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**Comments:**

**Re:**

**Phone:**

**Date:** 2-5-15

**FAX#:** 615-343-1145

**Pages:** 23

**To:** Erin Hummel  
**From:** Hoyte Hale  
TENSU Program Coordinator

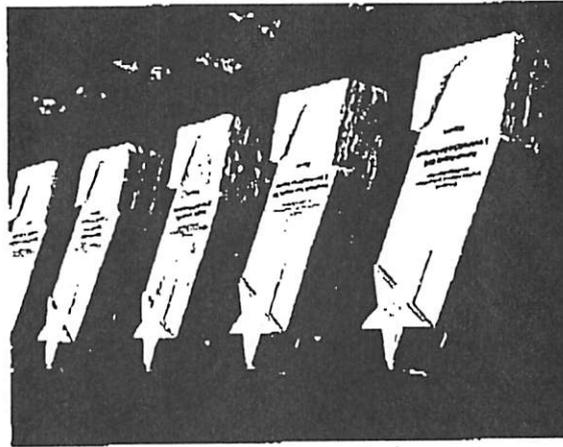
**Phone:** 615/597-6768  
**Fax:** 615/597-8109

**DEKALB COUNTY EMS  
P.O. BOX 87  
SMITHVILLE, TN 37166**

601 4<sup>th</sup> Avenue South  
Nashville, TN 37203

*Rocketown*

*May 14, 2015*



Awards Dinner and Ceremony

*EMS Star of Life*

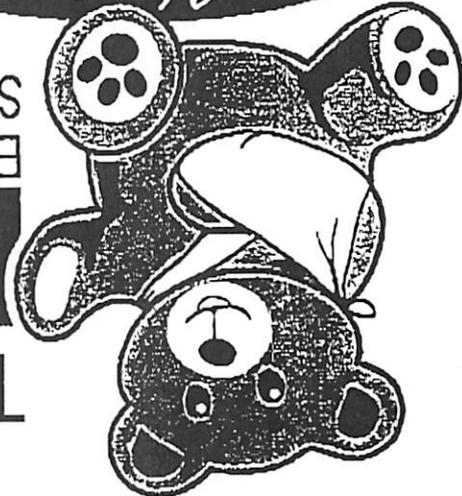
*is proud to present the 7th Annual*



Emergency Medical  
Services for Children™

**EMSC**

**Tennessee**





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## *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.

2007 Terrace Place, Nashville, TN 37203

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



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.

Kevin Brinkmann, MD  
President

Rhonda G. Phillippi, RN, BA  
Executive Director

2007 Terrace Place, Nashville, TN 37203

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### EMS Star of Life NOMINATION FORM

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

EMS Region #: 4  
Patient's Name: David Allred  
Patient's Diagnosis: Chest pain Code 37

Submitted by Name: Hoyte E. Hale Title: EMS Service Director  
EMS Agency: Dekalb County EMS  
Address: 248 Meadowbrook Drive, P.O. Box 87  
City, State & Zip: Smithville, Tennessee 37166  
Phone: (615) 597-6768 Fax: (615) 597-8109 Email: emsdirector@dtccom.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: Dekalb County 911 Center  
Name of Contact: Brad Mullinax  
Address: 211 S. Mountain Street  
City, State & Zip: Smithville, TN. 37166  
Phone: (615) 215-3000 Fax: (615) 597-8431 Email: bmully@dtccom.net

Agency: Cookeville Regional Hospital  
Name of Contact: Mitch Stonecipher Cath Lab Director  
Address: 142 West 5<sup>th</sup> Street  
City, State & Zip: Cookeville, TN. 38501  
Phone: 931-526-8814 Fax: 931-528-2544 Email: 931-528-2541 931-526-8814

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Lined area for writing the response.

*see attached form*

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

Lined area for writing the response.

*see attached forms*

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.



Incident #: 130381 Run #: Le/14184 Mileage 19.6 Charges 400.00 ALS 2  
205.80 MILE  
805.80

DEKALB COUNTY EMS

PATIENT CARE AND TRANSPORT REPORT

41-06-14-184

Called for face sheet.

Unit 1 EMITS # \_\_\_\_\_ Date 6/20/14

Name David Allred DOB 8/19/1957 Sex M Race W SS# \_\_\_\_\_  
Address \_\_\_\_\_ City Celina State TN Zip \_\_\_\_\_ Phone (931) 558-4845  
Insurance \_\_\_\_\_ Group \_\_\_\_\_ ID \_\_\_\_\_ Auth. \_\_\_\_\_  
Insurance \_\_\_\_\_ Group \_\_\_\_\_ ID \_\_\_\_\_ Auth. \_\_\_\_\_  
Insurance \_\_\_\_\_ Group \_\_\_\_\_ ID \_\_\_\_\_ Auth. \_\_\_\_\_

Nature of Call E911 Chief Complaint Chest Pain Employment Related (N)  
Origin Floating Mill camp sites Destination CRMC Catlab Area Cath Lab

Response Traffic  Emergency [ ] Non Emergency Transport Traffic  Emergency [ ] Non Emergency

Call Rec. 1650 Enroute 1650 On Scene 161707 Transport 1722 Destination 1741 In Service 1845  
Beg. Mileage 388.8 Ending 408.4 Total Miles 19.6

Attending Staff Jim Biggs Lic. # 26074 Support Staff Becky Altrip Lic. # 33085  
Becky

Release of Information / Receipt of Privacy Act / Financial Responsibility

Our Service wishes to inform you of your rights regarding your private health care information. You have the right to review our privacy policy prior to signing this consent form. By signing this consent you acknowledge that you have had the opportunity to review our Privacy Policy. If you want a copy of this policy or in the event that policy changes, you want a revised copy, please contact us at PO Box 07, Smithville TN, 37166.

By signing this form you expressly consent to our use and disclosure of your health care information for the purposes of your treatment, payment, or other health care operations. You have the right to revoke this consent at any time, however revocation will not be effective regarding services, which we have already provided based on this signed consent form because we are relying on your consent in providing services to you. If you wish to revoke this consent, you may do so in writing sent to our address above. Unless revoked, this consent will not expire and will apply to services provided to you from this day forward.

I understand that by signing this form, I am verifying that services have been rendered to me as described in the attached documentation in accordance with current Medicare signature requirements. I understand that financial responsibility for the services rendered by Dekalb County Emergency Medical Services may not be covered or accepted by Medicare or other insurance companies, including TennCare. In the event that said coverage does not exist or is refused, I accept full responsibility and agree to pay the full amount due, or the remainder of that amount not paid by the third party.

Patient, Family, or authorized Signature \_\_\_\_\_ Date \_\_\_\_\_ Relation to Patient \_\_\_\_\_

If patient is unable to sign, explain exactly why the patient is physically unable to sign

Witness \_\_\_\_\_ Relation to patient \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Disposition of Patient's belongings and medication \_\_\_\_\_

Chest Pain  
Required morphine x 3, IM; O2 blood  
glucose, cardiac monitor attached  
watcher for next 2 hours 911 Response/Time  
Normal

|   |                               |                                |
|---|-------------------------------|--------------------------------|
| Name <i>David Abe Alfred</i>            | Date of Birth <i>8/19/57</i>  | Date of Service <i>6/24/14</i> |
| Chief Complaint <i>Chest Pain 10/10</i> | Medical Hx. <i>HTN, NIDDM</i> |                                |
| Medications                             | Allergies <i>PCN</i>          |                                |

Presentation Position *N/A* Mechanism of Injury *N/A*

|   |   |                                |
|---|---|--------------------------------|
| Ambulatory <input checked="" type="checkbox"/> Supine <input checked="" type="checkbox"/> Sitting <input type="checkbox"/> Prone <input type="checkbox"/> Left Side <input type="checkbox"/> Right Side <input type="checkbox"/> Other <input type="checkbox"/> | Fall <input type="checkbox"/> Distance <input type="checkbox"/> Surface Landed Material <input type="checkbox"/>  | Cause <input type="checkbox"/> |
| Bed <input type="checkbox"/> Chair <input type="checkbox"/> Wheel Chair <input type="checkbox"/> Floor <input type="checkbox"/> Ground <input type="checkbox"/> In Vehicle <input type="checkbox"/> Other <input type="checkbox"/>                              | MVA <input type="checkbox"/> Restrained <input type="checkbox"/> Unrestrained <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Front Seat <input type="checkbox"/> Back Seat <input type="checkbox"/> Intrusion <input type="checkbox"/> |                                |
| Sudden <input type="checkbox"/> Gradual - Duration <input type="checkbox"/> Activity at onset <input type="checkbox"/>  | Roll Over <input type="checkbox"/> Ejected <input type="checkbox"/> Death Same Vehicle <input type="checkbox"/> Head On <input type="checkbox"/> Other <input type="checkbox"/>   |                                |

Other Mechanism of Injury

Glasgow Eye Opening 4 Spontaneously 3 To Command 2 To Pain 1 No Response Other

Score *13* Verbal Response 5 Oriented 4 Confused 3 Inappropriate words 2 Incomprehensible 1 No Response Other

Motor Response 6 Obeys 5 Localizes Pain 4 Withdraws 3 Flexes 2 Extension 1 No Response Other

|   |   |  |
|---|---|--|
| Head <input checked="" type="checkbox"/> WNL Other              | Skin <input type="checkbox"/> WNL Other <i>Diaphanous</i>       | Pupils <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Reactive Other <i>4 mm bil</i> |
| Neck <input checked="" type="checkbox"/> WNL Other              | Chest <input type="checkbox"/> WNL Other <i>10/10 pain</i>      | EKG <input type="checkbox"/> NSR Other <i>Bradycardia</i>  |
| Breath Sounds <input checked="" type="checkbox"/> WNL Other     | Abdomen <input checked="" type="checkbox"/> WNL Other           | <i>Jejunum Escape</i>  |
| Pelvis <input checked="" type="checkbox"/> WNL Other            | Lower Extremities <input checked="" type="checkbox"/> WNL Other |  |
| Upper Extremities <input checked="" type="checkbox"/> WNL Other | Back <input checked="" type="checkbox"/> WNL Other              |  |

Pain Assessment Nature  Stabbing  Tearing  Pressure  Burning  Other  Severity 1 2 3 4 5 6 7 8 9 10

Aggravating Factors Movement  Position  Deep Inspiration  Other  Relief Factors Position  Cold Pack  Heat Pack  Analgesics  Other *Morphine*

| Time        | Blood Pressure | Man. | Auto. | Pulse     | Character   | Reg.                                | Irreg. | Respirations | SAO2       | Room Air | Oxygen     | Blood Glucose |
|-------------|----------------|------|-------|-----------|-------------|-------------------------------------|--------|--------------|------------|----------|------------|---------------|
| <i>1700</i> | <i>80/50</i>   |      |       | <i>47</i> | <i>weak</i> | <input checked="" type="checkbox"/> |        | <i>20</i>    | <i>100</i> |          | <i>12L</i> |               |
| <i>1705</i> | <i>80/50</i>   |      |       | <i>47</i> | <i>weak</i> | <input checked="" type="checkbox"/> |        | <i>20</i>    | <i>100</i> |          | <i>12</i>  | <i>269</i>    |
| <i>1725</i> | <i>80/50</i>   |      |       | <i>47</i> | <i>weak</i> | <input checked="" type="checkbox"/> |        | <i>20</i>    | <i>100</i> |          | <i>13</i>  |               |
| <i>1735</i> | <i>70/40</i>   |      |       | <i>47</i> | <i>weak</i> | <input checked="" type="checkbox"/> |        | <i>20</i>    | <i>100</i> |          | <i>13</i>  |               |
| <i>1745</i> | <i>70/40</i>   |      |       | <i>47</i> | <i>weak</i> | <input checked="" type="checkbox"/> |        | <i>20</i>    | <i>100</i> |          | <i>13</i>  |               |

| Time        | IV Fluid           | Size Catheter | Site       | Success                             | Unsuccessful | Attempt # | Amount Infused |
|-------------|--------------------|---------------|------------|-------------------------------------|--------------|-----------|----------------|
| <i>1715</i> | <i>Saline lock</i> | <i>18</i>     | <i>RAC</i> | <input checked="" type="checkbox"/> |              |           |                |
| <i>1710</i> | <i>saline lock</i> | <i>18</i>     | <i>RAC</i> | <input checked="" type="checkbox"/> | <i>lost</i>  |           |                |
| <i>1718</i> | <i>Saline lock</i> | <i>18</i>     | <i>(L)</i> |                                     |              |           |                |

| Time        | Medication              | Dosage     | ml. Given    | Wasted     | Serial #    | Route     | Site       | Condition Change       |
|-------------|-------------------------|------------|--------------|------------|-------------|-----------|------------|------------------------|
| <i>1704</i> | <i>D2</i>               |            | <i>12gms</i> |            |             | <i>NR</i> |            | <i>Unchanged</i>       |
| <i>1720</i> | <i>Morphine Sulfate</i> | <i>2mg</i> | <i>0.2ml</i> |            | <i>1206</i> | <i>IV</i> | <i>RAC</i> | <i>No change 10/10</i> |
| <i>1730</i> | <i>Morphine Sulfate</i> | <i>2mg</i> | <i>0.2ml</i> |            | <i>1206</i> | <i>IV</i> | <i>RAC</i> | <i>No change 10/10</i> |
|             | <i>Morphine Sulfate</i> |            |              | <i>6mg</i> | <i>1206</i> |           |            | <i>improved</i>        |

*56 yo w m 10/10 chest pain intermittent stool & bladder  
Bradycardic hypotensive*

Attending *[Signature]* Rank *EMT-P* Receiving *[Signature]* Date *6/24/14* Time *18:00*

# Patient Care Report (Short)

DeKalb EMS  
248 Meadowbrook Drive  
PO Box 87  
Smithville, TN 37166  
Phone: (615)597-6768 Fax: (615)597-8109

Page No: 1/2  
Report Date: 06/20/2014

David Allred

|                               |                                |                                  |                  |             |
|-------------------------------|--------------------------------|----------------------------------|------------------|-------------|
| Trip Number: 130381           | D.O.S. 6/20/2014 16:50:00      | Shift: c                         | Call Sign: UNIT1 | Station: 01 |
| PSAP Time: 6/20/2014 16:50:00 | Left Scene: 6/20/2014 17:22:00 | Arrived Dest: 6/20/2014 17:41:00 |                  |             |
| Unit: 01                      | Call Type:                     |                                  |                  |             |

| Patient                     |  |                          |  |  |
|-----------------------------|--|--------------------------|--|--|
| Patient: David Allred       | Age: 56 Years                              | Race: White              |  |  |
| Birth Date: 08/19/1957      | Gender: Male                               | Incident Location: SCENE |  |  |
| Chief Complaint: Chest Pain | Destination Name: COOKEVILLE REGNL MED CTR |                          |  |  |

**Patient History / Notes**  
Description:

**Drug Allergies / Notes**  
Drug Name:

**Current Medications**  
Drug Code Drug Name Dose Units Route

| Vitals            |     |            |      |      |       |           |      |     |       |      |      |     |
|-------------------|-----|------------|------|------|-------|-----------|------|-----|-------|------|------|-----|
| Time              | PTA | EKG        | BP/S | BP/D | Pulse | Resp Rate | SaO2 | CO2 | Gluc. | Temp | Pain | GCS |
| 06/20/14 17:00:00 | 1   |            | 80   | 50   | 47    | 20        | 100  |     |       |      | 10   | 13  |
| 06/20/14 17:05:00 | 0   |            | 80   | 50   | 47    | 20        | 100  |     | 269   |      | 10   | 13  |
| 06/20/14 17:25:00 | 0   | Junctional | 80   | 50   | 47    | 20        | 100  |     | 269   |      | 10   | 13  |
| 06/20/14 17:35:00 | 0   | Junctional | 70   | 40   | 47    | 20        | 100  |     | 269   |      | 10   | 13  |
| 06/20/14 17:45:00 | 0   | Junctional | 70   | 40   | 47    | 20        | 100  |     | 269   |      | 10   | 13  |

| Treatment         |                        |  |       |           |
|-------------------|------------------------|--|-------|-----------|
| Time              | Treatment Given        | Details  | Medic | Assistant |
| 06/20/14 17:20:00 | MAGNESIUM SULFATE      | Route:Intravenous Dose:2 MG<br>Response:Improved Complication: |       |           |
| 06/20/14 17:30:00 | MAGNESIUM SULFATE      | Route:Intravenous Dose:2 MG<br>Response:Improved Complication: |       |           |
| 06/20/14 22:54:37 | 12 Lead ECG            |  |       |           |
| 06/20/14 22:54:40 | Blood Glucose Analysis |  |       |           |
| 06/20/14 22:54:41 | Cardiac Monitor        |  |       |           |
| 06/20/14 22:54:43 | IV EXTREMITY           | Iv Site: Fluid: Gauge: Rate: Tube Size:                        |       |           |

06/20/14 22:54:48 Pulse Ox

06/20/14 22:54:57 IV EXTREMITY

Iv Site: Fluid: Gauge: Rate: Tube Size:

06/20/14 23:10:01 OXYGEN

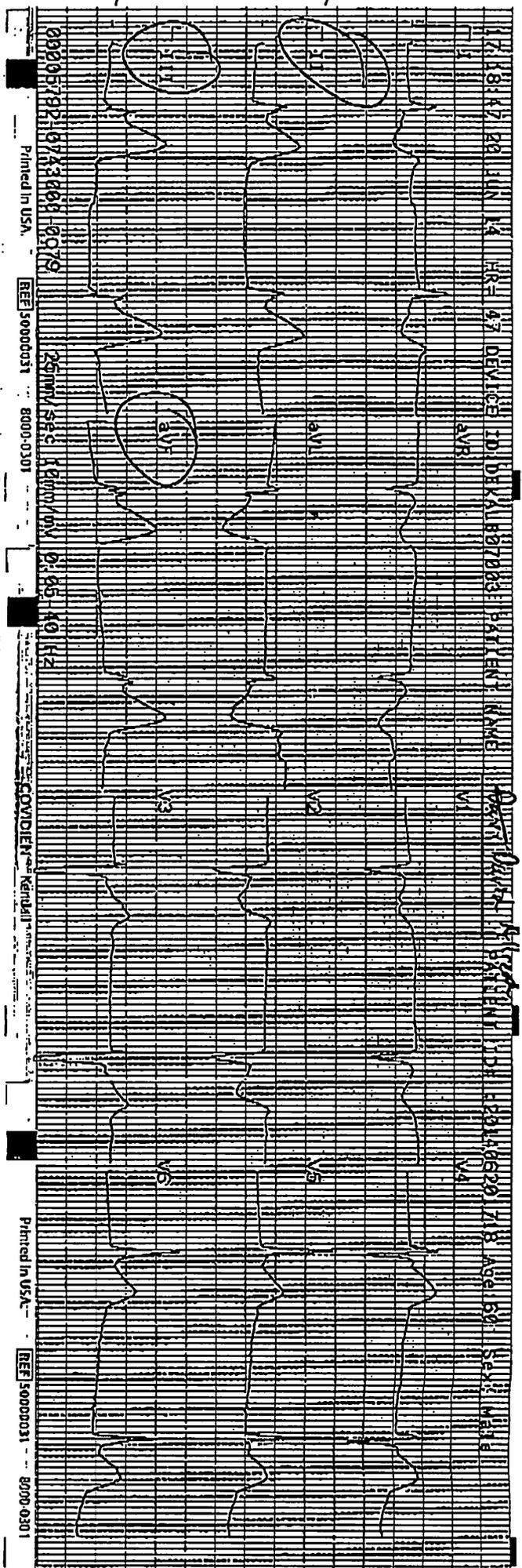
Route: Dose: MG Response: Complication:

**Narrative**

Ambulance responded immediately to Floating Mill Camp area for a 56 year old male with a sudden onset chest pain with unresponsiveness initially thought by family to be a diabetic emergency since he had no cardiac history. Prior to our arrival EMT-P Grandstaff first responded from the same camp area and initiated O2 and IV therapies established by the time we arrived. Upon our arrival patient laying flat in a zero gravity camp chair. Approaching assessment noted perfuse diaphoresis, incontinence stool and urin. Patient very pale and obviously poor perfusion to skin. Semi conscious responds to verbal stimuli but impressive pain noted when aroused. 10/10 substernal chest pain. Moved to stretcher assist x 2. Trendelenburg for pressure. IV and O2 therapy already established were maintained. Moved to ambulance via stretcher. Patient obviously in cardiogenic shock prior to placing on the cardiac monitor. Ventricular Rate and palpable pulse match at 47, with significant elevation in lead II. 12 lead confirmed ST elevation in leads II, III, and aVF. No air medical transport services could fly due to weather. Called Cookeville Regional to advise them we would be arriving in 20 minutes with a Code 37. Administered Morphine sulfate 2 mg due to severe impressive chest pain. The pain seemed to be a bit less intense but patient still rated a 10/10. Administered a second dose of Morphine sulfate 2 mg and the episodes of chest pain seemed to be further apart and less severe. Continued transport with lights and siren to CRMC without further incident or change in patient status. Released patient and report to staff in the cath lab. No further patient contact.

Completed By: tbriggs

**Signatures**



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Printed in USA. REF 50000301 8000-0301

| DEVICE ID    | DEKAL 807603   | PATIENT NAME | STEM I |
|--------------|----------------|--------------|--------|
| RECORDED     | 17-01-20 11:54 | STEM I       | 98     |
| PATIENT NAME | STEM I         | STEM I       | 98     |
| PATIENT ID#  | 202406201718   | STEM I       | 98     |
| PATIENT AGE  | 50             | STEM I       | 98     |
| PATIENT SEX  | MALE           | STEM I       | 98     |
| WGT          | 177            | STEM I       | 98     |
| HT           | 177            | STEM I       | 98     |
| HR           | 75             | STEM I       | 98     |
| PR           | 68             | STEM I       | 98     |
| QRS Duration | 100 ms         | STEM I       | 98     |
| QTc          | 416/421 ms     | STEM I       | 98     |
| QT           | 403-98         | STEM I       | 98     |

COVIDIEN Kendall

STEM I  
Junctional Escape Arrhythmia

David Allred

HAL-16 Rev. 08/05  
Reorder from Two Part Advantage = 1-800-800-5876

Pati-



ADMISSION / INPATIENT RECORD

Medical Records

|  |                   |   |  |                     |              |  |                         |                             |                                 |                       |                        |
|--|-------------------|---|--|---------------------|--------------|--|-------------------------|-----------------------------|---------------------------------|-----------------------|------------------------|
| ACCOUNT #<br>1500043378  | ACCOM<br>MEDICAL  | PRE-REG DATE & TIME<br>08/20/2014 19:04 | PRE BY<br>HND  | PRE PT              | TESTING DATE | STATION<br>4 NORT  | EXPECTED ADM DATE       | DISCHARGE DATE & TIME       |                                 |                       |                        |
| ROOM & BED<br>423 A  | PREP. SERV<br>STP | PT TYP<br>INP                           | SRC<br>11  | ACCID<br>B          | PC<br>B      | EMK  | BIRTHDATE<br>08/19/1957 | AGE RACE SEX M<br>56Y 0 M M | REF FAG                         | ADM TYPE<br>EMERGENCY | MED REC #<br>000503183 |
| ADMITTING PHYSICIAN<br>LITTLE, THOMAS  |                   | ATTENDING PHYSICIAN<br>LITTLE, THOMAS   |  | REFERRING PHYSICIAN |              | PRIMARY CARE PHY<br>SCOTT, JOYCE   |                         | ADV DIR<br>N                | ARRIVAL MODE<br>AMBULANCE       |                       | LAST VISIT AT CLINIC   |
| NAME / ADDRESS<br>ALLRED, DAVID<br>2743 GAINESBORO HWY<br>PO BOX 404<br>CELINA, TN 38551   |                   |   | SSN / PHONE / CELL / OTHER<br>00000000<br>(931)319-2264    |                     |              | EMPLOYER NAME / ADDRESS<br>TN HIGHWAY PATROL<br>1575 INTERSTATE DR<br>COOKEVILLE, TN 38501                 |                         |                             | OCCUPATION / PHONE / EMP STATUS |                       |                        |
| NAME / ADDRESS<br>ALLRED, DAVID<br>2743 GAINESBORO HWY<br>PO BOX 404<br>CELINA, TN 38551   |                   |   | SSN / RELATION / PHONE / CELL<br>00000000<br>(931)319-2264 |                     |              | EMPLOYER NAME / ADDRESS<br>TN HIGHWAY PATROL<br>1575 INTERSTATE DR<br>COOKEVILLE, TN 38501                 |                         |                             | OCCUPATION / PHONE              |                       |                        |
| NAME / ADDRESS<br>ALLRED, VANESSA<br>2743 GAINESBORO HWY<br>PO BOX 404<br>CELINA, TN 38551   |                   |   | SSN / RELATION / PHONE / CELL<br>Spouse<br>(931)319-2264   |                     |              |  |                         |                             |                                 |                       |                        |
| EMERGENCY CONTACT<br>PHILLIPS, BROOKE  |                   |   | RELATION<br>Other Relative                                 |                     |              | HOME PHONE<br>(931)516-0400  |                         |                             | WORK PHONE                      |                       |                        |
| PREVIOUS NAME  |                   |   |  |                     |              |  |                         |                             |                                 |                       |                        |
| INSURANCE 1 BLUE NETWORK TN<br>BLUE CROSS (800)924-7141<br>STAS00129346 Grp#: 80880<br>ALLRED, DAVID DOB:08/19/1957<br>Self<br>INS CONTACT: VERIFIED BY:<br>AUTH BY: DATE:<br>AUTH #: DAYS:<br>OTHER CERT #: |                   |   |  |                     |              | INSURANCE 2<br>Grp#: DOB:<br>INS CONTACT: VERIFIED BY:<br>AUTH BY: DATE:<br>AUTH #: DAYS:<br>OTHER CERT #: |                         |                             |                                 |                       |                        |
| INSURANCE 3<br>Grp#: DOB:<br>INS CONTACT: VERIFIED BY:<br>AUTH BY: DATE:<br>AUTH #: DAYS:<br>OTHER CERT #:   |                   |   |  |                     |              | Veteran:   |                         |                             |                                 |                       |                        |
| ADMISSION COMPLAINT<br>CODE 37   |                   |   |  |                     |              | WORKING DIAGNOSIS  |                         |                             |                                 |                       |                        |
| COMMENT  |                   |   |  |                     |              | RELIGION<br>NRL  |                         | CHURCH                      |                                 |                       |                        |
| FINAL DISCHARGE  |                   |   |  |                     |              |  |                         |                             |                                 | CODE #                |                        |
| COMPLICATIONS  |                   |   |  |                     |              |  |                         |                             |                                 |                       |                        |
| OPERATIONS   |                   |   |  |                     |              |  |                         |                             |                                 |                       |                        |
| CONSULTATION   |                   |   |  |                     |              | DATE OF DISCHARGE  |                         | TIME OF DISCHARGE           |                                 |                       |                        |

CONDITIONS OF DISCHARGE

RECOVERED  UNIMPROVED  DEATH UNDER 48 HOURS  AUTOPSY YES  NO

IMPROVED  DEATH OVER 48 HOURS  YES  NO

Incident07130381

06/20/2014

DEKALB COUNTY E-911  
Incident Detail Report - 130381  
DeKalb EMS ---- Case Number: EMS2014001654

18:46

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Event Time: 06/20/2014 16:47:30 Close Time: 06/20/2014 18:45:59  
 Call Location:  
 Phone: (931) 858-4845 Origin: 9-1-1  
 Address1: 430 FLOATING MILL LN Activity Code: Unresponsive Patient  
 Address2: SILVER POINT, TN Disposition: Inservice in County  
 Address3: MAP:  
 Caller: UNITED STATES GOVERNMENT OFFICES

Call-back Name:RENEA DAVIS Call-back phone: (931) 858-4845

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Comments:

06/20/2014 16:47:45 806 DON ROSAN - GATE ATTENDANT  
 06/20/2014 16:47:48 806 CAMPER ON SITE 9  
 06/20/2014 16:47:51 806 HE'S BLACKED OUT  
 06/20/2014 16:47:55 806 NOT TALKING  
 06/20/2014 16:48:00 806 HE'S HAVING SOME KIND OF SEIZURE OR STROKE  
 06/20/2014 16:48:13 806 HE IS BREATHING  
 06/20/2014 16:48:18 806 HASN'T TAKEN HIS BP MEDS OR HIS SUGAR  
 06/20/2014 16:48:22 806 NOT MAKING ANY SENSE  
 06/20/2014 16:48:39 806 SITE #9  
 06/20/2014 16:48:41 804 Disposition: EMS Dispatched  
 06/20/2014 16:48:47 806 HE IS BREATHING  
 06/20/2014 16:48:48 804 Disposition: First Resp. Paged  
 06/20/2014 16:48:52 806 THINKS IT MIGHT BE HIS SUGAR OR HIS BP  
 06/20/2014 16:49:01 806 HE IS TALKING BUT JUST NOT MAKING SENSE  
 06/20/2014 16:49:36 806 DON WAS THE ORIGINAL CALLER, HE GAVE THE PHONE TO RE  
 06/20/2014 16:50:01 806 Assigned Agency DeKalb EMS  
 06/20/2014 16:58:55 804 CALLER CALLED BACK HE IS NOWHAVING CHEST PAINS NOW  
 AND IN AND OUT OF IT  
 06/20/2014 16:59:14 804 IS IN A CHAIR OUSDIE WITH 2 FANS ON HIM  
 06/20/2014 17:18:29 806 CHECKING W/ERLANGER PER U1 REQ  
 06/20/2014 17:19:25 806 ERLANGER DECLINED DUE TO WEATHER  
 06/20/2014 17:22:35 804 AIR EVAC DECLINED DUE TO WEATHER  
 06/20/2014 17:22:48 806 VANDY CHECKING WEATHER - DECLINED DUE TO WEATHER  
 06/20/2014 18:46:02 806 Disposition: Inservice in County

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Assigned Units:

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|                           |   |          |                   |
|---------------------------|---|----------|-------------------|
| Unit 1                    | Unit 1  |          |                   |
| Run Number: 20141707      | Destination: Cookeville Regional\142 w 5TH STRE |          |                   |
| Timepoints:               |   |          |                   |
| DISP ASSIGNED             | 06/20/2014 16:50:01                             |          |                   |
| 10-18 Enroute             | 06/20/2014 16:50:02                             | 00:00:01 | 00:00:01          |
| 10-97 Arrived at Scene    | 06/20/2014 17:04:44                             | 00:14:42 | 00:14:43          |
| 10-15 Transport Emerg     | 06/20/2014 17:22:44                             | 388.8    | 00:18:00 00:32:43 |
| 10-27 Arrived at Hospital | 06/20/2014 17:41:52                             | 408.4    | 00:19:08 00:51:51 |

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06/20/2014

DEKALB COUNTY E-911  
Incident Detail Report - 130381  
DeKalb EMS ---- Case Number: EMS2014001654

18:46

Incident07130381  
 -----  
 10-98 Finished with Assigme06/20/2014 18:45:59  
 01:04:07 01:55:58  
 Total Transport Mileage: 19.6

I would like to take this opportunity to nominate Tyler Grandstaff, Paramedic with DeKalb EMS for the 2014 Tennessee Emergency Medical Services for Children Award. Tyler has been hailed a hero due to his heroic efforts on June 20, 2014. Not only did he save the life of a day-to-day citizen, he saved the life of one of our own public safety officials. On this date, Tyler and his family were camping at Floating Mill Recreation Center on Center Hill Lake. He noticed that a bystander was exhibiting the signs of chest pain. Tyler says, "The man was pale, sweating and clutching his chest." Tyler, armed with his jump kit, jumped into action and started an IV and administered oxygen prior to EMS arrival. After the EMS unit arrived, Tyler chose to abandon his family and ride to Cookeville Regional Hospital with his patient, THP Lieutenant David Allred from Clay County, that subsequently went straight to the cardiac catheterization lab. Lieutenant Allred attended a special ceremony on June 27, 2014 to present the DeKalb County EMS Outstanding Service Award to Tyler for his heroic actions. On the day of the award, Lt. Allred states that, "I had a massive heart attack. I am thankful for the job that Tyler, the other EMS personnel, the dispatchers, and Cookeville Regional Hospital staff for the job that they done. I wouldn't be here today without everyone doing their job." I feel that Tyler is an excellent candidate for the TEMSC Award.

*Wayte Hale*  
*EMS Service Director / EMT-P*  
*014589*

**Hoyte Hale**

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**From:** Dwayne Page [wjle@dtccom.net]  
**Sent:** Tuesday, February 03, 2015 1:14 PM  
**To:** emsdirector@dtccom.net  
**Subject:** wjle news story (picture is also attached)  
**Attachments:** DSC\_2658[1].jpg

## **PARAMEDIC SAVES THP LIEUTENANT WHO SUFFERED HEART ATTACK**

### **Primary tabs**

[View\(active tab\)](#)

[Edit](#)

June 27, 2014

by:

Dwayne Page



A DeKalb EMS paramedic is being hailed a hero after saving the life of a Lieutenant of the Tennessee Highway Patrol who suffered a heart attack during an outing on Center Hill Lake last Friday, June 20. Both the paramedic, Tyler Grandstaff and THP Lieutenant David Allred were off duty at the time.

Allred and his family had just set up camp at Floating Mill Recreation area when he felt faint and then collapsed.

Fortunately, Grandstaff, who was with his family closeby at the same time, came to his aide. "We were at the lake at Floating Mill and we had a man exhibiting signs of chest pain and diaphoresis (profuse sweating). He was pale, grayish and didn't look well. I went to the truck and got my bag and my oxygen tank and did what we normally do. He was conscious but not alert and very disoriented. I started an IV and gave him some oxygen and fluids. Gladly an ambulance got there pretty quick," said Grandstaff.

"We had got there at the campground and probably had been there for an hour and a half," said Allred. "We had just got the camp and everything all set up. I walked over to my brother's camper. I told my wife that I feel like I'm fixing to pass out. I did. At no time did I have any pain until after the second or third time I went down, then the pain really started. After that I could hear everything going on. I remember when Tyler ran up and I heard him say he was going to get his bag. I could feel everything going on. I could feel what he did to my arm and when he stuck the IV in and although I couldn't communicate, I could understand everything everybody was saying," said Allred.

DeKalb EMS was notified and quickly arrived on the scene. Grandstaff accompanied Paramedic Tim Briggs and EMT Becky Atnip in transporting Allred by ambulance to Cookeville Regional Medical Center.

One week after the attack, Allred is out of the hospital and feeling much better, although he is not yet back to work. "It was a massive heart attack. I go back for an update with the doctor on July 21st and he will re-evaluate everything and see what we're going to do. I still have two more blockages. Hopefully after we get those taken care of I'll return to work," said Allred.

Had it not been for Grandstaff and others, Allred said he might not have survived. "As far as Tyler and the other Paramedic and EMT persons, that's what saved me. As far as Cookeville Hospital, they also did a

great job. The dispatchers here did a great job. Everybody did their job that day or I wouldn't be here today. Thankfully Tyler was there that day or I don't think I'd be here," said Allred.  
"I am glad I was there to help him out," said Grandstaff.

As a show of appreciation, DeKalb EMS Director Hoyte Hale Friday presented Grandstaff with a certificate for "Outstanding Service". Allred and members of his family were also on hand for the occasion at the headquarters of the Central Dispatch/911 Center in Smithville.

The certificate states as follows:

"DeKalb County Emergency Services Outstanding Service Award is hereby granted to Tyler Grandstaff for your outstanding instinct and actions on June 20, 2014. Your actions undoubtedly contributed to a positive outcome. We sincerely appreciate your dedication to DeKalb EMS. DeKalb County Emergency Services. Awarded June 27, 2014. Signed by Hoyte Hale, EMS Director".

Director Hale said he is also proud of Briggs and Atnip for the work they did on the Allred call and for the professionalism of his entire staff. "Tim and Becky was the crew that transported him (Allred) to Cookeville and they did a great job too! I'm glad we have crews and staff who are dedicated to their job," he said.



*Cookeville Regional Staff That worked on patient*

|   |                               |  |
|---|-------------------------------|--|
| Thomas Little MD  | Treating physician            | 228 W. 4 <sup>th</sup> Street<br>Suite 200<br>Cookeville, TN 38501           |
| Brittany McDonald<br>Amy Eckert<br>Judy Nesmith             | Cath Lab personnel            | Cardiac Cath Lab<br>1 Medical Center Blvd<br>Cookeville, TN 38501            |
| Lonnita Polson<br>Donna Porter<br>April Jarvis<br>Josh Cook | CVICU personnel               | 3 <sup>rd</sup> floor CVICU<br>1 Medical Center Blvd<br>Cookeville, TN 38501 |
| Amanda Dunham<br>Victoria Matthews<br>Sharon Nakdimen       | Cardiac Stepdown<br>Personnel | 4N Cardiac Stepdown<br>1 Medical Center Blvd<br>Cookeville, TN 38501         |

Call me if you need anything else Hoyte.

Brenda Davis-Bryant  
EMS Liaison  
Office: 931-783-5373  
Cell: 931-239-1115  
Pager 931-646-6720



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: David Allred

Home Mailing Address: 2743 Gainesboro Hwy PO Box 404

City, State, Zip: Celina, TN. 38551

Phone: (931) 319-2264 Cell: ( )

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

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

Date of Incident: June 20<sup>th</sup>, 2014

Place of Incident: Floating Mill Recreation area  
Center Hill Lake  
DeKalb County, TN.

2007 Terrace Place, Nashville, TN 37203

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

**HIPAA Consent and Authorization**  
**DEKALB COUNTY AMBULANCE SERVICE**  
**Patient Consent Form For Disclosure of Medical Information**

Our Company wishes to inform you of your rights regarding your private health care information. You have the right to review our privacy policy prior to signing this Consent form. By signing this consent you acknowledge that you have had the opportunity to review our Privacy Policy. If you want a copy of this policy or in the event that our policy changes and you want a revised copy please contact us at 243 Meadowbrook Dr.

You also have the right to request that we restrict the method in which we use or disclose your health information for purposes of treatment, payment or health care operations. We have the right to refuse to comply with your request. We also have the right to refuse treatment in the event that you refuse to consent to the terms set forth below.

By signing this form, you expressly consent to our use and disclosure of your health information for the purposes of your treatment, payment, or other health care operations. You have the right to revoke this consent at any time, however revocation will not be effective regarding services which we have already provided based on this signed consent form because we are relying on your consent in providing services to you. If you wish to revoke this consent, you must do so in writing sent to our address above. Unless revoked, this consent will not expire and will apply to services provided to you from this day forward.

\* Name (print): David Allred  
 \* Name (signature): David Allred  
 \* Date: 2-3-2015

~~**AUTHORIZATION FOR OTHER DISCLOSURES OF MY HEALTH INFORMATION**~~

~~By initialing each of the following and signing below, you are authorizing additional use and disclosure of your health information. We may not deny you treatment if you refuse to grant any of these requested authorizations.~~

~~\_\_\_\_\_ I authorize DeKalb County EMS to use or disclose my health information for the purpose of .....~~  
~~\_\_\_\_\_ I authorize DeKalb County EMS to use or disclose my health information for the purpose of .....~~  
~~Name (print): \_\_\_\_\_ Date: \_\_\_\_\_~~  
~~Name (signature): \_\_\_\_\_ Expires: \_\_\_\_\_~~



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 20<sup>th</sup> day of June (month), 2014 (year), in Dekalb City, 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.

David Allred  
Patient

Vanessa Allred  
Witness

2-3-2015  
Date

2/3/15  
Date

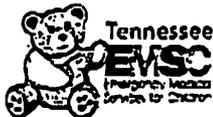
Will you be able to attend the EMS Star of Life Awards Dinner & Ceremony  
(Selection will not be based on attendance)

- Yes
- No

2007 Terrace Place, Nashville, TN 37203  
Phone: 615.343.EMSC (3672) / Fax: 615.343.1145 / www.tnemsc.org

# 2 / 3  
# 22 / 23

02-05-15:10:25PM  
02-04-15:03:07AM



**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](mailto:erin@tnemsc.org) . Disqualification will occur if materials are returned incomplete.

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2007 Terrace Place, Nashville, TN 37203  
Phone: 615.343.EMSC (3672) / Fax: 615.343.1145 / [www.tnemsc.org](http://www.tnemsc.org)