

Trip Number: 15-03346

D.O.S. 09/18/14 14:50:06 Patient: GLEN RUSSEL

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**Patient Care Report
(Complete)**

Putnam County Ambulance Service

Page No: 1/9

700 County Seviles Dr.

Report Date: 02/04/2015

Cookeville , TN

Phone: Fax:

Trip Number: 15-03346

D.O.S. 09/18/14 14:50:06

Shift: C

Call Sign: 703

Station: STATION 1

Name: GLEN RUSSEL

Unit: E703

Call Type:

Patient

Name: GLEN RUSSEL

Age: 55 Years

Race: White

Address: 98 VIRGINIA STREET

Birth Date: 04/27/1959

City: Cookeville SSN#: xxx-xx-6325
State: TN Zip: 38506 Phone: Gender: Male

Incident

Service Requested: 911 Response Dispatch Chief Complaint: Diabetic Problem
(Scene)
Primary Role: Transport Response Mode: Lights and Sirens
Dispatch Priority: Emergency EMD Performed? [Not Applicable]
EMD Card Number:

Call Times / Mileage

Times

Incident: Arrived Patient: 9/18/2014 15:04:53 Back At Zone:
Received: 9/18/2014 14:50:06 Transferred:
Dispatch Notified: 9/18/2014 14:50:06 Left Scene: 9/18/2014 15:15:59
Unit Notified: 9/18/2014 14:50:50 Arrived Dest: 9/18/2014 15:25:59
Unit Enroute: 9/18/2014 14:52:03 Back In Service: 9/18/2014 15:26:12
Arrived Scene: 9/18/2014 14:57:16 Cancelled:

Odometer Reading

Beginning: Scene: 62083.5
Destination: 62087.1 End:

Total Miles

To Scene: .00 Total: .00
Loaded Miles: 3.60

Crew

Name	Cert Number	Role
Esther Gottfried	29618	Primary Patient Caregiver
DAVID THOMPSON	41439	Secondary Patient Caregiver
Matt Bathke	37040	Third Patient Caregiver

Delays

Trip Number: 15-03346

D.O.S. 09/18/14 14:50:06 Patient: GLEN RUSSEL

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Response: [Not Applicable]

Transport: [Not Applicable]

Dispatch: [Not Applicable]

Turnaround: [Not Applicable]

Scene: [Not Applicable]

Scene

Other Services at the Scene: [Not Applicable]

Number of Patients at the Scene: 1

Estimated Time of First Responder: [Not Applicable]

Mass Casualty Incident? [Not Applicable]

Other Agencies:

Incident/Pickup Location

Location Type: Other Location

Department:

Incident Location: SCENE

Grid/Zone: 4

Address: 510 NEAL STREET

City: Cookeville

State: TN Zip: 38501

Patient

Name: GLEN RUSSEL

Age: 55

Race: White

Address: 98 VIRGINIA STREET

Birth Date: 04/27/1959

City: Cookeville

SSN#: xxx-xx-6325

State: TN Zip: 38506 Phone:

Gender: Male

Patient History / Notes

Description:

egottfried (09/18/2014 17:39:46): "sugar"

Drug Allergies / Notes

Drug Name:

Current Medications

Drug Code	Drug Name	Dose	Units	Route
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Patient Insurance

Insurance Company	Medicare # Policy #	Group ID	Medicaid # Insured Name	Relationship
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Situation

Complaints:

Chief Complaint: CARDIAC ARREST

Duration: 0 Hours

Secondary Complaint:

Duration: 0

Hours

Complaint Location: General/Global

Complaint Organ/System: Global

Barriers To Patient Care: [Not Applicable]

Alcohol / Drug User Indicators: [Not Applicable]

Symptoms

Primary Symptom: Change in responsiveness

Additional Symptoms: Breathing Problem

Cardiac Arrest

Cardiac Arrest: Yes, Prior to EMS Arrival

Etiology: Presumed Cardiac

Est Down Time:

Resuscitation Attempted: Attempted
Defibrillation, Attempted
Ventilation, Initiated Chest
Compressions

Witness: Not Witnessed

ROSC: Yes, Prior to ED Arrival and
at the ED**Providers Impressions**

Providers Primary Impression: Cardiac arrest

Providers Secondary Impression:

Time: 9/18/2014 3:04:53 PM

Provider: Esther Gottfried

Assessment Type:

Airway**Breathing**

Condition: Patent

Respiration: Shallow

Obstruction: Snoring

Rate: Agonal

Trauma: No Abnormalities Noted

Type: Agonal

Maintained By: Suctioning, Modified jaw thrust

Circulation**Neuro / Mental**

Peripheral Pulses: Absent

Mental Status: Unresponsive, Acute change in
mental status

Est Blood Loss: None

Neuro Assessment:

Capillary Refill (sec):

Neuro Complaints:

Regularity:

Quick Blood Pressure:

Mechanical/Electrical:

CPR Pulse: Carotid Pulse with CPR

Skin**Head / Face / Neck**

Skin Color: Cyanotic

Head: No Abnormalities Noted

Skin Temperature: Cool

Face: No Abnormalities Noted

Skin Moisture: Clammy

Nose: No Abnormalities Noted

Skin Turgor: < 2 seconds

Ears: No Abnormalities Noted

Dependent Lividity:	N/A	Neck:	No Abnormalities Noted
Rigor Mortis:	N/A	Neck Veins:	Normal
Head Rash:	Clear	Trachea:	Midline
Torso Rash:	Clear	Devices:	
Abdomen Rash:	Clear	Nose Drainage:	
Left Arm Rash:	Clear	Mouth Drainage:	Clear
Right Arm Rash:	Clear	Right Ear Drainage:	
Left Leg Rash:		Left Ear Drainage:	
Right Leg Rash:		Pain Provoked By:	
Groin Rash:		Pain Quality:	
		Pain Region:	
		Pain Radiation:	
		Pain Severity:	
		Pain Time:	

Left Eye		Right Eye	
Reactivity:	Reactive	Reactivity:	Reactive
Description:	Round	Description:	Round
Pupil Size	3	Pupil Size:	3
DCAP-BTLS:	No Abnormalities Noted	DCAP-BTLS:	No Abnormalities Noted
Drainage:		Drainage:	

Chest			
Chest Left:	No Abnormalities Noted	Heart Sounds:	Not Assessed
Chest Right:	No Abnormalities Noted	Devices:	
L-U Anterior Breath Sounds	Clear	R-U Anterior Breath Sounds	Clear
L-M Anterior Breath Sounds		R-M Anterior Breath Sounds	Clear
L-L Anterior Breath Sounds	Crackles	R-L Anterior Breath Sounds	Crackles
L-U Posterior Breath Sounds		R-U Posterior Breath Sounds	
L-M Posterior Breath Sounds		R-M Posterior Breath Sounds	
L-L Posterior Breath Sounds		R-L Posterior Breath Sounds	
Pain Provoked By:		Pain Radiation:	
Pain Quality:		Pain Severity:	
Pain Region:		Pain Time:	

Abdomen

Left Upper:	No Abnormalities Noted	Right Upper:	No Abnormalities Noted
Left Lower:	No Abnormalities Noted	Right Lower:	No Abnormalities Noted
Bowel Sounds:	Not Assessed	Complaints:	

Abdomen		Pelvis	
Cervical:	No Abnormalities Noted	DCAP-BTLS	No Abnormalities Noted
Thoracic:	No Abnormalities Noted	Device	
Lumbar:	No Abnormalities Noted		

Left Arm		Right Arm	
DCAP-BTLS:	No Abnormalities Noted	DCAP-BTLS:	No Abnormalities Noted
Motor / Sens:		Motor / Sens	
Radial:	Absent	Radial:	Absent
Brachial:	Not Assessed	Brachial:	Not Assessed

Left Leg		Right Leg	
DCAP-BTLS:		DCAP-BTLS:	
Motor /Sens:		Motor / Sens:	
Pedal:	Not Assessed	Pedal:	Not Assessed
Posterior:	Not Assessed	Posterior:	Not Assessed

Vitals

Time	PTA	EKG	BP/S	BP/D	Pulse	Resp Rate	SaO2	CO2	Gluc.	Temp	Pain	GCS
09/18/14 14:59:00	0	Ventricular Fibrillation										3
09/18/14 15:06:00	0	Ventricular Tachycardia,Artifact, Sinus Tachycardia	138	104	200	12	100		185	97.4		3
09/18/14 15:17:00	0	Sinus Arrhythmia	150	82	100	8	100	36				3
09/18/14 15:21:00	0	Sinus Arrhythmia	126	90	98	6	100	40				3
09/18/14 15:26:00	0	Sinus Arrhythmia	130	90	100	10	100	38				3

Est. Body Weight in KG: 0

Broselow / Luten Color: [Not Applicable]

Treatment

Time	Treatment Given	Details	Medic	Assistant
09/18/14 14:55:00	CPR MANUAL		37040	
09/18/14 14:56:00	AIRWAY-BAGGED		37040	
09/18/14 14:56:00	OXYGEN (REQ. CONT.)	Route:Inhalation—Dose:15—Dose Units:L/MIN—Response:Improved—Complication:None	37040	
09/18/14 14:59:00	CARDIAC MONITOR (REQ CONT)		29618	

09/18/14 15:00:16	DEFIBRILLATION-MANUAL	Arrest To Defib:[Not Known]—Defib Energy:259(Joules)—Defib Post Rhythm:Sinus Arrhythmia—Defib Pre Rhythm:Ventricular Fibrillation	29618
09/18/14 15:04:00	AIRWAY-SUCTIONING		29618
09/18/14 15:05:00	CPR MANUAL		29618
09/18/14 15:06:00	IV EXTREMITY	Iv Site:Antecubital-Left—Fluid:NS—Guage:16—Rate:Bolus—Tube Size:10	37040
09/18/14 15:06:00	BLOOD DRAW-VENOUS		37040
09/18/14 15:07:00	BLOOD GLUCOSE ANALYSIS		41439
09/18/14 15:07:00	DEFIBRILLATION-MANUAL	Arrest To Defib:< 2 min—Defib Energy:257(Joules)—Defib Post Rhythm:Sinus Arrhythmia—Defib Pre Rhythm:Ventricular Fibrillation	29618
09/18/14 15:08:00	CAPNOGRAPHY		29618
09/18/14 15:08:00	AIRWAY-OROTRACHEAL INTUBATION	Tube Size:8.5(mm)—Secured At:25(cm)—Secured With:Other—Breath Sounds Left:Rales—Right:Rales—CO2:22	37040
09/18/14 15:08:00	NORMAL SALINE	Route:Intravenous—Dose:500—Dose Units:ML—Response:Unchanged—Complication:None	41439
09/18/14 15:10:00	VECURONIUM (NORCURON)	Route:Intravenous—Dose:10—Dose Units:MG—Response:—Complication:None	29618
09/18/14 15:10:00	AIRWAY-SUCTIONING		37040
09/18/14 15:12:00	MIDAZOLAM (VERSED)	Route:Intravenous—Dose:5—Dose Units:MG—Response:—Complication:None	29618
09/18/14 15:13:00	FENTANYL (SUBLIMAZE)	Route:Intravenous—Dose:100—Dose Units:MCG—Response:—Complication:None	29618
09/18/14 15:19:00	CODE 37		29618
09/18/14 15:19:00	12 LEAD		37040
09/18/14 15:23:00	12 LEAD		29618

Outcome / Disposition**Destination**

Destination Type:	Hospital	Referring Physician:	
Reason:	Closest Facility (none below)	Department:	ED
Destination Name:	COOKEVILLE REGIONAL MEDICAL CENTER	Facility ID:	0095
Address:	1 MEDICAL CENTER BLVD		
City:	Cookeville		
State:	TN	Zip:	38501

Patients Condition Upon Arrival At Destination: Improved

Disposition

Patient Disposition:	Treated, Transported by EMS	Received By:	HEIDI ROBERTS RN
Transport Mode from Scene:	Lights and Sirens	ED Disposition:	[Not Applicable]
Transported to Ambulance:	Stretcher	Hospital Disposition:	[Not Applicable]

Position During Transport: Supine
Transported from Ambulance: Stretcher

Given To

Patients Valuables:

Hospital Room #: 227

Protective Equipment Used: [Not Applicable]

Suspected Contact With Body Fluids:

Type: [Not Applicable]

Narrative

RESPONDED: IMMEDIATE

THE PATIENT WAS MOVED TO THE COT BY: LIFTED X4 PEOPLE USING BLANKET

CHIEF/SECONDARY COMPLAINT: CARDIAC ARREST,

ADDITIONAL SIGNS, SYMPTOMS, COMPLAINTS: STEMI

PRESENT HISTORY: PT IS AN EMPLOYEE OF LOWES. PER BYSTANDERS PT WAS FOUND LYING IN ISLE 12 UNRESPONSIVE. EVENT UNWITNESSED. BYSTANDERS CALLED 911 TO REPORT PT HAD "SUGAR" PROBLEMS AND STARTED CPR. CFD ON SCENE PTA EMS. CONTINUED MANUAL COMPRESSIONS AND VENTILATION.

PAST MEDICAL HISTORY: , EGOTTFRIED (09/18/2014 17:39:46): "SUGAR"

TREATMENTS: OXYGEN (REQ. CONT.), NORMAL SALINE, VECURONIUM (NORCURON), MIDAZOLAM (VERSED), FENTANYL (SUBLIMAZE). CPR MANUAL, AIRWAY-BAGGED, CARDIAC MONITOR (REQ CONT), DEFIBRILLATION-MANUAL, AIRWAY-SUCTIONING, CPR MANUAL, BLOOD DRAW-VENOUS, IV EXTREMITY, BLOOD GLUCOSE ANALYSIS, DEFIBRILLATION-MANUAL, AIRWAY-OROTRACHEAL INTUBATION, CAPNOGRAPHY, AIRWAY-SUCTIONING, CODE 37, 12 LEAD, 12 LEAD.

PRIMARY CAREGIVER: EMT-PARAMEDIC, 37040, MATT BATHKE SERVED AS THIRD PATIENT CAREGIVER

EMT-INTERMEDIATE, 41439, DAVID THOMPSON SERVED AS SECONDARY PATIENT CAREGIVER

EMT-PARAMEDIC, 29618, ESTHER GOTTFRIED SERVED AS PRIMARY PATIENT CAREGIVER

NARRATIVE:

C. UNRESPONSIVE, PULSELESS

H. PT IS AN EMPLOYEE OF LOWES. PER BYSTANDERS PT WAS FOUND LYING IN ISLE 12 UNRESPONSIVE. EVENT UNWITNESSED. BYSTANDERS CALLED 911 TO REPORT PT HAD "SUGAR" PROBLEMS AND STARTED CPR. CFD ON SCENE PTA EMS. CONTINUED MANUAL COMPRESSIONS AND VENTILATION.

A. PALE CYANOTIC COOL CLAMMY ADULT MALE LYING SUPINE ON FLOOR. UNRESPONSIVE. WATER ON FLOOR NEAR PATIENT. PEARL 3MM. PULSELESS. V-FIB ON MONITOR. OCCASIONAL IRREGULAR GASPING BREATH WITHOUT ADEQUATE AIR MOVEMENT. QUICK ASSESSMENT OF HEAD DID NOT SHOW OBVIOUS TRAUMA. NO ASSESSMENT OF BACK OR LEGS DUE TO CPR. ABD SOFT AND NON DISTENDED. PANTS WET AND SMELL OF URINE NOTED.

TIME: 09/18/2014 14:59:00 B/P: /, PULSE: , RESPIRATIONS: , SPO2: , TEMP: TYMPANIC, BLOOD GLUCOSE: , GCS SCORE 3, PAIN SCALE , EKG RHYTHM VENTRICULAR FIBRILLATION. TIME: 09/18/2014 15:06:00 B/P: 138/104, PULSE: 200, RESPIRATIONS: 12, SPO2: 100, TEMP: 97.4 TYMPANIC, BLOOD GLUCOSE: 185, GCS SCORE 3, PAIN SCALE , EKG RHYTHM VENTRICULAR TACHYCARDIA, ARTIFACT, SINUS TACHYCARDIA. TIME: 09/18/2014 15:17:00 B/P: 150/82, PULSE: 100, RESPIRATIONS: 8, SPO2: 100, TEMP: ORAL, BLOOD GLUCOSE: , GCS SCORE 3, PAIN SCALE , EKG RHYTHM SINUS ARRHYTHMIA. TIME: 09/18/2014 15:21:00 B/P: 126/90, PULSE: 98, RESPIRATIONS: 6, SPO2: 100, TEMP: ORAL, BLOOD GLUCOSE: , GCS SCORE 3, PAIN SCALE , EKG RHYTHM SINUS ARRHYTHMIA. TIME: 09/18/2014 15:26:00 B/P: 130/90, PULSE: 100, RESPIRATIONS: 10, SPO2: 100, TEMP: ORAL, BLOOD GLUCOSE: , GCS SCORE 3, PAIN SCALE , EKG RHYTHM SINUS ARRHYTHMIA

R. CONTINUED CPR. CUT SHIRT OFF. PLACED ON CARDIAC MONITOR VIA COMBO PADS. V-FIB NOTED. DEFIB. CONTINUED CPR. WEAK PULSE NOTED. CONTINUED VENTILATIONS WITH BVM. NO ORAL AIRWAY DUE TO GAG REFLEX. NO NASAL AIRWAY DUE TO MISPLACED KY JELLY BETWEEN AMBULANCE AND PATIENT. GOOD CHEST RISE WITH BVM ATTACHED TO SUPPLEMENTAL O2. O2 SAT 100% WITH ASSISTED VENTILATIONS. ABD REMAINED SOFT AND NON DISTENDED. PULSE BECAME STRONGER. RAPID SINUS RHYTHM NOTED ON MONITOR. LIFTED TO STRETCHER VIA BLANKET AND SECURED WITH RAILS UP X2, STRAPS X3. (PATIENT LAID ON TOP THE AUTO PULSE IN CASE BUT BAND NOT PLACED.) TO AMBULANCE. PULSE REPEATEDLY ASSESSED WHILE GETTING TO AMBULANCE. (IT WAS A SEVERAL MINUTE WALK AWAY) ON ARRIVAL CONTINUED ASSESSMENT. O2 SAT REMAINED 100% WITH BVM ASSISTED VENTILATION. WHILE IV (16G IN LAC) WAS BEING ACCESSED NOTED PT BACK IN POLYMORPHIC V-TACH/V-FIB. BEGAN CPR WHILE MONITOR WAS CHARGING AND RESPONDERS COULD SECURE LINE AND LET GO OF PATIENT CONTACT. DEFIB. CONTINUED CPR. DREW UP AMIODARONE AND PREPARED EPI. (DID NOT GIVE AS PATIENT DID NOT HAVE ANYMORE EPISODES OF V-TACH/V-FIB) STRONG PULSE NOTED. SINUS RHYTHM. ST DEPRESSION ON 3 LEAD. BLOOD DRAW. GLUCOSE CHECK. INTUBATED WITH 8.5 ET TUBE. EDD. 25 CM AT THE LIP. SECURED WITH THOMAS TUBE HOLDER. FOGGING IN THE TUBE. BILATERAL BREATH SOUNDS. NEGATIVE ABD SOUNDS. CO2 AS NOTED. PT BEGAN TO GAG AND COUGH AGAINST TUBE. (NO OTHER MOVEMENT OR SIGNS OF IMPROVING NEUROLOGIC

STATUS NOTED) CONCERNED ABOUT POSSIBLE LOSS OF ET TUBE. 10MG NORCURON IVP. SPONTANEOUS BREATHING AND GAGGING STOPPED. 5 MG VERSED IVP. 100 MCG FENTANYL.

T. EMERGENCY TRANSPORT TO CRMC. GAVE EARLY NOTIFICATION OF ROSC. MONITORED DURING TRANSPORT. 12 LEAD. (REMOVED DEFIB PADS TO PLACE 12 LEAD PADS AND PLACED DEFIB PADS NEXT TO PATIENT IN CASE THEY WERE NEEDED AGAIN.) STEMI NOTED. CONTACTED ED AND ADVISED OF CODE 37. AFTER FENTANYL PUPILS WERE PINPOINT. WET BREATH SOUNDS NOTED. DECREASED FLUID BOLUS. SUCTIONED ET TUBE WITH 16 FRENCH SUCTION CATHETER. <20 ML CLEAR FLUID REMOVED. LUNG SOUNDS IMPROVED. ADJUSTED VENTILATION RATE TO CO2. VENTILATIONS APPEARED SLOW BUT O2 SAT REMAINED AT 100% AND ONCE NORMAL CO2 RANGE WAS REACHED IT REMAINED THERE. REPEATED 12 LEAD. ON ARRIVAL LIFTED TO BED 227 X4 PEOPLE USING BLANKET. REPORTED TO STAFF AND TRANSFERRED CARE TO NURSING STAFF. AFTER ARRIVAL AT ED PT FAMILY ARRIVED AND REPORTED PT DOES NOT TAKE ANY MEDS AND IS ALLERGIC TO BEE STINGS. STATED PT HAS C/O "HEARTBURN" TODAY. EG

Completed By: egottfried

Signatures

CREW

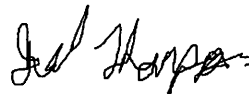
CREW



Esther Gottfried 29618 EMT-Paramedic

Primary Care Giver

9/18/2014



DAVID THOMPSON 41439 EMT-Intermediate

Secondary Care Giver

9/18/2014

TREND SUMMARY REPORT

Name:

ID: Patient 2142

Patient Mode: Adult

Start Time:

09/18/2014 14:59:48

Total Trend Events: 12

Dept: PUTNAM EMS

Unit: MEDIC 3

S/N: AR12I001805

SW: 02.09.06.00

TIME 24HR	HR/PR BPM	SpO2 %	SpCO %	NIBP mmHg	BR/RR Br/M	EtCO2 mmHg	FiCO2 mmHg
15:35	???	???	???	OFF	???	???	???
15:30	99	100	8	OFF	9	38	0
15:26	100	???	???	130/90(105)	9	33	0
15:25	101	99	6	OFF	???	???	???
15:21	98	100	6	125/89(101)	7	39	0
15:20	100	100	6	OFF	8	35	0
15:17	97	100	5	149/82(105)	8	36	0
15:15	87	99	9	OFF	8	30	0
15:10	128	97	3	OFF	???	OFF	OFF
15:06	199	99	1	138/104(115)	???	OFF	OFF
15:05	209	???	???	OFF	???	OFF	OFF
15:00	138	???	???	OFF	???	OFF	OFF

TREATMENT SUMMARY REPORT**Name:****ID: Patient 2142****Patient Mode: Adult****Start Time: 09/18/2014 14:59:48****Last Event: 09/18/2014 15:26:13****Elapsed Time: 00:38:14****# Events: 19****Total Shocks: 2****Total Pace Time: 00:00:00****Total 12 Leads: 2****Dept: PUTNAM EMS****Unit: MEDIC 3****S/N: AR121001805****SW: 02.09.06.00****14:59:48****14:59:48****14:59:48****14:59:48****14:59:56****15:00:10****15:00:15****15:00:16****15:06:06****15:06:07****15:07:03****15:07:09****15:07:15****15:07:33****15:17:37****15:19:19****15:21:18****15:23:44****New Case ID****System On****Patient Mode Adult****Some Alarm Limits Disabled****Self Test Passed****Defib Charging****Defib Charged****Shock 1 Sel 200J Del 259J TTl 103 ohms****NIBP Reading: 138/104(115) mmHg****SpO2 Low Perfusion****SpO2 Low Perfusion****Defib Charging****Defib Charged****Shock 2 Sel 200J Del 257J TTl 95 ohms****NIBP Reading: 149/82(105) mmHg****12 Lead Snapshot Acquired****NIBP Reading: 125/89(101) mmHg****12 Lead Snapshot Acquired****15:26:13****NIBP Reading: 130/90(105) mmHg**

Analysis Results

HR: 99 bpm
PR Interval: 143 ms
QRS Duration: 122 ms
QT Interval: 392 ms
QTc: 505 ms
P Axis: 48 °
QRS Axis: 82 °
T Axis: 85 °

1.0 cm/mV
25 mm/s

1519

I



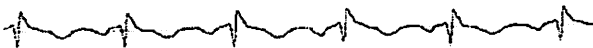
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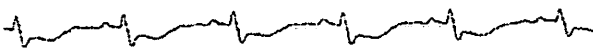
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aVR

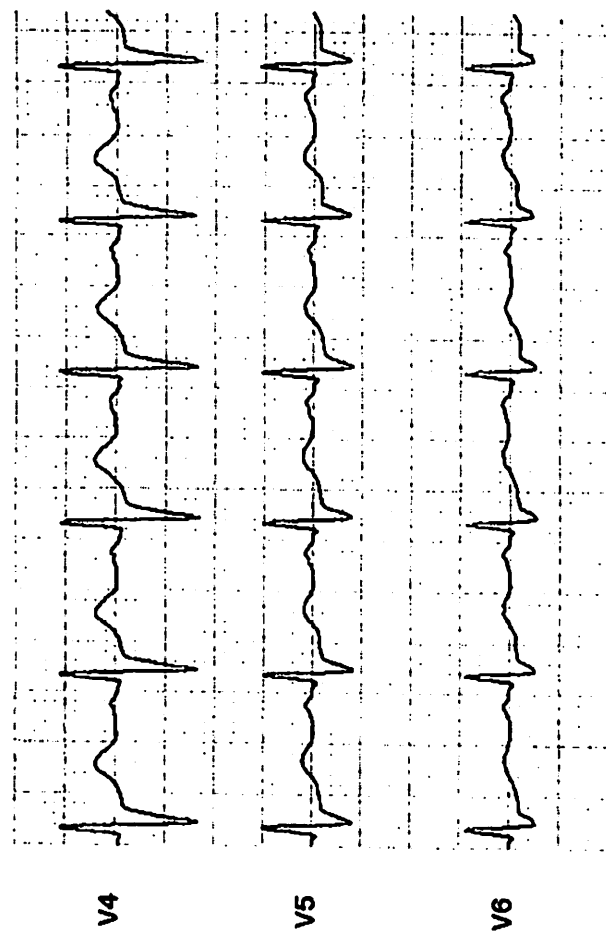
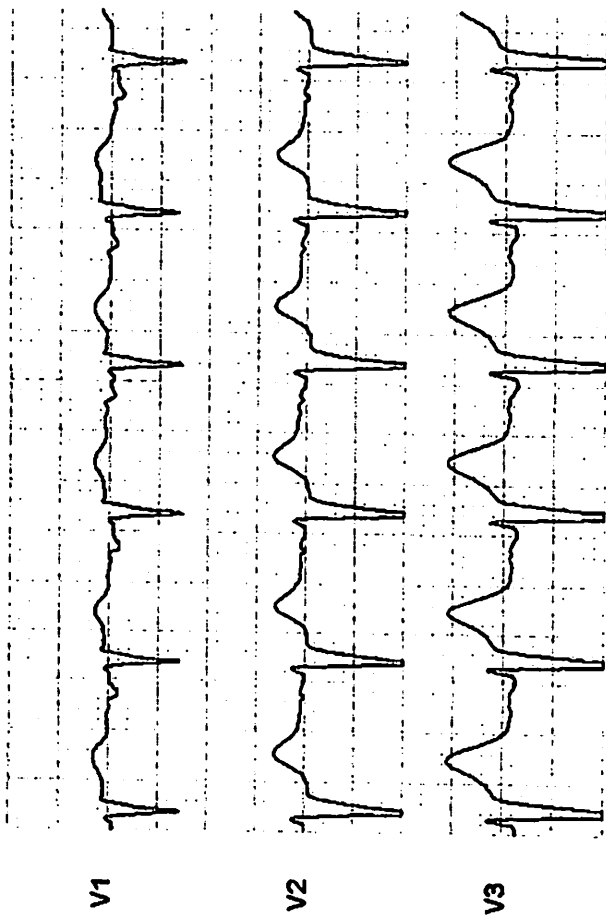


aVL



aVF



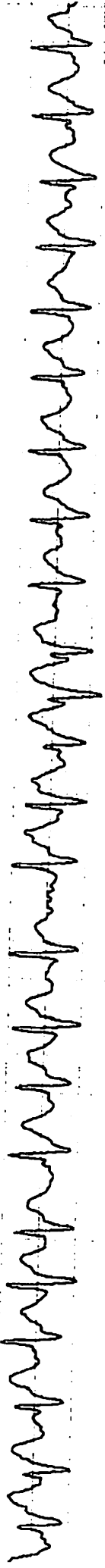


U: Patient 2142 09/18/2014 15:06:23 HR = 201bpm RR = 22br/min SpO2 = 100% SpCO = 1% NIBP = 138/104(115)mmHg 09/18/2014 15:06:06

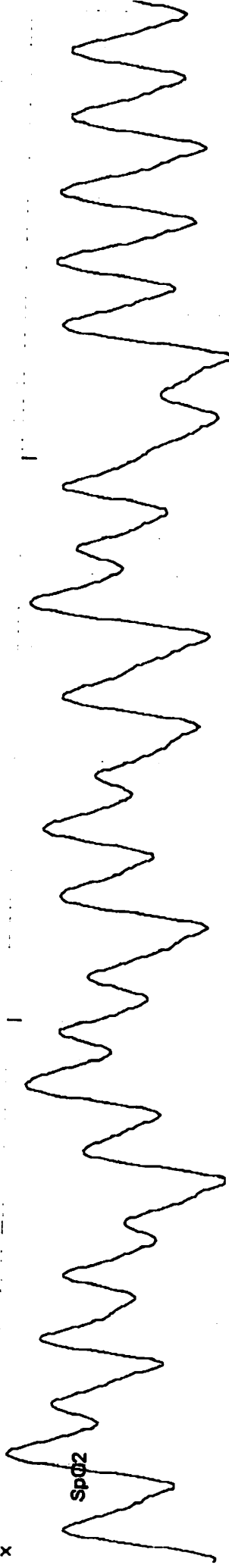
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limited

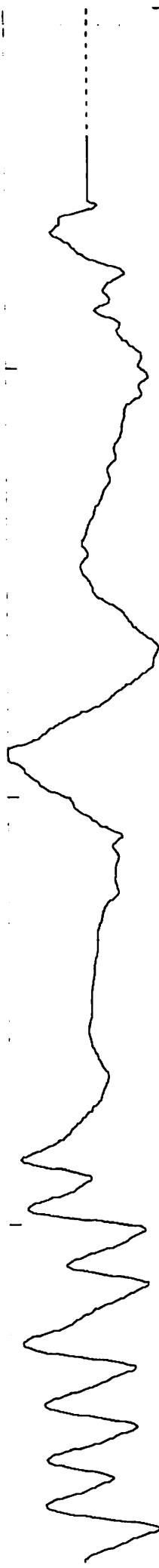
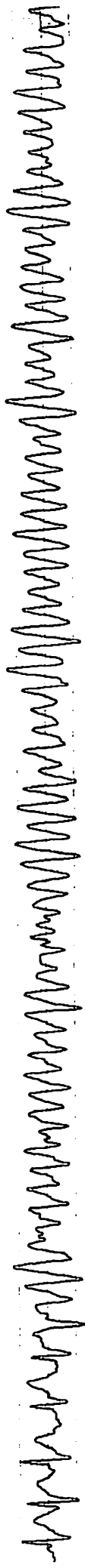
1.0 cm/mV



x



ID: Patient 2142 09/18/2014 15:06:47 HR = 188bpm RR = 22br/min SpO2 = 100% SpCO = 0% NIBP = 138/104/115mmHg 09/18/2014 15:06:08

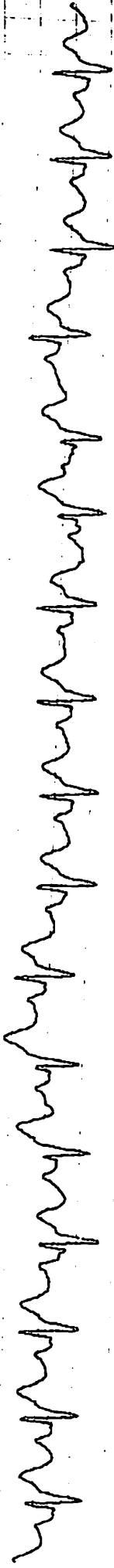


09/18/2014 15:07:50 HR = 118bpm RR = ???br/min SpO2 = ???% SpCO = ???% NIBP = 138/104(115)mmHg 09/18/2014 15:06:06

Pads

Limited

1.0 cm/mV

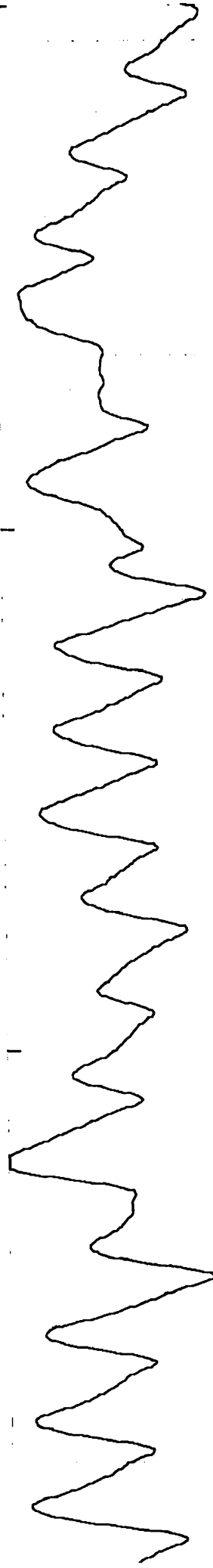
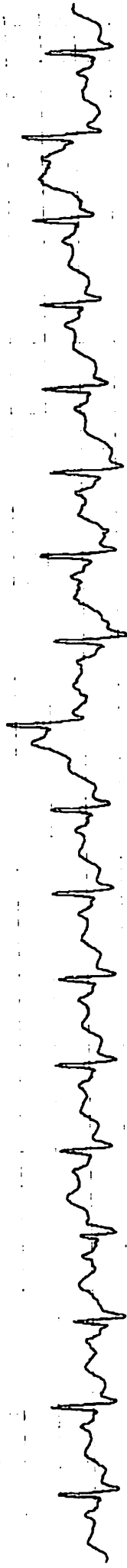


1 x

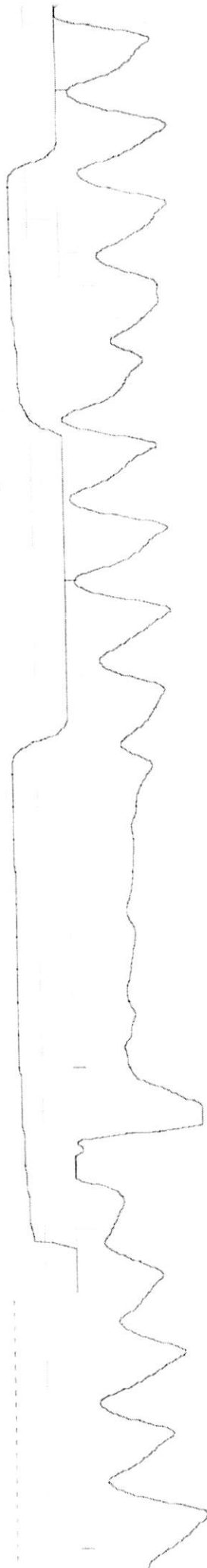
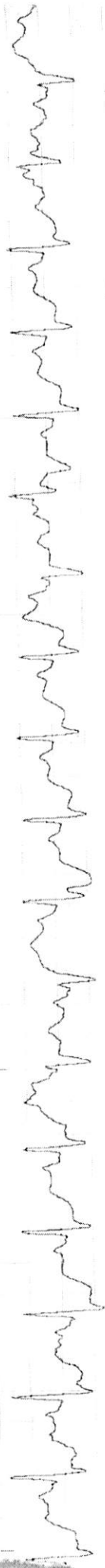
SpO2

NR=00 Hz

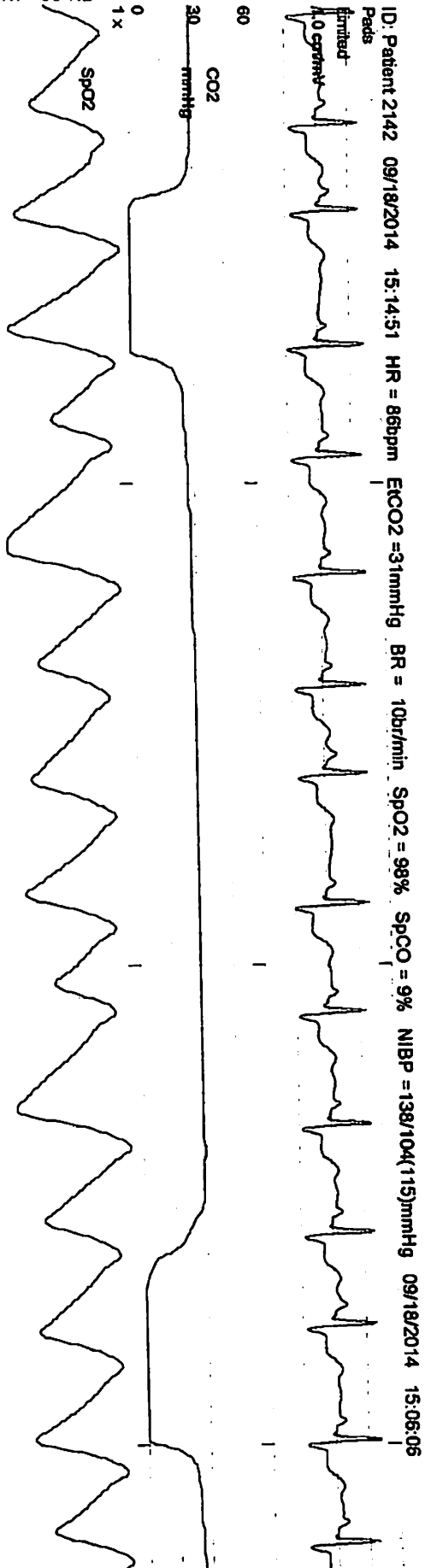
ID: Patient 2142 09/18/2014 15:09:47 HR = 125bpm RR = ??br/min SpO2 = 98% SpCO = 3% NIBP = 138/104(115)mmHg 09/18/2014 15:06:06



ID: Patient 2142 09/18/2014 15:11:27 HR = 120bpm EtCO2 = 28mmHg BR = --br/min SpO2 = 97% NIBP = 138/104(115)mmHg 09/18/2014 15:06:06



Patient Mode: Adult
CONTINUOUS
25 mm/s
NF=60 Hz



ID: Patient 2142 09/18/2014 15:17:49 HR = 99bpm EtCO2 = 36mmHg BR = 8br/min SpO2 = 100% SpCO = 5% NIBP = 149/82(105)mmHg 09/18/2014 15:17:37

Monitor

4.0 L/min

60

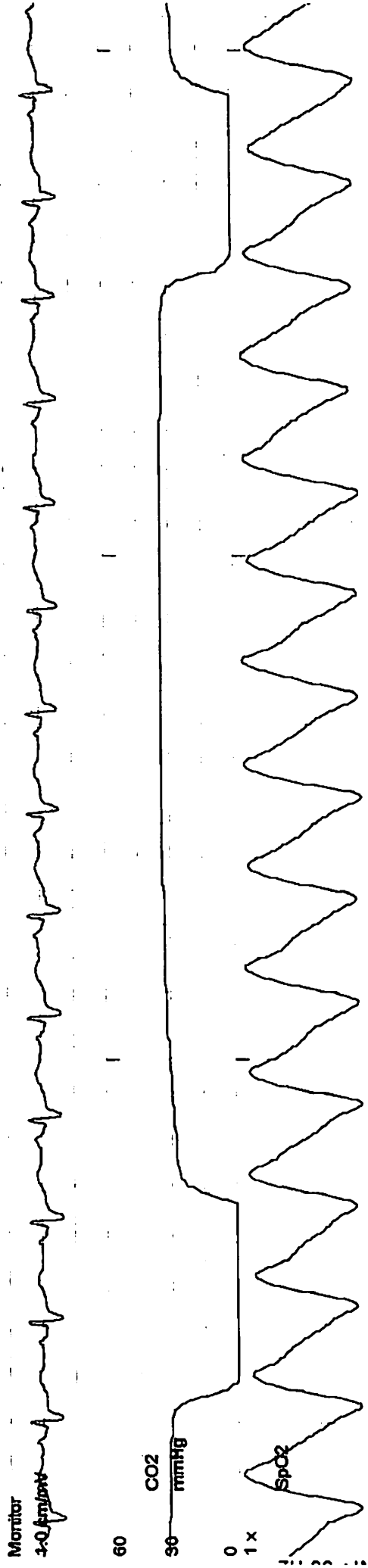
CO2
mmHg

30

0

1 x

SpO2



Run Number		Name: Last, F, M:		Date: ____/____/____
------------	--	-------------------	--	----------------------

Detailed reason why patient can't sign: ☒ Unconscious ☐ Death ☐ Scene flight

Sign:	X Michael Russell (Son)	Date: 9/18/14
Print	X Michael Russell	
Received Sign	X Sheburtsh	
Received Print	X H Roberts RN	

☐ Responded Immediately ☐ Routine response ☐ Scheduled response

I have received a copy of the Notice of Privacy Practices

Witness with agency/relation**Notes Continued:**

1037
"diabetic"

Eiland

Putnam County Emergency Medical Service
Short Patient Care Report
931-528-1555

Revised 7/11/14

Run Number	15-03346	Name: Last, F, M:	Russel, Glen	Date:	9/18/14
Unit Number	703	Call Location:	510 Neal St I-12	Age	55
Approximate Call Received		Transport to:	CRMC ED 227	Room:	D.O.B
Approximate Transport		Arrive to patient / First Contact:		Race	<input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> H <input type="checkbox"/> O
Approximate Arrival		12 Lead acquired:		Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female

Past History	"Sugar"
Medication	Unknown
Allergies	Unknown

Time	M/A	B/P	Pulse Rate	Pulse Desc.	Resp	EKG	Sa O2 %	O2 L	ETCO2	BG Mg/dl	Temp °F	CO	GCS	Pain * of 10
		/								185	97.4		3	

Device	Time	Provider	Size	Attempts	Success?	Bilat B.S.	Absent Gastric Sound	Chest Rise?	Direct Visual	ET CO2	Fogging	Syringe re-inflate	C M
ET/NT/Surg/Esoph	1508	MB	8.5	1	Yes	Y	Y	Y	Y	Y	Y	Y	25

LV	Time	Fluid	Size	Site	Attempts	Rate/Flush	ID	Total cc	Successful	Unsuccessful
IV/NSL/IO	1506	NS	16g	LAC	1	Bolus	MB	500	✓	

Time	Medication	Mix	Dose	Route	Site	Volume	Pump	ID	Order	Assess	Pain * of 10
1510	Norexum	10mg/10ml	10mg	I/V	LAC	10ml	0	ED			
1512	Versed	5mg/1ml	5mg	I/V	LAC	1ml	0	ED			
1513	Fentanyl	50mcg/ml	100mcg	I/V	LAC	2ml	0	ED			

☒ EKG; ☒ 12 lead; ☐ Transmitted 12 lead to: _____ Successful ☐ Unsuccessful ☐ TSI; Splint/bandage: _____
 Airway/Breathing: ☒ O2 15 LPM by ☐ NC ☐ NRB Simple ☐ Nebulizer ☒ BVM ☐ ventilate at _____ bpm tidal vol _____ cc ☐ OA ☐ NA
☐ CPAP (Oxygen 65% 100%) Pressure _____ cm/H2O

**AIRWAY:	<input type="checkbox"/> Patent <input type="checkbox"/> Self-maint <input type="checkbox"/> Compromised <input type="checkbox"/> OA <input type="checkbox"/> NA <input type="checkbox"/> OETT <input type="checkbox"/> NETT <input type="checkbox"/> Trach <input type="checkbox"/> Esophageal A/W <input type="checkbox"/> Manual C-Spine control by _____ <input type="checkbox"/> Gag reflex <input type="checkbox"/> yes <input type="checkbox"/> no; <input type="checkbox"/> Blink reflex <input type="checkbox"/> yes <input type="checkbox"/> no; <input type="checkbox"/> blood <input type="checkbox"/> secretions <input type="checkbox"/> vomit;
**BREATHING:	<input type="checkbox"/> WNL <input type="checkbox"/> Non labored <input type="checkbox"/> Labored <input type="checkbox"/> Resp distress <input type="checkbox"/> Tachypnea <input type="checkbox"/> Bradypnea <input type="checkbox"/> Hypervent <input type="checkbox"/> Apnea <input type="checkbox"/> Shallow <input type="checkbox"/> Kussmaul <input type="checkbox"/> C-S <input type="checkbox"/> No C/O <input type="checkbox"/> Stridor <input type="checkbox"/> Snoring <input checked="" type="checkbox"/> Agonal gaspings
**CIRCULATION	<input type="checkbox"/> WNL <input type="checkbox"/> Compromised Carotid R _____ L _____ Radial R _____ L _____ Pedal R _____ L _____ { Doppler assessment pulse; <input type="checkbox"/> Symptomatic <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Low B/P <input type="checkbox"/> High B/P { Pulse <input type="checkbox"/> Thready <input type="checkbox"/> Bounding; { Cap refill _____ sec; { Estimated total blood loss _____ cc Location: _____
SKIN	<input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Ashen <input type="checkbox"/> Jaundiced <input type="checkbox"/> Cyanotic <input type="checkbox"/> Mottled; { Warm <input type="checkbox"/> Hot <input type="checkbox"/> Cool; { Dry <input type="checkbox"/> Moist <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Clammy; <input type="checkbox"/> No C/O { Skin turgor _____ seconds;
NEURO	<input type="checkbox"/> Awake <input type="checkbox"/> Responds to verbal <input type="checkbox"/> Responds to pain <input type="checkbox"/> Unresponsive { Oriented <input checked="" type="checkbox"/> X-4 time _____ person _____ place _____ events _____ disoriented; <input type="checkbox"/> No C/O (Eyes <input type="checkbox"/> 4 spontaneous <input type="checkbox"/> 3 to command <input type="checkbox"/> 2 to pain <input type="checkbox"/> 1 none) (Speech <input type="checkbox"/> 5 oriented <input type="checkbox"/> 4 confused <input type="checkbox"/> 3 inappropriate <input type="checkbox"/> 2 garbled <input type="checkbox"/> 1 none) (Movement <input type="checkbox"/> 6 obeys command <input type="checkbox"/> 5 localizes pain <input type="checkbox"/> 4 withdraws <input type="checkbox"/> 3 decorticate <input type="checkbox"/> 2 decerebrate <input type="checkbox"/> 1 none) Glasgow total: _____

Narcotic Waste:
 Drug: ☐ Fentanyl ☐ Versed ☐ MSO4 Used: _____ Waste: _____ Drug: ☐ Fentanyl ☐ Versed ☐ MSO4 Used: _____ Waste: _____
 Drug: _____ Used: _____ Waste: _____ Drug: _____ Used: _____ Waste: _____
 Sign/Print: _____ Sign/Print: _____

I acknowledge granting/denying verbal/written orders for this patient:
☐ MD ☐ DO ☐ NP/APN ☐ PA _____ LICENSE# _____ Date: _____/_____/_____
 Primary Caregiver: ☐ EMT-IV/AEMT ☒ EMT-P ☐ CCEMT-P **Ethan Hottel** LICENSE # **29618** Date: **9/18/14**

Please attach copy of EKG to this form and leave at receiving facility. Scan this form into ePCR as attachment

Effective Start Date: 01/01/1960

Auth Exception:

Delay Reason:

Referral Number:

Return to work:

Reimbursement Info

Type:

Method:

Expected Amt:

Actual Amt:

Effective End Date:

COB Indicator: N

Release Information: Y

Medicare Supp Cd:

Benefits Assigned: Y

Deductible Amt:

Non-Covered Amt:

Co-Pay Amt:

Co-Pay Type:

Patient Information

Name: RUSSEL, GLEN
Address (Primary): 98 VIRGINIA ST
ALGOOD, TN 38506 USA
SSN: 000-00-0000
Phone:
DOB: 04/27/1959
Marital Status: UNKNOWN
Special Needs:

Sex: Male
Race: CAUCASIAN
Religion:
Language: ENGLISH
Nationality:
Opt Out: N

Visit Detail

Facility: COOKEVILLE REGIONAL MEDICAL CENTER
Visit ID: 1500089151
MRN: 000506669
Medical Service: CORONARY CARE UNIT
Location: 3 EAST 338-A
LOS: I
Occurrence:
Chief Complaint: Code
Diagnosis:

Admit Date: 09/18/2014 15:36
Type of Admit: EMERGENCY
Discharge Date:
Discharge Status:
Patient Type: OUTPATIENT
Source of Admit: *SELF REFERRAL
Occurrence Date:

Caregivers

Caregiver Name	Role
NO, PCP	Primary Care Physician
SPENCER, JOSHUA A.	Admitting
SPENCER, JOSHUA A.	Attending
BAKER, JERI L.	Ordering
SPENCER, JOSHUA A.	Ordering
HENSON, DAVID J.	Consulting

372-74-6325

Primary Guarantor Info

Name: RUSSEL, GLEN
Address (Primary): 98 VIRGINIA ST
ALGOOD, TN 38506 USA
Phone (Primary):

Payer InfoPayer Plan

Priority: Primary
Plan Desc: SELF PAY
Plan ID: 001011
Sign on File: Y

Verified: N
Claim Filing: Medical Insurance
Accept Assign: Y
EOB: N

Insurance Company

Name: SELF PAY
Address: 1 MEDICAL CENTER BLVD
COOKEVILLE, TN 38501 US

Phone:

Policy Info

Certificate: 000000000
Group No:
Group Name:

Coverage:
Qual. for Pat ID No:
Treat Auth Number:

Policy Holder

Name: RUSSEL, GLEN
Address: 98 VIRGINIA ST
ALGOOD, TN 38506 USA
Phone:
Relation to Insured: Self

SSN: 000-00-0000
DOB: 04/27/1959
Sex: Male

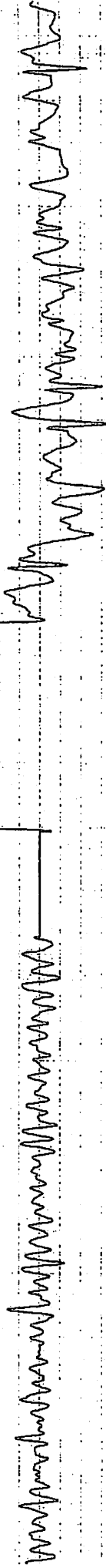
Employer Info


Name:
Address:

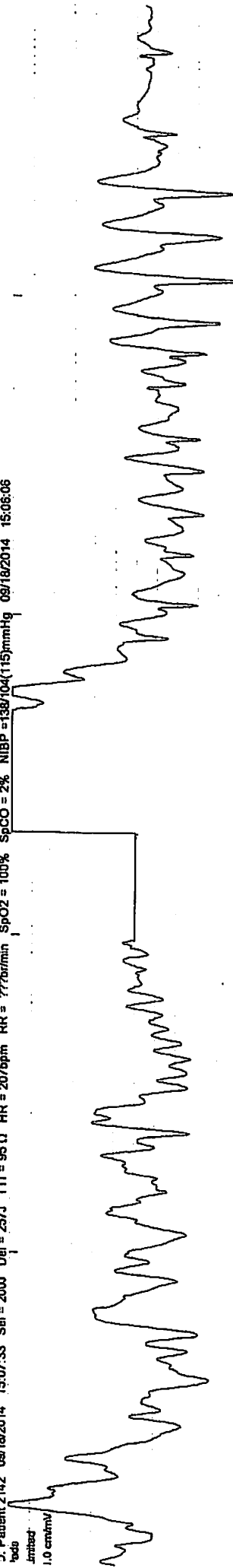
Status: UNEMPLOYED
Phone:

Extra Policy Info

Patient 2142 09/12/2014 15:00:16 .Sel = 200J Del = 255J TTI = 103.0 HR = 285bpm RR = 777b/min SpO2 = 777% SpCO = 777%
1.0 cm/mV



J: Patient 2142 09/18/2014 15:07:33 Sel = 200J Del = 257J TTI = 95 Q HR = 207bpm RR = 22b/min SpO2 = 100% SpCO = 2% NIBP = 138/104(115)mmHg 09/18/2014 15:06:06




3

atient 2142 09/18/2014 15:00:46 HR = 93bpm RR = ???br/min SpO2 = ???% SpCO = ???%

d

n/mV

