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NOTES/COMMENTS:

- URGENT - FOR REVIEW - PLEASE COMMENT - PLEASE REPLY - PLEASE RECYCLE

RE: PHONE NUMBER:

PHONE NUMBER: RETURN FAX NUMBER:

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615-343-1145 2/9/2015

COMPANY:

Star Of Life Liz Reeves

TO: FROM:

FACSIMILE TRANSMITTAL SHEET

VANDERBILT LIFEFLIGHT



| | | |
|--|--|----------------------------------|
| PRID:29575330 | Flight Number:1404-00420 | Account Number:624280654101 |
| Service:Vanderbilt LifeFlight | Date:April 11, 2014 | Flight Plan:VFR |
| Base:01 - Lebanon | Team:Critical Care | Crew 1:Dreaddy, Sheldon Nurse |
| Unit:N101VU | Crew 2:Reatherford, Grant EMT-P | Crew 3:Patton, Peter (Pilot) |
| Type of Svc:Interfacility Unscheduled | Mode to Rec:No Lights/Sirens | |
| Mode to Ref:No Lights/Sirens | | |
| Outcome:Treated, Transported and Transferred Care | | |
| Ref Name:Wilson- Lebanon E M S (E M A) | Receiving:Hospital | |
| Location:563 Hicks Hollow Road, Lebanon, TN 37087 | Vanderbilt Children's Hospital Emergency Department 1161 21st Avenue S. Nashville, TN 37212 | |
| Ref. Zip:37087 | Rec. MD:Sheila McMorrow | |
| Ref County:Wilson | | |

Medical Record Number: 36988798

Last Name: BALRAM First: STAT
ST:TN

DOB:

Age: 2y Sex: F Weight: 12 kg

Height:

Subscriber: No

| |
|---------------------------|
| Dispatch: 08:59 |
| EnRoute: 09:09 |
| At Ref: 09:16 |
| At Patient: 09:19 |
| Leave w/ Pt: 09:36 |
| Leave Ref: 09:40 |
| At Rec: 09:58 |
| Transfer Care Dest: 10:03 |
| Available: 10:44 |
| Max Alt: 2000 |

Patient Belongings: None taken from the scene and none removed during the transport.

Near Drowning

Duration: 30 Minutes

2 year old female pt is reported to have been found face down in the family's backyard swimming pool. Pt was removed from the pool by her mother, CPR was initiated and EMS was called. EMS reports that they had an approx 10-15 min response time to the residence and when they arrived the child was profoundly hypothermic, was unresponsive and had a palpable pulse. VS were not available during the initial EMS report.

| | | |
|----------------------|----------------------|----------------------|
| Mental Present: None | Mental Present: None | Mental Present: None |
|----------------------|----------------------|----------------------|

Level of Consciousness: Unresponsive Loss of Consciousness: No

Chemically Paralyzed: No

Mental Present: Non-Responsive

| E | V | M | Tot |
|--------|---|---|-----|
| Int: 1 | 1 | 1 | = 3 |
| 5 | | | |

| | Left | Right |
|--------|-----------|-----------|
| Size: | 6mm | 6mm |
| React: | Non-React | Non-React |
| React: | | |

Status: Secured / Intubated Effort: Absent
 Secured via: Endotracheal Sounds: L: Coarse R: Coarse
 Tube Size: 3.5 mm , 10 cm depth Oxygen: 15 lpm via BVETT Performed By: EMS Provider
 Outcome: Unchanged

JVD: Not Appreciated Cap. Refill: Less than 2 Seconds
 Edema: Not Appreciated

| | Left | Right |
|----------|------|-------|
| Carotid: | | |
| Radial: | | |
| Femoral: | Weak | |

Reason for Encounter: Injury/Trauma

Assessment
 Head Findings: Unremarkable
 Neck Findings: Unremarkable
 Chest Findings: Unremarkable
 Abdominal Appearance: Unremarkable
 Abdominal Palpation: Soft,
 Abdominal Bowel Sounds: Present
 Pelvis Findings: Intact
 Back Findings: Unremarkable
 Extremity Findings: No mvmt.
 Skin Findings: Warm and dry

| Before | During | Before | During | AWI (AWI) | AWI (AWI) | Solution | Rate | Completed By |
|-------------|--------|-------------|--------|-----------|-----------|----------|-------|--------------|
| CRYS: 0 mL | 240 mL | EBL: 0 mL | 0 mL | 1 | 15 | Right | Tibia | EMS Provider |
| COLL: 0 mL | 0 mL | UO: 0 mL | 0 mL | | | | | |
| OTHER: 0 mL | 0 mL | OTHER: 0 mL | 0 mL | | | | | |

| AWI | AWI / Other | Medication | Concentration | Rate | AWI (AWI) | Completed By |
|-----|--------------|------------|---------------|------|--------------|--------------|
| PTA | Intraosseous | Versed | | 5mg | EMS Provider | |

| TIME | H.R. | B.P. | Method | MAP | SpO2 | ETCO2 | RES | Effort | RHYTHM | Altitude/Location | Cabin Temp | GCS | ACTION | Comments |
|-------|------|------|--------|-----|------|-------|-----|--------|---------------------|-------------------|------------|-------|--------|---|
| 09:20 | 67 | | | | 88 | | 24 | Absent | Normal Sinus Rhythm | | | 1/1/1 | Med.: | Arrived in the EMS unit, pt had been intubated prior to LF arrival by the EMS crew. Pt had very coarse bilateral breath sounds to auscultation, easy cap to ET tube shows + color change, pt has a weak |

| | | | | | | | | | | |
|-------|----|--|--|--|--|----------|--|--|--|--|
| | | | | | | | | | | on the LF transport stretcher. Fluid bolus continued, chest compression continued. Atropine, 0.24 MG via IO given by Grant Reatherford. Authorization: Via Protocol. |
| 09:40 | 38 | | | | | Asystole | | | | Med.: Child noted to be pulseless, chest compressions continued, fluid bolus continued, Epinephrine 1:10,000, 0.12 MG via IO given by Grant Reatherford. Authorization: Via Protocol. |
| 09:43 | | | | | | | | | | Decision made to directly visualize the ET tube due to persistent bradycardia, and concerns that the tube was too small, was uncuffed and may not be providing adequate ventilation to the pt. Tube and vocal cords easily visualized and the tip of the ET tube was found to be resting above the vocal cords. Tube was removed and child was ventilated via ambu to face mask, chest compressions were continued and a replacement ET tube was prepared. |
| 09:44 | | | | | | | | | | Intubation: Orotracheal Intubation by Sheldon Dready with 4.5, 13cm at lips. Attempts: 1, successful. Placement verified by: Chest Rise, ETCO2 Detector |

| | | | | | | | | | | | | | | | |
|-------|-----|-------|------------|----|----|----|----|--------|-------------------|-----|---|----|--|--|--|
| | | | | | | | | | | | | | | | report called to the VCH ER |
| 09:58 | 112 | 72/45 | Auto. Cuff | 54 | 94 | 36 | 30 | Absent | Sinus Tachycardia | REG | 0 | 82 | | | Arrived at VCH, child's pupils are still fixed and dilated, she has a palpable carotid pulse, warming measures continued. |
| 10:03 | | | | | | | | | | | | | | | Arrived in the VCH Emergency dept. ET tube placement confirmed by the ER MD, child transferred to the ER stretcher and bedside report given. |