REVISSED TRAUMA SCALE Respiratory Rate 10-29 4 ≥ 30 3 6-9 2 1-5 1 None 0 <u>4</u> Systolic BP ≥ 90 4 76-89 3 50-75 2 1-49 1 <u>4</u> No pulse 0		Add Glasgow Coma Converted Scale GCS Trauma Pts. 13-15 = 4 9-12 = 3 6-8 = 2 4-5 = 1 3 = 0 <u>4</u> TOTAL = <u>12</u>					

PATIENT CARE RECORD

NARRATIVE

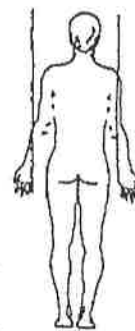
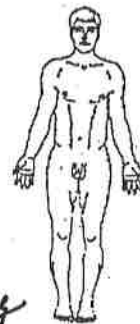
Medic 3 responded emergency traffic to Stone Door Park in Beersheba Springs for a male subject having chest pain. AOS to find out that our patient was at the bottom of the door, a nurse, several fire/rescue people, and EMT Daniel Saraggs were with patient and preparing to carry him up. Report from Daniel 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 cirrury, 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 Saraggs, 20ga cath/10gtt to the left AC site also patient had been given 324 mg ASA and NTG prior to being turned over to me by Daniel Saraggs EMT IV. Pt stated he had had no relief from ~~the~~ NTG and ASA, we applied O2 via NRB @ 15 L/min 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, sbs 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 15B, moved to cot, secured = straps and loaded into unit, VLS 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



PATIENT CARE RECORD

NARRATIVE

still no changes in cardiac status noted, slight drop in BP noted, also pain level: 4 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, ~~find~~^{S/S} 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.



MISSION REPORT

BEERSHEBA SPRINGS RESCUE SQUAD

DATE OUT: 7 / 4 / 14

DATE IN: 7 / 4 / 14

TIME OUT: 15 : 30

TIME IN: 16 : 30

TOTAL HOURS: 9

TOTAL MILES: 27

TYPE OF MISSION Called for a medical evacuation

NAME OF VICTIM Tom Surface
AGE 58 EXTRICATION NO
LOCATION OF MISSION Stone Door State Park

MEMBERS RESPONDING TO CALL

1	<u>Jonathan Tate</u>	11	<u></u>
2	<u>Jason Walker</u>	12	<u></u>
3	<u>Jackie Eubanks</u>	13	<u></u>
4	<u>Robert Norris</u>	14	<u></u>
5	<u>Michael Kirby Jr.</u>	15	<u></u>
6	<u>Ed Fults Jr.</u>	16	<u></u>
7	<u>Daniel Scruggs</u>	17	<u></u>
8	<u>Alton Scruggs</u>	18	<u></u>
9	<u>Michael King</u>	19	<u></u>
10	<u></u>	20	<u></u>

ADDITIONAL INFORMATION ON ABOVE MISSION

Heart attack victim was carried from the bottom of Stone Door to the ambulance that
was staged in the parking lot, transported by Grundy County EMS to the Beersheba
Springs landing zone and was then airlifted to Enger Memorial

MISSION REPORTED BY: Jason Walker Unit Director
NAME TITLE